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**The University of Reading
School of Health and Social Care**

Food Glorious Food?

An exploration of the issues of anxiety and its containment for children and adults surrounding food and mealtimes in a residential therapeutic setting.

**Submitted in partial fulfilment of the requirements for an
M.A. in Therapeutic Child Care**

Abstract

Food is an integral part of human life. From the first relationships to dinner with friends, food can be used in numerous ways socially, emotionally, physically and symbolically. This paper looks to explore why anxiety exists around food and looks at ways that it can be contained. The author draws upon the work of Dockar-Drysdale, Winnicott and Bion as a basis for containment, looking also at how food can be used symbolically to communicate.

The author draws upon his workplace, The Mulberry Bush School, a residential therapeutic school for primary aged children, throughout the paper and considers, using questionnaire responses from staff and his own observations and reflections, four key questions.

- How do early experiences of food and mealtimes impact upon us?
- How do adults manage their own feelings around food to facilitate therapeutic work with children?
- Can food and mealtimes be a creative outlet for symbolic communication?
- Where do food and mealtimes fit into the overall therapeutic experience?

The author finds that anxiety *is* a part of mealtimes and food provisions and explores the benefits for workers of the containment their team can offer. The author also notes the impact of the study on the field of residential care as a whole, as well as how it can inform his own practice.

Acknowledgements

I believe that the only place that I can start this is by offering the most enormous and heartfelt thanks to my partner, Becky. As someone who enjoys writing but struggles to get started most of the time, Becky has made my procrastination harder by sending me to the computer, taking the Hoover away from me, firmly deciding that the loft does not need to be re-arranged etc, etc, etc. She has supported me through not only this paper but through the MA for two years, which has been painful for us both at times. This paper belongs to her as much as to me.

I would also like to thank my parents, Krysia and Cam, who are simply always there, always well-meaning and always forgive me. I hope I can always live to the heights that they have showed me and helped me to reach.

I would also like to offer my thanks to my colleagues who were prepared to be observed and fill out ill-timed questionnaires, and The Mulberry Bush School for allowing me to use their name.

To my friends who I have shamefully ignored while I was locked in my world of food, I apologise. Thank you for understanding and see you all soon.

And finally, to my fellow students and tutors on the MA TCC 2004-2006, Thank you for allowing me to be a part of your journeys over the last two years and thank you for holding me on mine. Especially thanks to Linnet for entertaining my food related madness in her home.

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Throughout the paper the names of individuals and organisations outside the Mulberry Bush School have been changed to provide anonymity and enable confidentiality.

Chapter 1

Introduction

Food and eating. The simple act of placing something in your mouth, chewing and swallowing is something that most in the world do not think deeply about, until recently myself included. Drawing upon my own and others thoughts around food and mealtimes within my workplace, The Mulberry Bush School, a therapeutic residential school for primary aged children, it has become clear that food represents more than simple sustenance, and I have increasingly become aware of how food can be symbolically and emotionally representative. Why is it that mealtimes in the school can be chaotic, loud and unpredictable? Why do they often feel tense? Where does this anxiety come from? Does it help the work of enabling children to be able to manage their own anxiety, perhaps seeing that it's not just them that can be anxious, or does it hinder it?

In this paper, I plan to consider these questions and others to provide an exploration of the issues of anxiety and its containment (in primarily a Winnicottian sense) for children and adults around food and mealtimes in a residential therapeutic setting. Why is it

that adults I work with frequently use words like “stressful ... chaotic ... anxious [and] exhausting” (See appendix 2) to describe the apparently simple act of sitting down for a meal at work? Do we pass on our anxiety and expectations? How do we prevent our own feelings around food from affecting our ability to facilitate the children’s emotional growth and development? To gain some insight into these questions, I will think and reflect on my own and others early experiences of food, feeding and mealtimes and consider how this affects my own and others practice.

Some have cited the relationship with food as being the primary one the newborn child has with the world outside of the womb and it is through this relationship that the primary connection with a carer, often the mother through breast-feeding, is created (Hancock *et al*, 1990). Perhaps this already answers the question as to why food, beyond the physiological, and mealtimes are important, but perhaps it is, simply by dint of the feelings surrounding food and mealtimes, a more complicated issue. The children I work with (those who have suffered some emotional delay and will be described in more detail further on in this paper) can communicate issues to adults through their behaviour that they could initially never hope to verbalise. The opportunity to unconsciously show adults distress, upset, happiness, satisfaction, pleasure, regression (the list could be infinite) allows adults the scope to see what needs to be worked on.

The child can tell adults part of their story that they may not be aware of, and this unconscious part of the child can be worked with, with the hope of meeting needs and attempting to repair some of the hurt.

This study is not, however, simply about how children use food to tell adults their story. It is primarily concerned with the feelings that are evoked for all, worker and child, and how these feelings are contained. Tomlinson (2004) notes that mealtimes in residential units are hard work. Although I can feel that this is the case, I enjoy eating with the children. As such, I have recently begun to question why people do not enjoy this activity. After discussions with my work and university colleagues, I have come to believe that our early and ongoing experiences and expectations can create situations whereby anxiety is created in us as adults. This can become enmeshed with the anxiety that the children have and cannot contain due to their early experiences, and often-chaotic starts to life. Finding some clarity around who the anxiety belongs to, would make both my own and others tasks in working with the children more manageable.

Finding a focus

The Mulberry Bush School works in a broadly therapeutic way, with children aged from five to twelve years who have suffered some

form of trauma (be that some form of abuse, deprivation, or separation, to name a few) causing emotional developmental delay. The children present in varying anxiety driven ways, from being quiet and withdrawn, to violently acting out their distress and worry. I work as a senior practitioner in one of the four residential houses, Jigsaw, described in chapter four.

For some time within my team, there has been a split between adults who enjoy mealtimes with the children and those who don't. As a residential special school, we are regularly inspected by the Commission for Social Care Inspection (CSCI). This organisation, "the single, independent inspectorate for all social care services in England" (CSCI, 2006 (i)), is able to hold an overview of all social care in England, working to "Improve services and stamp out bad practice" (CSCI, 2006 (ii)). As such, CSCI advises and points out where improvements could be made to existing practice. In a recent inspection, the school's food provision was pointed to as an area which could be improved, incorporating two main aspects. Firstly, how well the individual house kitchens and their design met the needs of the children, and secondly how the food was served to the children. Although ideally we would put the food on the tables for the children to help themselves to, this could be problematic and is dependent upon the state of the child group. It is not unusual for a child who is feeling anxious or upset to throw their food, drink or

cutlery, or to spit at someone. As such, while we try to provide this serving option, it is often the adults that serve from a serving table near the meal tables. Perhaps being unable to put the food on the tables is an indication of the difficulties around mealtimes.

Through CSCI's observations and criticism, a review of all aspects of food provision in the school was begun. While the practicalities of provision is useful to think on, I increasingly found myself wondering why mealtimes are considered so stressful for children and adults? My feeling was that mealtimes provided a good opportunity for adults to give and children to receive, but that this may be a fear-inducing time for children who have suffered emotional or physical deprivation. What if there isn't enough and the child's previous deprived situation is re-created causing pain to the child? What if the food is bad or poisoned? What if a child refuses to eat? It is these and numerous other aspects of food provision and anxiety that therapeutic residential workers must work with constantly. Considering these, my research questions developed into four areas of focus:

1. How do early experiences of food and mealtimes impact on us all?

2. How do we as adults manage our feelings around food and mealtimes to enable us to facilitate the work with the children?
3. Can the food/mealtime anxiety be used creatively, i.e. in an opportunity-led way, as a symbolic communication tool?
4. Where does food and mealtimes fit in terms of the overall therapeutic experience?

I felt that to truly understand where adults were in relation to these issues, I would have to enable adults to tell me about themselves, in a potentially very personal way. I also wanted to think about what it felt like to be part of a mealtime and while I would have my own reflections and observations, I felt it would be useful to also have others. As such, I decided to create and distribute a questionnaire, perform some participant observations, carry out some semi-structured interviews about the observations but also lean heavily on my own reflections.

My own feelings about food and mealtimes

As a child growing up, I remember mealtimes fondly as an opportunity for us as a family to sit together, chat and eat. My mother did most of the cooking as she worked 9-3 four days a week to accommodate running the household and being available for my

brother and me. My father worked 9-5 (although often longer) and was also oncall a couple of times a month, meaning that he may have only been at home briefly, for a night. However, he was always home for dinner, unless there was an emergency. I have memories of never being hungry but seem to remember the amount and quality of meat in stews increasing as I grew older and my parents became more financially secure. At points, I was a difficult child in terms of my refusal to eat certain foods (but not many) and would occasionally read at the table. This was not approved of but was tolerated for the most part. My mother describes us as a 'foody family' in that we enjoy eating together and going out for dinner. Any celebration was always accompanied by a meal out or a special meal in, the choice of food being given to the person celebrating.

In terms of my work practice, I feel I am tolerant of mealtime behaviour, even of chaos, as long as we can be together and everyone eats. I work hard to engage the children at the table so that they are able to accept what is on offer. A child who refuses to eat something that is out in front of them but absent-mindedly eats it while in conversation never ceases to both amaze and amuse me; something that my parents can relate to, especially in terms of my early aversion to some foods. Ultimately, being able to associate a good time with troublesome food perhaps enables the child to eat.

My dissertation map

In writing this paper, I plan to first address my methodology of research and writing. In this section, I will consider my three chosen methods of research, using questionnaires, participant observations and semi-structured interviews. I shall also consider how I will use my own reflective journal. Within the above discussions, I will consider any ethical issues that arose.

In chapter three, I will briefly consider anxiety and where it comes from. The main section of literature reviewed will be concerned with containment of children and adult's feelings, primarily in a Winnicottian sense, although with reference to Bion and his concept of container-contained relationships. Included here, will also be a consideration of adult anxiety around food and a brief discussion on opportunity-led work, in my opinion a key aspect of mealtimes, and symbolic communication.

In the fourth chapter, I will set the scene for my place of research, discussing the organisation that I work for and the 'type' of children that I work with, including, in appendix 7, a description of a 'typical

child' (if such a child can exist). This will provide a context for the observations that I have.

The fifth chapter will be a discussion of my findings, addressing and answering the four focus questions outlined above. Finally, I will offer a summary of the paper and discussions within it as well as reviewing where my research may lead in terms of its use in both my workplace and the wider context of social care. In researching and writing this paper I hope to discover some of the factors related to anxiety that can affect the therapeutic work of a mealtime, both negatively and positively. This will inform practice, highlighting aspects of the work that my colleagues and I can address. Although my research was done in one organisation, I am sure that issues that arise affect all residential provisions.

Chapter 2

The Recipe of Method

To address the questions previously outlined, I decided to use four methods of research: questionnaires, participant observations, reflective semi-structured interviews and my own reflections, mainly taken from a reflective journal kept over the period of the course. There were complications in my research, namely the timing of my questionnaires and the difficulty in doing my observations, but despite this I was able to gain some interesting material and insight into our working practice. I addressed ethical issues by gaining written consent from the school and from my colleagues (See appendices 5 and 6) and by providing anonymity in my questionnaires and in any vignettes or observations used.

Questionnaires

Questionnaires are a good way of reaching a lot of people and gaining a lot of information, without being time consuming. They enable anonymity for and honesty from the participant. The response rate for questionnaire research in the school is

approximately twenty to thirty percent. To enable me to get a good cross-section of adults and responses I gave questionnaires to all adults who regularly work within the residential part of the school during mealtimes, approximately fifty-five people. As such, I expected a return of between eleven and sixteen questionnaires, and received fifteen. Despite the low return rate, I decided I would have ample material to work with.

To raise awareness of the questionnaire, I hand delivered them to teams and asked that the covering letter attached to every questionnaire be read out in team meetings. In the letter, I stressed that the questionnaire was anonymous and voluntary, and also that I would be grateful for their completion. Bell acknowledges that your colleagues are "doing you a favour if they agree to help" (1999: 37). I used five questions and minimised the number of responses that people could give, hence making it look shorter. Robson notes that "Completion of the questionnaire doesn't take long ... and it can generate satisfying quantitative data" (2000: 83). However, the questionnaire was a potentially difficult exercise due to the subject at hand. As such, I asked for "up to three" answers per question, taking pressure off people to write more than they might feel able. The open section at the end offered space for reflection on the subject or the process of completion. I considered offering a 'thinking' space to people after they had completed the

questionnaires due to the potentially personal and emotional nature of the topic. However, I felt the 'emotional health warning' in the letter (see Appendix 1), coupled with the reflective spaces that already exist in the school, provided adequate support.

A factor that I feel affected the return rate was that distribution of the questionnaire coincided with our yearly appraisals, for which people give out questionnaires. However, this was unavoidable and I acknowledged the bad timing in my covering letter. Robson (2000) also notes the difficulties in writing a good questionnaire and while I recognised that I was asking a lot with my questions and the timing, my covering letter addressed these issues and made it clear how the information would be used.

An ethical anxiety that I considered was why people would return their questionnaires. As I do not hold a significant role of authority over staff at the school, I did not feel that there would be an unconscious pressure placed upon people by my position, but I wondered whether my informal role around the school would put pressure on people to take part. To combat this I asked for anonymity so that a) I would not make assumptions about people's responses from what else I might know about them and b) so that people felt under less pressure to complete the questionnaires. Despite this, several people asked me if I received their completed

forms, and one person signed theirs. Despite the obvious problems with timing, I wonder whether the low return rate of the questionnaire also indicates the anxiety and difficult, raw feelings that surround food and mealtimes?

Reflections on the questionnaire

Interestingly, the questionnaire came back with mostly predictable responses. The sense of chaos and anxiety around mealtimes is one that most felt in one-way or another; the concept of wanting the best for the children; a desire to use mealtimes differently, as a more thoughtful therapeutic tool. But surprisingly, in the last section where people could comment or make suggestions, there were only three responses. I wondered whether this reflected just how difficult it is to think about such a primitive need and how it can be contained better to develop a more productive time? It is clear from the questionnaires, that mealtimes can create strong feelings in adults and children and that there is a desire for them to be productive and better than 'good-enough' but like my observations, it is a struggle to make it work. This could symbolise mealtimes and food provision in a therapeutic environment as a whole.

Participant observations

To gather first hand evidence of adults working with the anxiety at mealtimes, I decided to do some participant observations. As a part of my job description I am expected to be a participant observer and "role model and oversee the provision of high quality ... therapeutic practice within the team" (Mulberry Bush School, 2005). By anonymising my observations, I do not feel that this would take me out of role, avoiding an ethical conflict. I obtained formal written consent from the Tuesday night adult team to observe teatimes in Jigsaw. I made it clear why I was doing my observations and made myself available to discuss my dissertation with any member of my team informally and formally.

Cohen and Manion (cited in Bell, 1999: 157) note several problems with participant observation. They can be "subjective, biased, impressionistic, idiosyncratic and lacking in precise quantifiable measures". I am aware that I have worked on the Tuesday night as the senior member of staff, for nearly two years and have worked with the other people on a Tuesday for some time. Hence I would know our strengths and weaknesses and how we adjust to work together. Bell comments, "This familiarity may cause you to

overlook aspects of behaviour which would be immediately apparent to a non-participant observer seeing the situation for the first time" (1999: 158). While I could have requested to observe in other houses or mealtimes that I do not normally work, this compromise would have its own problems. Firstly, as I am relatively well known around the school, most teams and children will have only some sense of who I am. I felt that the change of having another less well-known adult in the house could increase the anxiety in the child group, placing the children and adults in an unfair situation. I did not feel it would be appropriate for me to attend mealtimes that I do not usually work within my own house, as sitting back from the children to observe could confuse them, again feeling unfair on the children. By being a participant observer of a shift I currently work, I continued my job-role, which the adults I would be observing would be used to me taking. Despite being a slightly more senior member of staff I judged that the adults I work with are able to be open and honest with me and were in a position to refuse my request for any reason.

I hoped that I would be able to maintain my role as participant observer, but acknowledge that I have some bias and am subjective. To combat this subjectivity and bias, as well as thinking about my role within the dynamics, I used a semi-structured

informal reflective interview/session with the adults on Tuesday nights.

Semi-Structured reflective group interviews/sessions

At the end of an evening shift, the team working meet to think and reflect together about the children and how we have worked together or individually, teatime being part of the discussion. Using this opportunity I did not create something new and potentially anxiety provoking, but utilised an already existing structure and avoided ethical difficulties by gaining consent to use these discussions (See Appendix 6). Drever points to the additional problem of group dynamics in group interviews as "in any group discussion some people may dominate, and others contribute little" (1995: 16). Despite this worry, I know that this group can speak openly and freely together, something we have worked hard to achieve.

Reflections on my observations and interviews

Although I had a start date for my observations, I found it difficult to begin them. In the first week, one of my colleagues was off sick. For the second week, one of my colleagues went to work in a different house due to staff shortages. In the third week, the

children were in a difficult state and I spent more than half of the mealtime out of the kitchen with children who were struggling. In actuality, these experiences did enable me to add to my observations.

A difficulty that I particularly noted was that I found it hard to not be pre-occupied with the group. As such, it felt almost impossible to maintain a slightly distanced role. I wondered if this was unusual for me, so asked my colleagues. They observed that I was usually very involved with everything within the group, often having two conversations at once and being aware of what all the children were doing. I also noticed that I struggled to sit at the table until everyone had their food and was eating. I found this an interesting parallel to my own experience of mealtimes at home, where my mother is always the last to sit down and that is only when everything is 'just so'. Perhaps my own experiences were actually creating an anxiety in me that I was struggling to contain by trying to hold everything together. As such, I addressed this by not offering to serve, choosing a seat and sitting down.

My next struggle was that I could not remember details of what had happened during mealtimes by the end of the evening, the first available time I had to write some notes and reflect with my colleagues. I now wonder whether I was reacting to the children in

a way that was affective but perhaps manic. It seemed clear that the practicality of the observations was difficult for me and that it may compromise my practice to be other than I am. The experience of doing these observations was interesting. I pride myself on noticing the details of the work, particularly my own, and I wondered why I struggled to remember the detail on Tuesday teatimes when I didn't struggle during the rest of the week. It was a curious discovery about myself.

Something I also found interesting was that rarely did we talk at length about mealtimes on Tuesday evenings as I had planned and I did not use my informal interview schedule (See appendix 3), despite having it in my pocket every Tuesday. We did however speak a lot during mealtimes, and often spoke afterwards about the children and how they had been through the evening, including their teatime if it was relevant. Perhaps the formal meeting was unnecessary as we reflected and shared experiences throughout the shift. The adults that I worked with genuinely enjoyed eating with the children, and despite difficulties arising at points they did not feel anxious. I wondered if the familiarity with close colleagues that has been noted as problematic in the participant-observer role was actually positive as regards our practice? It was the sense of knowing each other and our styles of work that enabled us to feel that it could be 'OK'. There was a sense of containment of us as

adults in the mealtimes, perhaps enabling us to remain calm in the face of difficulties with the children. On the whole, the mealtimes and shifts I work with this team seem to evoke feelings that things will be 'OK' even if the children are struggling.

Reflection and reflective journal

I will refer to and include information from my reflective journal, incorporating reflections, thoughts and ideas on my dissertation topic.

"As a reflective exercise the journal is more than a record of events, feelings and insights; it is essentially a workbook, a dynamic working document intended for review, rethinking, re-vision, most effective when open to question and open to change. It becomes a tool which is effectively an extension of the writer as learner" (Best, 1998: 154).

By including extracts from my journal, I will be able to see and address feelings or thoughts that I have had in regards of mealtimes and anxiety. This is an accurate, subjective and emotive record of my feelings 'at the time'. I also recorded my observations and elements of the reflective discussions in this journal.

The concept of reflection is “a central theme in the relationship between theory and practice” (Ward, 1998: 218). The space and ability to use “the individual process of thinking things over, turning them over in your mind to re-evaluate them and perhaps to make new connections” (Ward, 1998: 218) is key. It is this process of thinking about what is happening that can enable practitioners to think through their own feelings to understand what the client may be feeling. It is also a vital component of the unconscious process and dynamics of a group, where members of the group may inadvertently and unconsciously act out each other’s anxiety and fantasies (Hinshelwood, 1987). If possible the unconscious element needs to be named and worked with so that adults and children can own their own feelings and experiences.

Respect

Throughout the dissertation, I will respect individual’s rights to privacy, confidentiality and anonymity and where possible change details to prevent recognition of the individual.

Conclusion

It is clear that by choosing a wide range and combination of research methods, I was able to gain information through the

questionnaire answers, my observations, feelings and reflections, enabling me to address the research questions highlighted in the introduction to this paper. This provides an important element of therapeutic work, fact and feeling that moves the work forward. The combination encourages creativity in the worker to see the situation and reflect about what it might mean, enabling them in turn to facilitate the children to think and grow.

Chapter 3

Digesting the Literature

Within the work of a therapeutic environment, I believe that understanding anxiety is a key ingredient. When unchecked or not contained, this can lead to intense feelings and panic "which Winnicott called 'unthinkable anxiety'" (Dockar-Drysdale, 1990: 4). The well-honed defences that most people have developed over time result from reactions to anxious situations, or from seeing others reactions. These defences can be varied and extreme, from denial, even in the face of conclusive evidence, to violent physical and verbal acting out and aggression; from extreme mood fluctuations, to quiet detachment from events. Despite some similarities, these defences are specific to differing combinations of experience. In this chapter, I will briefly consider what I understand anxiety to be. I shall then look at containment, specifically Winnicott's model of containment and Bion's container-contained model, relating these to how adults are contained in my workplace. I shall then look at ideas around anxiety connected to food, considering some possible sources and the impact of missing out on early positive experiences. I shall examine some aspects of adult feelings around food, and finally, I will consider the

opportunity-led aspect of food and its provision as a communication and a symbolic tool.

What is Anxiety?

Anxiety is a difficult state to describe and define, as this is so close to everyone. Extreme anxiety and panic are closely linked, even interchangeable. Dockar-Drysdale recollects "Winnicott saying that the most important factor in treatment of panic is the acceptance of its reality" (1990: 121); it exists and we must not be scared of its existence. By acknowledging it, and thinking and reflecting on it, we can try to find its root cause and contain it. However, this does not in itself explain what anxiety is. I believe that any act or feeling that occurs outside of what we expect, can cause us to feel anxious and frequent occurrences of this can cause a panic state.

"I found myself considering the problems of a small boy assaulted by a violent adult. Of course after the first occasion such a child would feel acute anxiety and dread that the experience might be repeated. However, when such a trauma occurred constantly, this anxiety would change into severe panic states" (Dockar-Drysdale, 1990: 122).

So, anxiety seems to be the emotional/feeling reaction to a real or fantasised stressful situation or event, perhaps causing an emotionally excessive stimulation. Escalation of this state through a lack of containment and rationalisation, leads to the panic state or 'unthinkable anxiety'. The escalation can be both unconscious and without fault. It is usual that anxiety is created and exists in daily life, but it is the persistence and growth of such feelings that creates the concept of an anxiety related emotional disorder, which disrupts 'normal' functioning.

The Containment of Anxiety

Anxiety can lead to all manner of problematic situations. It can also be a useful warning to individuals of specific dangers etc, but I will here discuss the containment of anxiety, assuming that it will be problematic if uncontained. A dictionary definition of 'contain' includes "to keep something harmful within limits and not allow it to spread" and "to control or hide a strong emotion, such as excitement or anger" (Cambridge University Press, 2006)). Perhaps these practical definitions aid us to understand a highly complex emotional interaction, allowing this containment of emotions to exist, but not truly describing the interaction of anxiety between two people or stating how this is actually done. Through transference (the unconscious redirection of one's own thoughts,

feelings and desires onto another person), counter-transference (the feelings evoked by this transference in the worker) and projection (unconsciously putting one's own undesirable thoughts, motivations, desires, and feelings onto someone else) the worker can really feel the anxiety and other emotions of the client. Should the worker be skilled enough to recognise and contain what is occurring between them, there is the possibility of positive emotional interactions that greatly aid learning. Without having a container for his feelings, or an ability to contain himself, learned as an infant, the worker may take on the difficult feelings of the client.

Trinidad Navarro describes a difficult incident he experienced at the Dukes Avenue community. During a morning coffee, a resident, Josephine, engaged Navarro in conversation. The informality of the situation, like two friends sharing gossip, became increasingly tense when another resident, Elizabeth, joined them. Eventually, Josephine angrily went to her room, slamming doors on the way, shouting and breaking things in her room. Unsure of his role in the group or what to do, Navarro notes, "I realised that I was frightened, but was unsure if it was of her, mine or the house rage" (Navarro, 1990: 230). This example shows how feelings can be transferred from person to person until it is unclear to whom they belong. Navarro's ability to recognise this and become the container for these feelings, perhaps simply by acknowledging the

uncertainty, enabled the group to discuss the incident and their feelings, owning their own parts of the 'house rage' and move on without further incident. The holding, in this instance, seems to be Navarro "holding the situation, giving support, keeping contact on every level with whatever was going on, in and around the patient and in the relationship to him" (Little cited in Jacob, 1995).

I believe this shows the importance of the container, for those who are themselves uncontained. The explosive outburst by the client, followed by the quiet but firm containment of the situation by Navarro is similar to a baby having a tantrum and being held by his mother. While there may be many reasons for the tantrum or upset, the child is comforted by the ability of the container to hold him and not be overwhelmed or destroyed by the child's rage and anxiety.

The two functions of a mother

Winnicott's concept of the mother as two functions, "the object-mother" and the "environment-mother" (Winnicott cited in Jacobs, 1995: 49) provides us with a good concept of what is needed to 'hold' a child.

"The object mother is the mother as the object of her infants desires, the one who can satisfy the baby's needs

... The environment mother is the mother in the role of 'the person who wards off the unpredictable and who actively provides care in handling and in general management'." (Jacobs, 1995: 49).

So, the mother is perhaps like Janus, the two faced god who both sees and provides for the baby, but also sees the outside world and protects the infant from this to. In this sense, the mother holds a boundary. Winnicott also expanded this theory to involve men within the family. In simple terms, the environment-mother's role of protecting the infant from the outside world was simplified to the "Mother and infant living together. Here the father's function ... [is] dealing with the environment for the mother" (Winnicott, 1990: 42). Therefore, the mother can more ably focus of the infant's needs and development without overt impingement.

Winnicott wrote of a phenomenon of the mother holding the child in breakdown, or as he would call it, the "unintegrated state" (Winnicott, 1957: 7). In this instance, the child and his "feelings, sensations, excitements, angers, griefs, etc" (Winnicott, 1957: 7) are contained, or held, by his mother. The child is not yet able to hold these things for himself and as such the mother needs to be available to do this for the child, making some integrated sense of it. Over time, the child becomes more and more able to hold these

things for himself and will develop internal containment. Bion believed that the key to emotional/psychological development as a child was the close emotional contact that a mother is able to build with her baby; the mother's mind becomes the container for the baby. However, to be so emotionally linked and close to another's raw emotional state, can have in itself a huge emotional impact. To enable the mother to stay linked to the baby emotionally, the mother may herself need a container or draw on her own experience of being contained. Bion called this the container-contained relationship (Shuttleworth, 1989). This appears to be similar to Winnicott's containment, namely that the primary carer needs someone or something to contain them.

Fitting the model to my workplace

Bion matched his model to other emotional relationships and it is this model, as a basis, that I feel exists within my own organisation. The current director of the Mulberry Bush School, John Diamond (2003) writes about emotional distance regulation, a complex interaction of boundary holding between children and their adult carers. Essentially, this is a mechanism to prevent adults becoming overwhelmed by the children's emotions, holding enough distance to be unencumbered to do the emotional work with the children. Although the model is simple, by the simple hierarchy of the

workplace, there is a container-contained model (See Appendix 4); the more senior management being expected to contain the workers, teams and organisation as appropriate to their management level. A fundamental difference between a family and a workplace is that the children in a work place are not the children of the workers. Therefore the relationships, no matter how close they may become, are not the original relationships that children have with their mothers or primary carers, they are at best a symbolic recreation, in which therapeutic work can be done.

Food, anxiety and where they first met

During my survey within my workplace, mealtimes were described as “Noisy ... Chaotic ... Busy ... Hectic ... Anxious ... Exhausting” (Appendix 2). Perhaps this indicates the pressures that adults feel around mealtimes, possibly a projection from the children. Of course, it could also be the adults projecting feelings into the children, which they then act out. The reality is that it partly belongs to all. The nature of the therapeutic environment is that while we may not know, we at least ask the question as to whom this anxiety and ‘chaos’ belongs and by conscious acknowledgement, take a step towards knowing.

Feeding is a primary need, possibly the most important and “It is through feeding that we first relate with the outside world. Face, breast and mouth are the first to meet; the significant part of mother is the breast; the significant part of breast is food and warmth and significance of the relationship is in the pleasure and satisfaction these bring” (Case, 1978: 52). Should something occur in this relationship, for example the mother is not available to the child for whatever reason, the child will potentially expect to be let down and disappointed in relationships. If unchecked, this could lead to a distanced, physically and emotionally empty child, who has been unable to psychologically develop, as they have no safe relationships to develop within. The child, who has not been offered containment to develop and integrate, will have “little sense of self and the boundary of self. He is empty inside, with an unending void, that he is constantly unconsciously trying to fill by unsatisfactory and incomplete experiences” (Hancock *et al*, 1990: 103). This child may look to violent acting out, be verbally abusive, steal or behave in a delinquent manner to find ways to emotionally fill himself up, but it is through the development of self and feeling of containment, that the child will develop a capacity to be full. In this sense, food can be symbolic of emotionally ‘filling’ children and therefore be used as a part of a treatment plan. It should not, however, be relied upon as the only means of filling a child. If the emotional need is not met, the child will continue to be unfulfilled, an example being

the child who seemed to never be full, but developed the capacity to understand her physical body state as her relationships developed (Keenan, 2004).

“Food can be an intimate provision symbolic of the mother/baby feeding experience. Thus, food can help to heal the wound left by the first and probably the most incomplete experience of these children’s lives” (Hancock *et al*, 1990: 107); caring adults should support this experience. In fact, should all have gone to plan, the reliability of the provision, *will* allow others to feed the child, enabling others to build relationships with the child. “This is a tangible example to him that there are others in the world besides mother and that he can be separate and realise that he and mother are individuals rather than two halves of an exclusive relationship” (Hamil, 2004: 3) while building relationships with others. Should this not happen and the child relies exclusively on the mother, later separation will inevitably cause upset and increased anxiety for the child. It is something akin to the ‘trusted’, reliable mother giving permission to others to have relations with the child.

Another scope for the creation of anxiety would be when the mother has put her trust in someone who cannot meet the baby’s needs, an unreliable provision which if unchecked could cause an anxious reaction to mother and other care-givers. The “severely neglected

[child] will anticipate nothing less than chaotic mealtimes where the "survival of the fittest" appears to be the rule" (Hamil, 2004: 4). The child does not believe that their needs can and will be met because that may be their over-riding experience. They may not believe that there will be enough or that if there is it will not be adequate. In this sense, how can the child be anything other than anxious about how their primitive need for sustenance will be met? It is ongoing reliable provision that can combat this anxiety and until this is trusted, containment for the child, sometimes physically as well as emotionally, needs to be provided. Of course, "no-one can remember what they have never experienced" (Rose, 1987: 160) and so for some children, this is something that needs to be learnt for the first time.

Using food and mealtimes to tell us a story

Bettelheim continues to draw our attention to food related issue that indicate anxiety, not necessarily around food.

"Some children use the times when they are fed to express difficulties that originated in other areas. The reasons for this may be manifold: it may be that meals are less fraught with anxiety for them, or because eating was less disturbed for them than other experiences, or because feeding was

the only process that involved pleasant personal contacts for them, or again because eating itself was the only pleasant experience they had had" (Bettelheim, 1950: 198).

Food and its provision allow children a communication tool to let adults know about themselves. Perhaps this communication, unconscious and emotional, is what causes some anxiety for adults? Being so close to such painful memories can be overwhelming. The children who are perfect at the meal table but by doing so project their distress into other children or adults, the children who throw food, shout, scream or refuse to eat, must all be encouraged to contain and hold their upset, reflecting on the underlying issue if possible.

The 'greedy' children could also be indicating to those around them the diffusion of feeling that they were offered by their mothers, a blank face for example or a desire to clear up any mess and distress quickly. Briggs indicates that that this action leaves "the infant with the overwhelming task of attempting to do his own thinking and digesting" (Briggs, 1995: 109), leading the child to be always hungry, never satisfied, or possibly to lose interest in food (McMahon, 2003). This child may instead seek satisfaction elsewhere, through 'exciting' or delinquent acting out behaviour. These children will need support to understand and

work through their life events to regulate their behaviour as they “have not developed effective boundary control ... [they] need help from the institution in doing this” (Menzies Lyth, 1988: 242). The adults must be able to contain individuals or groups to enable these potentially painful memories to be worked with and for the development to happen. Like the child who tells the adults their story through food, the adults can use food to work with the children, offering caring but firm boundaries that the child can understand and incorporate into their self. The boundary around this indicates that food is a catalyst or a tool rather than a solution.

Containing the End

Winnicott indicates that endings and completion can be anxiety-provoking times, and there are at least three endings of mealtimes per day through which anxiety about ending can be felt. One aspect of this could be related to “the disappearance of the hallucinated breast or subjective good external object” (Winnicott, 1989: 9). In working with the child who has experienced the end of the good thing without ongoing containment, the child’s anxiety about endings can be exacerbated leading to acting out of this anxiety. For example, towards the end of mealtime, it is not unusual for a child’s

behaviour to deteriorate. A child I currently work with increases their bad language and belligerence, attempting I believe to provoke angry reactions from others rather than sit with his own feelings of anxieties around endings and accepting that he has had a good experience. An understanding of the child's distress and feelings mean that adults can sensitively contain the child's fear and worry, which hopefully he will then begin to internalise and hold for himself. This could be done symbolically, thereby not scaring the child further by openly confronting him with his fear, and may be a lengthy process.

A final thought on where anxiety may come from in relation to food is simply that food has not only an emotional context, but also a vital physical context. "Food has a real as well as a symbolic importance, which may explain its capacity to generate huge anxieties – in parents, children – and workers" McMahon, 2003: 1). We need to address our own anxieties to be able to work with our clients.

Anxiety? Me?

Statements like 'they'll be no pudding if you don't clear your plate', or 'you're not leaving the table til it's all eaten' are probably uttered by parents around the world innocently and

often. Residential workers probably say them too. For some children, this may be a useful way of encouraging children to eat healthy, yet perhaps not as appealing foods. For children with negative experiences in their lives though, this will reinforce them. In some cases, is the anxiety that the child won't eat the adults or the child's? Are adults putting their expectations onto children rather than allowing and encouraging them to make good sensible choices? And where do these expectations come from?

Timini *et al* cite studies by Stein *et al* (1995) that indicate that the mothers of children diagnosed with eating disorders themselves have an increased likelihood of "disturbed eating habits" (1997: 267). They also began to hypothesise that children whose mothers may have anxiously over-reacted to normal episodes of choking when the child began eating solid food may have problems later in developing their confidence around food (Timini *et al*, 1997). The mother's anxiety and fear is unwittingly passed to the child and the child welcomes and accepts this anxiety. The mother's fear is that the child may die, but the child, associates the fear and anxiety with food and eating.

Projection is not unusual. It happens in everyday situations and it is unlikely that even the most skilled person could be constantly aware of it, as it is an unconscious process. Self-reflection on and in situations as well as others observations are the key to becoming in touch with our unconscious processes. One example is that of a mother becoming angry with her child for not eating and a worker helping the mother to become consciously aware of her own experiences as a child in a household where food was scarce. Although the mother initially cannot see a link, as she becomes more aware of her own childhood mealtimes and the feelings she had, resolution to the difficulties is found (McMahon and Dacre, 2001). In this case, it would seem to be that the mother is unwittingly reliving her own childhood through her child. As a therapeutic worker, it is vital to be as in touch as possible with our selves so that we can work objectively with the children, not using them to relive our histories.

As caring adults, children not eating can cause adults distress, creating an anxious pre-occupation. "Often the anxiety around a child not eating belongs to the adult. Certainly a child can be in protest, powerfully using food to reject all care and concern" (Hancock *et al*, 1990: 105). Like the mother feeling rejected by child who spits out her milk (McMahon, 2003), the worker may

feel personally rejected by the child who won't eat the food provided, leading to strong feelings. The worker's anxiety that they are unable to provide for the child on a basic level that they are perhaps failing the child, can lead to unreasonable adaptation. The adult may feel a need to find something for the child to eat, with demands becoming increasingly extravagant and the adult anxiously meeting the desires. However, at some point, the boundary must be held and the child, who will fear the increased power they hold, must be contained. This is a similar situation to that of the child's fear that there will not be enough food to eat. This anxiety can be projected into the adult, becoming interlinked with the adult's fear that there will not be enough food for the child and themselves. This anxiety indicates a competing need, which can unconsciously lead to building anxiety from both children and adults.

Tomlinson highlights the competing needs in mealtimes.

"During the mealtime, a child may need a high level of attentiveness and support to manage the experience ... If there are two or three children like this at a mealtime and adults are trying to eat at the same time, the conflicting need can generate high levels of anxiety (Tomlinson, 2004: 41).

At this time, in a group setting, it is important for adults to rely on the rest of the adult group so that they can meet both needs, but this is perhaps more problematic in a 1:1 situation. In this situation, adults must be able to regulate and contain themselves so that the experience can be positive for all. In my workplace, where adults and children eat together, the team works hard to hold each other's need to eat in mind, neutralising some of these unconscious fears.

Taking the Opportunity

Mealtimes can be likened to a battle. As soon as the mealtime starts, any plan you have must usually be revised! While the people I surveyed talked about the difficulties of a mealtime, they also were able to think of the positive work that can and is done during them (See Appendix 2). Ward refers to the need to take advantage of the moment or "spot the opportunities for communication which may arise out of daily interactions" (Ward, 2002: 112). The smallest detail of the child can give workers insight into what their experiences may have been, both positively and negatively (McMahon, 2003). The child with difficult experiences often cannot verbally explain this, but by sensitively being in touch with the child and listening to what

they are not saying but showing, the child offers adults a 'way in'. This behaviour in itself can be anxiety provoking. I have already discussed the child who won't eat, but other's may dribble or spit food out, eat with their fingers, masturbate while eating. These are a sample of many examples I have encountered in my working life, some of which I could understand and many I could not.

A key aspect to working with the child is to try and consciously decide what one should do in a given situation. "What is my instinctive response and is there a good reason to over-ride this?" (Ward, 2002: 115). By asking this question, the worker must think outside of themselves and their own experiences as a child, and try to understand what the child may need at this point. Perhaps the child needs to eat with their fingers or masturbate while eating until whatever they are communicating can be understood and worked with. However, some boundaries do need to be in place though to protect the rest of the group. By trying to understand, therapeutic workers take a step that many deprived children may not have experienced before. The aim is to be able to symbolise with the child so that they can move from symbolic, often unconscious communication to conscious verbal communication, a more integrated mode and state (Bradley, 1999).

It is clear that children use symbols and non-verbal communication in their day-to-day lives, but this is not restricted to children alone. Adults likewise use non-verbal communication and symbolise. The key to therapeutic working with children, is in the relationships that adults develop with children and the responses they give. A vital component of the work and opportunity-led approach is "based on a primary distinction between reacting and responding. By 'reacting' I mean a hasty and unthought-out way of dealing with situations, whereas by 'responding' I mean dealing with situations on the basis of a well thought-through judgement" (Ward, 2002: 114). It is these thinking responses that hopefully lead to the child developing trusting relationships with adults and is a key aspect of emotional containment.

Conclusion

Anxiety is a state of being for some children and adults, created by negative or unexpected experiences. It is clear that to eradicate all anxiety is an unachievable and unrealistic target. Anxiety can warn us of situations that we may struggle in. By recognising and processing it we can learn to live with it. However, to be able to live effectively with anxiety, one must

learn to identify and contain it. The children that I work with have often not developed these skills, and the adults supporting children to develop them are often also battling anxiety created by their early and ongoing experiences. As such, the concept of a culture of enquiry, where all are trying to be able to assess themselves and their reactions/responses is both a healthy learning environment and potentially a very anxious one. For adults to be able to effectively contain and help the children learn, they must feel contained themselves, through effective management and their own experiences of being contained. It is a fair judgement that this is a difficult task.

Chapter 4

The School, Children and Setting

The Mulberry Bush School is an independent therapeutic school for primary aged children. It consists of four households, five classes, (encompassing foundation, middle and top/leaving stages), a support team based in education but who also work in group living, a family team and a psychotherapy team. In addition, there are ancillary and maintenance teams (who significantly aid the therapeutic environment by maintaining it) as well as an administration team. The school itself is in a small village in Oxfordshire and encompasses a large semi-rural site.

The school – where it came from

The school was set up on its current site in 1948 by the psychotherapist Barbara Dockar-Drysdale. Dockar-Drysdale worked closely with Donald Winnicott. Dockar-Drysdale housed children during the Second World War, and during this period noticed that some children could not be cared for at home, or learn effectively in schools. The impact of the child's early life could be seen reflected in their behaviour as older children, and Dockar-Drysdale believed that these children's needs would be better suited in a residential therapeutic environment.

While Freud associated disturbance in later life with childhood, Dockar-Drysdale, influenced by Winnicott, thought and wrote about the earliest times for a child, before they develop any sense of inner and outer reality, an egocentric period. Dockar-Drysdale felt that workers needed “primary maternal preoccupation” (Dockar-Drysdale, 1990: 5) to help children develop their ‘self’, the conscious, reflective part of a person. The concept involved the adults being available to build secure attachments with these children, something they have often missed. Due to the children’s fragmented emotional state, huge emotional reserves were needed to be able to ‘hold’ them. To maintain this, a method of emotional holding, involving external consultants to be ‘mother’ and ‘father’ to adults was used, a role that Dockar-Drysdale and her husband often took on.

The school – as it is now

Throughout the school’s history, the underlying method of work remains based on relationships between children and adults in which children can be supported to safely develop. From a theoretical point of view the school still maintains this culture, but for a variety of reasons, the school cannot support the intensity of the work as it was in the 1940’s and 1950’s.

Ward cites Main to describe the therapeutic community model as being "one in which the 'whole is greater than the sum of its parts', and one which places great emphasis on establishing a 'culture of enquiry'" (Ward, 2003: 33). The concept of an open and honest community where even the smallest conflict can be openly discussed, shared, explored and resolved has the ring of utopia and must be seen as the ideal. Clearly in a therapeutic community for children, there must be a division between children and adults, as adults must take ultimate responsibility. For children to be allowed an equal voice to adults would undoubtedly create anxiety in the children about how much power they hold, and the work would be hindered. However, it is important for the children to feel as included as possible in decisions that affect them. The school has developed a student council among other formal group meetings to encourage children to have a voice. However, the following example shows a spontaneous meeting of the children.

During a Saturday, Francis had punched an adult in the face. The house rule about this was that Francis would go to bed early for hitting and hurting. However, it was the last Saturday that one of the other children would be at the school and the children were due to watch a video together to recognise this. After a relaxed and contained tea the adults working could not agree what to do in this

situation. Should we break the rule to allow the group to be together? We talked to Francis on his own and suggested we ask the group their opinion. Francis agreed. I explained the situation to the group, who were all still sitting at the table eating their pudding, and asked for their opinion. While continuing to eat, the children were able to give honest views, which Francis listened to patiently, responding appropriately, even to the more difficult comments. This would normally evoke a verbally and physically aggressive response. As puddings were finished, Francis suggested that the group vote and the majority voted to allow Francis to stay up. This shows the potential for giving positive power to the child group to think and reflect for and with each other. There were, of course, many contributing factors to this incident. However, I believe the foremost were a) the adults working had worked together for quite some time and were confident in sharing power and decisions with the children and b) the children were sitting informally round the table after eating a meal that they had all enjoyed, with adults who actively shared mealtimes, as opposed to sitting together in a more formal meeting space (Keenan, 2004). This example is useful to emphasise how mealtimes and food can be a useful tool in potentially difficult situations.

The concepts of shared communication and a "culture of enquiry" (Ward, 2003: 33) definitely applies to adult workers. The adults are

able to question each other's views and practice in a variety of spaces, for example formal reflective spaces, agenda, children's meetings, end of shift reflective spaces, etc. While Dockar-Drysdale emphasised the individual relationships, the school is now trying to develop the concept of the child developing the relationships with the group (Diamond, 2003). This allows space between the child and the worker for the child to develop within, and also allows the adult to not feel overwhelmed by the child.

The intensity of the work that Dockar-Drysdale wrote about, including the school that never closed (Dockar-Drysdale, 1990), the work of essentially recreating the early relationships and the necessary availability that came with this, is practically impossible today. Laws such as the European Working Time Directive limit the amount of real time that adults can be available to the children, but does not affect the quality of relationships that can be offered. Diamond's idea of emotional distance regulation looks to safeguard against emotional enmeshment with children, which encumbers the children and the adults. The team of adults, on behalf of individual workers, should monitor the fine line of being close enough to do the intense work and becoming too close to be effective. Individual adults should rely on the adult team for their own 'work' well-being and containment. This adult model of support from the group, rather than for example an individual supervisor, unconsciously

role-models to the children how they can rely upon the group rather than individuals, without detracting from the positives of forming good individual relationships. Hopefully, this will help the child to accept support from other adults should a favourite adult leave, enabling the child to survive the loss.

Finding out about the interactions and differences between adults was a key aspect of the questionnaire. The varied responses from adults could reflect the children's differences or the clash between adults' early and ongoing experiences. I see the main difference between 'then' and 'now' in terms of the work is the distance that adults place between themselves and children, perhaps a fearful response to the chaos and anxiety the children have inside them. By using the concept of emotional distance regulation and the team approach in an extreme sense, adults can avoid being close enough to touch the anxiety. Perhaps this interpretative use of theory is endemic in residential work to avoid deep emotional pain, but speaking from my experience, I find that the most satisfaction in the work is in 'walking the line', potentially the most personally emotionally dangerous place.

The children

The children at the Mulberry Bush School "have had very difficult early-life experiences which mean they find it very

hard to get along with people at home or to learn at school. They are often very angry and confused. The Mulberry Bush tries to give children a new chance to learn how to live with others and to learn like everyone else” (Mulberry Bush School, 2006). The common aspect of the children is that they will at some point have suffered interruption to their emotional development. This is not to place blame on carers or parents, and is not always a result of conscious acts or events.

The children are all aged between five and twelve with many children referred between eight and ten years old. There are more boys referred than girls. The children’s backgrounds and family situations are varied.

I have prepared a composite of a child in appendix 7 to illustrate a ‘typical non-typical child’. While a seemingly complicated example, this is not uncommon for children at the school.

Jigsaw House

Jigsaw house is one of the four households at the Mulberry Bush School. I am a senior practitioner, which is essentially a senior care worker. I spend most of my time alongside the children in their daily living, but also have responsibility for oversight of shifts,

supervision of staff and am part of the team core group, made up of a care and treatment leader (whose job it is to work with what should be), a household manager (whose job it is to work with what is) and three senior practitioners. In addition to the core team, there are five care workers, two men and three women, and two female volunteers. We also have a full-time and a part-time housekeeper. Within the school we have a relatively multi-cultural adult team and child group. For the majority of the last two years, from which I will draw some vignettes from my practice and my formal observations, there were on average eight children living in the house.

Jigsaw house itself was the last of the four houses to be built and was converted from a corner of the old school, not purpose built. It is large and airy downstairs, but upstairs is still reminiscent of the dormitories that it was created from. There is a large kitchen, with a raised dining area holding two tables and a mixture of chairs and benches. There is an art room/conservatory off the kitchen where children sometimes also eat.

What we eat, how it is provided, when and why

The food at the Mulberry Bush School is served in a variety of ways. There is a central kitchen, which provides wide-ranging midday meals during the week and prepares food for the weekends, breakfasts and evening meals. This is then cooked in the houses. The central kitchen also orders all food into the school. There is a dry stores that is accessible at all times for staff to replenish biscuits, juice, baking provisions and numerous other necessities, but the majority of food is locked away to enable stock maintenance. Occasionally, the houses will request special items to cook, but at these times, we try to take children out shopping, sadly infrequently. As a whole, the school tries to stick to healthy eating and there is a 'healthy schools' group that is responsible for the wider school thinking around food and healthy living. Recent innovations, such as only having brown or granary bread and a reduction in cakes and biscuits, have caused some consternation amongst children and staff (one staff members response in the questionnaire was "I should be allowed white bread"). However, despite the initial furore about these things, they are generally accepted within the school. Within Jigsaw, children do not seem to really miss biscuits and happily help themselves to the fruit bowl that is always available.

There are three set mealtimes during the day, breakfast, lunch and tea, with additional unofficial eating times as well, such as drinks and biscuits after school and 'can I have ...' moments, usually while tea is being cooked. We also have supper just before bed, which is bread and butter, toast or cereal. The main supper restriction is around sugar, unless there is a special event or it is part of a child's individual treatment plan. For example, we have a child who is quite underweight and for supper he has a substantial sandwich. It is important for him to eat so we, on occasion, would rather bend the supper rule, by giving him lemon curd, than him not eat. At suppertime, this child is also given a large cup of warm 'blue-top' milk, sometimes with honey, which is both good for him in terms of his weight gain, but also has a clear link to a regular provision symbolic of early feeding, that he may have missed out on as his mother's alcohol use inhibited her ability to meet his needs. The regular provision has also helped this child form relationships with the adults in the house, individually and the group, as it *is* a regular unconditional provision, no matter who is working or how he behaves. This child has steadily put on small amounts of weight since this began.

Comfort eating is a phrase that is in regular use in colloquial English. The children are distinctly encouraged to not comfort eat, but eat when they are hungry. To combat this, we have many occasions when children can eat should they choose to, but they do not have to. The children used to have a drink and two biscuits when they returned from school, as a symbolic way of welcoming the children back into the house. At points, the children have welcomed this but have also rejected it, in favour of wanting to move on with their afternoon. With some consideration, this provision was informalised. Instead, after the initial return, children and adults now have our daily meeting and the children then get changed and head off to activities, often straight out into the garden. During the time after the meeting until tea, children will often come into the kitchen, where an adult is preparing tea, and request food, usually fruit. Although an important provision, we felt that we wanted to welcome the children back personally and did not need the symbolic offering, rather offering ourselves. The children have also been in class all afternoon as there is no afternoon break, and the children were able to voice that they often just wanted to get outside and run around, a fair request. However, on occasion when the children are fragmented as a group, as an adult team we have drinks and biscuits to welcome the children

back to the house, feeling that the symbolic offering is perhaps necessary as a step back into the children's trust.

Rose writes of the 'buttery' "a table [with] bread and butter and jam, tea and milk and sugar ... it would be available day and night" (Rose, 1987: 153). In this way, for those children who could not accept what the adults were offering, individual needs could be met, avoiding the need to act out and break into the kitchen. Slowly and symbolically the children allowed themselves to accept nourishment from the organisation. This shows clearly a good concept of how food can be used to build relations between children and the therapeutic environment. Although the unconditional availability of this example is wonderful to read, it would be impractical with primary school aged children. However, on the whole the children I work with have access to food, but they do need to ask for it. At times, the adults can see that the child is actually asking for something else. One child regularly asked for a sandwich at night when I slept-in at the school. I regularly made it for him and he regularly did not eat it. After some time, I realised he was asking for the sandwich to see if I would make it, testing my commitment to him and our relationship. When I voiced to him that he perhaps wasn't hungry but I would happily tuck him up in

bed, this seemed to pacify his need for a sandwich for some time. He did at points return to this request, perhaps when he doubted my commitment to him.

At the dinner table, the children have set places, the seating arrangements being agreed by the adults with as much input as possible from the children. There are some children who need more attention than others so may have to have an adult sitting next to them so they can make it through eating without an incident. We currently have one table with more children on than the other to facilitate this. The children who have fewer adults sitting with them are the ones who are better at making conversation and getting on with eating. This is also an indicator of children who need more or less containment and pre-occupation in general, with two of the three children on the emptier table needing to be close to adults for much of the day to feel contained and not act out their anxiety.

There are also alternatives to children eating in the kitchen. We have an art-room in which children eat for a variety of reasons, for example, they are being disruptive to the group, they want some peace and quiet, two children want to eat together or a child wants to eat alone with an adult.

There are also times when due to children's behaviour they are separated from the group and will eat in their bedrooms, not an ideal situation. There are times when children will ask to do this, however, as if they want to retreat into themselves, their rooms being a symbol of something that just belongs to them. Adults make these decisions sensitive to the children's current needs, abilities and plans. As noted above, Ward indicates that this sensitive 'response' rather than 'reaction' is key to enabling the child to move forwards. It is also worth noting that at points, adults get it wrong and things do not work as planned, showing children that adults are human and make mistakes, enabling them to be able to make mistakes too.

Conclusion

The schools policy in regards of food is " to provide an excellent balanced child friendly diet ... [that] complements the care, treatment and education provided" (Mulberry Bush School (ii), 2006: 1). Although this follows the principles of the Children's Food Act 2004, "to improve the health and well-being of children" (Children's Food Act 2004), the implication of discussions across the

school to include the emotional as well as the dietary aspects of the provision, indicates the importance in which food provision is held. The combination of the children's difficult life experiences, coupled with adults' experiences, can form an anxious situation, where competing needs can add to the difficulties. As a thinking organisation, adults are constantly asked to recognise, assess and hold their anxiety to enable the children's anxiety to be contained and worked with. It is this task that perhaps sometimes makes the mealtimes a stressful place to be. In addition to this, tension can be created when there are three to five adults working, all of whom have different experiences, expectations and feelings around food and mealtimes.

Chapter 5

Answering the questions

The focus of my research is reflected in four questions; how do our early experiences of food impact upon our practice and us? How do we manage our own feelings around food? Can anxiety be used creatively aiding learning and communication? And

where does it all fit into the overall therapeutic plan? Using evidence gathered from my research, I will endeavour to answer these questions.

How do early experiences of food and mealtimes impact on us all?

Clearly within therapeutic work, we frequently make links between children's early lives and the behaviour they exhibit. A child I worked with, recoiled at the sight and smell of baked beans. This child had frequently been locked in his room and only given beans to eat. The recollection of a painful memory and his anxiety was clear in his facial expression. This child was able to talk about this in a relatively coherent way, but from the start of his placement, adults were made aware of this and named it for him, always providing an alternative for him to eat. This is clearly an obvious example and most of the 'stories' that children tell adults through food, are not so clear-cut.

A child I work with, John, struggles to eat at mealtimes and he is significantly underweight. As a young baby, his mother heavily used alcohol and he was often forgotten. He lives in a children's home that I shall call Franklin house, during the school holidays and they indicate that he eats well. In discussions with them, we have established that the food itself is different, they appear to have

more processed, convenient food, and as John refuses to try new foods with them, they cook him what he will eat. In contrast, at school John has, with encouragement, tried every new food that has been offered to him, developing from simply asking for sandwiches when he was confronted with something new. As a small baby, John did not have anyone who could meet his needs. As such, John holds a clear anxiety around food, its provision and whether it is 'ok'.

Recently, John's carers have written to us to indicate their dissatisfaction with our packed lunch provision for his journey home. They indicate that a cheese sandwich on brown bread is inappropriate for John, as he eats neither of these things. However, while John initially complained about brown bread (no more than the other children complained when they were told that we would no longer have white bread), he will now eat it and has always eaten mild cheese. I wondered whether John was attempting to create anxiety between his two placements, forcing tension and meaning that we would struggle to work together. John has been unable to make adults anxious about him not eating at school, as this is something that we have addressed before in children and see it as part of John's journey through the school. I suspect that John, who comes across as a reflective child with limited acting out behaviour, uses food to create anxiety and hence pre-occupation in his carers at Franklin house. This ensures that they firmly meet his

needs, but in an enmeshed, anxious manner. John's anxiety around food is likely to be firmly connected with the missed experience that he had as a child, both in terms of food and the missing pre-occupation. The provision of a good un-anxious primary experience is almost unbearable for John, as his expectations are that his need will not be met. The anxious meeting of his needs at Franklin house actually reinforce his belief that food and high anxiety must be connected. Initially when John was eating well, adults praised him for doing so and John immediately stopped eating. The acknowledgment that John was accepting the good experience was too much for him, in case the experience disappeared. As such, adults now provide John with his food, but then ignore him or engage him in conversation away from food. By doing this, John can accept the provision without it becoming overwhelming for him. John's eating has increased and along with other elements of his treatment plan, John is slowly but gradually gaining weight.

As adults, we are the boundary holders of the mealtime. Our expectations and development of personal boundaries come from our experiences of eating and mealtimes. During my observation, I was struck by how Jigsaw children put their knives and forks together when they had finished eating. An adult I observed believes that this is 'good manners' at the table. Growing up with strict rules around mealtimes, it is clear that this has impacted upon

her and her practice. Despite her description of such rigid strictness, she works hard to encourage children to make good choices rather than simply being strict. In this case, it would appear that she combats the anxiety she felt when she was young by coming at a problem from a different angle, nurturing, not forcing, good behaviour. In contrast, the questionnaires yielded some statements that seemed to indicate more regime and less understanding of needs. "Basic table manners at all times and if children have none they should be taught it very quickly". While perhaps a societal need and something that a child does need to be taught, it is worth thinking deeper than this and trying to understand what a child may be trying to tell us with their mealtime behaviour. Perhaps an amalgam of the two is more effective than either/or.

There is a clear connection between some people's childhood experiences and their expectations at work. The questionnaires showed some correlation between people who had less structured mealtimes as children, being more tolerant of unstructured mealtimes at work. However, most were in agreement that mealtimes should be about positive times that are "a chance to get a physical and emotional feed". I reflected about why I am tolerant of chaotic mealtimes and wonder whether the example I was shown as I was growing up, that it is important to all be together and for no-one to be hungry, means that I am willing to accept the chaos if

we can be together? I strongly believe that creative chaos is useful, sometimes just to see what happens, but acknowledge that this could be considered scary by others. I am confident that I can contain the children, returning order when necessary. For those who don't have that confidence, a reliance on the boundary and routine to provide containment is undoubtedly useful, but does it meet the children's need to be contained, or the adults'? By not allowing the chaos, do we limit creativity?

One statement was that "teatimes are more relaxed". Similarly, breakfast in Jigsaw is quite relaxed. I wondered whether there was a connection between the children being able to see the food being prepared in the house kitchens at these times, rather than it being delivered ready-made from the main kitchen at lunchtimes. The children build trusting relationships with the adult team and eventually trust them to provide good food. In contrast, the children rarely see the main kitchen workers, have limited or no relationships with them and lunchtime food just appears, without them seeing any of the preparation process. At lunchtime, the children are also mostly in transition (from class to house, through to lunch, out to play then back to class). Is it any wonder that the children and adults struggle more at lunchtime because of this? Perhaps the noise that is referred to in respondents' answers, indicate how children do not want to be forgotten and make sure

that the adults hold them in mind in many ways, from acting out, to shouting or not eating. The lack of emotional pre-occupation that the children have felt when they needed it the most as infants, is needed now to help heal some of these emotional rifts, and mealtimes and food offer a prime conduit to ensure this happens. Adults must be constantly aware of this or risk falling into providing containment through physical boundaries, such as those around table manners, only, rather than developing emotional containment through understanding, reflective relationships. But if adults haven't experienced these themselves, how can they recreate them for the children? Adults must often be in a place of learning as well.

How do we as adults manage our feelings around food and mealtimes to enable us to facilitate the work with the children?

During my observation, it became apparent to me that somehow we, the Tuesday night adult group, were quite contained and feelings of anxiety never seemed to overwhelm us. In contrast, when we were separated or fragmented, through illness or short staffing, there appeared to be increased anxiety. Perhaps it was this that made it more difficult for me to formally begin my observations. In our end of shift reflections, we often all acknowledged that we didn't feel like we had had to work very hard to provide for the children. In this vein, I suggest that whatever the

adults brought to Tuesday evening shifts combined to create containment for the adults and hence for the children, but this does not mean that it was ever 'easy'.

Interestingly in the questionnaires, the concept of how we contain ourselves, although not directly asked for, was not really addressed. When talking about childhood memories, several people noted strictness and need for table manners, etc. I would speculate that this need for routine and rigidity is both a social norm, vital in terms of eating with others, but could also be a defence against anxiety. Throughout this paper, I have stressed the importance of caring relationships in terms of containing children. One respondent really emphasises table manners and the rigidity and predictability of mealtimes. This person makes the link for themselves about control and food mirroring their emotional relationships ("inner tension to get it right, for some good attention [during the mealtime] ... conditional love"). This respondent's descriptions of ideal mealtimes were all connected to creating something positive from their negative experiences. Perhaps the way to contain this for this respondent is to think about whether they found it satisfactory and if not, to try and find a different method. In this case, the anxiety that was felt as a child has been reflected upon to create something new, opposite to their experiences. Could this be called positive anxiety?

One respondent noted, "Sometimes needs of adults and children compete at meals". As noted in the literature review, this competition can be highly instrumental in creating anxiety in the group and it is at this point that the adult group needs to notice child-adult interaction. Perhaps the simple act of adults swapping places with each other, when one has finished eating, so that a demanding child is still contained but the adults can all eat, would be helpful to enable everyone to have their needs met. That only one person noted this is interesting. This is also one of the few direct comments that speculate about how and why adults at the school may struggle in mealtimes. During Tuesday teatimes for over eighteen months, a colleague attended a support group. On only one occasion in that time, did we not save her a meal, and on that occasion, it had a) been a chaotic mealtime and b) we had not cooked enough food. My resultant guilt was very present during the evening and as an event, it is something I still clearly remember. Perhaps there was a dual rationale to this though. As a chaotic mealtime, it is possible the adults simply forgot to save food. However, as it was a difficult mealtime, I wonder if I unconsciously didn't save any food on purpose. If she couldn't be there to meet my need during the chaotic mealtime, i.e. be there to support me, then I would not meet her need to eat when she got back? I am not

sure what the answer is to this, but both are plausible (Keenan, 2004).

One questionnaire response, "I dread entering the kitchen and sitting down and being faced with another meal I don't like", showed a bleak view of the expectations that the food will be unappetising. This person seemed frustrated that they should have to role-model an experimental attitude, instead wanting to eat what they liked. The anxiety of expectations can be difficult for adults as well as children it seems. In this case, the respondent doesn't indicate how he deals with this, but there is a clear link to his own experience as he notes that he "was extremely fussy" as a child. The fussiness that was accepted as a child seems to have created a fear in this worker of new things, something that is a parallel to most of the children. Should the adult refuse to eat the meal, the children will wonder if the food is good enough (Bettelheim, 1950; Tomlinson, 2004). By all eating the same food, adults show children that it is good enough to eat, so the adult who is 'fussy' could easily pass his own opinions and fears around food to the children. This is not an easy situation to remedy, with no obvious conclusion as to how it should be managed. The group seems to be the key and "a calm group of adults who are able and prepared to enjoy the food and the eating experience, at the same time as containing and processing the child's anxieties" (Carter, 2003: 138) is needed,

hopefully compensating and containing the anxious adult. Adults need to understand that they may be returned to their childhood anxieties in the mealtimes and use the support of the group to avoid this becoming overwhelming.

Perhaps the need for creativity is also individual. My colleague told a child, who grew increasingly anxious around a teatime, that he could have a bath instead of coming to the table and could eat later. This felt like a swap of meeting needs. Instead of eating with the group, which is sometimes difficult, the child was bathed, another primary provision, then ate with an adult alone. If my colleague had relied solely on structure and routine this would have created a difficult situation for the child. Instead, the response facilitated a good outcome. To contain anxiety, we must sometimes go against what we rely on and be fluid in our practice. While there needs to be structure and routine, there should also be "an allowance for individual tastes and real or imagined capacities" (Beedell, 1970: 46). Interestingly, the other children asked where the child was, but fully accepted the adult decision, and it did not lead to jealousy or copying behaviour, indicating recognition that we all have differing needs.

The creation of strong negative feelings can create anxiety in itself by the reaction that adults may have. Workers, perhaps "despairing

of being able to make a worthwhile difference in the children's lives [and] experiencing at some level a measure of hostility towards the children themselves" (Mawson, 1994: 67) can feel guilt at these feelings. Perhaps the feelings of rejection that can be evoked in adults by the children refusing to eat what has been worked hard to create is a good example of this. Having spent the better part of a morning preparing and cooking a roast dinner for the children, which they then picked at, I felt deflated, dejected and rejected. As I scraped full plates into the bin, I thought that I would never cook for the children again and in fact did not want to be near them. I had felt the rejection personally. In contrast, cooking Mexican fajitas for the children and them demanding seconds and thirds evoked a real sense of pride in me, especially as it had been hard work to persuade some children to try them. In these examples, positive and negative, it was the adults around me that enabled me to think about what the children might be saying through the rejection of the provision, ('I can't accept this good thing', 'I'm angry with you', etc) and this reflection enabled me to carry on with the shift, realising that it was not the end of the world. Adults differ from the children in that they can see beyond the feelings, but it is not easy.

Can the food/mealtime anxiety be used creatively, i.e. in an opportunity-led way, as a symbolic communication tool?

The simple answer to this question is yes. The simple act of cutting toast into different shapes or putting ketchup initials on children's food can often help them to eat. A key aspect here is the playfulness and encouragement. As a very new worker, I encouraged two tables full of children to applaud and clap and dance on tables every time a child who normally ate very little ate a chip. While perhaps an extreme example, the good-humour and enjoyment that all the children, both the eater and the encouragers, had in this, enabled a positive outcome. The child, who had a low self-image, saw his housemates cheering and clapping him, while the group saw how they could really encourage and help one of their fellows.

Amongst other things, I see food as a sensory experience. Allowing, in fact encouraging, children to eat jelly with their fingers as a possible re-enactment of early feeding can be fun but also anxiety provoking for adults. The classic photo of a baby with a bowl of spaghetti on his head or eating jelly with your fingers shows the humour and enjoyment of early feeding, something that many children have missed out on. But to adults who have experienced mealtimes where table manners, predictability and routine have dominated, like some respondents, this could be a scary experience. An activity that may add chaos to an already chaotic time will

possibly create increased anxiety around what would happen if the children refused to ever eat properly again? What happens if children throw food or there is a mess? Symbolically, children can learn that mess can be cleaned up, also implying that the mess they might have in their heads due to missed or negative experiences can also be cleaned up. Symbolically, chaos can be contained and held onto. Children can break rules and can learn from the consequences. These are all simple messages. There are arguments against such practice. Should we first teach the children how to behave and then 'give them some slack'? I feel this is a 'chicken and egg' question.

A child at the school who on many levels functioned like a baby, but tried hard to function age-appropriately, was given several yogurts in a bowl, a spoon and told to go for it! After some initial shyness, the child had yogurt on her face and clothes, in her hair and on the table, and a small amount in her mouth. After these sessions, which she was allowed weekly on her own with an adult, the child cleaned up the table, put the bowl and spoon in the sink, put her clothes in the wash and had a bath. It allowed her an outlet for her baby functioning needs and symbolically showed her that mess could be tolerated and cleared up. It was a wonderful piece of creative, symbolic work.

Some aspects of the mealtime routine can be used to symbolically show containment of feeling. For the children who are so anxious about bad food and internalising badness, who cannot contain themselves at all, our mealtimes provide a solid structure. If the child's primitive need for food can be met and a positive experience can be had, this will show the child that adults can and will contain other parts of their chaotic existence. Also, traumatised children need a "complete experience ... with a beginning, a middle and an end " (Dockar-Drysdale, 1990: 12) and a mealtime is an ideal opportunity to provide this. By containing the whole, the adults symbolically show a child that they can contain them wholly as well. However, as noted above, children can struggle to accept this positive experience and try to make the ending difficult.

Within a mealtime, there is always enough food for children; they do not go hungry, as there is always bread and butter or sandwiches to supplement. Similarly, we provide emotional nourishment by being alongside them and hopefully filling them emotionally. Withholding food is never a consequence, as this could easily symbolise adults emotionally withholding too. Perhaps the primary positive function around food and mealtimes is that children see that adults can contain their own and others fears and worries, role-modelling to children that they can likewise be held and learn to 'hold' themselves.

Where does food and mealtimes fit in terms of the overall therapeutic experience?

The therapeutic experience is connected to the whole of the day. The way a child is woken and got ready for school, the food that is provided, the activities that are offered and finally the way a child is settled into bed all contribute to a child developing their 'self'. I believe a core aspect of the therapeutic environment, is one that offers positive learning experiences, often differing from children's experiences. Food and its provision is a good way to symbolise this.

As noted by the respondents, it is clearly an emotive area for all and adults must be able to contain themselves, reflecting on their feelings in the present, so that they can support the children's growth. It has been shown above how food can be symbolic of many other things within the child's existence and so perhaps food should be seen as a tool or resource that can be used to nourish children in different ways. The ideal is that children will accept and internalise the good emotional experiences that are on offer and symbolically, food is physically taken and internalised. Hamil considers that teenagers may genuinely have baby-like needs but that they "can't bear to say" (Hamil, 2004: 2) that these exist, as it is too painful to admit that the need was never met. Bettelheim

points to the child who rejected an offer to be spoon-fed one day, but had a 'stiff arm' necessitating spoon-feeding the next, ensuring that his baby-like need could be met. "Mealtime is also a setting which permits us to provide children easily and casually with those infantile pleasures they are anxious to receive but afraid to ask for directly" (Bettelheim, 1950: 200).

Food accompanies many events, such as birthdays or a success, almost reaffirming that the positive achievements happened. For birthdays in Jigsaw, we always have a birthday tea and cake. Although I am always anxious about these celebrations, the group seem to really enjoy celebrating these with each other. Birthdays can bring many of their own problems, not wanting to grow up, jealousy around presents, some disappointments etc, yet these never seem to come to the fore for most Jigsaw children and birthday teas are uncharacteristically nice, with rarely a cross word or incident. Again, food's ability to bring people together in a positive way can be symbolic of children learning to be together in a group and enjoying each other.

Food offers adults a way to emphasise their pre-occupation with the children. The detail of knowing that children like certain cups in mealtimes, that children like or don't like certain foods and that children like to be served in a certain way can help a child feel that

the adults caring for him or her really knows them. John, referred to above, doesn't like his food to touch. Knowing this, but not necessarily knowing why, adults can try and meet his need. For example, John's Baked Beans are put in a bowl next to his plate. From being overly anxious that they not touch his food, John now rarely notices that this has been done, perhaps indicating that he now trusts the adults to know part of his needs. Tabatha, a child who struggles to sleep, will often come out of her room to get refills of water for by her bed. To enable her to stay in bed and settle more quickly, I give her 3 cups of water. Initially, this was somewhat of a joke, but seemed to be effective and should I forget, Tabatha reminds me that she would like 3 cups of water. Again, this detail is useful for the child to build trust with adults and feel 'held in mind', or that we have primary maternal pre-occupation.

In terms of the place of food in the therapeutic experience, it is apparent that food is at the core. It meets a physical and emotional need and can be used symbolically to recreate situations that children may have missed or experienced negatively. It can also be symbolic of the total therapeutic experience by providing 'complete experiences', like those that a therapeutic environment aims to give. During my observations, I noticed that my colleagues' individual practice was clear. One member of my team fulfils quite a maternal role for the children and this was clear during mealtimes

in her mannerism and approach. Another member of my team holds a reflective, calm role, both for adults and children, and this was clear in her practice throughout the observations. I guess that these roles are comfortable for these workers, with myself taking a slightly more paternal role, all of which aids cohesive group practice.

Conclusion

These four questions are a beginning to a full reflective assessment of the effect of anxiety, food and mealtimes. From my research, it is clear that food plays an important role in therapeutic practice, both in a real and a symbolic sense. Adults seemed to look to the group to contain anxiety that they couldn't contain for themselves and it is clear that our experiences affect how we make decisions and the creativity of our practice. A key aspect of food provision seems to be the symbolism that can be attached; it can be symbolic of the whole therapeutic experience. The detail of the work, which values the individuality of the children, encourages adults to think creatively about their practice, sometimes addressing situations in ways that differ from routine and structure to support positive outcomes for children. In short, mealtimes are anxious times for children and adults and the anxiety can be used productively if contained; symbolising therapeutic work at its best.

Chapter 6 **Conclusion**

Food is a necessity of life. There is no escaping the fact that without food we would die. It is an unavoidable primary need and this is undoubtedly a reason why as a subject it creates such anxiety. But there is meaning beyond the physiological as well.

“Food represents one of the child’s earliest contacts with the external world. It is the activity around which personal relationships first develop and round which they may first break down, with the most dangerous and far-reaching of consequences” (Bettelheim, 1950: 180)

Bettelheim points to food’s role in creating relationships, perhaps setting a pattern for life. Through our therapeutic work with children, mealtimes and food provision gives workers a crucial tool in combating emotional trauma that children may have suffered and its ‘far-reaching consequences’.

As has been seen in my research, adults are not exempt from anxiety around food. The competing needs of children and adults, coupled with adults’ anxiety from their own experiences of food and mealtimes, can create “noisy, chaotic, exhausting” times for all involved. Adults surveyed clearly want the best for the children we work with but this is a subjective judgement, as each adult has their own view about what is best. The variance in response perhaps highlights the complications that adults face in working with these often-challenging children. To effectively undertake the work, adults must find some common ground to start from. Through my observations, I found that knowing yourself and your colleagues is vital to successful containment of anxiety. Being with adults who

reflect openly for each other and the children and provide them with feedback, helps the internal reflective process and allows one to increase one's reflective ability.

The chief findings from this research are that anxiety is very much in evidence in mealtimes and food provision, that it is a difficult area to think about and that containment is dependent upon open, honest reflective relationships. There are no definitive right or wrong answers to working with anxiety around food, in fact it is better perhaps that there are not. The ability to be creative and to engage children allows them to feel contained. The relationships that grow out of this engagement ultimately become more containing. This does not seem overtly different for adults. The model of the group containing individuals around their anxiety, their relationships and their practice, would seem to be a good model. As has been noted in this paper, the detail of the adult response is vital to the child to feel the adult's pre-occupation and this would seem right for adults as well. Just by noticing expressions, tone of voice or many other non-verbal communications, adults can offer each other unconscious support, not dissimilar to the support offered the children. While not everyone needs this support intensely, it will vary between adults, just knowing each other helps to feel that the work is not overwhelming. Trusting that those around you are doing

this enables children to see contained adults relying on each other, role-modelling this to the children.

In conclusion, it would seem that communication is the key to the work. As we encourage the children to be, adults should be able to be honest with each other about their fears, excitement and anxiety, which allows others to help them contain it. I began this paper with a statement that eating is the simple act of putting something in your mouth, chewing and swallowing. Should this be considered a true and complete statement, we neglect the high emotional impact of the act. And more importantly, by simplifying it to the physical, we deny ourselves possibly the most important and easily accessible tool for therapeutic work.

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Appendix I

Karol Keenan's Dissertation Questionnaire

I am currently coming to the end of an MA in Therapeutic Child Care at Reading University. As a part of my course, I am required to write a dissertation on a subject of my choice. As such, this questionnaire is designed to enable me to ascertain some aspect of the issues and emotions that surround food and mealtimes within a residential therapeutic setting, the broad subject of my study.

I recognise the pressures of time upon people within the work, especially at the moment with appraisals so near, and so have tried to significantly limit the number of questions. I have also limited the method of response to enable concise responses. Although I would appreciate having as many responses as possible, please feel free to only answer those questions that you would like to. There is no pressure to answer them all should this be too complicated for you or should it raise difficult feelings.

I am asking for anonymity so that any experiences that I may have of working with individuals or groups does not change my thinking about the information supplied and enable confidentiality. By completing and returning this questionnaire, you are consenting to me using your responses as part of a study to do with any issues surrounding food and mealtimes. At any point prior to completion of the study you may ask for your information to be removed from any written work, but due to the anonymity of the questionnaire, this may prove difficult to achieve. Therefore, I would appreciate it if you would think carefully about returning this form to me.

Please return this questionnaire to me by **Tuesday 4th July**. I am aware that this is the day after the appraisals finish but would appreciate any time you can spare to complete this for me.

Thank you in advance for your co-operation it is greatly appreciated.

Karol Keenan
Jigsaw House

1. Please write 3 (or less) factual sentences that describe your experiences of mealtimes at the Mulberry Bush School

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2. Please write 3 (or less) emotional sentences that describe your experiences of mealtimes at the Mulberry Bush School

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-

3. Please write 3 (or less) factual sentences that describe your experiences of your mealtimes as a child

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-
-

4. Please write 3 (or less) emotional sentences that describe your experiences of your mealtimes as a child

-
-
-

5. Please write 3 (or less) sentences about how your feel mealtimes should be (at home or at work), being either factual or emotional or both

-
-
-

6. Please add any comments that you may have

Thank you for your thoughts and feelings
Karol Keenan

Appendix 2

Questionnaire Responses

7. Please write 3 (or less) factual sentences that describe your experiences of mealtimes at the Mulberry Bush School

- Most Difficult phase of days
- A battle to keep the least socially skilled from leaving or causing others to leave
- I have to role-model manners/etiquette and experimental attitude when as an adult what I want to do it only eat what I like
- It's a time when children argue or merge negatively
- Children filled up with heavy stodgy food (less so more recently)
- Institutionalised – set places, 6/7 people round a table, lots of rules – breakfast in Pegasus very different, not many rules, more relaxed
- Very rushed, sometimes chaotic, not enough time to digest food
- Unhealthy food most of the time
- Mealtimes are chaotic for adults and children
- A mealtime is a good way of gauging where a child is at
- Think mealtimes provided are more than adequate for a school setting
- Think Jigsaw do not challenge the children about basic table manners
- They can be anxiety inducing – primitive need to take on food and fuel
- Mealtimes feel rushed at times

- Noisy, loud
- Chaotic
- A time when everyone can come together and chat and catch up
- A time that can be challenging for children to come together in a positive way
- Busy
- Consistent for children, they will always be provided with three meals a day
- Not really similar to a family set up as there are so many people
- Wildly better in small households than when the school ate together
- Mealtimes at the Bush can be noisy
- There is enough food for everyone
- Disruptive behaviours have a large visible impact
- Hectic
- Noisy
- Mealtimes can be noisy at times, children can find it hard to wait
- Teatimes are more relaxed
- Provide an opportunity to ask about children's day or family or about a recent event
- They happen regularly – at appointed times, or thereabouts
- Sometimes needs of adults and children compete at meals

- Children are served by the adults while sitting down waiting
- Mealtimes can be very chaotic
- Mealtimes can and are a good time to interact with each other
- Noisy and chaotic and stressful
- Noisy but sociable and fun
- Quiet, relaxed and enjoyable

8. Please write 3 (or less) emotional sentences that describe your experiences of mealtimes at the Mulberry Bush School

- Anxious
- Exciting
- Exhausting
- Time to catch up
- Spark emotive issues from children's past
- Think the mealtimes in Jigsaw are a load of rubbish! (and I am being polite)
- The meals in Jigsaw are chaotic, uncontained and disruptive and does not benefit the children or adults
- I find mealtimes frustrating
- I worry about the children eating and being full
- I worry about the nutritional value of what they are eating
- Very 'school dinner time' not as 'quality time together'
- Children can use mealtimes to control

- Frustrating and anxiety provoking when children refuse to eat, helpless, despair
- Can feel rushed/un-thought about, feels like a wasted opportunity for some good work
- Loudest time of the day – difficult to remain in the room sometimes
- The unskilled (socially) kids frustrate me during
- I dread entering the kitchen and sitting down and being faced with another meal I don't like
- Sometimes difficult to digest (at this point, the person filling this stopped writing in black and began again in blue – could the respondent have needed a break to digest?) ... often chaotic – which requires tolerance
- Feeling of children not getting enough – esp. competition over seconds
- Children do better when engaged in conversation by an adult, so it's not just a physical (eating) activity
- Can be stressful and chaotic when a different team is working
- I prefer having nice conversations rather than silence
- Mealtimes can feel frustrating
- Mealtimes can at times feel nice and close
- Why are the children so greedy or rejecting of the food?
- It feels difficult to come together in a positive way.
- Why can we not be allowed to just eat in peace.
- Unpredictable affairs that can range from pleasant to extremely chaotic and challenging
- Stressful and often based around getting a meal into the children than a true therapeutic experience
- Taken for granted as the food just "arrives"

- Sometimes mealtimes promote anxieties and can be stressful
- An emotional need to feed children and adults in order for me to feel calmer
- A way of providing/filling the emotional gap
- I have found that when angry, food is the first thing that children will throw and/or reject
- Children can be very difficult to please as they all have such different tastes
- “feeding time at the Zoo”
- A tense feeling – what is going to happen?
- Quiet excitement and satisfaction of a job well done

9. Please write 3 (or less) factual sentences that describe your experiences of your mealtimes as a child

- At boarding school we were served ‘normal’ or ‘small’ portions. I believed ‘normal’ meant “large” and was therefore greedy to have a ‘normal’ – often choosing ‘small’ instead
- At home we sat down for meals – NEVER ate in front of T.V
- We were expected to have good table manners
- Everyone coming together as a family
- Healthy
- Always budgeted
- Home cooked food, often home grown produce
- We had 3 meals a day and food in cupboards

- Calm
- Strict
- Family orientated
- Meals were nutritious
- Mealtimes could be a source of conflict
- Very laid back, and Ad hoc
- I could choose where and what to eat
- I had tea when hungry not at a particular time
- I was extremely fussy
- I ate lots of sweet things
- Always enough food to go round
- Saturday night 'takeaway & Colombo' routine – felt important
- Took it in turns to feed the baby (younger sister) – an important role!
- Sometimes my step-father would shoot a fox that was harassing the chickens
- There were eight of us at the dinner table
- Mealtimes were not how they appeared to be
- Sat around a table at predictable times
- The meals were traditional and based around meat and two veg, lots of bland food with an expectation That we sit and talk and that the whole involved children preparing food and clearing up afterwards
- They were structured and important
- We had lots of visitors for meals
- The food was usually nice

- Strict time, having to finish everything on my plate before leaving the table (Dad)
- Split times with different parents
- Brought up on processed quick meals
- Food was provided, you were expected to eat it, if you did not there was nothing else provided
- Good table manners were expected, though we were not taught, one can only assume it was learnt from observation of others
- A time for family to be together
- I had to eat foods that I did not like, but always had to eat enough to have pudding
- Being nagged about good manners
- Being asked about school and what I did
- Having to eat all the vegetables

10. Please write 3 (or less) emotional sentences that describe your experiences of your mealtimes as a child

- Loved it as I got the chance to read the newspaper, something I still do now
- Always thought my mothers cooking was the best, still do
- Very different experiences between parents. Dad – very strict; mum – casual, eating on laps in front of T.V.
- A lot of choice with mum, often got our own way, eating a lot of junk
- Food to make our own tea left out as dad and step-mum working, no choice offered (often used to hide the food

because we didn't like it) - Money left out for chips in holidays

- Boring
- Close
- Cosy
- Fun/mischief times
- Reminds me of extended family, foundations
- Gave/give me memories choice smells/tastes/feelings
- It was a time when my parents asked about my day
- I loved my dad always telling jokes at the table
- We knew financially where my parents were by the food prepared. It was always good, but sometimes "cheaper"
- Mealtimes were a time for 'good' or 'bad' attention, so it was a time parents engaged, which felt good, but also Fathers temper flared at mealtimes.
- I remembered food being quite bland and bringing home ideas from cooking class eg: never having eaten lasagne before.
- There was a sense of children being seen and not heard and really having to behave (- inner tension to get it right, for some good attention)
- An enjoyable 'family time', although Dad usually home later and ate after us (can't pinpoint a feeling associated with this)
- Not pressured, relaxed, felt satisfactory
- I was very stubborn and bore resentment towards anyone making me eat food I didn't like the look/texture/taste of
- My mum has problems with eating too much, she was not hot on terribly healthy eating

- I can only look back with fond memories
- Didn't have much money so didn't always have much variety with meals
- Can remember often being hungry
- Mealtimes could be frustrating
- Mealtimes made me feel that I had very little control (helpless)
- I found it difficult to wait to start and end the meal
- I didn't find it so hard when it was my favourite foods
- Some of the visitors were very interesting
- Dull experience that I remember little about though was normally based around parental needs
- Horrible, and tentative, fear of saying the wrong thing in front of my step-father
- Kept up the appearance of all being well, hated it when step-father would shoot foxes and carry on like nothing happened
- My mum's food would always make me feel better
- I remember when I was once made to sit at the table until I had eaten all of a meal that I did not like
- Distressing if there was nothing I liked
- A feeling of being examined or tested "what have you done today, do this, don't do that"
- An opportunity to entertain (if in the right mood)

11. Please write 3 (or less) sentences about how your feel mealtimes should be (at home or at work), being either factual or emotional or both

- Mealtimes are a silent celebration of a group of people coming together.
- Every special event in a person's life is centered around a meal (birthdays, Easter, Christmas, weddings)
- Mealtimes should be calm and relaxing
- Mealtimes should be a social time to interact and converse
- Mealtimes should be a time to replenish both physical (through food) and emotionally
- At home I feel you should have tea where you want it, ie. Sofa, bedroom.
- At work I feel it needs to be as it is, or it would be too chaotic
- At work if a child would like to have a meal on their own in artroom or bedroom then that should be O.K as not all children have experienced eating around a table and may find it difficult
- There should be enough time to engage with the child group and make it a therapeutic experience, rather than purely serving the function of 'feeding and watering'
- Adults should be aware of themes and be able to make links for the children during mealtimes
- Food should be thought about (content and presentation)
- A social gathering, chance to chat and laugh
- Should be shared

- I should be allowed white bread (the school only provides brown/wholemeal and granary bread. Adults are discouraged from bringing in their own white bread)
- A chance to get a physical and emotional feed
- A chance to share, both food and company
- A mealtime should be a relaxed affair that is based around being with others, not just the provision of food
- A good meal should last a while, not the food, but the conversation and feeling of being together
- The experience should be physically and emotionally rewarding for all involved
- Conversation is good, noise is not
- Basic table manners at all times and if children have none they should be taught it very quickly
- Children encouraged but not forced to help cook
- A time to come together and eat good food, not rushed
- Not a forced time, uncomfortable, feeling as though you have to clear your plate, feeling scared of food
- Flexible time where it's ok to eat in front of the T.V sometimes but still have family time because you want to!
- Inclusive, Warm
- Provide basic primitive needs – food, water, fuel
- Give children positive memories they may lack or replaced
- Relaxing
- Calm
- Talkative

- I believe mealtimes should be as relaxed (emotionally) as possible + not an opportunity to bully because the child can't leave the table
- I believe they can be creative and safe
- I feel regular mealtimes are a benefit (and also help with blood sugar levels etc)
- A chance for people to eat and chat in a calm positive way
- An opportunity to explore new foods
- A family time
- Mealtimes should be a good time for everyone to come together. If there is only one occasion during each day that a family gets together then this should be in the evening
- Enjoyable
- Relaxing
- Free – in a sense of feeling free, no pressure to perform etc.

Please add any comments that you may have

- This made me reflect a lot on mealtimes, past and present (and future mealtimes with my family). Thank you and good luck! I hope I have given you some useful information to work with
- I continued to be bullied over mealtimes as a teenager and as an adult there is still a difficult dynamic around the table when with my family of origin. My years of living in France as an Au Pair, then working after my degree gave me a different sense of mealtimes. As a ritual, a point of connection, a celebration and a wholesome event. I found it emotive to reflect on mealtimes here. I believe what was going on in mealtimes at home with control and food mirrors what

was happening emotionally (conditional love) and therefore that in our provision of regular, unbiased mealtimes at MBS we can meet a basic need of the children in an unconditional way. I hope this is helpful and good luck with your dissertation.

- I think we should offer more scope for children to buy food. Not all homes have Kim's Kitchen on site! We should serve from family plates on the table, not waitress fashion. Children should help cook. We should look at what feelings mealtimes bring up for the children. We should recognise that they may not have the luxury of provisions, meals when at home

Appendix 3

Semi-Structured Reflective Group Interview/Session schedule

Preface

Thank you for consenting to be part of my observations and this reflective session to discuss Tuesday teatimes that we work together. You have returned your consent forms to me already but I shall give you a moment to re-read them. As a part of this consent, I would like your permission to have my notes of this session/interview typed, should I feel it is necessary, and I am happy to provide you with a copy should this be done.

Should there be anything that you decide you do not wish to be included in the study, you may at any time up to the point when it has been submitted for marking remove your permission which will be respected and any information you wish to be removed will be. However, should the information you wish to be removed be a part of an ongoing dialogue, I may have to offer a summary of your part, which will remain anonymous, to put others remarks into context. I would also like to make you aware that you may at any point leave this session and take no further part in it.

Both yourselves and any children or other adults that you may mention will not be named either in the transcript or in my dissertation and the information given shall be respected in regard of confidentiality and anonymity, with the exception of any issues arising pertaining to child protection or dangerous malpractice. As such, I shall be professionally and legally obliged to pass this information onto the relevant persons or agencies.

I would like to add my thanks for your taking part in this interview and sharing aspects of your work and practice and your emotional selves. I would hope that no part of this process feels uncomfortable and that it can be a useful reflective opportunity for you as well as helping my research.

During this interview, I shall be referring to Tuesday teatimes, but I would like you to feel that you can refer to other mealtimes or periods of time to enable context for anything that arises. However, I would ask you to remain focused on the mealtime in question as far as possible. I shall also be asking you to think about your own emotional reactions to children and situations, as well as asking you to think of your own childhood experience of mealtimes. When the interview is over, I'd like to offer the opportunity to reflect on the process of the interview and to think about any issues that have been raised for you as a group or individually.

Again, thank you for taking part.

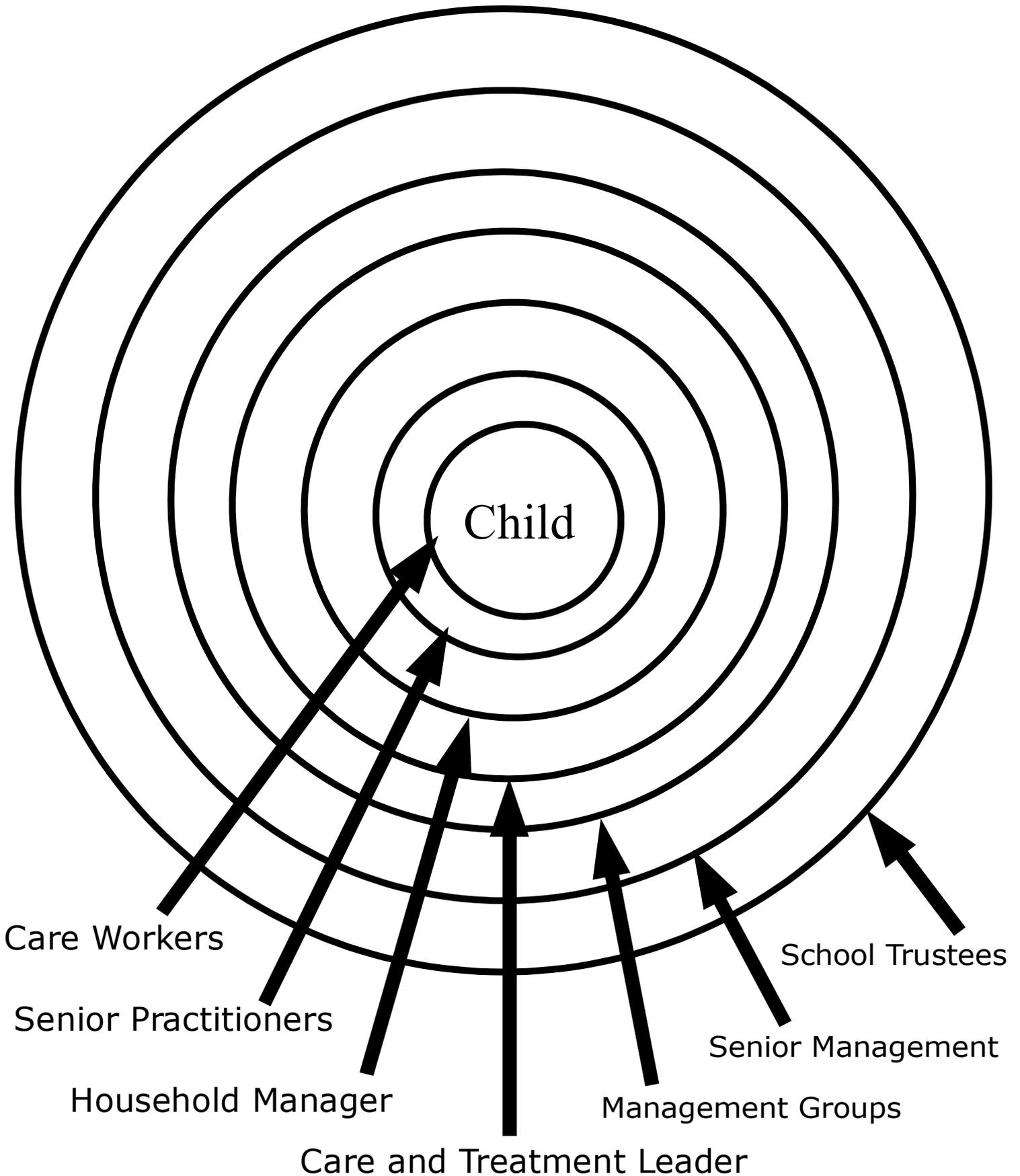
5. I would like to start by asking you to jointly describe today's teatime.
6. How do you feel the children's ongoing issues of anxiety and worry showed themselves during the mealtime? Please feel free to be child specific or describe the group as a whole.
7. How do you as adults think you communicated with each other during the meal?

8. At any points did you individually feel either strongly anxious or nervous or very calm and relaxed?
9. Can you identify what was happening at the time within the group?
10. Can you identify what, if anything was happening for you at this time?
11. What are your expectations of mealtimes before you go to them with the children?
12. How do these expectations match your own experiences of mealtimes as a child?
13. Do you feel that this was a "good" or a "bad" mealtime?
14. And how is this defined?
15. Is this definition helped or hindered the concept of mealtimes as a learning opportunity for the child, which could be symbolic of the child's learning and development as a whole?
16. Is there anything else that you would like to add to this interview?

Although these questions make up the schedule, I may also be asking supplementary opportunistic questions to enable a broader discussion depending upon what information is forthcoming from participants

Appendix 4

A interpreted model of containment in Group Living at the Mulberry Bush School. Adapted from Winnicott's theory relating to containment in the family unit (Winnicott, 1990)



Appendix 5

Consent from the Mulberry Bush School

To whom it may concern

I give permission and consent for Karol Keenan to use his experiences of working at the Mulberry Bush School, past and present, in his MA dissertation. I also give permission for him to distribute questionnaires and perform semi-structured interviews and observations concerning his work in the school. I also consent to Karol using the name of the school in his dissertation as well as any other aspects of the school, such as house or class names. I am happy for Karol to include a profile of a typical Mulberry Bush School child in his study.

Signed _____

Director

Appendix 6

Consent for observation from the Tuesday night team

To whom it may concern

I agree to Karol Keenan observing mealtimes that I am working, specifically Tuesday Teatimes, and using these observations of me, my practice and my interactions with the children, including his reflections upon these, in his MA dissertation. It has been explained to me why Karol is performing these observations.

I also consent to Karol using conversations and reflections (both individually and as group) about the mealtimes in his MA dissertation.

Signed _____

Worker 1

Signed _____

Worker 2

Signed _____

Worker 3

Appendix 7

Charlotte - A typical non-typical child

Charlotte is 10 years old. She arrived at the school aged 8 years 11 months. She has shoulder length brown hair, which used to be longer but she cuts it with scissors when she is angry. Charlotte has brown eyes and is slightly below average for height and slightly above average in her weight. Charlotte lives with foster carers in Birmingham in the holidays and she has been with them for nearly 2 years. Charlotte was subject to physical abuse as a very young baby from her mother's partner. Charlotte was placed on the child protection register before the age of one and was removed six months later when mum's partner left the family home. Mum became depressed and withdrawn from her family except when she left Charlotte with them saying that she couldn't cope (she was allegedly using alcohol and drugs). Mum may have been prostituting herself. Social Services were aware of this but felt that mum was receiving adequate support from her family. When Charlotte began at school, she was a quiet child who was hard to engage with the other children, but formed good relationships with female staff.

Aged 6, Charlotte began displaying increasingly difficult behaviour at school, verbally and physically. Following an incident where Charlotte attacked another girl and bit a supply teacher (who took hold of her arms to stop her physical attack), she was excluded for 3 days. Following this incident, Charlotte became increasingly distant from staff. Soon after, Charlotte was found playing with another child in a sexual manner. Social services became involved and following investigation, Charlotte was video-interviewed and implicated her mother's new partner as sexually abusing her. She also implicated her mother in terms of complicity with the abuse.

Mother's partner was imprisoned. Contact with mother was suspended by court following child protection procedures and Charlotte was formally placed with her mother's parents, who increasingly struggled to contain Charlotte. She was placed in foster care aged 7. Charlotte has had 16 placements, her current placement being the longest one to date. Charlotte had been in two primary schools prior to the Mulberry Bush but was excluded from both. Charlotte's father whereabouts and identity are unknown.

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