

**CONFRONTING DIFFICULTY:  
A DAYCARE UNIT IN LONDON FOR CHILDREN  
WITH COMPLEX EMOTIONAL PROBLEMS.**

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## Abstract.

This research is based on participant observation fieldwork at a special daycare unit for children, aged five to thirteen, with complex emotional and behavioural difficulties. The Unit is part of a leading London mental health clinic.

The anthropological point of departure is the literature on comparative ethnography, and in particular the increasingly sophisticated comparisons made between western and non-western kinship and concepts of the person. The Unit is seen as an opportunity to study the relationship between intellectual theories of personhood, exemplified by the different strands of professional treatment rationale directed towards the children, and the intense practical experience of defining and working with personhood, exemplified by the daily life of the Unit with the children. It is argued that 'difficulty' is a significant organising principle for both the practical and intellectual work of the Unit: it is used as a descriptive term for the children; it characterises the problem of reconciling the competing treatment rationales; and it dominates the experience of everyday life in the Unit.

The Unit is described in sections which divide the work done with the children into three phases: the period of referral and admission in which the Unit becomes acquainted with the child; the period in which the child becomes fully recruited into the internal life of the Unit; and the final period in which the child's progress is evaluated and a decision is made about the next placement. The differing nature of the Unit's relationship to the child in each of these phases is described in terms of the central organising principle of *difficulty*.

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I would like to express my warmest gratitude to my supervisors, Dr. Alfred Gell and Dr. Peter Loizos, for their support and guidance. Dr. Gell encouraged me to explore my more eccentric intuitions, and then helped me towards giving them substance. His combination of intellectual curiosity and clarity of thought has been an inspiration. Dr. Loizos has given me strong support which has been very important to me throughout the research, and his comments during the writing were an invitation to rigour and reflection. His commitment, and the sympathy that he has shown for the subject of the research, have sustained me along the path to completion.

This study would not have been possible without the staff and children of the Unit. I would like to thank them all for their trust and friendship, and for all that they taught me. This research describes a sense of crisis which is both inherent in the nature of the work of the Unit, and the result of specific historical pressures at the time of my fieldwork. The difficulties that I describe are no reflection on the dedication and resourcefulness of the staff, which were always far beyond any reasonable expectations. I have enormous admiration and respect for the work that they do under the most difficult of circumstances.

This research was supported by the Economic and Social Research Council whose generous funding made it possible. I am also grateful to the Scholarships Office of the L.S.E. for arranging a supplementary grant to allow completion of the thesis.

My wife, Cory, has been my partner on the road, supporting me with her love, understanding and strength.

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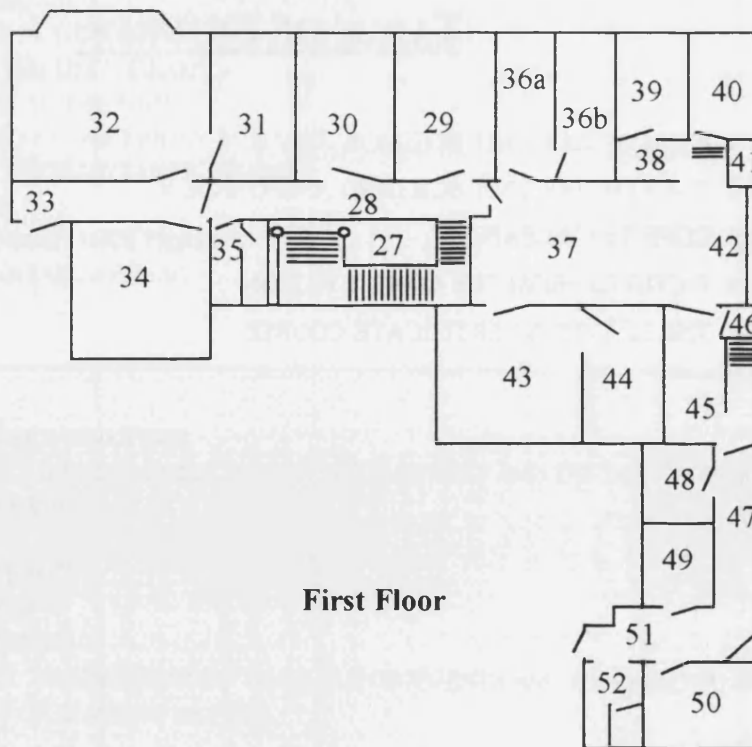
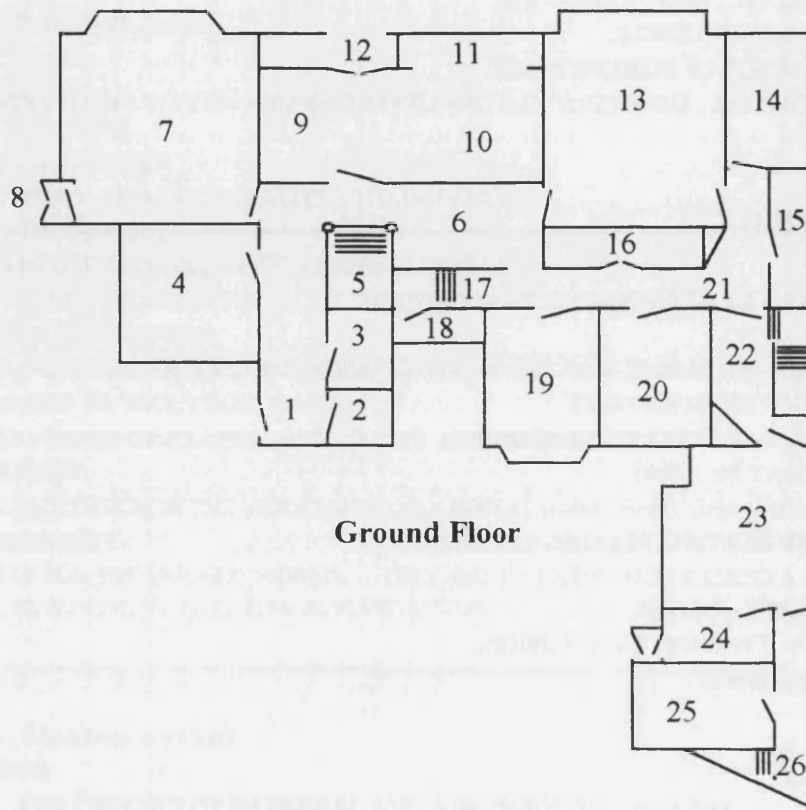
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**Figure One. Day Unit Interior Plan**



## Key to Day Unit Interior Plan:

(Measurements are approximate)  
Inverted commas show names used by the staff.

### Ground Floor:

1. **Entrance hall.** 9 feet wide; 16 feet from front door to central hallway.

Opposite the front door a picture board shows photographs of the children and the core staff. Under this a fish tank (3'x1'6"x1') sits on a table. Wall displays show selections from the children's work on that term's theme (eg, 'China'; 'toys').

2. **Staff toilet** (4'x8')

3. **"Telephone Room"** - so called because the staff telephone used to be in it, but now used as a store room for miscellaneous un-used items. (12'x8')

4. **Administrative secretary's office, ("the office")**. (14'x14') In the wall opposite the door to the telephone room a window (3' high x 2' wide) with sliding glass allows the administrative secretary to talk to people in the entrance hall while she sits at her desk.

5. **Main Staircase.**

6. **Central Hallway.** 5' wide and 25' long between the two main classrooms, this area is open up to the first floor ceiling. A tall rectangular window of frosted and stained glass at mezzanine level over the staircase (3'x12') gives diffused north-light to the hallway. A board partition separates this area from area 9., and a board (up to 4') and reinforced safety-glass (4' to ceiling) separates it from area

10. As in the entrance hall, the walls are covered with examples of the children's

work or with seasonal paintings and decorations that they have made.

7. **"Blue Classroom"**. (20'x20') Classroom of Blue Group. Of the two groups of six children, this one is usually made up of those who are younger, or more vulnerable. With bay window looking out onto the playground.

8. **Porch.** Fire Exit and exit from Blue classroom onto side patio.

9. **Children's Cloakroom.** (10'x9') Named coat pegs and small open wooden boxes on the floor for shoes. Children's work displayed on the walls. Forms one end of the same space as:-

10. **"News Room"**, (or "hall space"). Open area (16'x10') with floor to ceiling curtains along partition separating it from the central hallway. Plastic stacking chairs arranged around the walls for use at the morning assembly ("News") and the "Friday Meeting" when the whole staff meets to de-brief and discuss the week.

11. **Piano.** In front of unused fireplace in bay. Small stained glass windows on either side.

12. **Doors to garden.** Small covered veranda (3'x12') where children's wellingtons and some playground toys are kept.

13. **"Orange Classroom"**. (20'x18') Older children. Bay window looking onto playground.

14. **"Art Room"**. (8'x10') With sink and draining board; used to store art materials and miscellaneous classroom equipment and toys.

15. **"Sluice Room"**. (2'6"x12') Store room for cleaning materials.

16. **"Store Cupboard"**. (3'x12') Store room for educational materials.

17. **Corridor.** 3 feet wide, with stairs going down 2 feet to:-

18. **"Boys' Toilet"**. (3'x8')

19. **"Waiting Room"**. (10'x12') Used by escorts and the children in the morning, by escorts when they wait for the children at the end of the day, and by visitors. Bay window looking out onto front yard.

20. **Remedial teacher's room.** (10'x12') With window looking out onto front yard. Teacher's desk and chair; bookcases and one chair for a child.

21. **Corridor.** 3 feet wide.

22. **Rear Stairwell.** (6'x12') Window-less corridor at the foot of the rear stairs which go up to the "therapy corridor". Frequently unlit.

23. **"Dining Room"**. (18'x15') With two hexagonal tables (6' across) with seven chairs at each, and further stacks of chairs for use at the Community Meeting. Boiler built into wall on the right of door from corridor 22.

24. **"Kitchen"**. (5'x10')

25. **Unused, derelict classroom.** (12'x12') Piled full of old classroom furniture and debris.

26. **Corridor.** 2'6" wide, filled with rubbish and unused furniture, going through to unused cellar area (triangular, 10'x6'x6') filled with old coal and debris.



## Key to Day Unit Interior Plan:

(Measurements are approximate.)

Inverted commas show names used by the staff.

### First Floor:

#### 27. Main Staircase.

28. **Landing/Corridor.** 3 feet wide, with fire-doors at each end and fire-proof partition of board and safety-glass closing the corridor off from the stairwell.

29. **Teacher-in-Charge's Office.** (12'x7') With desk under the window, two low, vinyl armchairs for meetings with children or parents.

30. **"Psychiatric Team Room."** (12'x8') With washbasin, desk and four plastic chairs. This room has no clutter of personal items or equipment; it is used for the weekly Psychiatric team meeting; for consultations between members of the Psychiatric team and families; and as the office of the Social Worker.

31. **"Art and Craft Room."** (12'x8') Two rectangular tables for painting on; wash basin; art materials.

32. **"Activity Room"/"Green Classroom".** (20'x20') With no desks and one corner designated the "Home Corner" (for playing house and dressing up) this room is full of toys and dressing up items. Sandpit in bay-window overlooking playground.

33. **Fire Escape.** Leading from balcony outside the window of the Staffroom to the side patio.

34. **"Staffroom."** (14'x14') Wash basin, fridge, coffee and tea-making equipment, six low vinyl armchairs and central coffee table.

35. **"Boys' Toilet."**

36a. **Manager's Office/Consulting Room.** (12'x6') Used by the Unit's Manager, the Educational Psychologist on the Psychiatric Team. Because she does most of her work at the main Clinic building, this office is not used very often and is bare apart from the furniture; desk & chair and two plastic chairs, wash basin. A one way mirror allows observation of room 36b for work with families, however this is very rarely used, most of such work being done in the main Clinic building where there are larger rooms and better facilities.

36b. **Observation Room.** (12'x6')

37. **Landing.** (18'x10') Cupboards around the walls provide storage space for educational materials. This area is often unlit.

38. **Half-Landing.** Small dark space often used by children for hiding.

39. **Rest Room.** (10'x6') With bed.

40. **"Bathroom."** (10'x6') Rarely used as a bathroom - used for changing children's clothes if wet/dirty/damaged. Cupboard full of spare clothing.

41. **Store cupboard.**

42. **Window Seat.** Large frosted glass window.

43. **"Television Room."** (12'x12') Chairs and cushions and Wendy-house play-corner.

44. **Teaching Kitchen.** (12'x6')

45. **Back Stairs Landing.** (3'x10') Usually unlit. A large chest of drawers on the landing contains toys and other materials used by the therapists in their sessions.

46. **"Girls' Toilet."**

47. **"Therapy Corridor".** Dark windowless corridor. (20'x3')

48. **"Therapy Room One."** (8'x7') Room empty but for three chairs and wash basin.

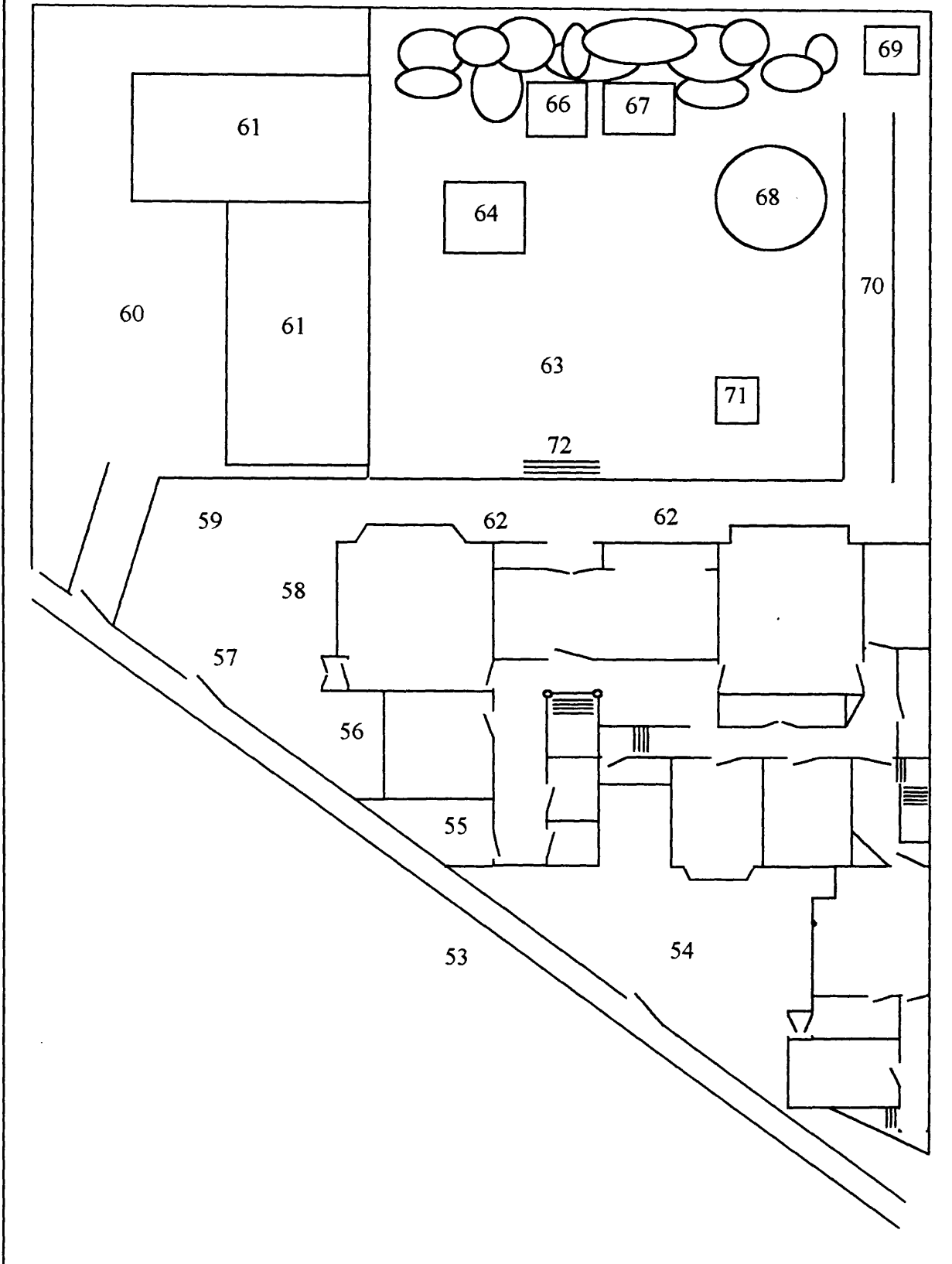
49. **"Therapy Room Three."** (8'x8') Room empty but for three chairs and wash basin.

50. **"Therapy Room Two."** (12'x12') Two locked, built-in cupboards for toys and dressing up clothes; coffee table; two low vinyl chairs; four plastic chairs; wash basin.

51. **Fire Exit.**

52. **"Therapy Toilet".**

**Figure Two.**  
**Day Unit Building and Garden**



## Key to Day Unit Building and Garden Plan:

Inverted commas show names used by the staff.

53. **Road;** in London.

54. **Front Yard.** Used only by kitchen staff.

55. **Front Porch.**

56. **Basement Area.** Narrow (3 feet) and deep (10 feet) area under the window of the administrative secretary's office. Unused, open cellar (8'x8') leading off the area.

57. **Side Gate.**

58. **Side Patio.** Raised two feet above the garden level, with paddling pool used in the summer.

59. **Side Lawn.** With concrete birdbath bought with money raised by the children's Tuck Shop. This area and all of the side of the garden are out of bounds to children during play-time because it is out of the sight of teachers on playground duty on the terrace (62.)

60. **"The Infant Unit".** Unit for the treatment of pre-school children who have been sexually abused, also part of the Clinic. Garden with climbing frame and swings.

61. **Infant Unit Buildings.** Two single-story wooden buildings, the sides of which form the boundary of the Day Unit playground. The windows are all of safety-glass and 'blind' to the Day Unit because of permanently closed blinds or curtains.

62. **"Terrace".** Raised one foot above the level of the garden, with a bench on either side of the back door.

63. **Playground.** Tarmac surfaced playground (80'x80') with rubber-matting around climb-

ing frames. In colour paints there are pictures of a butterfly, a snake and a 'hop-scotch' ladder, now fading under footfalls and the weather.

64. **Large Wooden Climbing Frame.** Made from six inch thick cylindrical logs with a platform five feet high and four feet square.

65. **"The Bushes".** Thick clump of bushes that are out of bounds to the children because out of sight of the adults.

66. **Sandpit.**

67. **"The Shed".** Wooden shed, (10' wide, 6' deep and 7' high) with felted roof sloping down towards the back. Used for storing broken or banned playground toys and equipment for the summer term barbeque.

68. **Chestnut tree.** This huge tree, about forty feet high, spreads its branches over nearly half of the playground.

69. **"The Wendy House".** (6'x3') Play house with stable doors, situated in a dark corner overgrown by the bushes and overhung by the fences and hedges of neighbouring gardens which stand at ten feet from ground level here.

70. **Side Path.** Narrow paved path running between flower beds at the edge of the playground and raised beds along the wall.

71. **"The Bee".** B-shaped climbing frame, five feet high.

72. **Steps.**

## Chapter One . Introduction.

### Fieldwork Location.

I will begin with a brief description of the setting for my fieldwork, which was carried out at the Child and Family Department Day Unit of a large mental health Clinic in London<sup>1</sup>. The Unit provides a therapeutic school-like environment for twelve children between the ages of five and thirteen with complex emotional and behavioural difficulties. Children are referred to the Unit after coming to the attention of a local government Education Authority (as a placement of last resort the catchment area is the whole of the north of Greater London), being “statemented” by an educational psychologist as of special educational needs. The broad aim of the Unit is then to provide a therapeutic environment, combined with specific treatments such as psychotherapy, in order to allow the expression and management of the child’s perceived problems with a view to return to ‘mainstream’ educational provision. In practice few children return to the mainstream and most of the work at the Unit is focused on management - helping children and parents or guardians to stabilise rapidly deteriorating situations, even if this means no more than providing a secure and calming environment during the school day so that problems are not as bad as they might be at home during the evening and night. Two to three years is seen as the maximum stay for a child.

The Unit is located on a separate site to the Clinic about half a mile away in a large converted Edwardian house which, in the period of my fieldwork, was in need of considerable structural and decorative repair<sup>2</sup>. The heart of the building on the ground floor consists of a large entrance hall **(10)** which is used for assemblies and as a cloakroom, on either side of which are two classrooms **(7, 13)** both looking out over the playground **(63)** at the rear of the building. ‘Blue’ class **(7)** contained the younger

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<sup>1</sup> I have changed all of the names of people and places in order to preserve the confidentiality of my informants. The balance between the confidentiality and the authenticity of the anthropological data is always a delicate and important one. This is especially so when research has been carried out in the same city in which the thesis is to be submitted.

<sup>2</sup> Throughout the thesis numbers in brackets, in bold type, refer to the plans of the interior and exterior of the Unit, Figures One and Two (see pp.6, 9).

or less developmentally advanced children, 'Orange' class (13) being marginally the more 'senior' group. Also on the ground floor are the office (4), the kitchen (24) and dining room (23), and some utility rooms (14, 25, 15, 3). On the first floor are the Staffroom (34), offices for the psychiatrists (29, 30), therapists, the Teacher-in-Charge (29), and the Manager (36a); a television room (43), a teaching kitchen (44), an activity room (for dressing up etc.)(32), and three therapy rooms (48, 49, 50). The decor is a combination of dark wood panelling and institutional white, giving a gloomy, labyrinthine feel to everywhere but the large entrance hall and the two classrooms.

The Unit keeps school terms and operates, at least nominally, within the National Curriculum. Hours for the children are 9.30a.m. to 3.00p.m. Monday to Thursday, 9.30a.m. to 12.30p.m. on Fridays. Time spent in the classroom is mostly directed towards drawing pictures accompanied by short pieces of writing in a News Book. When possible, work is done on reading or on projects related to the National Curriculum, but containing violent "acting out" behaviour makes it difficult to sustain long enough periods of concentration for this. One period of half an hour, and one of a quarter of an hour, are spent in the playground each day, and there are morning or afternoon sessions outside the Unit once a week for swimming, pottery, horse riding and visiting the library - for those children who can 'manage' (the Unit euphemism for behave). Some children have one weekly twenty minute session of remedial teaching one-to-one with a special teacher, and though it is the aim for most of them to have therapy, acute shortage of funds and of therapists means that usually only about three have one half hour session with a psychiatrist or psychotherapist each week. Some children also have music or art therapy. The children's parents or guardians meet with teachers and psychiatric staff two or three times a term for meetings to discuss the educational and overall progress of the children, and also come in on a more informal basis to deal with specific problems (e.g. discussing the response to violent behaviour). Members of the Psychiatric Team conduct therapeutic sessions with children's parents and family, either with or without the involvement of the children.

From the perspective of the Unit there is a clear hierarchy of the professionalisation of care, in which time spent with the children is in inverse proportion to instrumental effectiveness. At the bottom of this hierarchy are parents living and dealing with their own children. Slightly above them, but still spending most time with the children, are

adoptive parents and then foster parents, at the broad end of the professionalisation of care. Next come the “escorts” - people, usually unqualified, employed by local Education Authorities to accompany the children on the bus or taxi ride to the Unit, to be responsible for them in the waiting room in the time from their arrival until the beginning of morning assembly, and to pick them up and return them to their homes in the afternoon. The staff who work full-time with the children in the Unit’s building are known as the Core Team:-

- ◆ An administrative secretary runs the main office in the Unit building, co-ordinating arrangements with local authorities.
- ◆ In each classroom a nursery nurse employed by the Clinic provides some emergency first aid and health care. In practice most of the nursery nurses’ time is spent working directly with the children in much the same way as the teachers.
- ◆ A teacher looks after each of the two classes, being responsible for teaching to the National Curriculum and reporting to the Education Authorities on individual children.
- ◆ One of the above teachers, The Teacher-in-Charge, is responsible for the day to day on-site management of the Unit.
- ◆ A specialist remedial teacher works two and a half days a week giving one-to-one teaching.

A team of specialists based at the Clinic, known as the Psychiatric Team, devote a portion of their weekly sessions to work for the Unit:-

- ◆ A social worker takes therapeutic sessions with children and families, and liaises with local government Social Services departments.
- ◆ A consultant psychotherapist takes therapy sessions with individual children, oversees the work of trainee therapists from the Clinic who take therapy sessions with the children, and provides therapeutic supervision for the classroom teams.

- ◆ A consultant and a senior registrar psychiatrist take therapeutic sessions with children and families, and oversee any medical elements of the children's treatment.
- ◆ An educational psychologist takes therapeutic sessions, and liaises with Education Authorities over referral of children and assesses them before admission.
- ◆ For the period of my fieldwork the educational psychologist was also the Manager of the Unit.

In addition, psychotherapists, and art, music and speech therapists attend according to the needs of specific children. A cook is employed to set out the food for members of the Core Team to serve lunch to the children. Extra support work is done by part time volunteers.

There is a system of meetings during the week:-

- ◆ The **Core Team staff meeting** is used for making arrangements relating to teaching, outings, informing the classroom teams about new referrals and canvassing their opinions about the suitability of children referred.
- ◆ The **Psychiatric Team** hold a weekly **staff meeting** for discussion of the children's cases. Members of the Psychiatric Team act as Case Consultant responsible for overseeing the progress of individual children.
- ◆ At the **Tuesday Supervision** meeting the Core Team meet with the Manager of the Unit to talk about current problems in the working atmosphere of the school as a whole.
- ◆ The two **classroom teams** of nursery nurse and teacher each have a weekly '**supervision**' with the head psychotherapist or the Manager, the aim of which is to provide a therapeutic outlet for the emotional toll of working with the children.
- ◆ **The Friday Meeting** takes place from 1.30p.m. until 4.00p.m. attended by all of the staff except the cook and the volunteers. It deals with case reviews of individual children, the progress and implementation of policy in the Unit, and is

also intended to provide a vehicle for the expression of the psychological dynamics between the Core Team and the Psychiatric Team.

- ◆ At **News**, teachers, nursery nurses, and the volunteers (if any are present) meet each morning from 9.30a.m. to 9.50a.m. with the children for assembly, which takes the form of each of the children in turn being asked whether they have any news to tell.
- ◆ The **Community Meeting** takes place for half an hour during one morning each week. All of the children and both staff teams attend. It is held in the dining room, and consists of each of the children being able to talk about an item they have entered on an agenda before the meeting. The atmosphere of this meeting is usually both stilted and chaotic, and it is often said that it does not live up to its name.

The impression of structure given by the above description is swamped in practice by the urgency of the atmosphere. For most of the time adult bodies are very much at a premium and it is often necessary for two or three adults to attend to one child. In this atmosphere time is very intense and condensed and what is later articulated as an issue to be dealt with is felt in the moment as frustration, anger or panic. There is therefore a wide range of behaviour from highly formalised to highly incoherent.

### **Fieldwork Data.**

From April to September 1992 I worked at the Unit as a volunteer, attending for five days a week, and participating in approximately two thirds of the timetable. From June to September 1992 I was employed for two and a half days a week by a local government Education Authority as a 'Primary Helper' to provide one-to-one support for a particularly difficult child whom they had placed at the Unit. This period established the basis for me to be able to attend full-time. From October 1992 to May 1993, whilst I was preparing my research proposal at the LSE, I attended the Unit for two half days a week. The main period of my fieldwork was from June 1993 to July 1994. During this period I attended the Unit full-time, and participated in all of the work with the children and all of the meetings, with the exception of the Psychiatric Team staff meeting and the therapy sessions. As a significant proportion of the work of



the Psychiatric Team was inaccessible to me because of the confidentiality of therapy sessions, I spent the majority of my time with the Core Team.

In a small and highly circumscribed environment it was inevitable that I become very much a participant as well as an observer; the children made no distinctions between adults according to their professional specialism. The Unit has an urgent need for extra adults to work with the children and I was very rapidly drawn into working with the children in much the same way as the nursery nurses and the teachers - apart, that is, from my lack of specialist training. This meant that I had abundant and direct experience of the details of the work, and was able to follow details of incidents and episodes when they were later dealt with in meetings.

I was not able to write fieldnotes whilst working directly with the children, writing them up during breaks and at home in the evenings. I was able to take notes during all of the meetings, including seating plans. I attended approximately two hundred and fifty meetings during my fieldwork.

Throughout my fieldwork I was intensely aware of the unique position that I was in at the Unit. Though they were aware of me as an outside observer, the staff allowed me full and unreserved access to the Unit. By the end of my fieldwork I had become a *de facto* member of staff because my accumulation of experience had brought with it an inescapable responsibility towards the children. I had become a part of the Unit's devotion of attention to the children and, notwithstanding my role as outside observer, I felt an obligation to feed back my responses into the system. My acute awareness of my own gradual incorporation in the Unit, constantly measured against my responsibility as an outside observer, allowed me to understand the process through which the Unit includes staff in the responsibility that it carries for the children.

## **Structure of the thesis.**

Children who are placed at the Day Unit of the Clinic's Child and Family Department stay there for a period of up to three years. There are no specific rules or procedures governing the length of stay of a child at the Unit, this being decided by the interplay of several factors. Ideally, from the point of view of the Unit itself, a child would stay until he or she had been able to take full benefit from the Unit, leaving at the point at which the staff began to observe a maturity and composure significantly beyond that of the majority of the other children. This is felt to take approximately two to three years. In practice, however, the child's period of stay at the Unit is determined by many other factors, such as the effects of budgetary constraints on the referring Education Authorities, or the progress of arrangements with fostering or adoptive homes for the children. As a result, the period that a child stays at the Unit may vary from a few months to over three years.

Whether the child stays at the Unit for what is considered to be a regrettably brief period, or for an uncomfortably long period, the Unit still takes the child through the necessary stages of its process. On arrival a child is a newcomer known only through the accumulation of labelling judgements made by those several professionals who have participated in the processes of referral. The first stage in the process is therefore that of acquaintance. The second stage is that of the creation of relationships between the child and the other children and staff. During this stage the child enters the Unit's life of episode and incident, participating in the creation of the raw material of clinical observation. In the final stage of the process, the narrative significance which has gathered around each child begins to overshadow the mere participation in narratives. At this stage the child has exhausted the narrative repertoire of the Unit and has thus arrived at the completion of treatment, with an accretion of Unit history which is, or from which is formed, the final diagnosis and prognosis with which the child will leave the Unit.

My purpose in characterising the process that the Unit operates in relation to the children that pass through it is to set out the principles on which I have organised my thesis. The business of social description and prescription which is carried out by the

Unit is directly comparable to the project of social description in anthropology. The first stage involves the defining of terms: classifying the child; setting out the objectives and points of reference of ethnographic research. The second stage involves establishing the relationships between the previously defined terms: the participation of the child in the life of the Unit; the participating ethnographer's observation of the subjects' lives in process. The final stage involves a synthesis which includes the terms and the relationships between the terms in a formulation which can be translated into and used in other contexts: the child's prognosis; the ethnographer's theoretical observations.

The thesis is thus divided into three parts corresponding to the three stages of the process of social description as outlined above. Each part is concerned with a question implied in the way in which I have described the process. The first part of the thesis is thus concerned with definition and categorisation; the second with the production of significance out of relationship and process; and the third with the processes by which the significance produced is translated into other contexts.

The main body of the thesis, divided into three parts as described above, is preceded by an introductory section which sets out the anthropological points of reference for the ethnography.

### **Anthropological Context.**

Though my research took place in a setting not traditionally the focus of anthropologists' attention, the inspiration for it came from a central anthropological preoccupation. A debate about social exchange employing contrasting concepts of gift and commodity has gradually shifted away from being presented in terms of classical economics and social structure towards comparisons between 'us' and 'them' which are internalised as differences in the potential for imagining and living out 'concepts of the person'. Whereas at the outset the debate drew its terms from economics, when the most obvious points of reference in relation to Mauss (Mauss 1990) might have been Simmel and Marx, it has recently taken a line through writers including Bourdieu (Bourdieu 1977) and Strathern (1988; 1992) in which the background of intellectual authority comes from psychological and philosophical theories of mind and

epistemology. A debate that started amidst a climate of concern as to the determining force of the economic structure of society has become transformed as part of concern about the determining force of concepts of the person. These concepts become the basis for a 'social metaphysics' based loosely on theories of knowledge derived from psychology and philosophy. Where the concept of the Gift was once a rebuke to the social processes attending commodification under capitalism, it has now become a point of reference, as model of an authentic social metaphysics against which to measure the shifting sands of late modern thought.

Marilyn Strathern's Gift-driven comparative project in *The Gender of the Gift* and *After Nature* (Strathern 1988 and 1992) starts from the gift/commodity distinction. She builds up a powerful characterisation of the "Western imagination" (1988:315) as trapped within subject/object metaphysics with its, "inescapable residue of a commodity logic concerned with the value or relations between things, including abstract concepts." (1988:343) Using these "metaphorical possibilities of our own language of analysis" (1988:309), in *The Gender of the Gift* she constructs a phenomenological Melanesian metaphysics as a mirror image of the West, and then returns the favour in her account of English kinship in the late twentieth century in *After Nature*, by using phenomenological Melanesia in order to evoke a through-the-looking-glass postmodern metaphysics which involves an alarming curtailment of our powers of self-description. My response to Strathern was to question whether the extreme sophistication of argument built upon shuttling between formulations of western and Melanesian metaphysics in an escalating spiral of abstraction was not being used as a rhetorical stylistic device for the creation of precisely that sense of un-rooted, non-referencing terms said to be characteristic of the postmodern condition. I wondered how the issues raised by Strathern might look if they were approached in a context in which they were more explicit and less the product of comparative ethnographic analysis. The therapeutic Unit for emotionally and behaviourally disturbed children that I have chosen for the subject of my research provides a situation in which psychologists, psychotherapists and psychiatrists who work within a broadly similar tradition of social description to Strathern, with similar fundamental intellectual resources and from a similar professional position, manage the social reproduction and occasional innovation of ideas about how to treat (both in the narrow medical sense and the broader sense of

behave towards) the prototypical category of person, the child. It provides me with an opportunity to look at the relationship between the production and the consumption of concepts of the person in the business of social life whilst remaining close to the material processes of social exchange in the movement of children, and responsibility for children, back and forth between families and professional carers.

That my thesis owes a great deal to the work of Marilyn Strathern will be evident from the extent to which I refer to it. Strathern was the inspiration for my research in several different ways. Her work provided the model for an anthropological approach to the study of a first world setting which, by being deeply rooted in anthropology's comparative project, might be able to bring the sophistication that anthropologists have achieved in describing small-scale societies back home. But it was also, in two senses, a provocation. The comparative project of the combination of *The Gender of the Gift*, and *After Nature* is incomplete. The comparison is not between equivalent contexts. The Melanesian material which becomes such an important analogy for the current state of English kinship in *After Nature* represents the fruits of a long tradition of anthropological research based on participant observation fieldwork. The English material with which it is compared is predominantly literary. I wanted to be able to deal with some of the ideas floated <sup>in</sup> *After Nature* in the context of a fieldwork setting which would allow them to be rooted in the practice of social life. The second sense in which Strathern's work was a provocation was in its difficulty. Difficulty is inescapable in *The Gender of the Gift*, being used as a stylistic and rhetorical device to give an appropriate sense of just how hard we have to work if we are to be afforded a glimpse of Melanesian metaphysics. It is also an essential concept in the contrasting metaphysics Strathern attributes to the West and Melanesia. The fact that difficulty seemed so unavoidable in Strathern's work provoked me to question the role of difficulty in the business of making social descriptions. The Unit provided a setting which was also permeated with difficulty, and provided me with the opportunity to compare a social setting in which people both experienced and described difficulty, with Strathern's difficult text. Strathern's work and the work of the Unit share a common background in the Western history of social description. Thus Strathern's work has a place in this thesis both as an intellectual point of reference and as an ethnographic example of the business of social description to be compared with the work of the Unit.

## **Home Anthropology And Comparative Ethnography.**

Anthropological fieldwork at 'home' is where the comparative nature of the anthropological project is at its most explicit, where the fruits of the outward journey return to confront the first site and occasion of our tradition of social description. I will outline here two contrasting styles of comparative ethnography (in both of which the comparison is the fundamental one between us and them rather than between different others) in order to place the approach that I wish to take in context.

In the first case the use of anthropological methods is strategic. Anthropology's special attention to hidden or disguised narratives is brought to bear on our own society with the aim of revealing details to which we are otherwise blind. One example of this can be found in the application of anthropological sensitivity to information not recognised by western psychiatry in order to provide an improved, cross-cultural, psychiatry that does not necessarily overturn psychiatry's basic assumptions (Littlewood and Lipsedge 1989). This application of anthropology differs from anthropological accounts of non-western societies in that rather than attempting a thorough-going reformulation or translation of apparent social categories it bows to the inevitable complexity of our society in order to be able to offer a limited, but innovative, commentary on a part of it. However, in the anthropological contrast between complex and simple societies there is a more subtle impetus toward differences in the application of anthropological techniques in the description of our own and others' societies. The difficulty of establishing a focus for study amidst the complex interpenetration of contexts in our society means that there is a danger that the anthropologist may be misled, by the broad contrast between late capitalism and simple societies which cast the latter as consisting of cultural forms evidently related to a material base and the former as a near infinite complexity of competing ideologies or discourses with a now opaque relationship to a material base, into offering a critique on the level of ideology that makes little use of anthropology's repertoire of techniques for translating social facts into social abstracts (e.g. village topography <> social structure) or of its persistence in interrogating the content and import of social practice as well as social rhetoric.

I will use as an example a piece of research on a subject superficially similar to that of my proposed research in that it deals with the community of a small institution within the mental health care system in Britain. Christine Perring's PhD thesis, "Leaving The Hospital Behind? An Anthropological Study Of Group Homes In Two London Boroughs"(Perring 1990), centres on her belief that the policies for providing 'community care' for long-stay psychiatric patients being moved out of hospitals are seriously flawed because of their foundation on unexamined assumptions associated with the words 'community' and 'care'. She argues that the ideological power of these terms has been used to obscure the fact that psychiatric patients now receiving care in 'group homes' in the community are still trapped in an identity cast in terms of their position as receivers of professional care services from doctors, psychiatrists, nurses, social workers and volunteer residential workers. Failure adequately to address the question of the patients' own notions of community and care is seen to have resulted in the imposition of an ersatz institutional version in which group home workers and the hostel masquerade as family and home, and valueless work-therapy stands for meaningful social engagement. While it is acknowledged that the new situation makes many improvements on the old, it is also seen to impose its own limitations on the patients' potential for progress away from and out of the psychiatric care system by maintaining too great a conceptual divide between the patients' current situation and the world of their actual or potential outside relationships with family and society.

Perring used participant observation and informal interviews to compile narratives from the patients' under-represented point of view which could then participate in the competition of narratives and ideologies that appears to constitute the social policy arena. In many ways it is appropriate that the study should take the form of readjusting the balance of competing discourses as it deals with an area that has been and remains the subject of intense public debate in the media and in government publications and legislation, that is highly legalised in the assessment and distribution of rights and powers, and that is centred on the medicalisation of personal narratives. Perring's practical and political purposes lead her to present her material so that the previously 'invisible' patients' narratives provide a rebuke to public policy. However, the attention to the interplay of competing narratives means that opportunities to question details of observed behaviour are passed over. There are several points in her account at which

Perring describes contradictions between the ideal model of care and the care provided, in such a way that the mere fact of contradiction serves as indictment and is not taken as the occasion for a deeper analysis of the actual situation.

For example, in chapter eight, 'Models of Group Home Life', in which the use of the ideology of the family to underpin the structure of group home life is described, Perring states that, "two kinship models are discernible to the observer, which are used as guiding philosophies by the carers: 1) The notion of the group home and the voluntary organisation as a substitute family. 2) The notion of staff/client relations as analogous to parent/child relations." (p.251) The argument is that "kinship oriented assumptions" (p.40) help to maintain relationships of dependence (child>parent = patient>worker; family member>group home = patient>care system) which are, "a major limitation on the principle of increasing independence as part of rehabilitation." (p.286) However, the only factors that are presented as distinctive of kinship or family are inequalities of power and their associated responsibilities. It is arguable whether these are worthy of the term "kinship model". Because family ideology is part of the group home's rhetoric of solidarity, little attention is paid to the fact that relationships within the group home are in fact very unlike family relationships. For example, group home workers are "expected to maintain firm boundaries in their relationships with residents, which will allow detachment from any individual who is thought to create the risk of upsetting the balance of the home," (p.260) in direct contrast with the Judaeo-Christian family injunction to care for the lost sheep or the prodigal son even at the expense of the other 'good' members. When one of the residents went missing when he was thrown off a bus for not having a bus pass and wandered lost for four days, the members of staff who went out during the night to collect him when he was found by the police, "later clashed with management over their reluctance to approve the over-time payments." (p.259) While Perring shows that conflicts and decisions in the group homes and in the voluntary organisation were often articulated loosely in terms of family (Did the workers behave too much or too little like parents? Was a timetabled weekly group home meeting inappropriate for a 'family' atmosphere? p.257), she also provides pieces of information such as the above conflict concerning over-time and responsibility which suggest that it might also be useful to



concentrate ethnographically on the very unusual and distinctive material and social nature of the group home.

Anthropological ideas about kinship give much weight to the micro-economy in goods and services (both affective and material) and its relationship to a wider context. Mutuality and dependence are held to be related to transmission of substance, both biological and economic. Variety of arrangement and logic in kinship structures provides models of the possible closeness and complexity of continuities and ruptures in social life. What might we make in this context of the volunteer status of the group home workers? Is there any analogy between the 'family' economy of mutual obligation within the differential distribution and conservation of resources, and the DSS/Health Authority/benefit/wage/volunteer economy of the group homes? What do the volunteers take from the residents in exchange for care? (Social capital recognised as due to altruists? The therapeutic management of their own emotional/imaginative economy?) How do the paid and the volunteer workers differ in these terms? It is in placing the emphasis on questions such as these that my approach will differ from that of Perring.

By describing the phenomenon of 'community care' for the mentally ill in Group Homes through an interrogation of the rhetoric of staff, patients and organisations rather than through an interrogation of the material relations existing between them all, Perring gives an account of a pathological, under-functioning area of social policy characterised by anomaly, contradiction and delusion - a suitable case for treatment - while missing the opportunity to analyse and describe it as a highly distinctive, and uniquely heterogeneous, social form.

Perring's account, as described above, could be seen as using the confidence anthropologists have gained in diagnosing the structure and meaning of social phenomena, a confidence significantly founded on the experienced particularity of small scale societies, to make an expert intervention in a part of our social life that seems perplexingly to do more with ideas, or ideologies, than with experience of the particular. The solidity of anthropological 'kinship' is invoked in the business of untangling our web of ideologies: the strategic use of anthropological methods and

ideas is fairly explicit, whilst the sociological relativism is implicit, being merely an element in the anthropologist's authority and expertise.

In the second case, the anthropology is 'absolute' rather than strategic, and relativism is the heart of the enterprise. If studies such as Perring's might be understood as making one simple return circuit of comparison - anthropology steps out to encounter the other and returns to rebuke its origins with the confidence of unique experienced particularity - then in the combination of *The Gender of the Gift* and *After Nature* (Strathern 1988 and 1992), Strathern has set up an escalating spiral of returns. The first example, of the simple return of comparison, makes the move from the observation of particular social phenomena to hypotheses about social structure and then to assessment of (our) competing ideologies. The escalating spiral of explicit relativism multiplies this process of increasing abstraction until "relations between things" (1988:343) are left behind for a realm of pure idealism.

This research aims to avoid the excessive focus on ideologies at the expense of social practice, on the one hand, and the idealism of ultra-relativism on the other.

## Chapter Two . Difficulty.

### **Difficulty as a measure of conceptual and experienced space.**

In what follows I will be exploring the ways in which 'difficulty' could be understood to be an important organising principle in the life of the Unit. Everything about the Unit is difficult. The children come to the Unit with a history of concern and perplexity surrounding them; and the Unit is so aware of the high expectations that it encourages in parents and the referring authorities that it works within an intense atmosphere of responsibility that makes all actions and decisions difficult. But it is not just the practical responsibilities of the Unit that make its work difficult. As a self-professed centre of excellence it sees itself as operating at the highest level of professional and theoretical potential so that unlike more modest institutions that have a very specific remit and terms of reference it measures itself only in terms of what is theoretically possible. This is reflected in the unusual dual constitution of the Unit. By being equally an educational and a psychiatric/psychotherapeutic institution, the Unit takes on the contradictions between these two approaches. The main contrast in approaches is between one which sees the child as part of a network of family and wider social relationships in the context of a life career, and one which sees the child in isolation as the vehicle for the expression of symptoms of his or her psychological pathology. This contrast can be described as being between an extensive outlook and an intense internal focus, and whilst it is most often seen as the difference between the perspective of the teacher and that of the psychotherapist, it is equally present in the debates and struggles within the psychiatric team between behavioural and psychotherapeutic approaches, and in the competing claims of differing educational philosophies or requirements. Containing the contradictions between these different approaches (rather than being a Behaviourist *or* a Therapeutic Unit) is often talked about by the staff of the Unit as almost impossibly difficult, but ultimately it is felt that the difficulty is worth enduring because it allows the fullest possible treatment of the children.

Difficulty is both the effect of the practical and theoretical problems that the Unit faces, and the sense that articulates the contradictions. A sense of difficulty might be seen as what polices the boundaries between seemingly mutually exclusive rationales. In what follows I will explore this ambivalent quality of difficulty, and I will consider the relationship between a sense of difficulty and the tendency for competing rationales or descriptions of social life (such as the behaviourist and therapeutic approaches outlined above) to claim authority on the basis of epistemological reasoning.

There are three main areas of reference and inspiration for my thesis:-

1. The sophisticated development of anthropological kinship, gender and exchange ideas that, notably in the self-consciously difficult comparative ethnography of Marilyn Strathern, has collapsed the classical focus on social structure into the micro arena of concepts of the person and identity.
2. The recent growth of the subject of consciousness and cognition as a testing ground on which academic disciplines (e.g. cognitive psychology; anthropology; mathematics; artificial intelligence theory; philosophy of mind; particle physics; etc... ) compete to demonstrate their effectiveness at cracking what is considered to be the most difficult of contemporary intellectual nuts.
3. The arrival of the history of the western category of 'child' at the current, near hysterical, point of concern for the safety of, and the proper assignment of rights and responsibilities of and over, children.

These three areas have in common an emphasis on their *difficulty*, and the perplexity that this causes, along with the collapsing of previously large scale intellectual topographies into a single, intense point of focus under which condition concepts that were previously clearly articulated become so compressed and coincident that they lose their relative propositional force. Examples of this in the three areas outlined above might be:

1. The process described by Marilyn Strathern in *After Nature* by which the making explicit of the relationships between the individual and society and nature has collapsed these previously separate concepts into a quality of relatedness which *is* the individual.

2. The move from discussion of mind/body dualism at the level of the relationship between physical sensations and mental entities, to the level of the relationship between brain activity as described in the terms of classical physics (and biology) and a newly posited realm in which brain activity is thought to go on at the level of quantum physics.<sup>3</sup>
3. The response to moments or episodes of crisis, such as child abuse (or the murder of Jamie Bulger), in which previously separate strands of responsibility and relationship to do with the child are compressed to such an extent by the intensity of the focus that all that can be done is to peer anxiously at the child for the mysteries of responsibility and blame to be revealed.

The sense of things being difficult is ubiquitous in practical and in intellectual life, being a concept that is more often used descriptively than analytically. In its general descriptive use it is possible to understand a common sense being invoked when talking about the difficulty of a long and steep staircase, or of an uncongenial social atmosphere, or of the solution of a problem in advanced mathematics; yet when describing the precise nature of each of these individual difficulties one would be calling on concepts that had little in common. Difficulty is a ubiquitous *given* of intellectual and experienced life that yet remains an overlooked element of both. Below I will give some examples of the range of meanings and uses of *difficulty* as a concept and experience in intellectual and social life.

I will begin with definitions from the Shorter Oxford English Dictionary:-

**Difficult.** a. 1. Not easy; requiring effort or labour; troublesome, hard, puzzling. 2. Of persons; Not easy to get on with, 1859; hard to induce or persuade; obstinate, 1502.

**Difficult.** v. 1. trans. to render difficult. 2. To embarrass. (Scottish and US.) 1686.

**Difficulty.** dis-DIF + FACULTY. 1. ....the character of an action that requires labour or effort; hardness to be accomplished; the opposite of *ease* or *facility*. b. The quality of being hard to understand, 1529. 2. with a. and pl. ....often *spec.* a pecuniary embarrassment. 3. Reluctance; demur ....*to make a d.* i.e. to show reluctance, 1515.

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<sup>3</sup>cf. Roger Penrose. *Shadows of the Mind: A search for the missing science of consciousness*. (OUP. 1994)

**Easy.** ....comfort ...free from pain or discomfort ...free from constraint or stiffness; without trace of effort; smooth ...not hard pressed; not hurried, gentle ...yielding, compliant ...not exacting.

The meaning of *difficult* or *difficulty* falls equally between the external world of sensation and action and the internal world of thought. It is possible to talk equally of a difficult thought as it is of a difficult action. By contrast, a *complex* action retains a predominantly thought-related sense, and a *dense* thought retains a predominantly physical sense. Through the sense of *difficulty* mental effort or labour is measured in the same terms as physical effort or labour, providing a topography which is equally able to map the exercise of the will as it is to map the exercise of the body. The terms used to frame the above definitions thus provide the sense of boundary, shape and density to the topography of effort. *Yielding, compliant, smooth, and hard*, all describe the relative properties of resistance in the imagined topography within which difficulty is experienced, and *obstinate* suggests the final boundary or obstacle that may be the cause or root of difficulty. Difficulty is thus a measure of the course and effectiveness of mental and physical life.

Some further examples will illustrate the extent to which the meaning and uses of *difficulty* operate within a topography which entails a sense of effort or intention as being *directional*.

1. A difficulty presents itself in terms of an external barrier that totally resists penetration. This may be a wall across a path which means that a person has to end a physical journey in a particular direction, or a piece of information which is missing or totally unavailable and which means that a particular line of thought has to come to an end.

2. A difficulty presents itself as an external barrier totally resisting penetration, but in this case there is a way around the difficulty so that the same intention can preserve itself through making a diversion and re-establishing its original course.

3. A difficulty presents itself so that the course of the intention is on a tangent to the difficulty. In this case the difficulty shades into an inconvenience. As in the example of an external noise cutting across an important telephone conversation, the original intention continues as before, but now including the effects of the difficulty.

4. Difficulty may consist in a generalised resistance throughout the medium through which the intention moves. In this case the difficulty is still external to the intention but it has no directional sense in relation to the intention.

5. In the solution of a mathematical problem the difficulty consists in the fact that beyond the currently completed path of reasoning further manoeuvres are required which are as yet unknown. Resistance to the intention is conditional rather than absolute.

6. In contrast with 5. the completion of a difficult task may require further manoeuvres which are known but undesired.

I am not giving these examples as an exhaustive definition of difficulty but rather in order to show that the idea of difficulty is used to measure the course and effectiveness of intention. There are significant differences in the above examples beyond those of the directional relationship between the intention and whatever is thwarting it. In the first four, the only propositional relationship is between the direction (or position) of the difficulty and the direction of the intention. In the fifth and sixth examples the difficulty has a propositional relationship with the intention itself. A difficulty may be something that lies just beyond the scope of a currently activated intention which will always remain beyond it. Or a difficulty may be that which is about to be incorporated within the scope of an intention. The idea and the experience of difficulty are thus knowable both in terms of a visualisable topography that has effort or intention as directional and difficulty as the variety of possible external checks, and as a power of resistance that becomes coincident with the scope of the intention once the intention has exhausted its potential for enactment entirely within its own terms. (If I push against a small tree to bend it over I may move it for a few inches and then reach a stage at which the resistance in the strength of the trunk means that further pushing becomes difficult pushing.) Difficulty is a concept which describes scope and boundaries, but one which allows many different versions of the relationship between scope and boundaries.

A person who is experiencing an emotional difficulty may find it difficult to say something: the emotional difficulty is a resistance or barrier to expression. Looked at in this way the difficulty is external, but the same person may also experience herself as being *in difficulty*. Whilst the edge of the known is being approached what is beyond

the edge is difficult, but once the edge is reached the difficulty may be incorporated as the known unknown. Difficulty is a concept which allows for the propositional relationship of the intention and the resistance to the intention to remain in an unstable state. The difficulty may be absolute external barrier or (as in the case of the solution of mathematical problems) temporary disruption in the scope of the intention; and a defining quality of difficulty may be that it always allows for a sense of each of these to be present and possible, whichever is predominant.

It is this use of difficulty as a concept which allows for the instability of boundaries that allows it to articulate seemingly separate or mutually exclusive orders of knowledge or experience. When a psychoanalyst talks of the analysand's *resistance* to admitting to something, she is referring to a difficulty which prevents something that exists as a truth in the sub-conscious from being articulated by the analysand in order to make a particular statement about a truth in the external world. The analyst's efforts are directed at transcending this difficulty, yet the difficulty remains the only sense available on which to base a belief that there is a fulcrum which articulates the mutually exclusive worlds of the sub-conscious and of conscious narrative.

The dictionary definitions quoted above use vocabulary which makes clear the relationship between the concept of difficulty and the archetypal boundary, that of the body. The definition of easy as, "...free from pain or discomfort ...free from constraint or stiffness ...gentle ...yielding, compliant," makes use of the terms with which the body's experience of acting on the external world are described. A financial difficulty as, "a pecuniary embarrassment," refers to the paradox of the blush, which is the right expression for not being able to find the right expression: a good example of difficulty as both predicament and proposition.

The concept and the experience of difficulty provide a measure of resistance to effort or intention which allows for a continuum of characterisation of resistance from external and absolute to internal and conditionally or propositionally related to the effort or intention. Difficulty is the concept or experience which covers the uncertainty that exists at the limits of the extension of any form of scope, whether it be physical or conceptual.



## **Difficulty In The Social Deployment Of ‘Knowledge Practices’ And In The Business Of Social Description.**

Against the grain of Strathern’s (1992) description of the end of depth, perspective and attendant difficulty, which suggests that puzzling over things in the way that we once did is now futile nostalgia, I am interested in looking at the expression of difficulty in the life of the Unit. By difficulty in this context I mean the sense of things being hard to understand or achieve: the difficulty of knowing what to do to comfort a child in distress; of imagining what sort of person a child is in relation to a professional provider of care (client?, surrogate family member?); of knowing about the child’s life outside this particular institutional context; or of describing theoretical understandings of the child’s relation to the world (in the epistemological controversies between clinical psychologists who compete to define the form and context of care provision). The focus of my interest will therefore be the anxiety that goes with this sense of difficulty, the anxiety which is so characteristic of the caring professions that play such a large role in our rhetoric of social reproduction. Rather than looking, as Strathern has, at the difference *between* ‘knowledge practices’ (a term Strathern uses to describe the social reproduction of ways in which it is possible to imagine and experience concepts of the person, 1988:176), I am interested in the business of the production and consumption of knowledge practices, in which anxiety and a sense of crisis are the expression of demand.

For the purpose of illustrating a continuity between different uses of a concept of ‘difficulty’ from the level of high theory to the evaluation of practical action in social life, I will outline four different ‘difficulties’ in *The Gender of the Gift* and *After nature*. The first is the ‘good’ difficulty of intellectual endeavour exemplified in the style of the books. The second is the ‘bad’ difficulty that capitalism and its commodity imagination use to mystify the process of the theft of value from nature and labour. The third is the very particular lack of commodity imagination, ‘bad’, difficulty that characterises Strathern’s Melanesian metaphysics. And the fourth is the lack of ‘good’ intellectual difficulty that characterises Strathern’s prescription for the postmodern condition endured alike by those who live kinship and those who are professional describers of society .

1. In *The Gender of the Gift* Strathern uses a characterisation of western imagination as dominated by commodity logic in order to bring into sharp focus the extent to which our assumptions about the nature of the relationship between society and the individual may bring to bear entirely inappropriate notions of sociality and subjectivity in cross-cultural analyses. She uses what she describes as a “fictional” method, through which, “by upturning our assumptions, through deliberate choice, we can glimpse what ‘other’ assumptions might look like.” (1988:4) The consequent we/they axis along which the book is written, “is a deliberate attempt to achieve such a glimpse through an internal dialogue within the confines of its own language.”(1988:4) The aim is to subject the western assumptions that she shows to pervade past Melanesian ethnography to a distressing deconstruction in which, by depriving them of the authority that comes from their hegemony in the West and testing them against the complexities of Melanesian social life, the Melanesian “phenomena” might, “provoke or elicit an analytical form that would not pretend to be commensurable to the phenomena themselves but that would, nonetheless, indicate an analogous degree of complexity.” (1988:7) Her method is thus an oblique strategy that hopes by a direct assault on western assumptions to provide a tangential glimpse of Melanesian assumptions; an approach which gives her account a double nature, balanced between rationalist suspicion directed towards western discourses and a phenomenological optimism in relation to Melanesia. She is at pains to stress the strategic nature of the method, which maintains the separation between them and us the better to grasp the “glimpses” as they appear:

“The as-if and so-to speak hesitations in my account have been quite deliberate. I have not authored ‘a perspective’ on Melanesian society and culture; I have hoped to show the difference that perspective makes . . . I have not presented Melanesian ideas but an analysis from the point of view of Western anthropological and feminist preoccupations of what Melanesian ideas might look like if they were to appear in the form of those preoccupations.” (1988:309)

In giving such a specific and self-consciously unusual description of her project, Strathern calls into play many forms in which we imagine and understand the difficulty experienced in thinking about things. The repeated use of ‘deliberate’ evokes the use of the will to overcome the resistance of difficulty; ‘confines’ and ‘glimpse’ belong to the spatial arrangement and possible partial concealment of sought after meaning; whilst

'preoccupations' refers to the way in which the will fastens attention and places value on particular ideas, that very fastening, (whether through effort of will or other enforcing cause), involving a sense of the resistance that accompanies difficulty in the realm of ideas. Above all though, Strathern invokes our sense of difficulty as residing in the effort of understanding required to bridge a spatial gap imagined between concepts, in the idea of using the theoretical possibility of perspective not to author 'a perspective' but to show the difference a perspective makes. Such a sophisticated approach begs the indulgence that we give to experimental projects in order to sustain the paradoxes of its method, requiring room to manoeuvre in order to negotiate the difficulties of deconstructing what one is oneself implicated in, the argument working, "through innumerable oppositions and contrasts," (1988:343) in order to achieve a sense of dancing above the pitfalls.

2. Strathern distances this difficulty from the 'interested' manifestation of difficulty to which the western imagination gives too much respect, and against which Strathern warns, quoting Roy Wagner: "Simplifying nature, *we* take on its complexity, and this complexity appears as an *internal* resistance to our intention." (Strathern 1988:6 original emphasis) Difficulty is seen as a device by which the western imagination reinforces the mutually defining distinction between nature and culture and introduces a spurious sense of resistance against which to measure its achievement. For Strathern, this difficulty is the first sign of the creeping essentialism of the western imagination; the problems that we have in reconciling the universalism and relativity that the world suggests to us are, "doubly snared perplexities," (1988:342) "perplexity" here being taken as evidence of a false mystification - the commodity logic must have its cake and eat it, must generate diversity of cultures and cultural forms yet maintain its hegemony in order to 'market' them.

3. The Melanesian imagination that Strathern describes is characterised by a specific *lack* of this difficulty of internal resistance. What principally characterises this construction of Melanesian imagination is a total absence of the conceptual space that goes with the subject/object relationships of the western 'commodity' imagination; of the sense of perspective provided by the concept of the complex interrelation of social subjects as agents. What to some extent compensates for this absence is a social metaphysics presented in a highly aesthetic form, with agency being removed from

subject or object and invested in the enactment of relationships, envisaged as an elbow shape or the angle that an axe blade makes to its shaft. In Strathern's account this image is derived from Battaglia's Sabarl ethnography (Battaglia 1983):

"The ax, and particularly the direction in which the blade points, is compared to the prestations (*segaiya*) that culminate at mortuary ceremonies in acknowledgement of the support given to a person over his or her life by his or her 'father' (a son or daughter of the father's sister.) The person who benefits and consumes the food and other gifts given by the father is the pivot for these exchanges; in his or her name food and valuables are returned to the father's side . . . From the point of view of his/her father's kin, the 'child' is called an 'elbow', the turning point at which valuable objects that have moved away from the village come back again . . . The child acts as an agent on their behalf; its shape is an angle encompassing two directions." (Strathern 1988:271)

By taking up the image of the elbow Strathern fixes the distinction between her account and the anthropological tradition that describes such kin system internal exchange in terms provided by commodity logic and its objectivist systemics, an atomistic tendency interested primarily in the balance and flow of forces and resources. By conjuring up an aesthetic metaphysics Strathern puts the Melanesian imagination beyond the reach of 'our' concepts of domination and exploitation; she presents an 'as though' analysis which has the clarity of being defined against a sharply characterised western commodity logic, yet remains inscrutable. So when confronted by the difficulty posed by having described a social world in which empirically observable violence against women cannot be understood as domination, she appeals to the obscurity of the virgin theoretical territory in which she is working; "I really am writing against the grain of the language in which I write; consequently what follows is offered with hesitation." (1988:328) It has to be accepted that, "the Melanesian material will not yield an answer in a familiar form," (1988:339) and that:

" . . . when a 'big' man beats a 'small' woman, *it has to be* in such situations because it is in his male form as an individual agent that a man is forced to find an adequate aesthetic vehicle for the capacities that have grown within him." (1988:337 emphasis added)

It is the removal of any sense of resistant conceptual space that causes what for us is such a difficult to grasp concept of 'inevitability'. In an aesthetic metaphysics, phenomena move in a mysterious way, so that when a husband removes pigs that have been reared by women in the domestic sphere into the male domain of exchange:

“A multiple identity is overridden by . . . exclusive claims. At the heart of domestic relations, then, as well as beyond them, an effect depends on eclipsing the multiple or composite character of persons and things.” (1988:165)

In avoiding the spatial logic of the western imagination Strathern arrives at a metaphysics whose transformations can only be described in a visual idiom. What remains, for us, the enigma of an aesthetics not our own, is what binds Melanesians obscurely to their fate, social phenomena moving across, and eclipsing one another like flats being lowered onto a theatrical stage. The lack of one form of difficulty or resistance, in the Melanesian metaphysics, causes the amplification of another, in the obscurity of the conceit.

4. This is the form taken by the argument in *After nature*, in which, again, extreme complexity of exposition is combined with a sense of casual conjecture occasioned by a partial acceptance of the, “devastating effect . . . of triviality,”(1992:197) that afflicts postmoderns. “One inhabits the world as one finds it. Having no perspective is diacritic of the postmodern epoch.” (1988:23) In *After nature* the postmodern epoch (in a partial analogy with the Melanesian imagination) is also characterised by the absence of the spatial resistance of the modern ‘perspective’ imagination, and its alarming transformations are ushered in with a further profusion of inscrutable visual-aesthetic terms:

“The family as a set of kin relationships disappears in the idea that the quality of home life has an independent measure. . . If the process of making assumptions visible indeed changes perception, then the chances are that ‘the individual’ will become eclipsed by the enhancement of ‘choice’. Or perhaps individuality will be juxtaposed *as* a choice.

The result could be an apperception of person which has the individual vanish. The individual would not vanish in the old way - seen to be absorbed by its social construction or by the metastructure of society - but would vanish quite simply *from the exercise of its individuality*. The repository of choices: what we shall see if we look will be the choices, the experiences that evince ‘individualism’. Individual style living! Prescriptive *individualism* displaces the individuality of the person. We are already there of course. . .” (1992:149 original emphasis)

Here “disappears”, “making assumptions visible”, “perception”, “eclipsed”, “juxtaposed”, “vanish”, “absorbed”, “evinced”, and “displaces” all belong to a way of imagining the life of ideas that is neither, presumably, like the modern perspective

imagination, nor, in that they entail some sense of depth, quite like the postmodern imagination. It might be said to be an imaginative vocabulary particular to Strathern's, "exercise in cultural imagination . . . to demonstrate how ideas behave," (1992:xvii) another "fictional", "as if" (1988:4,309), strategy that makes it possible to work in a realm of paradox and contradiction through an ultra idealism that loses contact with the context in which ideas are produced in order to gain suppleness.

These examples from the work of Marilyn Strathern demonstrate a link between the difficulties and restraints experienced by western intellectual practice in the business of producing accounts of the imaginative resources through which social life is organised, and the conditions of possibility that our sociological understandings posit for social actors. The same conceptual framework contains Strathern's attempts to imagine Melanesia and the putative limits on action and consciousness experienced by Melanesian husbands and wives. My interest in studying the Child and Family Day Unit was to observe to what extent the identifiable sphere of negotiation and reproduction of concepts of the person was continuous with the practical sphere in which dealings between the staff and the children, and the staff and the families *through* the children, give evidence of limits on action and consciousness. On the one hand, the institutional structure of the Clinic and the Unit serves a pedagogic and synthesising function in implementing social policy and academic prescriptions through the business of meetings, memoranda, and the associated climate of discussion right down to the level of the tea-break or moment-of-crisis deliberation. Whilst on the 'practical' side, exchanges between staff, children and families bear witness to continuities or ruptures in social life that may reflect or contradict the various ideal models handed down. (Does the daily input by the Unit staff stay with the child so that the families feel themselves to be dealing with the Unit through the child when the child is at home? Does the management of physical boundaries within the building of the Unit reflect the limits of exchange and responsibility between staff and families? Which forms of practical behaviour might we associate with an ethos that sees the child as a quasi-independent consumer of style-of-life improvement, and which might be associated with the formation of social relationships through the agency of the child?) My interest is in the relation between these two spheres, between the unmediated *habitus* sphere proposed by Bourdieu (Bourdieu 1977) and the sphere in which the *habitus* might

appear to be reproduced, the sphere characterised by the attempted production of *mastery*. In Bloch's terms this might be seen as the relationship between cognition and ideology (Bloch 1985) - certainly it would be in the relationship between these two spheres that we would find what Bloch and Parry have called the 'poignancy of the limits of ideology', exemplified by the Pyrrhic death of the Dinka Spearmaster. (Bloch and Parry 1982:39) Focusing on 'difficulty' may provide a way of identifying a vocabulary fundamental to both spheres.

In contrast with Strathern's characterisation of the western imagination as either permeated by the commodity logic or under-going postmodern transformations, my account of the Unit starts on the basis that the 'western imagination' is *caught between* the atomism of subject/object rationalism and the wholism of intersubjective phenomenology. Being concerned to specify precisely the nature of western metaphysics, Strathern rejects, "natural 'wholeness' " as, " a bourgeois fabrication" (1988:367n). By contrast, by making the notion of difficulty that is the fulcrum between contrasting social metaphysics the focus of my attention, I take the phenomenology epitomised by Saint-Exupery, quoted by Merleau-Ponty;

"Your son is caught in the fire; you are the one who will save him . . . If there is an obstacle, you would be ready to give your shoulder provided only that you can charge down that obstacle. Your abode is your act itself. Your act is you . . . You give yourself in exchange . . . Your significance shows itself, effulgent. It is your duty, your love, your steadfastness, your ingenuity . . . Man is but a network of relationships, and these alone matter to him"; (Merleau-Ponty 1962:456)

as a comparable imaginative possibility to the 'elbow' agency envisaged by Strathern for Melanesians. It is not the aim of my research to specify the concepts of the person which pertain in the life of the Child and Family Day Unit; to assess the competing claims of the atomistic behaviourist or the phenomenological psychotherapeutic approaches to the treatment of disturbed children. Rather, I am interested in the relationship between these ideas and the social life that they grow out of and organise.

### **Difficulty As A Measure Of Psychological Space.**

The British psychoanalytical tradition that includes the work of Klein and Winnicott is founded on its accounts of the nature and the significance of the process of

object formation that takes the infant from identification with the mother to the reality principle in the acceptance of the mother as a potentially absent other.(Klein 1975:2) The central difficulty in psychoanalytical thought is thus that which has to be overcome in the process by which the experiencing subject makes the leap across the gap to the potentially absent object in order to return the sense of object/other to the vocabulary of his or her own subjectivity.<sup>4</sup> That is how the difficulty is thought to be manifested for the *experiencing* imagination. For the *describing* imagination, it manifests itself as the problem of reconciling the mutually exclusive concepts of inter-subjective identification and subject/object agency. This is the imaginative core at which the struggle of the individual will to reconcile itself to experience of the world provides underlying rhetorical authority for the settlement of controversies in the description of society through recourse to epistemology.

Alfred Gell (Gell 1992) traces sociology's claims to metaphysical authority back to Durkheim's attempt to identify collective representations of time with Kantian categories.(Durkheim 1915:9-11) Gell argues that:

“Sociology (and its sister subject, social anthropology) has been much harmed by Durkheim's plausible mimicry of the forms of philosophical argument. Sociology became unduly aggrandised as an independent source of philosophical truth, and at the same time threatened to displace the only intellectual discipline capable of exercising some restraint over the resultant flow of paradoxical and confusing utterances, i.e. philosophy itself.”(Gell 1992:13)

Gell argues that anthropology has too often resorted to, “the tactic employed by post-Durkheimians of ‘explaining’ ethnographic facts which are anomalous in terms of our contingent belief system, by constructing a metaphysical scenario which removes the contradiction at the level of contingent beliefs by reformulating it as a contrast in implicit metaphysical categories.”(Gell 1992:59) It is not so much the logical flaws pointed out by Gell in this type of sociological argument that interest me, but the fact that from sophisticated, high sociological theory, to psychologists' theories of child development, and ‘folk’ versions of psychotherapeutic theories, the “plausible mimicry” of the forms of philosophical arguments about knowledge theory should be so

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<sup>4</sup>Drawing on Hegel and Klein for models of this process of ‘sublation’, Daniel Miller proposes an understanding of commodity consumption under capitalism that emphasises the creative agency of the consumer. His argument elides philosophical, psychoanalytical and sociological epistemologies.(Miller 1987)



significant. Epistemological reasoning (or its plausible mimicry) aims to make stable definitions of the conditions that pertain at the limit of the scope of conceptual systems; to limit the instability over which a sense of difficulty presides. It should be no surprise, then, that competing rationales often present themselves in epistemological form.

In *The Anthropology of Time* Gell unravels close, but distinct, lines of the imaginative experience of time. By untangling philosophical, cognitive/psychological and sociological understandings of time from one another Gell attempts to achieve clarity amidst, “the feelings of perplexity which the notion of time itself has always seemed to generate, ever since the days of St. Augustine.”(Gell 1992:4) And yet, paradoxically, the complexity that Gell describes in the relationship between the cognitive processes through which we experience time and the means by which time is socially organised and experienced makes it only too clear why this is a realm over which there will be claims to authoritative definition. The struggle for ‘grasp’ is as written into our accounts of cognitive processes as it is part of the process of describing and controlling social life - and perplexity is the rallying point for that struggle.

The tendency to use “contrasts in implicit metaphysical categories” to arbitrate in intellectual controversy has risen with modernity. Richard Rorty draws attention to the modern tendency towards reducing philosophical difficulties, that were once ranged through politics, ethics, logic etc., to rationalism’s ‘core’ difficulty of describing the leap from ‘raw feels’ to mental entities.(Rorty 1980) And Giddens describes the increasing “reflexivity of the self” (Giddens 1991:7) as modernity’s processes of mediation (the global mass-media and the revolutionary forces of technical expertise) eclipse local social relations in the move towards a society of global actions and individual consequences. Giddens describes the development of pure unmediated relationships between autonomous adults as the model for modern social life and notes the consequent internalisation of ethical questions. Without the security of externally sanctioned contracts, relationships are cemented by a pure trust which is now the only guarantee against a foregrounded existential anxiety.(Giddens 1991:42) Where Strathern describes fundamental transformations in the way in which the relationship between individual and society can be imagined, Giddens identifies long-standing continuities in the processes of modernity: current difficulties of description and analysis are held to be due to rapid changes in scale and emphasis rather than a shift of

paradigm.<sup>5</sup> What all the accounts have in common, however, is identification of the tendency towards the internalisation of the concepts that determine, or on which we base assessments of, the relationship between the individual and society - the increasing emphasis on ‘concepts of the person’.

Our care institutions are an important focus of the social reproduction of this tendency, the anxiety that serves as the measure of the work perceived necessary from them being what Freud identified as the measure of a person’s relationship to the world. Freud described anxiety as the outcome of the combination of the level of existential security resulting from the nature of the infant’s passage to the reality principle and, “knowledge and sense of power *vis-à-vis* the external world”. This anxiety provides the motivation and sense of conviction for ideas about the arrangement of social life that are rooted in ideas about the constitution of the self.

### **From Epistemology To Ward Boundaries.**

Psychoanalytical thought can make an easy leap from description of internal boundaries of categories of experience to externalisation of the resulting model. The architect of the proposal for a specialist autism unit that threatened to replace the Unit, Professor Peter Hobson, founds his diagnosis of autism, as primarily caused by deficits in the infant’s initial ability to form inter-subjective contact with the mother, on pointing out logical flaws in the epistemology of his opponents’ theory that children develop a theory that others have minds. In “Against the theory of ‘Theory of Mind’ “ (Hobson 1991), Hobson criticises those who argue that what autists lack is the normal child’s ability to make the deduction that other people have minds, on the basis that the perception of mind can only be inter-subjective - the child could only form a judgement that others have minds on the analogy of its own possession of a mind by first forming a judgement that it has a mind on the analogy of other minds. Proposing an alternative epistemology for cognitive development, Hobson argues that, “personal relations are rooted in biologically based capacities for ‘personal relatedness’, and especially in innate perceptual-affective propensities and other determinants of patterned interpersonal and inter-subjective co-ordination.” (Hobson 1991:49) What is of interest

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<sup>5</sup>Finch (1989) provides further contrast with Strathern’s account of English kinship, seeing continuity beneath the apparent changes in kinship structure.

to me is the ease with which diagnoses such as Hobson's move from controversies that have arisen out of clinical practice<sup>6</sup>, to resolution of controversy at the level of epistemology, and back to fresh prescriptions for clinical practice. Hobson's side of the argument, seeing the sociality lacking in autists as originating in an innate capacity for pre-linguistic inter-subjectivity, proposes the arrangement of the treatment environment along lines which will nurture the vestiges of inter-subjective sociality the autist does have. Bolstering this core is hoped to result in improvements in the autist's linguistic and cognitive deficits. On the opposing 'Theory of Mind' side of the argument, which sees autists lacking a social sense originating in a process of deduction by analogy, the treatment environment is arranged around the assumption of the separate and discrete identity of the autist. By concentrating on bolstering the autist's linguistic and cognitive abilities it is hoped to enhance his or her social sense. Contrasting concepts of the person are the models for contrasting models of sociality.

These arguments result in the constant redefinition and innovation of the micro social environments in which treatment occurs. The Clinic has pioneered the exporting of its psychotherapeutic analysis of social life to other institutions, offering its expertise for the diagnosis of institutional pathology. Essays written by Isabel Menzies Lyth in connection with this work since 1959, and collected as *Containing Anxiety in Institutions* (Menzies Lyth 1988), show the confidence with which the internal psychoanalytical model of the person, with its 'economy' of anxiety and desire, is externalised. Called upon to offer advice on the problem of a high drop-out rate amongst student nurses in a large teaching general hospital in London, Menzies Lyth identified a crucial boundary at which the anxiety of the institution was focused and managed - at the expense of the nurses.

"The hospital is implicitly expected to accept and, by doing so, free patients and relatives from certain aspects of the emotional problems aroused by the patient and his illness. The hospital, particularly the nurses, must allow the projection into them of such feelings as depression and anxiety, fear of the patient and his illness, disgust at the illness and necessary nursing tasks. (Menzies Lyth 1988:48)

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<sup>6</sup>See also Hobson 1989 and 1990, and for the opposing argument, Ashington, Harris & Olson 1988 and Premack and Woodruff 1978.

Menzies Lyth describes the process by which the hospital management responded to their lot of relieving patients and their families of anxiety by the manipulation of the nurses' work rota so that they would have limited contact with any one patient, and by standardisation of tasks meaning that the specific needs of patients would be catered for only within a general over-provision of care that could result in such absurdities as the waking up of patients to be given doses of sleeping drugs. Anxiety higher up the hospital hierarchy was contained by strictly limiting the responsibility of nursing staff to a level easily carried by the least able. It was not, as had been thought, over-work in a highly stressed environment that was causing the high drop out rate, but under-use of nurses' abilities. (Menzies Lyth 1988:69) What interests me here is the identification of two boundaries. The first is that imagined between the hospital and the outside, at which fear and anxiety are transferred from families and patients to the professional carers; and the second is the internal boundary between the nurses and the rest of the institution, which is formed by means of the management of the work rota.<sup>7</sup> Models of continuity and rupture between the self and the outside world are externalised, providing rhetorical authority for description and organisation of social life.

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<sup>7</sup>The nurses are the conduit of anxiety: c.f. Parry 1986 on the position of Indian funeral priests as the vehicle for exchange between the world of the living and the dead.

## Chapter Three . Sense of Place and Identity at the Unit.

I begin this chapter with views of the Unit ~~from~~ the sociological perspectives of Kinship, the State, and Community. Then I give an introduction to the conceptual vocabulary of the Unit, using examples from the Unit's own on-going internal debates about its current and future identity. Given the difficulty of defining a locus within a complex society as a unit of analysis, this conceptual vocabulary defines the sense of place that made the Unit a coherent setting for fieldwork.

### The Unit and Kinship.

By definition, the Child and Family Day Unit could be understood as embodying and performing a normative kinship function. It might be expected to show particular models of the relationships between children, families and society; and as much as it owes its existence to the 'problem' of children, its solutions might be expected to be in some sense definitive. In terms of Strathern's argument in *After nature* (1992) the Unit as understood in this way is representative of a modern, mid-twentieth century imagination that is built up out of an infinite diversity of perspectives from which it is possible to see elements as parts of other elements. For example; children are part of families which are part of society; individuals are part of society, yet in terms of motivation society is part of the individual; and in terms of organic medical diagnosis children are part of nature, and nature a part of children. (1992:72) Strathern argues that in the late twentieth century the modern imagination has been superseded by one in which we are condemned to be 'after the fact', no longer living amongst a universe of diversity in which the ability to create ever new perspectives means that difference can always be experienced as, "a connection from another angle" (1992:73). Deprived of the sense of depth in which perspectives were constructed because the modern project to make explicit the connections between and within things has exhausted that sense, we are left only surfaces on which what was previously hidden is now inscribed. From Strathern's *After nature* perspective the difficulty of the work done by the Unit is exacerbated by these transformations in the experience of kinship; an ineluctable process of change, in which it is no longer possible to conceive of people as part of

society, only to see them as quasi-independent units on a life support system of enabling technology and services - the floating spaceman or the ultrasound image of the human foetus. The process that has transformed the individual from a *member* with relationships with family and society to an *end in itself*, an 'individual style person', is seen to have replaced practical concern about the family as a network of relationships with, "the promotion of family-living as an experience," and, "the desirability of improving the quality of home life." (1992:147) From the perspective imagined by Strathern, then, the difficulties of the Unit are partly attributable to a general cultural transformation affecting the core concepts around which it operates. A move from a society of parts and relationships in which the Unit intervened in and added to the relationships that made up the child's life, to a cultural universe in which the children are quasi-independent consumers of quality-of-life improvement.

In relation to the anthropological tradition of kinship studies of western society Strathern registers this change as a feeling of being 'after the event':

"For some time it had been my ambition to write a counterpart to David Schneider's *American Kinship* (1968): a cultural account of English kinship. However, coming to the task more than two decades later was to realise that times had changed. The twin constructs on which Schneider was confident enough to premise his analysis of American kinship were not to be identified with such transparency. These were the order of Nature and the order of Law referring to human organisation, viz. Society or Culture." (Strathern 1992:4)

Coming to write an account of English kinship in the late 1980's Strathern found the previous terms of comparative elucidation, the differing though analogous formulations of the relationship between social phenomena such as kinship and the overall conception of society, no longer applicable. The imaginative framework in which the old problems were to be solved had become the new problem to be solved. In dealing with a situation in which the primary concern would appear to be the adjustment of children in relation to homes, families and society, like Strathern I take one of my most immediate anthropological contexts to be the studies of western kinship ideas made by Schneider (1968), Firth, Hubert and Forge (1969), and now Strathern (1992). However, my attention will not be directed at the level of such "constructs" as, "the order of Nature and the order of Law" but at the processes through which they are reproduced and negotiated in a context in which they are of pressing urgency. I will

argue that this urgency has a decisively grounding effect, a counterweight to the transformations described by Strathern, and to the idealism of her account.

### **The Unit as an institution in the modern state.**

The Unit is a small part in the provision of 'social' services by the British state. As such, after Foucault (Foucault 1977, 1967), or Donzelot (Donzelot 1980), it might be viewed as a part of the on-going invention of the realm of private lives as a sphere for intervention by the modern state. It is a point at which the state makes its interventions, or a point at which service is provided.

Though there were members of the Unit staff who expressed unease about the fact that they might, unwittingly, have become involved with a process of social control in their work at the Unit, this folk version of the critique of psychiatry did not reflect a view of the Unit as a part of a co-ordinated system of state institutions. Rather, it was a part of a way of understanding the institutional nature of the Unit which involved obscure outside forces rather than instrumental systems. Whereas from the sociological perspective of Foucault or Donzelot specific material conditions lead to the local recruitment of particularly suited individuals to be agents of the purposes of the state, from the point of view of the uneasy member of staff there is only a generalised climate of purposes and intentions, with some of the less palatable of which a particular conjunction of circumstances may cause them to feel they have become temporarily associated.

The staff's generalising view, is more inclined to see the Unit as surrounded by outside, larger, institutions ranged cosmologically around the Unit as the centre, so that, for example, the Department of Health hovers in a realm somewhere beyond the Clinic, with the government somewhere beyond that, and local government Social Services departments moving in-between these others. It rejects the systematic view of institutional links for one which localises, and creates absolute distinctions of loyalty between parts of the same system. So whilst the staff of the Unit recognise that they work in 'an institution', they do not, in quite the same sense as Strathern outlines in *After Nature*, see themselves as being part of other parts which all share a common basis of differentiation.

Within the Unit, though, the 'mereographic' logic which Strathern identifies with the mid-twentieth century modern state is more in evidence. Strathern defines 'mereographic' as follows;

"I wish to refer not to part-whole relations, but to the English view that anything may be a part of something else, minimally part of a description in the act of describing it. In this view, nothing is in fact ever simply part of a whole because another view, another perspective or domain, may redescribe it as 'part of something else'. When that something else is perceived as a context or underlying assumption, the very grounds on which things appear become another perspective upon them. . . . culture belongs to the domain of human activity, and in that sense is universally part of it; but as an idea it may also be claimed as the specific construct of a specific era and thus (and to the contrary) also a part of a particular culture at one point in time. Perspectives themselves are created in the redescrptions."(Strathern 1992: 73)

This quality of relatedness through differentiation by multiplying perspectives is what Strathern identifies as the fundamental self-generating principle of the modern state. The internal organisation of the Unit is readily seen in these terms. For example, when children are with their parents or guardians in the Unit, then they are part of their families and treated accordingly, but when they are in the educational psychologist's consulting room they are the source from which may be discovered a psychological history. The whole of the organisation of space in the Unit reflects this parts and perspectives logic, from the 'Home Corner' of the 'Activities Room' to the Escorts' Waiting Room. However, the semantic logic which makes the transition between different perspectives or positions in the mereographic system described by Strathern exaggerates the ease with which such transitions are made. What, in Strathern's semantic history of English kinship ideas, appears to be an accelerating process that, by constantly rushing past each individual perspective to the refuge of the next, threatens to lose the distinctiveness of each in the blur as ever more pass rapidly by, in the Unit is a quite different business, in which each perspective is owned and claimed, and the process of moving between perspectives of the greatest significance and difficulty.

### **The Unit as Community.**

The Unit has a complex relationship to the idea of 'community'. The ethos of solidarity which creates a sense of being part of a bounded social entity is entertained



only cautiously. Despite the fact that it is a refuge for children whose problems are too difficult for society at large to tolerate, the Unit is not as inherently self-isolating as the 'family' which Barrett and McIntosh describe as , "a bastion against a bleak society [which has] made society bleak." (Barrett and McIntosh 1982:80) Nor is it like the 'Group Home' for psychiatric hospital patients discharged into the community, described by Christine Perring, in which the ideology of family is used to maintain relationships of dependence between the staff and the patients which are, "a major limitation on the principle of increasing independence as a part of rehabilitation." (Perring 1990:286)

The psychoanalytical tradition necessarily involves the creation of new bounded social units within which to recreate the psychological dynamics of the family. Minimally this is the analyst and the analysand. In the broader therapeutic tradition that has developed from psychoanalysis, larger combinations of people can be used to re-evolve family psychological experience, giving rise to 'group therapy', or the 'therapeutic community'. Despite the fact that therapeutic communities represent the most complete realisation of the professional hegemony of analysts and therapists and thus have the highest status among institutions that work in the psychoanalytical tradition, the Unit is careful to stop short of calling itself a therapeutic community. In a leaflet produced to explain the working of the Unit to the parents of children who were in the process of being referred (See p.56), the Unit was described as offering, "education within a therapeutic environment."

Calling something an environment is quite different to calling it a community, giving a sense of instrumental purpose rather than co-existence above purpose. The Unit is thus seen as something that a person can be 'inside' but more as a functional contributor to the environment than as, in the case of a community, a member. Where the concept of community is specifically invoked is in the 'Community Meeting', which takes place for half an hour every week and which is attended by all of the children and all of the staff. This meeting is held in the dining room of the Unit, a room which, when it is set out for the Community Meeting by the removal of the tables and the placing of the chairs around the walls, has a bare, grey, functional aspect. This meeting articulates an ambivalent attitude towards 'community'. It was originally conceived by the current remedial teacher, who was previously the Teacher-In-Charge of the Unit for a period of

ten years before retiring and then returning as a part-time remedial teacher, as a forum for giving expression to the psychological dynamics between the children and staff. However, this purely theoretical inspiration was hotly disputed, and there was an alternative rationale for the meeting which was that it existed so as to provide the Psychiatric Team with an opportunity to have contact with the children in a context other than their meetings with individual children. The Community Meeting thus gave expression to a feeling that, 'we ought to be a community', for certain specific strategic ends to do with the purposes of the Unit. Community was a concept deployed within the Unit rather than a quality which defined the whole Unit. This is largely due to the fact that the Unit has an inherently ambivalent attitude towards 'family', having to achieve the difficult balance between rehabilitating children within their families, and protecting children from further damage by them.

Just as the Unit is poised between the perspectives of the Core Team and the Psychiatric Team, its role as refuge from the family leaves it poised between a view of community as sustaining and a view of it as destructive.

### **Describing itself for the outside world.**

During the period of my fieldwork at the Unit it was undergoing a change in its institutional structure which amplified its anxiety about its identity. When I began my fieldwork, in the spring of 1992, the Unit was run jointly by the local Area Health Authority, through the Clinic, and Council 'A' Education Authority. Council 'A' employed the teachers, then numbering three full-time and one part time, covered the cost of educational materials and provided the children's lunches, whilst the Clinic was responsible for the health component; employing the nursery nurses, the psychiatrists, the educational psychologist, the psychotherapists and the social worker, and providing and maintaining the building. The division within the Unit between health and educational components of its treatment was thus underpinned by an institutional split. Though the staff of the Unit worked closely together they were divided by relationships with quite different employers.

At the time of my arrival at the Unit two factors seemed to threaten its continued existence. Council 'A' was suffering from chronic financial problems which had caused

it to place a freeze on new staff appointments. By June 1992 one of the teachers had left the Unit without being replaced, and there were rumours among the remaining teachers that with a new educational psychologist in charge of Special Needs provision for Council 'A', someone who did not approve of the teaching of special needs children off mainstream school sites, Council 'A' may withdraw their support for the Unit. At the same time a debate had begun within the Clinic as to whether it should opt out of the control of the Area Health Authority and become a Trust under the provisions of the government's Health Service reforms. A draft proposal for the structure of the Clinic as a Trust was being drawn up and it had become apparent that the large Edwardian house that was used by the Unit would represent one of the Trust's most significant realisable assets, with a value of between one and a half and two million pounds. This implied that the building should either be sold to raise money for capital investment in the Clinic, or be kept in use for a purpose commensurate with its high asset value. There was doubt as to whether the Child and Family Department Day Unit could create enough prestige and fees to justify its use of the building, and the threat of it being replaced became apparent when the staff heard of a proposal from an internationally renowned team of specialists on the use of therapeutic treatments for autistic children to transform the Unit into a centre for pioneering new autism treatment and research. (See p.41)

The climate of uncertainty and anxiety over the institutional status of the Unit persisted until after the end of my fieldwork in July 1994. It provided a permanent thread of controversy through all of the many staff meetings, and though finally resolved by the Clinic gaining Trust status in the autumn of 1994, the new pressures of survival in the Health Service's 'Internal Market' mean that certainty about the Unit's current institutional status is mitigated by an unpredictable market in which Education Authorities placing children at the Unit now have to pay fees of over £23,000 a year as opposed to only £3,000 when the health component's cost was being absorbed by the Health Authority.

The changes that took place between 1992 and 1994 had profound implications for the treatment ethos of the Unit as well as its institutional structure and the job security of its staff. As Council 'A' Education Authority gradually withdrew from the Unit the balance of power shifted towards the health component of its treatment. The

institutional split between the Clinic and Council 'A' had maintained a balance of power between the staff working with the children full-time through the school week, the teachers and nursery nurses known as the Core Team, and the specialists from the Clinic, known as the Psychiatric Team, who were not based full-time at the Unit, only visiting it for consultations with the children or families and for staff meetings. This allowed their relationship and the definition of their respective roles to remain to a certain extent undefined. The withdrawal of Council 'A' put the Core Team on the defensive and exacerbated conflicts over roles. The Psychiatric Team were concerned to defend their role as interpreters of the children's behaviour by defining the teachers' role as primarily educational as opposed to therapeutic. The Core Team, on the other hand, criticised the Psychiatric Team for their lack of practical involvement with the children, believing that the Psychiatric Team's reluctance to spend time with the children outside their own consultations reflected their attitude that the 'educational' component of the treatment should be merely that and that the teachers and nurses should not attempt to interpret the behaviour of the children. During the period of my fieldwork, then, the Unit was a place of crisis in every respect, absorbed by anxiety over its own security and identity at the same time as it offered a therapeutic refuge to children whose young lives had so departed from the path of normal development as to require last resort intervention.

The intensity of the internal struggle to define the Unit, and the anxiety over its future, limited the amount of energy and confidence with which it presented itself to the outside world. This only came to be thought of as a serious problem when the increase in fees payable by referring Education Authorities threw the prospect of a sufficient supply of referrals into doubt as, prior to that, the Unit could rely upon its long established position as a leading institution to provide the steady stream of referrals which allowed it not to have to make detailed justifications of the work that it existed to do. The Unit was the place of last resort for children with acute complex behavioural problems for a catchment area which covered the north of Greater London, and occasionally beyond. It provided the most extreme adaptation of the model of school provision to the needs of emotionally disturbed children, beyond which the alternatives would be hospital psychiatric wards or residential therapeutic communities. As such, the primary defining characteristic of the Unit was as a place of last resort, rather than

an institution which provided a specific treatment rationale. Children came to the Unit after previous attempts by educational psychologists, teachers and psychiatrists to help them had failed.

The Unit's internal debate about identity was as much about the nature of identity as about the specifics of an identity, and consisted of a conflict between two complementary concepts: the virtues of fidelity to an ineffable ethos, and of making explicit statements of policy. Of the two of these, the Unit relied more on the former, its position as the placement of last resort for most of its children requiring that it have the flexibility of an unwritten constitution, or ethos, to allow a refuge of unspecific hope or faith in response to the most difficult of children. Participating, with the Clinic, in the apostolic succession from Freud, its identity was *given* by history rather than *made*, and re-made, by specific definition.

Another reason for the Unit's reluctance to make specific descriptions of itself to the outside world was its need to preserve the authority which goes with being a 'top' institution or, in the public relations jargon of institutions now forced to jostle in a market place for prestige, a 'centre of excellence'. Being such an institution involves a significant raising of the stakes over 'lesser' counterparts and in the case of the Unit the intensification involved in the commitment to take on what have already proved to be intractably difficult problems, and to provide unique solutions to them, forms a very significant part of its sense of place. Identity is thus raised to the level of predicament: the staff of the Unit might find it hard to give a specific description of the treatment offered by the Unit compared to that provided by the places from which children were referred to it, but they knew that there was certainly nowhere else like the Unit, and no experience like working in it.

During the period of my fieldwork at the Unit it had no written prospectus or policy document to provide information for parents of referred children or for the authorities making referrals. On many occasions when questions of policy were being discussed at staff meetings it was suggested that either policy statements on specific subjects such as dealing with violent behaviour, or a complete statement of the Unit's overall policies and objectives, ought to be drawn up. On subsequent occasions the fact that no such statement of policy had been drawn up would be mentioned as a reproach

either to the staff group as a whole or to those taking the opposite side in the controversy. However, any guilt that certain of the staff regarded as an appropriate response to the inability to get together a clear description of the Unit's position on important matters concerning those with whom it dealt was always mitigated by a strong current of opinion which held that the complex and unique ethos of the Unit was best served by being kept unstated.

There were, however, two factors which did bring the Unit a little closer to putting together an account of itself. The institutional changes accompanying the Clinic moving to Trust status under the government's Health Service reforms brought pressure to re-launch the Unit into the newly created 'internal market' for health service provision. The Unit was eventually re-launched in the autumn of 1994, shortly after the end of my fieldwork, and though a brochure describing the Unit was produced for the launch it contained only a simple outline of the service provided, along with descriptions of its staff and facilities. The weekly Friday Meeting of the whole staff, at which it had been frequently suggested that a fresh statement of the Unit's aims and policies should be developed, had no more discussion about the production of the brochure than a heated controversy over which of several pastel shades should be chosen for its cover, the rest of the editorial work being done by the public relations team at the Clinic in consultation with the Manager of the Unit. The opportunity that several members of the staff had pointed out, for the Unit to take advantage of the enforced re-launch to renew itself with a clear and thorough statement of its aims and methods, was not grasped.

Apart from the re-launch of the Unit the only other factor which stimulated it to put together an account of itself arose from the split in the staff group between the Core Team and the Psychiatric Team. Contact between the Unit and the parents or guardians of the children took place in two main forms. On a day to day basis the Core Team and the parents communicated via a 'Home/School Book' in which the child's class teacher wrote a brief report at the end of each day and which the child then took home to be read and for any reply or comment from home to be returned the next morning. In addition to this there was contact between the Core Team and parents at either end of the day when some delivered or collected the children, (though this was normally done by escorts provided by the referring Education Authority), and at meetings which took

place at least once a term to review the child's educational progress. Contact between the Psychiatric Team and the parents was usually less frequent and continuous. The normal procedure would be that the member of the Psychiatric Team who had been nominated as the Case Consultant responsible for overseeing the progress of a particular child would arrange to conduct regular meetings with the parents. These might be with or without the presence of the child, as considered appropriate, and could range in form from informal conversations to family therapy sessions in which one or more member of the Psychiatric Team observed through a one-way glass panel whilst the family interacted in a therapy room.

Problems arose because the Psychiatric Team had difficulties in persuading parents to attend meetings. Psychiatric Team members were often in the position of reporting to the Friday Meeting that the parents of a particular child had either failed to attend any meetings or had stopped after the first few meetings. As a result, the contact between the Core Team and the parents was often the only contact the parents had with the Unit and became the medium for far more than just the communication of the child's day to day progress in the classroom. Members of the Core Team felt let down by the Psychiatric Team and burdened with de facto responsibility for communication between the Unit and parents about the clinical progress of children, for which they had neither the expertise nor the authority. For their part, the Psychiatric Team felt that their responsibility for clinical progress was usurped and compromised by the Core Team.

A practical problem caused by the fact that meetings between the Psychiatric Team and parents involved a far higher threshold of commitment than was involved in the contacts between the Core Team and parents, which were mediated by the children, became the occasion for a split between the two teams. The response of the Psychiatric Team, whilst doing their best to achieve good contact with the parents was to take an aggressive interest in the nature of the contacts between the Core Team and parents, seeking to limit the extent to which the Core Team offered therapeutic or clinical support to the parents and to get the Core Team to refer to parents back to them. The Core Team, for their part, despaired of the Psychiatric Team achieving the necessary level of contact with the parents and, being more regularly in touch with developments

## What are we?

1. The Day Unit is a joint venture between the Clinic and the Local Education Authority. It offers children education within a therapeutic environment.
2. This is a Unit for children of primary school age who have experienced severe difficulties in a mainstream school due to emotional, educational or behavioural difficulties.
3. Children are referred from the LEAs and attend full-time for approximately 2 years. The LEA arranges transport for each child as well as an escort.
4. At point of referral and when the child is moving on, the Day Unit liaises with other schools to ensure there is a smooth transition.
5. Most children have undergone Full Assessment before coming to the Unit. If not, it is completed during the child's first term.

## What happens each day?

The Day Unit activities are centred around 2 groups of 6 children, each staffed by a teacher and a nursery nurse. Children work within the framework of the National Curriculum, taking into account their individual needs. The weekly timetable includes core subjects at an appropriate level.

Educational visits are an integral part of our curriculum topic and have included various London museums, theatres and our local park. We are fortunate in having a spacious garden which is a valuable resource for both our educational and our therapeutic work.

The broader curriculum includes weekly swimming at our local baths, and fortnightly visits to the local library.

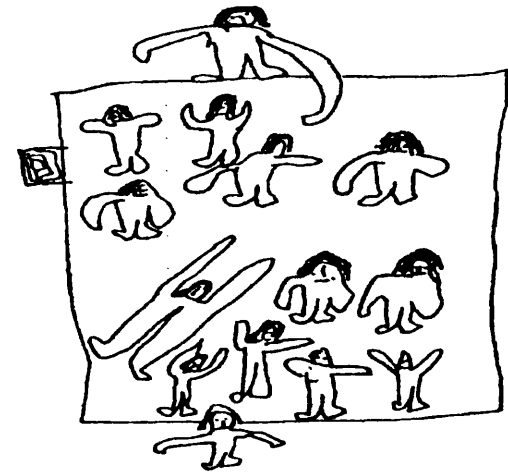
Six children ride each week at a riding centre north of London.

## Communication

So that we can work together, teachers and parents meet at least each half term, as well as communicating regularly via the Home School book. A half-termly Newsletter keeps parents in touch with all activities.

The psychiatric staff provide therapeutic input for both children and their families. A weekly multi-disciplinary team meeting is held to discuss the on-going work of the Unit. This is an opportunity to think about each child's needs.

## Our Swimming Time





in the lives of parents and children, made efforts to compensate for their lack of contact with the Psychiatric Team. In the summer of 1992, shortly after the start of my fieldwork, the Core Team decided to produce a small leaflet (see Figure Three p.55), which they felt was required to improve relationships with parents by providing them with simple and accessible information about the Unit at the time at which a child first came under consideration for placement. They had made this decision unilaterally, in their own staff meeting, and had composed the text and format of the leaflet without reference to the Psychiatric Team. The leaflet is divided into four sections: on the back of the folded leaflet a list of the names and jobs of members of staff places the Core Team above the Psychiatric Team, whilst the inside is divided into, 'What are we?', 'What happens each day?', and 'Communication'. What the Core Team had done was to produce a description of the Unit which countered each of the problems that they felt the Psychiatric Team contributed to the relationship with parents and referring authorities. Under the heading, 'What are we?', they described the Unit not in terms of the clinical model on which its treatment is based but in terms of the educational system from which children are referred, including not therapy supplemented by education but, 'education within a therapeutic environment.' By heading a section, 'What happens each day?', they emphasised that what the children participate in at the Unit is not a repertoire of treatments by various specialists but a continuous social life. Over half of the section emphasises the fact that being 'at' the Unit includes being taken out of the Unit for visits and activities. The final section, 'Communication', precisely what the Core Team felt the Psychiatric Team to be failing at, contains the only mention of the work of the Psychiatric Team, characterised as merely an 'input' into the busy timetable. Drawings done by the children for the Core Team in the classroom reinforce the reassuring message of the leaflet that the life of the Unit is a happy co-operation of staff, children and parents in a school-like environment.

The leaflet was never produced and distributed to parents, being quickly forgotten as more urgent crises pushed it off the agenda. Like the plans to re-launch the Unit with a new manifesto it was more significant as part of the staff's reproduction of their own internal relationships than as part of the Unit's external relationships. Indeed, during the whole of my fieldwork the only way in which the staff were able to confront the question of aims and policies was obliquely, through looking at the ways in which it

was dealt by other institutions dealing with children at risk. Such an occasion arose when a group of teachers from a school for emotionally and behaviourally disturbed children (EBD) in south London approached the Teacher-In-Charge of the Unit to arrange a week of placements so that they could visit and observe the Unit's work. They had obtained a grant from their Education Authority to develop their experience of dealing with severely disturbed children and had chosen to visit the Unit as it was the most prestigious institution of its kind in London. To the Core Team these teachers came from an unimaginable utopia in which what were accepted as the inescapable conditions of the Unit were found in mirror image. In the Unit it was accepted as a defining condition of existence that the demands of the children always exceeded the capacity to pre-rationalise their treatment, whereas for these teachers from a school dealing with less severely disturbed children what preoccupied them was being prepared for the time when they would be confronted by an unmanageable child. To the Core Team staff, the idea of the luxury of being funded to go on placements in order to prepare for possible future situations was highly desirable yet also a contradiction of the basic identity of the Unit, which was to make progress through being *in extremis* rather than avoiding difficulties by anticipating them. The dialogue between the two groups when the outside teachers attended the Core Team's weekly staff meeting was therefore rather bewildered. The Core Team felt quite unworthy of the status that working in the elite institution gave them, embarrassed that while the outside teachers were so impressed by how they dealt with working days pervaded by a constant state of urgent crisis they were so much less well versed in the theories of good practice for such situations than their less experienced colleagues.

In spite of the modesty felt by the Core Team in their encounter with people who seemed to display greater professionalism, the visiting team of teachers valued their experience of the Unit very highly and asked whether there was anything that they could offer in return. What the Core Team requested was that one of the teachers return to the Unit to talk to the Core Team staff meeting about the work that they had been able to do, again with the assistance of extra funding from their Education Authority, to formulate policies for dealing with situations when children behaving violently or dangerously required physical handling or restraint. To the astonishment and envy of the Core Team staff, the EBD school had been able to obtain funding to

take the staff away to stay in a hotel for a weekend to have a continuous period of discussion and debate in order to agree on and draw up policies for the handling and restraint of violent children.

Though the question of the possibility of drawing up a set of agreed guidelines and policies for the handling of violent children was raised repeatedly at staff meetings in the months after the visit by the south London teachers nothing was ever done about it. The question itself provoked a split between the Psychiatric Team and the Core Team which paralysed any move towards innovation, with the Psychiatric Team regarding the Core Team's desire for clarification as a dangerous retreat from the open ended commitment to contain the children's difficulties within the Unit. Nonetheless, the vehicle of the outside teachers' visit to the Unit provided an oblique method of addressing this issue which the Unit found so difficult to address for itself. During the period of my fieldwork the question of fixed statements of identity and policy was of such sensitivity that it was only manageable when approached obliquely through discussion of outside counterparts to the Unit. For reasons partly attributable to the period of acute uncertainty as to the future of the Unit, but also to the nature of the treatment that the Unit felt itself to be offering, the Unit needed to know itself as an unnameably complex process rather than as the place where a specific programme was carried out.

One institution *was* felt to have close affinities with the Unit, this being a residential school for EBD children situated in Oxfordshire called Park House School which, like the Unit, was an institution with a long and prestigious history. When the Clinic finally achieved Trust status in 1994 the Unit formed an association with Park House School, being re-launched as the Clinic Park House Day Unit, in order to achieve charitable status as an educational institution, for which it would not have qualified in its own right as it had too few children. Prior to this, Park House was occasionally invoked as an example of good practice to which the Unit should aspire, and during a period of intense concern over the escalation of violent behaviour in the Unit the Teacher-In-Charge obtained two policy documents from Park House to be read by the Unit's staff. The first of these was a Prospectus setting out the treatment offered, for the use of parents and referring authorities, whilst the second was a set of guidelines for the handling of difficult behaviour, for internal use. The Teacher-In-Charge told all of the

staff that these documents were available, but I was only aware of two members of staff making use of them, the urgency of daily life in the Unit meaning that very little energy was available for optional extra work. Nonetheless, the contents of the documents were referred to in subsequent meetings, helping to confirm the affinity of ethos which made the eventual association with Park House seem appropriate and desirable. In the following discussion of the two Park House documents the aims and policies described are therefore very similar to those of the Unit.

These two documents describe a treatment ethos based on a long established therapeutic culture. Had Park House been a day unit it might not have felt the need to produce such full accounts of itself, as the Unit did not, but as a residential unit the placement of children involved a significantly higher threshold of trust and responsibility, requiring clear statements of intent as tokens of trust where the Unit could more easily rely upon the exchange of children daily between home and the Unit to establish such bonds.

The Prospectus is subtitled, “An integrated approach to care and learning for emotionally troubled children of primary school age,” offering the reassurance of the euphemism ‘troubled’ where ‘disturbed’ is usually used. It is prefaced by a quotation from the psychotherapist Barbara Dockar-Drysdale:

“There can be no therapeutic work without the foundation of relationships between grownups and children; you cannot do therapy in an emotional vacuum.”

The reassurance offered by the Prospectus is couched in a spatial idiom which describes the treatment of the children as the establishing of appropriate boundaries and categories for their experience. Thus in this prefacing quotation attention is drawn to the space *between* grownups and children, in which are found the relationships which are to be worked on. Again, the use of *vacuum* evokes a visualisable space in which emotions are located. Throughout the Prospectus the problems of the children and the treatments proposed are couched in this visual idiom which provides reassurance through an appearance of control.

The Prospectus, which consists of ten closely typed A4 pages, is divided into four sections: “Statement of Purpose and Primary Task”, “Facilities and Services”, “Profile of a Park House Child” and, “Education: The Curriculum and The Classroom.” I will

look at the first section which describes the history and current management structure of Park House, then sets out its 'Primary Task':

"Park House is a School which exists specifically to provide for the care, education and residential therapeutic treatment of . . . seriously emotionally damaged boys and girls, age 5 -12, who have failed to develop a secure sense of ego integration and identity. Consequently these children are often unable to manage themselves in age appropriate ways or allow others to do so for them.

The children who come to Park House have suffered serious and repeated interruptions to their emotional care and nurture at an early stage. Not infrequently, though not always, this has been due to neglect, physical, emotional or sexual abuse which has led to the development of severe behavioural problems and ultimately the disruption of education since the children have never moved beyond very primitive levels of development and functioning. . . They are often impulsive, unpredictable and unable either to accept being one of a group or to allow a group to operate without disruption. They can be moody and withdrawn and are often without deep attachments."

'Emotionally damaged', as a further variation on 'emotionally disturbed' and 'emotionally troubled', construes the children's emotions as a conceivable whole which can be de-formed in the way that a crashed car might be, whilst 'ego integration' evokes the assembly of their psychological selves from discrete parts. And just as emotional and psychological life are described in terms of spatial division, so are problems of care, nurture and education termed 'interruptions'. This terminology is derived from the 'psychodynamic' tradition (the Prospectus cites the work of Winnicott and Dockar-Drysdale) on which the treatment of Park House, and that of the Unit, is based. Psychological entities are described in such a way that they become conceivable as discrete, separable from persons and communicable between and within persons on the analogy of abstract forces, and the laws governing them, in the natural sciences. The concept of 'management' is of central importance in the application of psychodynamic thinking within institutions such as the Unit and Park House, being the euphemism for control which, in conceding some leeway in terms of direct effectiveness in comparison with 'control', still places upon children, and those responsible for their care, the responsibility for being aware of, and guiding, the psychological forces that inhabit and surround them.

The statement of the Primary Task continues:

“Efforts are directed towards providing children with experience of and opportunities for:

*. . . the development of trust in people and a belief that needs hitherto unmet may be satisfied in some way;*

*emotional regression in service to relationship building and not simply as a pretext for unacceptable behaviours;*

*. . . containment, consistency and security in physical and emotional senses;*

*play, expressive activities and many forms of open communication;*

*the recognition and understanding by adults of the inner world of a child as the source of much confusion and inappropriate behaviour as well as hope;*

*the development of insight into their own situations and actions.*

Such therapeutic experiences and opportunities become available through both individual relationships and the wider environment of shared living.” (original emphasis)

Healthy emotional and psychological life is presented as a balance between interiority (“the inner world of a child”; “insight into”) and expression of what is inside, appropriately, into an external context. Relationships are ‘built’ *between* children and adults; trust is *in* people. Once the emotional and psychological life is conceived in terms of manageable and communicable entities the idea of placing a boundary around a collective life and forming a shared, psychotherapeutic environment becomes possible. What have been unmanageable difficulties in the life of the children are to be identified and domesticated. The Prospectus continues:

“The provision itself is made available by:

*the more conscious use of the environment and the living day as a medium for psychotherapeutic treatment and learning;*

*the presence of a theory agreed and understood by staff and used as a framework to understand and guide practice;*

*the specific and special attitudes of staff towards children (respect, warmth, tolerance and at times “stern love” rather than vengeance when boundaries are being broken);*

*the actual presence and concerned attention of staff who regularly act as a psychological container of a child’s emotion, allowing them to feel and tolerate what formerly was intolerable and often reacted against by others;*

*. . . provision of a range of supports (supervision, consultation, theory meetings and study days) to enable staff to work and learn;*

As ego integration is achieved secondary experiences focusing more particularly on children's integration in a social world and a more familiar classroom educational experience become more important. Provision in this area is often supplied by those adults who have come to know the children best, including the classgroup teacher. Much more use is made of experiences outside the school for education and socialisation." (original emphasis)

In this passage the communication and exchange of psychological entities is made explicit in the concept of the adult as psychological container of the child's emotion. This concept, developed by the pioneering child analyst Donald Winnicott (Winnicott 1987), forms the cornerstone of treatment at institutions such as Park House and the Unit. The emphasis on "the actual presence and concerned attention of staff" reflects the fact that it is through seeing and naming the psychological entities in and surrounding the children that the therapeutic environment is made and shared. This environment is described as deliberate and carefully constructed. It is 'consciously used' as a 'medium' for treatment, and present within it is an "agreed theory" forming a "framework" and "guide". And just as the therapeutic environment which contains the psychodynamics is spatially structured, so the staff's containment of the children's emotion is organised into hierarchical layers of support ranging from personal supervision, close to the point of emotional exchange with the child, through consultation and theory meetings, to the abstraction of study days in which staff are separated from the life shared with the children. Progress for the children, the achievement of ego integration, is described in similar terms as the move upwards and outwards through levels of social life from familiar classroom experience to socialisation outside the school.

Having described the treatment offered the Prospectus next describes the "Outcome":

"The intention is that each child will be helped by such experiences to have achieved a capacity:

*to form genuine relationships with people important to them and to behave in age appropriate ways;*

*to think and talk about events and situations rather than disrupt or react to them;*

*to learn at levels far less removed from peer group performance;*

*to live healthily and imaginatively at home and often in mainstream schools whereas once they were totally unable;*

*once home, to participate actively and fully in a wide range of family and social activities without substantial degrees of extra support.”*  
(original emphasis)

Again, a significant internal-spatial term here is ‘capacity’. What the treatment is to have done to the child is to create an interior space for containing appropriate experiences where previously the child strewed its psychological entities into the world outside with no regard to boundaries. The desired end of treatment within a therapeutic environment is the change from the need for containment of psychological entities by vigilant adults to the ability to perform this containment for oneself at the ultimate level of abstraction of containment, that of thought and its communicated form, talk. The vigilance of the staff is no longer required when relationships are ‘genuine’ and the child is able to live ‘healthily’.

The Prospectus sets out the most positive view of the treatment offered by Park House, in which the child’s difficulties are identified and regarded as containable and transformable within the tightly controlled confines of the therapeutic environment. Negative forces within the environment are understood only to come from the children’s difficulties and are rendered manageable by the layers of staff support and the management structure, consisting of layers between which responsibility is enforced by the requirement to report upward, and eventually transferred to an externally accountable Management Committee.

The second document presents a very different picture. It is entitled, “Guidelines in Handling Difficult Behaviour: Sanctions Policy And Guide to Practice,” consisting of thirty-seven A4 pages, and addresses itself to the problems caused by the paradox of operating a treatment regime which requires great flexibility in order to allow difficult behaviour to be re-described in positive terms, within the exacting legal framework of responsibilities and obligations laid down by the government in recent Children Acts. At its most extreme this conflict is present in situations in which the Children Act’s requirement not physically to handle children appears to contradict the commitment to tolerate and contain the sometimes violent acting out of children’s psychological turmoil. In contrast to the Prospectus, the ‘Guidelines in Handling’ acknowledges the existence of chaotic and undefined forces:

“Importance had been attached to containing a child’s chaotic outbursts and by anticipating breakdowns to inhibit their expression through



destructive or negativistic acting out. Instead of merely reacting to a child's aggression by aggressive responses on our part, we try to understand the promptings which underlie their purpose and meaning in the context of the child's history. Through conveying this understanding we aim to help the child gain control over those aspects of behaviour which as yet cannot be coped with unaided."

Where the Prospectus described the children's problems as interruptions in the process of normal development, here the emphasis is on the unspecific forces within the child which, far from being easily known and controlled as implied in the Prospectus, are likely to catch the staff off guard when they erupt. The purpose of the 'Guidelines in Handling' is, just as much as the Prospectus, to reassure, but it is an opposite form of reassurance. Whereas parents and outside referring bodies are offered the reassurance that the problems that they have suffered with can be comprehended and controlled by Park House, the staff are offered the reassurance that it is understood that they work in an environment which is chaotic and unpredictable, and that notwithstanding the difficulties there are still grounds for confidence. The staff's task, "is always complex, often taxing, and sometimes daunting and almost overwhelming," and, "at times our children will press to the limits our patience and understanding."

The 'Guidelines in Handling' presents a view of Park House which is the logical complement of that in the Prospectus. In the Prospectus the optimistic view is based on a model of the child and the child's problems as composed of discrete and nameable parts presented in a spatial idiom amenable to containment by the therapeutic environment, whilst the 'Guidelines in Handling' acknowledges the reality of unforeseeable forces and the mutual implication of children and staff:- "Knowing the impact of strong feelings and stressful circumstances on the children, grown ups also recognise the effects of these on their own behaviours and responses." The opposite model to that of the child as sum of discrete entities is one which emphasises the mutual implication of persons and the possibility of contamination. In its advice for avoiding situations in which restraint might become necessary the 'Guidelines in Handling' recommends the, "Separating of groups and individuals - if tension or chaos begins to increase so that there is less chance for its further growth or contagion amongst other children."

These two complementary models are founded on each other even when they are used so as to insist on the prevalence of one over the other, but the predicament of institutions such as the Clinic Child and Family Day Unit and Park House School is so intense as almost to break this paradox apart. The concept of the adult as psychological container of experience with which the child is unable to cope was developed by Winnicott from the example of the mother holding the child - holding in the mind as well as in the arms. "It took a long time," he wrote, "for the analytic world . . . to look . . . at the importance of the way in which a baby is held; and yet, when you come to think of it this is of primary significance . . . the question of holding and handling brings up the whole issue of human reliability." (Winnicott 1987:142-9) The image of the mother easily enveloping and containing the baby lends rhetorical weight to the concept of containable feelings, but the form of holding required in extreme circumstances by the staff of Park House or the Unit stretches the concept to its limit. In the 'Guidelines in Handling' section on "Prohibited Sanctions" which sets out the legal requirements on staff following from the Children Act 1989 and the Children's Homes (Control and Discipline) Regulations 1990, the rules governing physical handling are set out:

"The use of Corporal Punishment is not an appropriate sanction in any residential care establishment. The term "corporal punishment" should be taken to cover any intentional application of force as punishment, including slapping, throwing missiles and rough handling. It does not prevent an adult taking necessary physical action where any other course of action would be likely to fail to avert an immediate danger of personal injury to the child, or themselves, or another person, or to avoid immediate danger to property. The use of "holding" if properly done is a helpful containing experience for a distressed child and is therefore not prohibited." (original emphasis)

This passage maintains a positive and reassuring tone by avoiding the fact that holding shades into restraint, and that both, if not "properly done", may seriously exacerbate a situation. The requirement to show the most exacting judgement in the most trying of circumstances places an almost intolerable burden on the staff of institutions working with difficult children, and in spite of the requirements of the legislation and the exhortations of best-practice guidelines, moments of extreme crisis are unlikely to be dealt with exactly in the manner required. Whilst it is true that holding, when properly done, is a helpful containing experience for a distressed child, there are many situations in which holding a child will only amplify the distress. The

adult is then in a situation in which to let go of the child seems to present a serious threat of danger to the child or others, whilst to remain holding the child presents just as serious a threat that the child or adult may be physically hurt and that the child will be subjected to emotional torment. In this situation an adult without sufficient support from other adults but still constrained by the legal requirements may be in an impossible situation, unable to avoid hurting the child.

This practical paradox is underpinned by a conceptual paradox in this situation, for the optimistic model of containable psychological entities is stretched to its limit. The professional adult grappling with a severely distressed child is a far cry from the 'reliability' identified by Winnicott in the ideal mother's holding. At the same moment as the rhetorical authority of physical encirclement is being attempted, the separateness of child and adult is being mocked by the contagious and permeating feelings of distress. The symbolic containment of child by adult, which relies on their proper separation, is undermined by their mutual implication in a tormenting predicament. This is an example of the intensified form of difficulty to which I referred earlier. (See p.27) The intensity of the situation collapses the conceptual space in which subject/object atomism and phenomenological wholism can be recognised as mutually and exclusive but complementary, and through which the paradox is manageable. At this intensity, all that is left to stand for both of the complementary conceptions of personhood is the difficulty itself.

The contrast between the Park House Prospectus and its 'Guidelines in Handling' reflects the paradox on which the Unit and Park House are founded. The response that they offer to the problems of children who have been unable to live happily in families and schools is to provide the opportunity for a flexible and open-ended re-description of the children's psychological and social lives within an environment freed of the constraints of particular family relationships or the narrow expectations of a normal school career. Yet this freedom and flexibility is offered within an environment which survives only through close physical and conceptual definition and which, by focusing on problems intensifies them before it can offer solutions. The treatment environment provides an escape from the ineluctable contingencies of unhappy family relationships whilst at the same time involving confinement within relationships policed by the ineluctable requirements of the law.

The paradox is thus of an escape into something from which there is no escape. The treatment offered by the Unit and Park House is 'a fix' both in the sense of cure and predicament. What is offered is not so much a specific instrumental activity on the child as the forging of a more robust child through confrontation and endurance of the paradox of personhood, the conflicting imperatives of independence and mutual implication, which have become so unmanageable. The Unit's primary sense of identity, its awareness of itself as a unique place, is rooted in this paradox, it being a place of absolute freedom from the contingencies by which the children have previously been abused, but also a place of the absolute constraint of responsibility for the child.

## **Part One.**

### **Chapter Four . Making a start.**

In this part of the thesis I will describe the ways in which the Unit knows itself and gets to know the children that it treats. As an instrumental institution in the modern state the Unit makes interventions in the lives of those children and families it works with, and it is necessary for interventions to define the point at which they intervene. This part is therefore about the processes through which the Unit establishes the positions from which it makes its beginnings with children, and also with staff and others who come into contact with it.

#### **Social Definitions.**

The arrival of a new child at the Unit is a process that begins with an educational psychologist working for a local Education Authority or a local government Social Services department making a referral to the Clinic's Child and Family Department. The referral is the point in the process at which the Clinic first becomes aware of the child, and is the beginning of a period during which, if the child is adjudged to be an appropriate case for treatment by the Unit, and the referring authority is able to fund the placement, the Unit will get acquainted with the child. The process of acquaintance takes several forms and operates at many different levels. At one extreme is the exchange of psychological assessment information between the referring educational psychologist and the educational psychologist at the Unit. Less formal is the process by which the history and diagnosis of the prospective new child is communicated through a chain of meetings to the staff of the Unit. This process involves some of the technical descriptive terms of the psychological reports, but also relies heavily on an anecdotal shorthand that identifies the new child by comparison with children already known to the Unit. At the other extreme to the psychological reports is the business by which the new child is personally weighed up by the individual staff and children as he or she

becomes a part of the intimate fabric of personal relationships that coexists with the broader instrumental aims of the Unit. Between these extremes are many other contexts in which the child and the Unit have to get to know each other, reflecting the fact that the Unit is a highly complex institution, the purposes of which are worked out at all available registers of social life.

This process of acquaintance is a necessary consequence of the fact that the Unit is an instrumental institution functioning as a part of the interventions made by the state in the lives of its citizens. The Unit is directed towards social phenomena (the child and family), which it describes in order to accommodate them to its own terms of reference. What follows is a process of continual re-description until a final prescription (the parting diagnosis and prognosis) can be made. As an institution for social intervention the Unit shares much with the academic practice of social description in the social sciences, though there are important differences. As I have already observed, the Unit becomes acquainted with the child in many different ways and on many different levels. Though these levels are all necessarily related and linked, they do not have to be fully reconciled. Whilst the social description carried out by the social sciences must aspire to coherence because it is in the form of propositions, as a social entity itself, the Unit exists as open-ended process. This distinction is not always clear cut, for sociological descriptions seek to comprehend the dynamics of processes, and the Unit also aims, at certain points, to offer the fixity of propositions. What is of interest to me here is the fact that these are two examples of practices of social description which are based in a common social and cultural tradition but which, in their different orientation to their subject matter, show the part of that tradition which is structured process rather than a system of propositions. This thesis is therefore, partly, an ethnography of ways of beginning, continuing and ending.

As practices that make interventions in social life, both the Unit and the social sciences must establish a position from which to start. In order to begin it is necessary to describe where you are beginning and on what you are beginning; the subject phenomena must be differentiated and named. In this respect practices of social description are touched by a conundrum which is fundamental in philosophy, this being how, rightly, to know and describe the world as continuous or differentiated. This problem bears differently on philosophy, on the social sciences and on an institution

such as the Unit. In philosophy the problem presents itself in its most extreme form, as philosophy defines the context in which it operates so that the distinction between experiencing and describing the world is at its most acute. By contrast, the Unit is able to work with a constant alternation between making descriptive snap-shots of the subjects of its work and working with them as undifferentiated social phenomena. The definitions it makes do not have to sustain propositions in the same way as philosophical definitions. The social sciences fall between these two situations, aspiring to the propositional fixity of philosophical reasoning but also trying to match the inherently non-propositional nature of social life.

Social science is thus in implicit dialogue with philosophy, the basis of which is that the two disciplines operate with the same fundamental intellectual resources under widely differing conditions and frames of reference. They form a complementary pair, philosophy excising context from the interrogation of rationality, whilst social science submits rationality to the interrogation of context. However, though the differences between philosophical and sociological reasoning can be described in ways which make them relative rather than absolute, there are absolute differences of attitude towards the objects of analysis. It is not possible to limit the objects of analysis in the social sciences, indeed social descriptions have to maintain a constant state of readiness from which to pursue the multiple facets of social contexts from one, inevitably temporary and provisional, vantage point to another. Whereas philosophy must pursue its ends by exhausting the possibilities of its rationales before it moves on, social science is necessarily more promiscuous.

This point can be illustrated by looking at two examples of anthropological writing which take contrasting positions on the nature and scope of sociological reasoning. In *The Anthropology of Time*, (Gell 1992) Alfred Gell questions anthropological claims to metaphysical authority which underlie accounts of total relativism in the experience of time (see p.39), tracing an error in anthropological reasoning to Durkheim's, "plausible mimicry of the forms of philosophical argument."(Gell 1992:13)

Social science is inherently prone to the promiscuous spread of forms of argument to different levels of discourse, particularly to the seduction of the plausible mimicry of forms of argument, for this is the mechanism that translates between levels of discourse,

or registers of experience, in social life. In the context of establishing claims to metaphysical authority it may be unacceptable by a process of elision to associate the philosophical concept of categories with collective representations of time, but the optimism with which sociological descriptions attempt to animate social contexts with an underpinning of 'forms of argument', though inimical to philosophical reasoning, is at one with the normal processes of navigation between levels of experience in social life.

Marilyn Strathern's style and argument in *The Gender of the Gift*, (Strathern 1988) provide a strong contrast to Gell. Rather than seeking to hold onto, "the only intellectual discipline capable of exercising some restraint over the . . . flow of paradoxical and confusing utterances," Strathern welcomes submission to the sovereignty of an endless diversity of contexts: "One inhabits the world as one finds it. Having no perspective is diacritic of the postmodern epoch." (1988:23) Hers is an approach which makes a strategic virtue of the plausible mimicry of forms of argument.

In disavowing the authoring of a perspective, whilst claiming to, "show the difference that perspective makes"(1988:309), Strathern abandons the authoring of definite positions for a form of intellectual proposition that shares the processual, embodied nature of the raw material of anthropology. The difference that perspective makes is the basis of stereoscopic vision, a process of constant comparison and evaluation. What Strathern therefore proposes for sociological analysis is the use of different perspectives, or vantage points, in the same way that we use our eyes. This involves us 'seeing' what we see through neither eye. Philosophical analysis is inconceivable in this way, for each perspective must be known in order to assess the effect of its combination with others. Philosophical analysis must proceed from the greatest possible degree of certainty about the positions that it can take, but the example of social life means that sociological analysis finds it less easy to make absolute distinctions between perspectives, particularly when it comes to drawing distinctions between taking a social position and forming an intellectual proposition.

The extreme complexity of the description Strathern makes of Melanesian sociality starts from a crude characterisation of the West as dominated by commodity logic. It would seem that even if the eventual aim of sociological description is to reach a



complexity which will do justice to the fact that knowledge by social actors of social phenomena takes the form of continuous process rather than discrete acts of naming, the need to make a start will always require the making of crude distinctions. In *The Gender of the Gift*, Strathern uses the rhetorical device of separating the two logical components of the western dualist tradition of description, terms and relations between terms, so that one characterises the West, the other Melanesia, and it might be argued that this device could as easily be reversed, or at least deployed entirely *within* a western context. It has been suggested that the anthropological device of describing continuity and process in 'other' cultures, whilst characterising the West in terms of the subject/object atomisation which dominates its philosophical tradition, is a betrayal of the terms of description of western social contexts to domination by the requirements of philosophical analysis, and a squandering of the tradition of social description developed by anthropology. Alexandra Ouroussoff has written;

“While anthropological ideas about primitive societies have, over the decades, become more subtle and complex, conceptions of the west have remained remarkably static. Generation after generation recycle the views of three or four key political philosophers. Their liberal vision, grounded neither in a concrete history nor in contemporary ethnographic description, is juxtaposed to the complex cultural practice of other societies.” (Ouroussoff, 1993)

Ouroussoff questions the dominance in western social life of the metaphysical characteristics frequently attributed to it in comparative ethnography, calling for ethnographies of social knowledge in western contexts.

However, recognising that the full sophistication of anthropological methods of description ought to be focused on western social contexts does not mean that it is possible to escape from the level of the abstract entities of the western intellectual tradition, for these are social phenomena themselves. In *A Passion for Difference*, Henrietta Moore writes about the twinned predicaments of making social descriptions and taking social positions, which in the case of feminism, which is clearly both intellectual proposition and social position, are hard to separate. Moore writes;

“The fact that the West cannot simply be identified with a concrete set of people with concrete beliefs means that few people who are of the West can be said to be its true representatives. Thus, to whom do anthropologists refer when they contrast the West with the Rest, 'us' with 'them'? Cultural beliefs attributed to the West are certainly not

representative of the peoples of different class, colour, religion, and nationality who make up the West. The guiding philosophical principles of western thought (such as the Cartesian split, the subject/object divide, the Enlightenment subject) all encode assumptions - about the nature of the world, the self in the world and about how knowledge of that world is acquired - that have probably never been subscribed to by the majority of westerners, whoever they may be and might have been. Local discourses on the self and its relation to a lived world often have relatively little to do with the elite discourses of philosophy, religion and politics." (Moore 1994:132)

This statement of the distance of 'local discourses on the self', and the lived world, from elite discourses is the prelude to a discussion of the way in which academic and popular discourses are mutually informing. Moore argues that on the subject of the, "lived conception of self", "what masquerade as academic models are often little more than popular discourses in disguise, or rather . . . the popular and the academic are overdetermined in ways that are not only very difficult to untangle but absolutely essential for the workings of each." (Moore 1994:134) Different levels of discourse inform each other through the 'plausible mimicry of forms of argument'; this is what Strathern is referring to when she writes that she has presented an "analysis from the point of view of Western anthropological and feminist preoccupations of what Melanesian ideas might look like if they were to appear in the form of those preoccupations." (1988:309)

Sociological descriptions are necessarily more interested in 'preoccupations' than propositions. Whereas philosophical analysis aims to fix propositions, sociological analysis has to pursue rationales as they flow through the registers of social life. The Unit is an environment which defines itself in the solving of problems, with widely differing registers of rationale communicating over a common nub of difficulty. Whilst the rationale of the nursery nurse is quite distinct from that of the psychiatrist or the remedial teacher, the processes through which they work together provide a medium through which the aims of the various rationales can be shared or contested. What in the context of the work of the Unit may be a useful functional slippage between different rationales, in the context of philosophical reasoning might be a misleading elision, but it is of interest to me in this thesis because the nature of western societies' practices for the generalised transmission of intellectual conundrums, for the communication between often disparate, and contradictory, levels of discourse through

a shared sense of there being a nub of difficulty, may be more useful when making cross-cultural comparisons of social knowledge practices than definitions of the West as permeated by any one metaphysical system.

I have discussed the ways in which the western tradition of making social descriptions sits uneasily between the fixed propositions of the philosophical tradition that underlies it, and the fluid rational forms of social life, in which knowledge fades between proposition and process. Whereas philosophical reasoning requires the utmost possible certainty in its grounding, sociological description must be aware of the provisional nature of its definitions. Belonging as it does to the same traditions of social description as social science, the Unit works from a basis of definitions, or diagnoses, but moves from definitions into rationale in the form of *process* as soon as possible. This process, the daily life of the institution, communicates concerns and significance between the many levels of discourse that are joined in it.

## Chapter Five . The Process of Referral and Admission to the Unit.

### External Processes.

A referral to the Unit may have its origins in one or more of three external institutional processes, these being:

1. Referral of a child by a school to an educational psychologist for a statement of educational special needs<sup>8</sup>;
2. A child coming to the attention of a Social Services child protection unit as being 'at risk'.
3. A child coming to the attention of hospital psychiatric services.

Though a child's 'official' history may have begun with Social Services or a hospital, the referral to the Unit must come in the form of a Statement of Special Educational Needs which is drawn up by the local Education Authority largely on the assessment made by an educational psychologist. Once drawn up, this assessment places a statutory obligation on the Education Authority to provide appropriate education<sup>9</sup>. A local Education Authority will only make a referral to the Unit in exceptional circumstances, and it is likely that other attempts will have been made to provide for the child before the referral is made, meaning that the child will be brought to the attention of the Unit accompanied by a case file which already contains reports,

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<sup>8</sup> During the period of my fieldwork this process was undergoing change caused by changes to the relationship between schools and Local Education Authorities in the move to Local Management of Schools, or LMS. Responsibility for the budget of schools was transferred so that schools had more fiscal independence from the authority. As a result, the schools became responsible for paying for the services of the educational psychologist when a statement of special educational needs was required. This change was controversial in the educational and mental health community and within the Unit. It was felt that such were the pressures on schools to balance their budgets and to spend their money in areas which would contribute to their attractiveness to the parents whose preferment they must solicit that fewer educational statements would be made, with children being excluded from schools as an alternative to becoming involved in the process of educational statementing which imposes statutory obligations on Education Authorities to provide appropriate (and often costly) education. At the Unit it was feared that this change would reduce the flow of referrals on which it relied.

<sup>9</sup> During my period at the Unit, the government added a qualification to the obligation to fulfil the requirements of a statement of educational special needs, to the effect that the needs must be satisfied within the 'efficient use of resources'. This qualification put a severe pressure on the level of expenditure on special needs education and allowed the introduction of a 'glass ceiling' which limited the extent to which children with the most acute needs could be provided for. In effect it lifted the statutory obligation from the statement and made the ultimate decision on provision one of cost/benefit.

assessments and deliberations by a range of care professionals. The referral is made to the Manager of the Unit whose office is not in the Unit's building but down the road in the main Clinic Building. Referrals are considered at a meeting, known as 'Intake' held in the Child and Family Department at the Clinic every week, and attended by the Manager, the Teacher-In-Charge, and the administrative secretary. The Teacher-In-Charge and the Manager report on the Intake meeting to the weekly Core Team staff meeting and Psychiatric Team meeting respectively.

During the period of my fieldwork, and until she resigned in the summer of 1995, the Manager of the Unit, Margaret<sup>10</sup>, was also the Unit's educational psychologist, and in this dual role was the person most responsible for the processes which brought a child into the Unit, conducting the relationships between the Unit and the external referring bodies, communicating information about referrals to the staff in both the Core Team and the Psychiatric Team, and carrying out the psychological assessments of children by which the Unit could add its opinion of the suitability of a child to the particular treatment environment offered by the Unit to those contained in the Statement. From the point of view of the other members of staff Margaret therefore represented the official point of entry for children coming to the Unit, the person through whom the external case history of the children was reconciled with the Unit's own perspectives on arriving children.

The arrival of a new child is prepared for in other subsidiary ways, description of which will illustrate the extent to which this point of intervention, of the child in the status quo of the Unit, and of the Unit in the life of the child, is the occasion of much re-drawing of definitions. There are four separate processes which are set in motion once a child has been considered at the Intake meeting, these being the visit by one of the teachers to the child at the current place of education; the Psychiatric Team's nomination of a Case Consultant and subsequent meetings with the child's family; the discussion of the potential newcomer at the Friday Meeting of all the staff; and the visit of the child to the Unit, when he or she will spend some time in one of the classrooms, with and without a parent or guardian.

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<sup>10</sup> I have changed all names to protect confidentiality. I use names, rather than just job titles, because, being a very small institution, relationships between members of staff, and between staff and children, were inevitably close. First-names were always used.

### **Assessing the child in the previous place of education.**

Once a decision has been made by the Intake meeting to consider a child for a place at the Unit the teacher into whose class the child is thought likely to be placed (according to age, development and behaviour) will arrange a visit to observe the child in the current place of education in order to assess the potential for the child in the environment offered by the Unit. Children who have difficulties serious enough for them to have been referred to the Unit will normally have a significant case history already, and be receiving extra educational support either with a support worker giving them one-to-one attention within a mainstream school, or in a school or unit for children with special educational needs.

The structure of the situation loads the attitudes of the teachers at the current place of education and that of the teacher from the Unit in definite directions. The teachers currently working with the child have, by definition in this situation, been unable to help the child. They will have contributed to the child's case history by detailing the behaviour which is too difficult for their institution to manage. This will usually be presented in general diagnostic terms such as 'violent', 'aggressive', 'impossible to reach', and also with specific instances of behavioural peculiarities such as, 'he bites', or specific instances or episodes when the child has, for example, attacked a teacher or another child in a way that is completely anathema to the ethos of that institution. From the perspective of the visiting teacher from the Unit, the situation is reversed. She will have read the child's case history, with its descriptions of unacceptably difficult behaviour, and, given the fact that the Unit must feel itself to be a centre of excellence, a place of last resort that can manage whatever can't be managed elsewhere, may regard the reaction of the teachers currently working with the child as excessive. In practice, however, there are many shades to this relationship. Sometimes the teacher from the Unit will readily accept the previous teachers' diagnosis that the child presents the utmost difficulty, and sympathise with their predicament recognising, as a fellow teacher, the difficulty of addressing what are psychological problems from within a setting in which their primary imperatives and responsibilities are educational. Even when this is the case, though, the position of the Unit as an institution dealing with the ultimate in difficulty is still reflected in the fact that the teacher will report back to the

Core Team staff meeting that, whilst the child clearly presents very challenging behaviour, the Unit may be able to work with that behaviour in a more flexible and constructive way than the previous institution.

Whatever the details of the actual case, the relationship between those who have been responsible for the child and those who may take over that responsibility form a complementary pairing whose form is constantly repeated in dealings between institutions, groups of professionals, and individuals over the child. Those currently with the child, whether it is a school, parents from whom the child may be taken by Social Services, or the teacher who happens to be in a room with a child during an episode of difficult behaviour, are inevitably judged and assessed by those looking on. The complementary pairing takes the form of possible descriptions and diagnoses of the child's current situation, opposed to projections of potential relationships in future possible settings. The distinction is therefore between the need to make closed definitions of current settings and the possibility of conceiving open potential in the future.

### **Placing a child at the Unit: Grant.**

The example of one child's placement at the Unit will illustrate the alternation between responsible caution and open-ended optimism in the consideration of a new child. Grant was of significance to the Unit as the first child to be considered for referral in the autumn term of 1993, the time at which it had become certain that the Unit would cease its connections with Council 'A' Education Authority and, as a part of the Clinic as a Trust, have to start charging Education Authorities £23,000 as opposed to £3,000. Grant was thus amongst the first referrals for whom there would be the new consideration of whether the problems presented merited such high expenditure by the local Education Authority, and whether the Unit could provide a service that would justify such a high cost. He was described as an 'elective mute', it having been understood that he had stopped himself from talking for a period now approaching a whole year. Coinciding with his mutism he had shown severe behavioural changes most of which involved him putting himself in danger either by climbing onto high parts of the interior or exterior of buildings or by provoking larger

children to hit him. His current school had been unable to accept his disruption of other children's education and unable to ensure his safety, and as a last resort they had taken the decision to keep him separately, in a locked room, with a full time one-to-one support worker. This arrangement was unacceptable for several reasons. The cost of the exclusive use of an educational support worker was too high; the support worker was unable to make any educational progress with Grant because he remained too violent and provocative; and the situation was in contravention of the 1989 Children Act which stipulates that children are never to be educated or cared for in conditions in which they are locked up. To the Core Team staff meeting on Wednesday the 22<sup>nd</sup> of September 1993 the details of Grant's case seemed to confirm their fears that the Unit would increasingly become a place where the most difficult of children would be placed and that the particular characteristics of a child's problems would become of less significance than the level of difficult behaviour. The children referred to the Unit would come increasingly not on the positive criteria of the Unit's ability to deal with their specific symptoms, (it was pointed out at this staff meeting that the Unit had no experience of the treatment of elective mutes), but on the negative criteria of the failure of others to be able to deal with the child.

It was arranged that Vivien, the teacher whose class, of the two classes, had the younger, less developmentally advanced children with whom Grant would appear to fit best, would visit Grant in his current school and report back to the Friday Meeting of the Unit's whole staff. When she reported back her emphasis was on how pitiful it was to find Grant and his support worker locked within a small room away from all the other children. She added that the school seemed to have reached a state of total despair over Grant. The situation had been exacerbated by a breakdown in the relationship between the school and Grant's mother over the question of medication that Grant was being given for a mild epileptic condition. The medicine had become the vehicle through which responsibility for Grant, and for his problems, was being contested between his mother and the school. The school had agreed to hold supplies of Grant's medication, and to administer daily doses, even though they had no medically qualified staff. Grant's mother began to question whether the daily dose was always being administered, claiming that Gary's difficult behaviour was not due to psychological problems related to his family life but to the school's failure to take his



medical condition seriously<sup>11</sup>. This relationship suffered further when the school became involved in an investigation by the local Social Services into the possibility of sexual or physical abuse as the cause of Grant's elective mutism. The impression that Vivien brought back was of a situation which had broken down on all levels: in the education and care of the child as well as the relationship with the child's family. The lessons of the situation were clear, and the Unit promised a far more flexible and imaginative approach to containing Grant's difficult behaviour, and a more positive basis for working with rather than against his family. This visit took place on Thursday 30/9/93, a meeting between two of the Psychiatric Team and Grant's mother, her partner and Grant having taken place earlier in the week at a consulting room in the Clinic. On the following day the final two stages of the admission process were completed with Grant's visit to the Unit in the morning, and discussion of Grant's referral at the Friday afternoon meeting of the whole staff.

### **The classroom visit to the Unit.**

Grant's visit to the Unit was, given the anxiety attending such visits, a joyful one. He appeared to relish the opportunity to be with other children once again, and to make new relationships with adults. Everybody remarked upon his beaming smile and the way in which he stared so intently into the eyes of whoever he was trying to communicate with, as if imploring them to guess what he wanted to say. He seemed so enthusiastically communicative that there was every hope that in an environment geared to allowing him to communicate whenever and however he wanted he would eventually return to speech. He was small for a six year old, though quite stocky, with a large round head. His physical appearance added to the impression that he was an appealing child who had clearly suffered in unfortunate home and school circumstances, but who might thrive at the Unit.

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<sup>11</sup> In discussions about Grant's possible admission the staff of the Unit said that the school had been very unwise to allow itself to become drawn into this situation. Grant's mother was told that there would have to be clear arrangements for administering the medicine. The nursery nurse in Grant's class provided a suitably medically qualified person, but she would only be able to administer a single dose of medicine brought each day to the Unit by Grant in a small bottle: the Unit could not become the dispensary. Grant's mother would be responsible for measuring the dose into the bottle, and a written record would be kept at the Unit of every dose given to Grant. In this way the proper chain of responsibility for the medication, between Grant's mother and his doctor, would be maintained, and the empty bottle taken home at the end of each day would be evidence that that day's dose had been administered.

There were, however, warning signs. When playing with the children in the playground at break-time Grant latched on to the most physically dominant and violent child, Jack. Though Jack was only two years older he was almost twice Grant's size, and though at first he reacted to Grant's attentions with enthusiasm, chasing Grant around the playground and kicking the football back and forth across playground to him, conspiring with Grant to hit or disturb as many of the other children as possible, eventually Grant's persistence turned to scuffling with Jack and provoked a violent response. Several times Jack thrust Grant to the ground, and each time Grant came back for more, until the situation caught the eye of one of the teachers, who called all the children back into the classrooms. I was helping in the classroom in which Grant was visiting and was shocked when he beckoned me over to where he was sitting to discover that the gleeful expression on his face, a look of pride and satisfaction, was because of a collection of weeping grazes on his hands, arms and legs which he wanted to show off to me. Once he had my attention his gleeful expression changed as he screwed up his face and tears poured from his eyes. Though his shoulders heaved he let out no sound of sobbing<sup>12</sup>.

Grant's first, 'assessment', visit to the Unit was typical of such visits in that it offered a limited range of limited observations to the Unit staff. Just as the teacher's visit to the child's previous school creates a structured set of impressions because of the relationship between the old, failed institution and the new one full of potential, the visit of a child to the Unit tends to reflect only large contrasts between new and old and good and bad. For Grant the Unit provided a new opportunity to use his behavioural repertoire of mutism and self-destructive disruption in a situation in which its communicative possibilities had not yet been negated by containment. I think it is likely that Grant's joyful face was more to do with the Unit's novelty than any other qualities of the Unit. In other cases this situation is reversed. A child will visit the Unit and appear utterly miserable and negative, displaying the most difficult of behaviour, as happened in the case of an eleven year-old Greek girl called Katherina whose visit saw

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<sup>12</sup>In later chapters (see pp.166, 178) I will describe the processes of exchange and the substances and qualities which are exchanged within the Unit - Grant's tears and injuries are an example of signs offered, the soundless sobs an example of something withheld. An example of a different kind is that of the epilepsy medication. The bottle of medicine was transferred daily from Grant's mother to the escort who brought him to the Unit and then to the nursery nurse in Grant's class, the process being reversed at the end of each day. A significant token of responsibility for Grant was thus exchanged.

her tearing up the work of other children, and spitting into the class group from the fringes of the classroom. Such are the limitations of so brief a visit that even such negative behaviour is likely to be given a positive gloss, interpreted as an attempt to test the likelihood of the Unit's rejecting her, because she is so excited at the prospect of the attention she would receive were she admitted.

The structure of these visits, between past failure and future hope, means that they are likely to flatter to deceive. Grant made a very positive impression on the staff because he appeared so happily willing to attempt to communicate, notwithstanding his history of mutism and the failure of his previous school. In the urgency and intensity of one morning at the Unit there is not much opportunity for detailed observation of a child and impressions such as Grant made are what are most likely to be remembered and passed on when the case for admission is being considered at the next stage. Though Grant had shown a worrying trait in his provocation of Jack, and Jack had shown how ready he was to respond violently to Grant, the incident was not reported at the Friday Meeting later the same day. Had Grant attempted to provoke one of the staff in the same way it is likely that there would have been serious reservations about his admission but, as it was, his physical tussle with Jack had served a positive purpose by providing him with the cuts and grazes with which to demonstrate to the staff that he wanted them to pay attention to his hurts. Once he was admitted Grant's behaviour soon took a different turn. He continued to provoke other children into hurting him, on an even greater scale, but he also started to display the behaviour which had caused his previous school to despair and which had been absent on the day of his assessment visit, constantly running out of the classroom and leading the staff into chasing him around the building where at every opportunity he would climb up onto high places and threaten to throw himself off. Once he was coming daily to the Unit he ceased to present his injuries in the same way, it being more common that the staff were concerned by his apparent indifference to bruises and cuts that he suffered in tussles with the children at the Unit and in unknown circumstances at home. It was said many times at subsequent staff meetings that Grant had been a lesson to the Unit to pay more attention during the assessment process because it had failed to anticipate the problems that he would cause. The failure to anticipate just how difficult Grant would be was often cited in connection with a similar failure with a child, Noah, who arrived later

during the same year. Noah proved even more able to manipulate the circumstances of the brief assessment visit. He had a long history of extreme behavioural difficulties, and came with a reputation as an exceptionally difficult and disruptive child. He was, however, of above average intelligence and very capable of engaging adults by showing off his social skills. In the context of the Unit he was well above average in terms of educational aptitude and showed this very clearly on the morning on which he visited, along with demonstrating an enthusiasm for and knowledge of the computer and an ability to play constructively even with some of the least developmentally advanced children. In short he was charm itself. He was, however, to prove one of the most disruptive children that the Unit had ever had to deal with, threatening the coherence and safety of the treatment environment so severely that a year after he was admitted he was withdrawn from the Unit by his Education Authority at the Unit's request.

The child's assessment visit to the Unit reflects the fact that at this early stage of the child's career with the Unit the dominant factor is the crude juxtaposition of the past and future institutions. Impressions such as Noah's charm or Grant's joyfulness are what are retained by staff and communicated to the rest of the staff at subsequent meetings, rather than the details of such complex interactions as happened between Grant and Jack.

### **Discussing the child at the Friday Meeting.**

As Grant's visit took place on a Friday his case was discussed later that day at the Friday Meeting of the whole staff, taking up nearly half of the two hour meeting. The Unit's Manager, Margaret, was chairing the meeting and introduced the subject of Grant by asking for "feedback". She started with a description of the meeting earlier in the week that she had had, together with Mark, the Unit's senior registrar psychiatrist, with Grant, his mother and her partner, and Grant's teacher and Social Services welfare officer. After commenting on the very bad relationship that seemed to exist between the teacher and the Social Services welfare officer, and mentioning the history of mild epilepsy, Margaret outlined a complex family history of suspicions of sexual abuse. Grant's mother's grandmother had been sexually abused by her father, and Grant's mother sexually abused by her father. There were suspicions that this episode of

mutism, which followed a similar episode about a year before, was related to sexual abuse of Grant by his uncle, the mother's brother, who may have been abused by his father, and had been investigated by Social Services previously because of suspected links with a paedophile ring. Grant's mother expressed her worries about her brother by saying that she thought that he was "not sufficiently grown-up with Grant", adding that he has a very minor physical defect that caused their mother to call him 'handicapped' and about which she was so ashamed that she barely let him out of the house.

In contrast to this web of suspicions of sexual abuse in the family history of Grant's mother, Margaret found Grant's mother's partner and cohabitee, "quite concerned and caring", adding that he had said that he was worried that the mutism might have something to do with his relationship with Grant's mother, as they thought that Grant had stopped talking at about the time that they had started their relationship.

Next to speak was Vivien, who reported on her visit to Grant's school, as described above. Vivien's emphasis was on the hopelessness of the arrangement by which Grant was locked in a room with his support worker, suggesting that this could only have exacerbated Grant's problems. Despite reservations about the seriousness of the behaviour reported by his previous school, Vivien thought that the Unit environment would provide a significant transformation of the context in which his difficulties were being worked out.

At this stage the discussion of Grant appeared to be drawing to a conclusion. I was surprised that Eileen, the nursery nurse who had spent most time with Grant during his visit to the Unit, did not report her observations of Grant's behaviour with Jack. Indeed had it not been only the second time that I had sat in on the Friday Meeting I would have raised the matter myself. What I did not realise was that the discussion had taken its required form. One member of the Psychiatric Team had discussed Grant's case in terms reflecting the Psychiatric Team's area of expertise, that of psycho-sexual pathology, whilst a member of the Core Team had responded by characterising the 'problem' of Grant in terms reflecting the Core Team's area of expertise in managing the educational/therapeutic environment without recourse to such crude measures as locking doors. Grant had been registered as a suitable case for treatment with both

halves of the Unit staff and, given that he had passed the basic test of spending the morning at the Unit without being significantly more, or less, difficult than any of the other children, he was felt to be an appropriate referral. The observations that Eileen or I may have been able to make about the details of Grant's interaction with the other children would become the very basis of the Unit's view of Grant later in his career, but at this stage were not necessary to the discussion. As I observed on many occasions in the Friday Meeting, the significant exchanges took place between senior members of the two staff teams.

The decision was made to recommend to Grant's Education Authority that he be placed at the Unit on the understanding that if his dangerous behaviour did not improve in response to the new environment he may need to be placed in a secure psychiatric unit. It was at this point in the discussion that consideration of Grant opened up the split between the Core Team and the Psychiatric Team. Until this point the Teacher-In-Charge, Anne, had not contributed to the discussion, because it had been the other teacher, Vivien, who had made the visit to Grant's school. However, Anne entered the discussion at this point by suggesting that in the recommendation to Grant's Education Authority it be pointed out that because of the difficulty in communicating reliably with Grant and bearing in mind his current tendency to run away from his carers and put himself in danger, there might be some elements of the Unit's programme, such as those that took place outside the Unit building, in which he may be unable to participate. Anne said that this was a serious caveat, about which the referring authority should be aware, as the social element, the gradual improvement of the ability of children to participate in groups, was a very significant element of the Unit's programme. Margaret interrupted at this point to contradict Anne, saying that what the Unit was providing was a treatment tailored to the particular needs of each child, and that the referring authority did not need to have a negative view of the treatment offered. Anne countered, crossly, that the basis for providing for the individual needs of the children was a shared social life in the Unit in which there were significant doubts that Grant could participate, and that staffing levels were not high enough for each child to be considered in isolation without a solid foundation of group work.

The issue remained unresolved during an awkward period of silence until the Unit's Social Worker, Alexis, a member of the Psychiatric Team, commented that Grant's

case, which seemed to point the way in which referrals under the newly increased fees were likely to become increasingly of absolutely last resort children, made her wonder whether the social element of the Unit's provision would remain viable if the Unit was treating a variety of differently extreme behaviours with nothing in common between them but their severity. The part time remedial teacher Howard, a member of the Core Team, agreed with Alexis, adding that the Unit would have to take some positive strategic steps to protect the unique ethos of the treatment that it offered in the face of increasingly disparate and severe referrals.

At this point the discussion of Grant came to a close. It had started with members of each of the two staff teams presenting Grant as a suitable case for treatment within their own terms, and then become a vehicle for a stand-off between the heads of the two teams. Finally, the two most independent members of each team, the part-time teacher and the only non medical/psychological/therapeutic member of the Psychiatric Team, had brought the two teams back together to view the threatened status of the Unit as a whole.

The period of assessment, followed by the arrival of a new child, involves a particular form of attention. I have described how the process of visits by one of the Unit's teachers to the child's previous school, and by the child to the Unit, are dominated by the complementary pairing of views of failed past and potential future; how attention on the child visiting the Unit fastens on impressions of mood such as charm, joy or distress and visual tokens such as tears and grazes; and how discussion of the referred child at the Friday Meeting results in debate about the broad identity of the Unit rather than detailed consideration of the case history of the child. At this stage of the relationship between the child, (and the context from which the child is being referred), and the Unit, a form of attention which is dominated by broad labels and visible tokens is dominant. Such is the separation of the ethos of the Unit from the outside world that it requires a prolonged period of acquaintance before it can incorporate newcomers in its own unique processes.

## **Chapter Six . The Acquaintance Phase.**

It might be said that it is inevitable that a newcomer will be given a different kind of attention to that given to someone who is well established within a particular environment. In the case of the newcomer information is required which could not have been gathered until the arrival within the new environment. In this chapter I will argue, however, that the mode of attention paid to new arrivals at the Unit does not entirely correspond with the need to put together a picture of the newcomer which suits the Unit's aims and terms of reference. The attention paid to a newcomer does not relax once enough is known for them to become a part of the Unit, rather its intensity and duration are dependent upon the relationship between the different modes of attention that the Unit operates through the career of a child in the Unit. At any one time, the Unit operates a variety of modes of attention in relation to the children, which I have divided into three basic phases. The first phase, with which I am now dealing, is that of defining, of labelling and of static definitions, the most extreme form of which is the Statement of Special Educational Needs which places on an Education Authority the statutory obligation to provide appropriate education and care for a child. The second, central, phase is that of process and narrative, in which attention changes from the level of labelling and definitions to the relationships between those partaking in the life of the Unit. This is where the Unit feels its unique ethos to reside. The third and final phase is that of the diagnosis with which the children are sent on from the school, in which the significance gathered from the second phase is translated through the layers of staff meetings and discussions to establish a point from which the child can move on.

In this chapter I will describe the mode of attention that is characteristic of the first phase and consider the ways in which definitions and labels become unstable and give way to the next stage, to process.

### **Focus on symptoms.**

In this section I will give examples of the Unit's response to new children during their early period at the Unit, and I will also describe some incidents from the first days



that I spent at the Unit as examples of the ways in which someone unfamiliar with the distinctive environment of the Unit is able respond to it.

At the Tuesday afternoon meeting on 21/9/93, the weekly meeting at which the Core Team met with the Manager of the Unit, Margaret, for her to give them joint 'supervision' of the previous weeks events, the topic of conversation for the whole hour of the meeting was the new arrival, Gemma. A new member of the Psychiatric Team, the senior registrar psychiatrist Mark, was also sitting-in on the meeting.

The two teachers, Vivien and Anne, both said that they found Gemma very hard to warm to and to relate to, and the nursery nurse in Gemma's class, Eileen, agreed. Gemma was a seven year-old girl, large and strong for her age, who had been placed at the Unit because her behaviour had become too difficult for the special school for children with moderate learning difficulties (MLD) at which she had previously been placed. Though she could appear calm and content her speech and learning were severely below the norm for her age, and she was prone to sudden violent tantrums. She spoke in a bizarre and idiosyncratic way, beginning a sentence with a few intelligible words, but then trailing away into jumbled words and phrases, accompanied by knowing looks from coyly up-cast eyes, as if she was posing a riddle to be deciphered.

Margaret responded to the general expressions of concern about Gemma by filling everybody in on some background details of her history, gleaned from Margaret's first assessment meeting with Gemma's mother. Gemma's mother was from the isle of Harris in Scotland, from where she had moved at the age of thirteen to Perth, at which point her parents split up. She came down to London with Gemma about five years ago to follow Gemma's father, from whom she had since split up. She lived with Gemma and two younger children, and the father of the younger children, in a high-rise council flat which Social Services staff had described as very untidy and dirty. They shared the flat with several pets which Gemma's mother said that she kept to compensate for the open spaces she missed in Harris. Margaret said that there had been long-standing fears by Social Services about Gemma's mother and step-father's violence, and about possible sexual abuse by Gemma's natural father, who made occasional visits to the flat.

To this Vivien and Eileen both responded that they had noticed Gemma flinching when they moved close to her. Vivien described a meeting she had had in one of the consulting rooms in the Unit that afternoon with Gemma, her youngest brother, and her mother. She said that she had been very worried by the violent sexualised play between Gemma and her brother and by their mother's excessively harsh interruption of it. Margaret added that from her earlier meetings with Gemma's mother she was clearly a "deeply split, psychotic person." Mark, who had also attended one of the earlier consultations, muttered, "she's mad."

Margaret went on to say that she had been in touch with the child protection woman police officer who was on the joint Social Services/police team dealing with Gemma's case because of the Unit's concerns about her sexualised behaviour. Howard, the part-time remedial teacher, mentioned that at 'News' (the early morning assembly) Gemma had been slipping her <sup>n</sup>hand into her trousers and masturbating whilst Anne was asking the children not to lock each other in the Wendy-House in the playground. Earlier in the week she had appeared to be quite unconcerned about being locked in the Wendy-House by two of the other children. Did this have anything to do with being shut in a room at home? Vivien said that Gemma and her mother have both told her that she is made to go to her room at night to practice her writing (she had great trouble forming any recognisable characters), and that she worries that Gemma's mother is extremely severe. Howard suggested that Gemma might need to "have the boundaries stretched so that she can play more than most of the other children so as to compensate."

The discussion then returned to concerns about sexual abuse. Mark and Howard both expressed worry about Gemma's desire for "inappropriate attachment" with men. On several occasions she had climbed up onto their laps in a way which made them feel very uncomfortable. Margaret wondered whether the mother associated her children with the absent abusing father, punishing them for his abuse. At her first meeting with the family, one which she said was, "the most extraordinary" she had ever conducted, she had never seen so little contact or association between a mother and her children.

Vivien then showed everybody one of Gemma's exercise books in which almost all of the pictures that she had drawn included her fingers or her hand in strikingly large

proportion. I was unsure of the significance of this, but it brought murmurs of concern which I took to be because the drawings might be evidence of sexual abuse. Margaret said that she had been very concerned that Gemma had told her that she likes it when the dog licked her hand.

For the last few minutes of the meeting concerns about the level of referrals to the Unit were nervously discussed, worries about Gemma having been exhausted.

As will be clear from the above account, at the beginning of her time at the Unit almost every aspect of Gemma's behaviour was a focus of concern; indeed when the Unit's senior child psychotherapist gave a brief presentation of her work on ritual satanic abuse to the Friday Meeting, mentioning that one of the factors associated with cases of satanic abuse was the keeping and mis-use of exotic pets, the fact that Gemma had mentioned that her step-father kept pet spiders in the flat gave rise to a frisson of suspicion that satanic abuse might be involved her case. By the end of Gemma's first month at the Unit it had been well established that there were significant grounds for suspicion of sexual or physical abuse and attention shifted from the amassing of anecdotal evidence from meetings with Gemma and her family and from the existing education and Social Services case files, to the discovery of fresh evidence of on-going abuse, particularly in the form of bruises and other marks on the body.

As a result, attention shifted from the pictures Gemma was drawing during the day in the classroom to her physical appearance as she arrived each day at the Unit after the night at home. Each morning when the children and the Core Team assembled for News in the hall space at the start of the day, the staff would exchange glances as they looked at Gemma for any signs of fresh bruising. On many days there were new bruises to be seen on Gemma's arms, legs, neck or face and Gemma, aware of the attention would, coyly and without making eye contact with any of the staff, turn her body and lift her skirt or jumper so as to make her bruises visible. On the occasions when no bruises were visible, the staff's attention would often fall on the fact that her clothes were either very worn or very dirty, causing further concern that she was being neglected. On those occasions on which other children were commanding the attention of the staff she could make herself the centre of attention by such oblique strategies as falling off her chair or running into the alcove around the fireplace, behind the ring of

chairs the children and Core Team staff used for the meeting. Direct attempts by the staff to question Gemma about her bruises caused her only to turn coyly away, or to respond with incomprehensible mutterings.

This early period of acute anxiety about a new child involves a form of attention that conforms to the basic paradox that runs through the working life of the Unit, as certainty and doubt are pressed close together. Just as I have described the remit of the Unit as held in tension between the absolute requirements of statutory responsibilities and the open mind that offers hope that the child may find less destructive ways of managing the life it faces, so in this early stage of eagerness to become acquainted with the full extent of the child's difficulties, (for to fail to recognise difficulties is to fail the child and to fail in the Unit's role as ultimate institution), convictions based on previous experience of abused children, and the absolute obligation to detect and report abuse, are counterpointed by the shadowy nature of the evidence. Whilst staff experience the strongest possible conviction that the child has been abused, based on gross behavioural evidence such as drawings, abnormal sexualised behaviour or marks on the body, and on the evidence of the child's affect, they have to recognise that short of an explicit allegation of abuse from the child, something which is not likely given that the child's behavioural difficulties limit any communication let alone communication of something for which a young child may have no context for understanding, most of the evidence that they will see will be oblique and shadowy. The seriousness of the consequences that follow from allegations of child-abuse causes there to be a telescoping of the range of registers of social life into the point of observation of the child. The forensic attention that the staff bring to bear on the child entails the fact that there will be a moment of revelation, in which the enormous consequences of the State's most serious intervention in the family, the removal of the rights of parenthood, suddenly become a possibility. The weight and scale of these consequences coexist within the moment of revelation with the close intimacy of the staff's forensic attention, and the violating intimacy of abuse.

In the period during which the Unit is becoming acquainted with the child it makes contact with the child through a multitude of individual acts of attention by the staff. At later stages of the children's career in the Unit it becomes possible to view them from a more distant perspective, so that the children are observed by the members of the staff

collectively in their interactions with other children and adults in the Unit. By contrast, in the early stages the Unit gets to know the children through individual acts of attention being accumulated when reported in the meetings process, and in the informal conversations of staff throughout the day. Such is the intensity of this process, the possible significance of which I have outlined above in terms of it being the time at which the Unit's unique view of the child has the opportunity and the obligation to identify symptoms and evidence of abuse that may have been overlooked by overstretched family/Social Services/previous school, that the Unit's point of contact with the child, that of the individual attention and judgement of staff members, is overloaded with urgency. In the context of the daily life of the Unit, with its complex fabric of relationships and breaking crises, the obligation on individual members of staff to notice the nuances of behaviour and affect in new children who are a particular focus of anxiety is often impossible to discharge. The need to record an observation, whether on paper or in memory, is often thwarted by a more pressing urgency, meaning that staff have to work in the knowledge that whatever happens they will miss or forget important signs. The member of staff who is attending to the shadowy signs of possible abuse thus has two distinct imperatives hanging over the intimate and subtle process of observation: on the one hand the panoply of consequences should abuse be firmly suspected, with the attendant statutory obligations, and on the other the need to balance attention paid to any one child with the need to pay attention to other individual children and to the group of children as a whole. This is the paradox of the period of the Unit's acquaintance with child, in which the Unit's forensic drive is overshadowed by absolute imperatives, yet incapable of comprehensive realisation. In the psychodynamic language of the Unit, the period during which the staff gets to know new children is one of the most anxiety provoking tests of the omnipotence to which the Unit has many reasons for needing to aspire.

I will give an example of the context in which this form of anxious attention to the new child occurs. During my fieldwork I observed members of the Unit's staff paying intense attention to children who were the focus of particular concern on many occasions; indeed in the classroom this is the main form of contact between staff and children, the staff's efforts being divided between the class as a whole and intense attention paid to individual children. In practical terms this usually involves the staff

member crouching down next to or over the shoulder of a child often less than half their size sitting at small chairs at small tables or desks. The physical presence of the adult separates the child from the rest of the children and reinforces the deliberate focus of attention. The example I will give is of a period of about ten minutes during which I was working with Gemma at a table in her classroom (7). By giving an example from *my* observations as a volunteer member of the Unit staff I am able to include more detail of the children's behaviour in these circumstances than I would be able to in the case of my observation of other members of staff doing the same thing. As a volunteer in the classroom I was working in the same way and under the same conditions as the teachers and nursery nurses who worked in the classroom.

On Monday 27/9/93 Gemma was beginning her fourth week at the Unit and, as I have described above, had become a cause for concern firstly through discussion of her home background generated by the process of referral and admission and secondly through the drama of her daily revelation of bruises at News. Attention was now shifting to discovering more about the abuse - who was doing it?; to what extent was Gemma's behaviour an attempt to communicate her distress? As it was a Monday morning most of the children would be going swimming, the bus arriving to take them at about 10.15am. There was about twenty minutes between the end of News and the arrival of the bus which the children spent in their classrooms writing or drawing in their News Books. I was to spend this time in Blue Group with Vivien, the class teacher, and Eileen, the nursery nurse. The six children, the younger of the two classgroups, were relatively quiet, subdued by the violent and distressed behaviour of Jack, who was in the other class group, at News. Vivien sat them all down at the three low tables, two children at each table with one adult. After Vivien and Eileen had both sat down at a table I sat down at the remaining one with Gemma and Tim. I was apprehensive because I had spent little time with Gemma at such close quarters and was aware that others had commented on her inappropriate sexualised behaviour with men. Seated on a full sized chair at the low round table the two children were each diagonally opposite me, and my adult size at the child-sized table meant that my upper body was well above the table so that I was able easily to reach across it to the opposite side between Tim and Gemma. Tim had arrived at the Unit during the summer and had settled into an accomplished repertoire of bizarre behaviour in the classroom. On this

particular morning, as the class as a whole was relatively quiet, he appeared to be in a confident mood and was able to command my initial attention more easily than Gemma. Tim was about the same age as Gemma, around seven, but was much smaller. Though he was small he was quite strong and energetic, his small body meaning that his head appeared to be larger. Attention was always drawn to his face because of its very mobile expressions, by which he drew adults' attention with a comic manner that developed into enigmatic riddling once attention had been caught. With perfect lucidity Tim asked me to write the day and date at the top of the page in his News Book so that he could copy them. He then went into a trance like state with his left eye, seemingly deliberately, rolled upwards and his right eye half-closed, the combination making him seem to be looking upwards into the middle distance, inwards into himself *and* towards me to gauge the effect of his performance. He picked up his felt pen as if to write but then twined the fingers of both hands about it and pressed them into his right cheek whilst exaggerating his skewed expression and starting to make muted shooting and bombing noises. I asked him several times what he was doing, but this only seemed to intensify his performance. Eventually my increasingly stern questions set him to doing a speedy copy of the day and date, in a hand deliberate, eccentric and erratic, and then a drawing of a pair of small round bodied people with very long spidery arms. Whilst he drew Tim kept humming to hold my attention, but Gemma pushed her book towards me to look at what she had drawn. What I saw made me begin to worry, and to wonder what I ought to do, for Gemma had drawn a picture of her hand such as the ones which had been described at the earlier staff meeting as a possible cause for suspicions of sexual abuse. She had drawn an outline around her hand and fore-arm coloured, digit by digit, with every felt pen from the box on the table so that the whole was a livid purple flesh colour. As I was wondering whether this was significant enough to draw to the attention of Vivien, a conversation about spiders started up and immediately grabbed my attention. Tim said that his mother had found two spiders in the bath and had flushed them down the plug-hole. He kept repeating that his mother had killed them, saying that they were only little and that he didn't think they would hurt him. Mumbling into his arm with his head close down over the page on which he was writing, then occasionally looking up to mumble very rapidly whilst looking at me, he talked again and again about the frailty of the spiders, their possible threat to him and

his mother's murderous effectiveness in getting rid of them. As I listened I was aware that I should pay attention to this as a possible disclosure of abuse. Tim appeared to identify ambiguously with the spiders as threat both to him and his mother, and as frail creatures at the mercy of his mother. Anxious not to miss something important I focused myself fully on Tim as if by the force of my attention I could will certainty into the communication he appeared to be making, but his mumbling became unintelligible and he appeared to lose himself in his drawing. Suddenly Gemma volunteered that she had spiders, the first time she had spoken since we sat down. She too spoke quickly, quietly and indistinctly in response to my questions about the spiders. From the broken phrases, I could understand that her Dad (in fact her step-father, father of her younger siblings) had several spiders and that some had died. They were Tarantulas, and they lived in the bathroom. At this point Gemma looked up, looking me straight in the eye and, with a confiding and rather precocious conversational expression said several phrases which were quite unintelligible. She then looked down and started to repeat, over and over, "She came out of the bathroom . . . they came out of the bathroom." Occasionally she cast her eyes up at me from her down-cast face with a conspiratorial expression which seemed to me to signify the disclosing of a secret. Either she was talking about the spiders escaping from the bathroom, something which would have been very frightening, or she was talking about adults doing something in the bathroom that worried her. I had heard at previous staff meetings that there were concerns about Gemma being shut in rooms and also about whether she might be witness to violence going on in other shut rooms, and when she started also to mumble about her Dad's snakes, as well as his spiders, I became very concerned that what I was hearing was a cryptic attempt to describe the abusive environment at home. Tim had been constantly mumbling whilst Gemma was talking and he suddenly, in turn, caught my attention with loud and mannered utterances of, "Kimosabi". On one of the other tables Vivien overheard this and, smiling at Tim, said, "That's from the Lone Ranger, isn't it?" To which Tim replied that he was doing the tune from 'Indian Jones' which, in the interpretative fervour that my anxiety about what Tim and Gemma had seemed to be disclosing to me had caused, I took to be a corruption of the film 'Indiana Jones' caused by the fact that Vivien was sitting with Hanif, an Asian child with whom Tim competed jealously for Vivien's attentions. I asked Tim whether he meant 'Indiana



Jones' and after saying that he did he entered into a complicated and only partly intelligible description of the ending of the film which, he said, involved hundreds of snakes (he had obviously been prompted into this by Gemma's mention of her father's snakes). After telling me about the snakes Tim kept repeating, "he burns them, he does, he burns them." This from a seven year old boy who, I knew, had spent two years in bed-and-breakfast accommodation with his mother and brother after, at the age of five, he had destroyed their previous flat when he had set fire to his bedroom with his mother's lighter.

Sitting at the table with Tim and Gemma I had been utterly galvanised by them, my attention led between the two of them as each embarked on another cryptic exchange with me. Tim's greater confidence and ability to exploit the situation meant that Gemma had not been as much the centre of my attention as the current concern about her might have warranted, but in fact the obliqueness of my attention to her was quite appropriate. Whilst Tim's more practised performance kept me directly engaged, for being more familiar with his repertoire of behaviour I was as keen to get him to concentrate and apply himself to the educational task as I was to decipher his cryptic messages, anything that Gemma produced was more likely to seem to me to be an unsolicited disclosure than an arch and cryptic response to my attention.

I have described this example at some length because it illustrates the sense of scale and dimension which is central to the articulation of practical and intellectual difficulties at the Unit. This form of anxious attention, the attention paid to the new child, is the most focused and intimate in the Unit's repertoire. The contexts in which it occurs are the classroom ones such as the one described above, and other occasions when an adult is able to pay close attention to a child such as in the morning News assembly, when seated together at the lunch table, or in therapy sessions. Adult and child are separated from the wider context by the intensity of attention, the adult's encompassing physical presence overshadowing any other context standing between the adult and child. In this situation there is a context-free space between adult and child into which the child can be revealed. Behaviour ceases to become a participation in the classroom drama of expected and unacceptable behaviours and becomes a direct communication to the adult. The sense of scale is present in the adult's attempt, through a willed focusing of attention, to abolish distance and to make the space between adult and child so

prescribed that the intentions of adult attention, whether forensic or pedagogic, can pass directly to the child, and the child can be expressed directly to the adult. In this close context the child is immanent in its words and expressions, and in its bodily signs, whether signs of affect such as tearfulness or blushing, or the marks of abuse or neglect. At such a close focus, therefore, the forensic attention of the Unit can believe itself to be gathering discreet items of evidence.

And yet, as the example of my close attention to Tim and Gemma bears out, this form of attention is not entirely about absolute closeness. A sense of levels of attention, of the rhetoric of the child's revelation to the adult, provides a sense of relative depth, even at such close quarters, out of which the child's revelation can come to the adult. The sense of depth is present in the range of Tim's communication from the intimacy of unintelligible mumbling into his arm, to cryptic, half-intelligible comments that appeared to be made as much to himself as to me, and finally to lucid remarks made directly to me. The moving back and forth of the adult's attention through these registers of depth in the child's communication provides the rhetorical basis for a sense of an inner psychological realm into which the adult's attentions are focused, and the ability to discern subtle differences of depth at this closeness is what makes the manoeuvring of difficult communications possible. My oblique attention to Gemma whilst Tim was making faces at me thus allowed her alarming drawing to take shape and, similarly, once she had my attention on her drawing whilst I listened to Tim talk about spiders, she was able to pick up the subject from Tim rather than make a direct introduction of it herself. The fact that my attention, and Gemma's talk of spiders, snakes and her Dad, were oblique rather than direct created a sense of depth which allowed difficult communications to be manoeuvred even under such close focus of attention.

Such periods of close attention are often rapidly succeeded by the much broader attention required to oversee groups of children getting through the daily timetable, and on this particular occasion my attention was taken away from Tim and Gemma when the bus arrived to take the children swimming. Whilst the children were at the baths Jack's behaviour required the full and urgent attention of all three of the adults from the Unit who were there (including me) as he became increasingly violent, trying to provoke older children from other schools by grabbing their clothes from the changing room and running off. So within minutes of being at the table with Tim and Gemma

they had been replaced by far more pressing concerns. It wasn't until two days later that I told Vivien about what Tim and Gemma had said to me. She told me that she was very worried about both of them and would bear in mind what I had said when talking about them at further meetings. Both children were the subject of Social Services investigations during the next six months, after the Unit had communicated its concerns.

In relation to the material that may arise from close attention paid to the child in this way the staff are under obligation to notice, to remember or record, and to pass on the observations so that they can be acted upon by the Unit and outside agencies. If something is thought to be sufficiently serious it should be entered into the child's case file by the class teacher who will require a brief description of the incident or observation from the member of staff in question. In practice, though, this was very rarely done, pressure of time (and the fact that no specific time was set aside for this task) meaning that this sort of information was mostly passed on verbally. Pressure of time, and the many urgent things competing for the staff's attention, meant that there was a constant sense of significant nuggets of observation slipping away in the onward rush, and an attendant sense of guilt and anxiety. As I will discuss later when I deal with the process of meetings by which observations about the children are communicated and exchanged amongst the staff, the ability to recognise such intimate significant material in the children, to remember it and to articulate it as part of a presentation of the child at staff meetings, is one of the main ways in which the staff demonstrate their competence and compete to master the business of the Unit.

### **The end of the acquaintance phase.**

The particular form of attention that I have described as being operated by the Unit during its period of acquaintance with a new child is not entirely a function of the need to gather information. If that were the case then one would expect that form of attention to last for as long as the need to gather particular information about the child. In the following section I will consider what other factors might bring about a change in the form of attention paid to the child.

Gemma arrived at the Unit at the same time that I began the full-time period of my fieldwork, after fourteen months during which there were small gaps in my weekly attendance, and she was thus the first child for whom I was able to observe the process of introduction to the Unit as a continuous process. As I have already described, Gemma was the focus of serious concern about possible sexual abuse from the moment she started at the Unit, this concern manifesting itself principally in the daily monitoring of bruises and signs of neglect such as dirty clothing. There was a clear and pressing need to do everything possible to protect Gemma and to stop her being hurt. Enquiries made by Vivien directly to Gemma's mother on the occasions when she came for meetings at the Unit, and through the 'Home/School Book' which Gemma (as did all the children) took home every night to be read by her parents, were answered by accounts of Gemma's clumsiness at home - given as the cause of all the bruises. Indeed Gemma was clumsy, often falling over as a quite transparent way of attracting attention, but concerns persisted and the matter was referred to Social Services. In the meantime, though, I noticed that after a couple of months the attention paid to Gemma's bruises began to wane. I was very struck by the fact that though, as far as I could see, Gemma was as bruised as she had been at the height of concern about her, she was no longer the subject of the attention of the Core Team staff at the morning assembly, and that attention paid to her cryptic comments in the classroom had also fallen off. Attention was now paid to Gemma for a different reason, for she had begun to display some of the behaviour that her previous school had found difficult to cope with and which until this point she had not shown at the Unit. She started to have tantrums which started without warning (or so it appeared because if there were warning signs they were not being attended to) and which would begin as a sulky unresponsiveness. When asked what was the matter, or asked again to do something with the rest of the class, she would jump up and run away, shouting angrily, "leave me alone, I hate you, I hate you". When this occurred in the classroom she would run out into the hallway and then up the main staircase and into the winding corridor that passed through several fire doors and unlit sections through to the far side of the first floor where the therapy rooms were. When somebody followed her to check that she was safe, and to bring her back if possible, she would scream and shout even louder, kicking and struggling

violently if any attempt were made to take hold of her hand, and repeatedly demanding what, in the circumstances, was impossible: to be left alone.

Gemma had begun to explore the Unit's reaction to behaviour which had seen her rejected by her previous school, and in so doing she demonstrated that she had left the period of acquaintance, of close and anxious attention, and moved on to the main, central phase of the Unit's career with a child, that in which the repertoire of relationships with staff and other children is explored within the context of the closely defined spatial world and timetable of the Unit. The signs and behaviour which had drawn such anxious and intense attention when Gemma first arrived remained and, rationally, required just as urgent attention, but from now on they were more or less overlooked.

I observed the same thing happening with other children. The elective mute, Grant, was the focus of excited attention during his early period, as staff vied to discern whether he appeared to be frustrated by an inability or archly displaying a refusal to talk. Yet when he too started to run off into the building, and put himself in danger by climbing onto precarious high places, interest in the minutiae of his expressions when trying to communicate waned. Tim also ended a relatively long period as a focus of attention because of his bizarre expressions and affect when he began a long period of running off and climbing onto the roof of the shed in the garden. In many other cases I observed chronic anxiety about minute symptoms of behaviour or affect displayed by new children suddenly fade as they became incorporated into the life of the Unit.

What explanations can be given for this observation? It would certainly be true to say that in the case of a child such as Gemma, for whom there is serious anxiety because of possible sexual abuse, it is to be expected that when the initial urgency of the suspicions of abuse has been succeeded by the frustrations of trying to establish evidence and proof of abuse in conjunction with the statutory authorities, discouragement at how little can be done, despite the very distressing strength of the conviction that the child has been abused, will make the maintaining of an urgent vigil for signs of abuse seem of little use. When the child has newly arrived at the Unit it is understandable that everything might seem to be at stake; both in terms of the future of the child and in terms of the reputation of the Unit in relation to the referring authorities

and the previous place of education. When, after a few weeks, it is apparent that the world will not fall apart if the Unit does not immediately reveal the truth of the child's condition and history, it is also understandable that the anxious close focus be relaxed.

But I would like to look at a different explanation for the change between the close attention of the early phase and the broader attention of the middle phase. Because of the way the Unit has to work the initial phase of naming and defining is inherently unstable. The process that begins with the Statement of Special Educational Needs and ends with the anxious gaze of a member of the Unit staff looking for definite signs of abuse or psychological disturbance, which aims to fix a picture of the child, first of all so that he or she can become an identifiable and appropriate item to be moved between parts of the education and mental health care system, and finally so that the Unit's fantasies and anxieties about its own competence can be satisfied, is anathema to the central process and ethos of the Unit which, far from fixing positions and identities, is designed to provide a safe and tightly defined context within which to allow the elements of the child's psychological identity to shift and reform into more manageable arrangements. The paradox is that the Unit needs somewhere to start, but from that point onwards is designed to undermine the tyranny of such starting points; it requires a definite point of departure but from then on works to multiply and shift perspectives. Such a range of perspectives might be seen in relation to a particular item of behaviour such as incontinence, which might be seen in the home environment as a rebuke to the authority of the parents; in the classroom at the Unit as a sign of a desire to withhold consent to participate in social groups and in the 'growing-up' of education; by the Unit's Social Worker as the occasion for a sharing of opinions from the whole of the family network; by a paediatrician as possible evidence of urinary tract trauma with slight possibility of sexual abuse; or by a psycho-therapist as the articulation of a desire or intention largely unrelated to outside contingencies but of immense significance at that point in the narrative of that particular session. The basis of the ethos of the Unit is that as large as possible a range of different perspectives on the child will be found by the staff in the course of the Unit's daily life and that the child will be helped to manage life more easily if he or she is able to internalise a broader repertoire of perspectives.

The transition from the early phase of anxious static observation to the child's incorporation within the internal system of the Unit's daily working is the inevitable

transition from definition to process. This is the edge that social scientists articulate between rules and practice so as to be able to account for cultural mutation, the point at which, for example, Bourdieu invokes the time slippages in the process of gift exchange which make possible the mis-recognitions that allow unequal relations willingly to be entered into (Bourdieu 1977) or the “‘fuzzy’, flexible. partial logic” (Bourdieu 1990:267) of the habitus, in which the fixed prescriptions of the habitus are constantly transformed by their operation on a world of contingency which is forever beyond their comprehensive grasp. The distinctions made by Bourdieu in his critique of exchange theory are drawn in the gap between the abstract anthropological model of reciprocity and the practical strategies of delay and suspense used by expert players in ceremonial exchange. The distinction between the *definition* exemplified by the Statement of Special Educational Needs and the *process* of the daily enactment of the Unit’s ethos is not of the same order as that between intellectual models and practice in Bourdieu’s argument, but drawing the analogy throws up questions about the relationship between actors who knowingly operate intellectual systems, and actors working on unreflective intuitions based on habitual rubrics capable of intellectual exposition, which are relevant to the Unit. For the ethos of the Unit is both explicit intellectual programme and a set of very localised cultural practices which allow it unreflective habitual enactment. The distinction between these two complementary elements is made by Alfred Gell when discussing the treatment given to temporality in Bourdieu’s theory of practice. Questioning the extent to which ceremonial gift exchange is solely carried out by agents who conceal from themselves and others the truth of their practice, Gell cites the example of the Dobuan Big-Man Kisian of Tewara who dictated a guide to cheating (*wabuwabu*) in the Kula to Reo Fortune. Kisian describes a hypothetical situation in which he secures shell necklaces from four men in four different places promising each of them an armshell in return, yet knowing that he will not be able to discharge his debt.

“I, Kisian, do not have to be very specific in my promise. It will be conveyed by implication and assumption for the most part. Later, when four men appear in my home at Tewara each expecting Monitor Lizard [the promised armshell], only one will get it. The other three are not defrauded permanently, however. They are furious, it is true, and their exchange is blocked for a year. Next year, when I, Kisian, go again to the Trobriands I shall represent that I have four necklaces at home waiting for those who will give me four armshells. I obtain more

armshells than I did previously, and pay my debts a year late . . .”  
(Fortune 1932:215 quoted in Gell 1992:280)

Gell points out that whilst Kisian appears to exemplify the game-playing agent of Bourdieu’s account, “this self-conscious manipulateness is ruled out by Bourdieu’s stipulation that practice is not founded on abstract knowledge, but on a series of unreflective intuitions which are evoked within the context of situation, and which trigger action behaviouristically, without conscious calculation even when calculation seems to be there . . . The reason why *wabuwabu* is not a ‘practical strategy’, but, in truth, an intellectual’s construction is that there is no reason to believe that only Kisian of Tewara, among all the operators in the Kula ring, has sufficient understanding to grasp the strategem, nor that Kisian believes this.” (Gell 1992:281)

In any social context there are implicit *and* explicit models, and ‘practical strategies’ *and* ‘intellectual’s constructions’, the business of the social sciences being to identify and to evaluate these elements in relation to each other. Anthropology’s unique history among the social sciences has allowed it to use the distance between ‘us’ and the exotic ‘other’ to force a distinction between theoretical knowledge, as represented by the Western intellectual tradition, and practical knowledge, represented by small-scale exotic cultures. As Ouroussoff pointed out, anthropology has largely failed to embrace the opportunity to study the relationship between theoretical and practical knowledge in the West using the ethnographic methods developed in the study of the other. The Unit is an example of a common phenomenon in the West, that is to say a very localised sub-culture working under a very specific intellectual rubric which is yet daily enacted by largely unreflective agents. The distinction made clear by Gell, between knowing and unreflective agents, is extremely pertinent to the Unit, in which members of staff may, in the unbearable press of a moment of crisis, be both cripplingly aware of what ought to happen yet also ‘flying by the seat of their pants’.

I have already drawn on the fact that the Unit shares a common intellectual tradition with the social sciences, and operates, in a highly practical and contextually embedded form, a system of analysis that shares basic structural features with the social sciences. I have suggested that parallels can be drawn between the phase during which the Unit becomes acquainted with a child and the necessary starting point of sociological analysis in which social phenomena must be differentiated and defined. The



necessity for a point of departure is in both cases a necessary evil; flawed and provisional. For this reason alone it is an inherently unstable stage. But in the case of the Unit this is further complicated by the fact that its constantly repeated 'beginnings' are enacted within a context that already intensely exemplifies the complex inter-relationship of the explicit *and* the unreflected, of model *and* process.

From the psychodynamic perspective, the early persistent and anxious focus on the newly arrived child is an invitation for something to *happen* with the child rather than for it to submit to definition. From this perspective it might be said, then, that definition is perversely insisted on in the early phase, until the child, and the Unit's view of the child, are provoked into breaking free into the daily life of the Unit.

### **Beyond the Acquaintance Phase.**

The following account of my own impressions of the Unit during my first week as a volunteer worker in 1992 will illustrate the difference between beginning at the Unit and working *within* its the ethos.

Having arranged to attend the Unit as a part-time volunteer as a preliminary to a later period of full-time anthropological fieldwork I started visiting the Unit in the spring of 1992. Though I had had a brief discussion about the work of the Unit at a preliminary interview with the Teacher-In-Charge, I had little idea of the methods the Unit used to work with such disturbed children. Indeed, as is common for childless adults in Britain, I had had very little contact with any children in the five to thirteen age-group dealt with by the Unit since I was the same age myself. For the first few weeks, then, I was mesmerised by the intensity and the unfamiliarity of the environment. The level of disturbance shown by the children seemed to threaten total chaos and disaster, yet the staff went about their work with a composure that, compared to my overwhelming sense of the precariousness of the situation, appeared not to be shaken. In my early field notes I returned continuously to my sense of being on the very edge of the Unit's 'system', awe-struck by the way that so much emotional energy and acting-out could be managed without recourse to censure or punishment. I described myself as being caught in a 'poetic' phase of apprehending the Unit, caught and held by the impression of successive images and moments so that I was aware of not participating

in the passage of time in the same way as those working comfortably within the ethos of the Unit, but experiencing it's passing with a notchy granularity from moment to moment. I noticed that the children were also sometimes caught and mesmerised by the staff's mastery of the idiom of the Unit:

"I find myself very much aware of boundaries lying between expression and interpretation, of the constant work going on to capture the expression of the children's intentions in acting-out and recast it in a manner intended to return them a 'useful' fragment of meaning. "Do you mean by that that you...?" or "I think you're thinking about..." are offered to the children, and I'm surprised by how often they are caught, their previously wandering gaze transformed to a look focused on the adult's face awaiting the new suggestion. The little (8 year old) Asian boy, Hanif, shows this in the most exaggerated form, making his face into a furrowed picture of earnest expectation, and once told, for example, that perhaps he feels frightened by the prospect of going outside, he registers the comment with a wise shrug, dropping his eyes to the floor, then returns his gaze to its wandering with a hint of the implication that, yes of course, what had been suggested was obvious. It is Hanif, especially, who looks 'caught' by this strategy, his lips composed into an earnest, expectant pout. These have seemed to me to be the most important moments of therapeutic intervention during the normal progress of the day, the demonstration to all concerned that at the Unit talking is preferred to acting-out."

Having observed, on several occasions, situations that filled me with dread, such as a child running hysterically around the classroom and up onto the book-shelves and cupboards, shouting and brandishing the blades of a pair of scissors, be resolved by nothing more than the class-teacher's persistent repetition of the question, "Why do you think you aren't able to manage at the moment?", I found myself unable to achieve a similar mastery. After four weeks as a volunteer, I was taken on temporarily by an Education Authority as a paid classroom assistant, officially a 'Primary Helper', to give one-to-one support to a new child, Calvin, who was thought to be particularly difficult. I spent a harrowing day, Calvin's first at the Unit, during which he demonstrated to me that, notwithstanding the fact that he was only six, and very emotionally disturbed, *he* had a surer instinctive grasp of the Unit environment. When, whilst I was trying to help Calvin do some work in a maths book, he turned to look at me and swept everything from the table, scattering counting blocks across the floor, then picked up one of the blocks and thrust it into his mouth as if to swallow it, I was transfixed with anxiety, aware only that at the very least I should deal with the situation by remaining calm and

presenting a confidently composed expression to Calvin. Though I managed to retain my outer composure, inwardly I rapidly thought my way through the possible responses, from a direct attempt to open Calvin's mouth with my fingers to snatch back the building block and dramatically save him from choking to death, to reasoning with him, or to shouting in such a way that he couldn't fail to understand how urgent I thought the situation was and to share that feeling himself. Whilst I looked on, unable to act, Calvin stared back at me making loud choking noises and shaking his head from side to side, and, just as I started to become convinced that my first day working with Calvin would be my last, he spat out the block onto my feet and collapsed onto the floor sobbing. Seeing that I didn't know how to respond to what he had done he had capitulated and shrunk back into a private desolation. Without meaning to I had called his bluff, which was probably the best thing to do.

The whole incident had taken about two or three minutes, during which time the rest of the classroom carried on oblivious. Just as I had seen Hanif caught up by Vivien's mastery of the situation, I had been mesmerised by Calvin, unable to enter into the Unit's repertoire of responses. I was to be in a similar predicament a couple of days later. On a Thursday afternoon Vivien and I were left as the only two adults in the building, with only Jack and Calvin to look after. The Teacher-In-Charge, Anne, was out visiting a new referral at a school, whilst the rest of the children were visiting the library with the two nursery nurses. Because Jack had kicked Vivien when she called him in at the end of the lunchtime break we decided that I should sit with Jack in Orange classroom whilst Vivien worked with Calvin in Blue classroom. As the two classrooms were both on the ground floor on either side of the main hallway Vivien felt that, with the classroom doors open, she would be able to hear what was going on and come and give me help if I needed it. Anne, Jack's class teacher, had left him some work to do on his desk, and at first he sat down at the desk to look at it with me. The work was the maths component of the government's new Standard Attainment Test, or SAT, for seven-year-olds, and it proved too austere a prospect to engage Jack on an afternoon when he had been left in the Unit because his behaviour on trips out of the Unit had been too violently disruptive to allow him to go to the library. Though only seven years old Jack was large for his age, athletic and strong. Since three older boys had left at the end of the summer term Jack was the child who was most physically

dominant amongst the children, and who posed the most serious physical threat to the adults. I had had a good rapport with him so far, playing football with him in the playground and being big enough to stand firm and gently shake him off when he occasionally tried to jump on me and wrestle. But everything was in place for this afternoon to go badly. For a start, Jack, who lived alone with his mother, had a difficult relationship with his mother's brother, with whom he did adult male things such as going to football matches and getting into scuffles, but whom the Unit suspected of being very physically bullying with Jack. If I was to some extent a surrogate for his uncle it would be likely that there would be a more serious emotional sub-text to Jack's desire to wrestle with me. Added to that, on an afternoon when he had already been in trouble for attacking a member of staff at lunchtime, and on which staying at the Unit was a sanction for not being able to behave well enough on trips out of the Unit, he was under the supervision of somebody whose lack of experience would provide him with little sense of security that he could be protected from his own distress and destructive urges.

Sure enough, after only a couple of minutes of looking at the maths test Jack turned towards me and began to punch me in the chest as hard as he could, which was certainly hard enough to hurt. I pulled away and tried to calm and reassure him, but he got up and followed me, kicking and punching. When I asked him if there was something else he would like to do he appeared to respond positively, turning to the shelves to look for a game or puzzle, but after a few moments of actual looking he began to pull boxes off the shelves and throw them onto the floor shouting, "I don't want to do that" interspersed with screaming obscenities at me. Worried that he was going to wreck the whole classroom, I approached him and tried to put my arm around him to calm him down, but as soon as I reached him his mood changed and he said to me with excitement, "I know what to do . . . I know what to do! I've got a game I play with Anne." I am sure it wasn't true that it was a game that he played with Anne, for what happened now was that Jack went next-door into the utility room where the art materials were kept (14) and found a stout cardboard box, about three feet square by four feet, and dragged it back into the classroom. He then climbed into the box and crouched down so that it almost completely contained him. Next he rolled it over on its side and started to roll around the classroom floor, crashing into the desks and tables

and knocking things off the shelves. At first I had been taken in, but by now not even my naive credulity about the scope of possibly therapeutic activities could convince me that what was going on was acceptable, and I tried to hold onto the box to restrain it, feebly suggesting that there must be a better game that could be played with it. But at this Jack started to scream and shout hysterically, kicking at the bottom of the box until his feet broke out and then rolling around so that he was able to kick at me. At this point I felt that the situation was so out of control that I would have to use my physical strength to get Jack out of the box. I had been growing increasingly panic stricken, hoping that Vivien would hear what was going on and come over to help me, but able to hear that Vivien was involved in a similar scenario with Calvin. I managed to pick up both Jack and the box and to take the box away and put it back in the utility room whilst fending Jack off with one hand. When I closed the utility room door and brought Jack back into the classroom he fell onto the floor in floods of hysterical tears, swearing at me over and over and saying that he hated me. I was pretty much at my wits end myself, desperately worried for Jack, and feeling full of guilt for having let the situation get so out of hand. This was my first taste of the extremes of life at the Unit and I wondered if, having failed the test, it would also be the end of my fieldwork.

Jack was lying still on the floor sobbing and I bent down over him to soothe and reassure him, but no sooner had I done so than he leapt up and made a dash for the utility room where he climbed back into the box and started to roll about on the floor knocking painting materials off the shelves, and working himself up into ever more hysterical sobbing. Feeling utterly thwarted and failed, and now angry and resentful at being stuck in that predicament, I pulled Jack from the box and tried to take him back into the classroom, but he ran away from me out into the hallway then up the main staircase and onto the gallery landing above (27, 28). A banister ran around two sides of the landing, the third side being an internal wall and the fourth being the external wall with a large arched stained glass window over the staircase. One length of banister ran along a thin fire wall ( between (27) and (28)) which sealed a corridor off from the rest of the landing and, to my horror, Jack climbed out onto this, balancing himself against the outer side of the fire wall and inching out ten feet along the banister so that he was balanced precariously, in stockinged feet on a polished wooden banister, about sixteen feet above me looking as if he was going to fall onto the hard tiled floor of the hallway.

I was utterly terrified. I had no idea what to do. Should I shout sternly or reason calmly? Should I wait patiently where I was or try to climb out along the banister to attempt a rescue? I was too ashamed that I had allowed this to happen to want Vivien to come out to help me, and, anyway, I could hear that she was busy having a difficult time with Calvin. Jack looked triumphant, but also terrified. I was worried that he was so upset that he may not be able to keep his balance, but I had no idea what I was meant to do in the circumstances, and as I had a dim sense that this was probably an eventuality which did come within the Unit's repertoire of strategies I felt that if only I could work out what I *ought* to do I would be able to resolve the situation.

However, I was suddenly shaken out of my thoughts because Jack slipped on the banister and only just managed to catch himself by pressing himself against the firewall. I ran up the stairs and onto the landing, leaning over from the open section of banister towards where Jack was standing on the other side. The slip had frightened him and I was able to reason with him that if he didn't want to hurt himself he should inch back along the banister to where I would be able to grab hold of him. Reluctantly and tearfully he did, and at the last minute, and much to my surprise, instead of inching all the way to the end of his side of the banister to where I could easily lift him back onto the landing, he launched himself off the banister across the open space of the corner towards me. I was just able to reach out and catch him and haul him back over the banister to safety.

He followed me back downstairs, quietly sobbing, and went to curl up on some cushions on the floor in the corner of the classroom where I read him a story until the rest of the class arrived back from the library. The next day I did tell Anne that I had had a very difficult afternoon with Jack, but I didn't feel able to tell anybody just how desperate it had been.

As I later came to realise, such seemingly desperate episodes were not unusual at the Unit, and though they were regarded as unacceptable, and a failure of the Unit's aim and obligation to protect the child to be avoided if at all possible, it was nonetheless accepted that they were inevitable when dealing with such disturbed children in conditions in which staffing levels meant that there would always be times when arrangements were not ideal. Indeed during the period of my fieldwork at the Unit,

during which there was a pervading sense of crisis caused by the combination of stresses and anxiety related to the profound institutional changes, such violent and desperate incidents were an integral part of the Unit's sense of identity.

Had I been more familiar with the Unit's treatment ethos, and more confident in its application, I believe the incident with Jack would not have escalated. On many occasions later in my time at the Unit I found myself in similar circumstances, and though I was not always able to stop the situation escalating, my greater confidence would significantly limit the degree of distress and desperation experienced by the child.

What I lacked on the first occasion with Jack was firstly an ability to present the child with a sense of psychological containment, and secondly an ability to give the child a sense of containment within the spatial idiom of the Unit. Observation of Jack's class teacher, Anne, would make me realise that the children were often significantly reassured merely by the confidence they felt in the nature of the attention being paid to them. By being aware of the mood of the child, and sensitive to the accumulation of contributions to the child's mood through the passage of the day, the experienced member of the Unit's staff would know how near or far to be from the child; whether to present a frontal or oblique aspect; when to catch the child's eye - in short, how to judge the balance of the weight of her presence in relation to the child. This heightened sensitivity to the normal spatial language of social interaction, combined with a sense of confidence conveyed to the child, provides the sense of psychological containment that I was unable to give Jack.

With the child as centre of gravity of the adult's attention, the second element of containment is within the spatial idiom of the Unit. The layout of the rooms and spaces within the Unit provides a vocabulary for the development and escalation of incidents such as the one I experienced with Jack, distance from the point at which the incident began, the qualitative difference of the various spaces into which the incident might develop, and the way in which the adult follows the child all contributing to the import of each incident. An experienced member of the Unit's staff has a sophisticated sense of the nature of each transition from room to room, or between the spaces defined within each room, giving to the child a sense of the level of acceptability of each move, of the change of mood it occasions, and the extent to which child and adult are

contained by the presence of other members of staff within the building. Without an understanding of this spatial idiom I was unable properly to respond to the moves that Jack made, my alarm, for myself as well as for him, driving him constantly to escalate the provocativeness of his behaviour until finally and, as in the case of Calvin threatening to swallow the counting block, unintentionally, I had called his bluff and he had nowhere left to go but to return to me and, emotionally, to collapse into himself.

I have set out the examples of the incidents with Calvin and Jack so as to provide a counterpart to the examples of the particular form of attention paid by the Unit to new children. Just as the Unit, for reasons I have described above, finds itself anxiously focused on surface details of the new child's body, behaviour and affect, so, as a newcomer to the Unit I was caught and mesmerised by the static impression of moods and affect, unable to manage my own response, and the response of the children concerned, through recourse to the Unit's treatment ethos. The change from the first phase of attention to the next is the one from two dimensions to three, and it is to the operation of the Unit's treatment ethos within the spatial repertoire provided by its building and grounds that I turn next.



## Part Two.

### Chapter Seven . Space and Time.

Having described the ways in which the Unit makes beginnings with those that enter it I will now move on to describing the central phase of the Unit's career with a child. This is the period during which, like the ethnographer past the anxiety of making contact and differentiating the elements of the object of study, significant observations are drawn from within the fabric of relationships and process, as yet untroubled by the need to synthesise and draw conclusions. This is the phase on which those working within the Unit base their sense of the Unit's identity, for it is the phase in which the separate, independent and omnipotent nature of the Unit is most dominant: the experience of being absolutely *inside* the Unit.

I will begin by describing the differing attitudes to time and space of the two staff groups, the Core Team and the Psychiatric Team; attitudes which contrast the Core Team's sense of enduring full-time with the children with the Psychiatric Team's sense of entering a difficult environment in order to make instrumental interventions. I will then consider the factor which is common to both of the two complementary views of the Unit and which allows them to work within a shared vocabulary, the 'difficulty' which defines the children. Finally, I will set out examples of incidents and episodes which illustrate the way in which the two staff teams work within the spatial idiom of the Unit through the central preoccupation with difficulty.

#### **Being there all the time: the Core Team, the Timetable and the differentiation of space and time in the Unit.**

The division of the staff of the Unit into two separate teams was both the most controversial aspect and the aspect that seemed most inescapable during the period of my fieldwork. The names themselves caused frequent grumbling. The Core Team felt

that 'core' as opposed to 'psychiatric' implied 'basic' as opposed to 'specialist', whilst the Psychiatric Team felt that core implied indispensable whilst psychiatric implied external, optional extra. On several occasions I heard discussions of the origins of the two labels, there being no consensus as to who had initiated them, and for how long they had been used. There was an undercurrent of two alternative labels, those of Educational Team and Clinical Team, which were occasionally used, pointedly, in meetings, but which were never used as the universal shorthand for 'the other lot'. Indeed, there were significant descriptive shortcomings to both labels. The Psychiatric Team consisted of only two psychiatrists, the remainder being a Social Worker, an educational psychologist and a child psychotherapist. And the term Core Team might equally have been applied to the teachers, the Manager of the Unit and the Case Consultants from within the Psychiatric Team, all of whom shared the responsibility for liaising with outside agencies about the children. Nevertheless, Psychiatric Team and Core Team remained the labels by which the two groups were known and in which rivalry and resentment continued to echo.

One basic fact divided and distinguished the two teams. The Core Team were with the children all the time and the Psychiatric Team were not. For the Core Team attendance at the Unit meant arriving before the children and leaving after they had left, united in containing the children throughout the day. For the Psychiatric Team attendance at the Unit meant leaving the main Clinic building down the road and arriving at the Unit in order to attend regular meetings, therapy sessions, or one-off meetings that occurred during the Unit's day. Whereas members of the Psychiatric Team tended to come and go individually, the Core Team, arriving and leaving all at the same time, gathered together for cups of tea or coffee before the children arrived and after they had left, their solidarity at the beginning and end of the day resolving its uncertainties.

The conflict between the continuous solidarity of the Core Team and the instrumental intervention of the Psychiatric Team was frequently evident in disagreements that occurred during the Community Meeting, or during subsequent discussions about the meeting. The Community Meeting, in which all of the staff and all of the children met together in the dining room seated around the walls in a circle for exactly half an hour for the acting out of the community's 'psychodynamics', was often

extremely disturbed and chaotic, giving rise to very worrying behaviour from the children. It was to be expected that the Psychiatric Team, for most of whom this half hour session represented their only direct contact with children other than those with whom they were involved in therapy sessions, would be more alarmed than the Core Team by the extremes of behaviour often seen in the Community Meeting. The Core Team could more easily see such behaviour as the expressive climax of a period of anxiety or unhappiness that a particular child was undergoing, and have confidence in the fact that the child would return to a more manageable state, whereas the Psychiatric Team were inclined to see such behaviour as a sign that things were far more out of hand than they, in their absence from the Unit, had assumed. The result would be that the Psychiatric Team would insist that a particular child, or sometimes the Unit as a whole, had reached a state of crisis which required an urgent response and wholesale re-evaluation. By contrast, the Core Team would respond that no such crises existed and that the behaviour that had so alarmed the Psychiatric Team was either the result of particular circumstances, such as the temporary absence from home of one of the child's parents or a build up of anxiety before the half-term holiday, or part of a period of emotional acting out that had been observed over a longer period and which the Core Team were confident would be resolved positively by the understanding and strategies that observation had given rise to.

The different responses to worrying behaviour in the Community Meeting illustrate the contrast between Core Team and Psychiatric Team attitudes towards to time at the Unit; continuous solidarity, observation and long-term strategy being contrasted with the isolation of significant symptoms of behaviour and the need for urgent instrumental intervention. In practical terms this is an effective and complementary opposition, the deficiencies of each outlook being offset by the other, but in the conflict between the two staff teams it was rarely seen as such.

### **The Timetable.**

The Core Team's sense of continuity in the Unit was founded in the timetable and the passage, from term to term, of the school year. I will set out this timetable below,

starting with the daily timetable, then moving on to the term, the year and finally the two to three year career of a child.

The daily timetable was as follows:

**8.00 a.m.** Earliest members of the Core Team arrive. This is usually the Teacher-In-Charge or the other class teacher, using the hour before the start of the school day to prepare lessons or project work for the children or to complete paperwork needed for the National Curriculum or reports to referring Education Authorities. Another arrangement involved the head psychotherapist meeting with one of the classroom pairs, of teacher and nursery nurse, on Tuesday morning during the hour before the school day for 'Supervision': the opportunity to discuss the previous week's work and its psychological effects.

**9.00 to 9.15 a.m.** The remainder of the Core Team arrive.

**9.15 to 9.30 a.m.** The Core Team meet in their Staffroom on the first floor of the building (34) to share cups of coffee or tea and to establish contact with one another before the urgency of the day with the children claims all their attention. At 9.15 a.m. the children start to arrive with their escorts and go through to the waiting room on the ground floor. At about 9.25 a.m. the member of staff whose duty it is to conduct the 'News' meeting on that day (for which there is a rota) goes down from the Staffroom, collects the children from the waiting room (19) and takes them into the hall-space (10) where they assemble for News. The escorts leave the Unit.

**9.30 a.m.** The remaining teachers go down from the Staffroom to News.

**9.30 to 10.00 a.m.** 'News'. Depending on the mood of the children, the meeting ends some time between 9.45 and 10.00 a.m.. On most days there are one or two late arriving children, who have been held up by traffic on what, for many of them, are long journeys across London.

**10.00 to 11.00 a.m.** First classroom session of the day.

**11.00 to 11.15 a.m.** Breaktime in the playground (63); one or two staff sitting on the terrace (62) watching the children whilst others make tea or coffee in the Staffroom.

**11.15 to 12.00 p.m.** Classroom.

**12.00 to 12.30 p.m.** Lunch in the dining room (23), supervised by two staff members. Remaining staff eat their lunch in the Staffroom.

**12.30 to 1.00 p.m.** Lunchtime play in the playground, supervised by at least two staff. Remaining staff eat their lunch in the Staffroom.

**1.00 to 2.45 p.m.** Classroom.

**2.45 p.m.** Drinks of squash and biscuits in the classroom for the children.

**3.00 p.m.** Escorts arrive to take children home. Staff may have to wait for up to an hour with the children for late arriving escorts.

In addition to this basic timetable there are daily variations, most of which remained constant during the period of my fieldwork:-

**Monday** At 10.15 a.m. a bus arrived to take children to a local swimming baths. Most of the children would go, accompanied by three, occasionally two, members of staff, for a swimming class with a specialist swimming teacher. They would return at 12.00 p.m.. Children who were unable to behave well enough outside the Unit would remain in the building with one or two staff. On alternate Monday afternoons a group of children went with the two nursery nurses to a local library.

**Tuesday** For the final year of my fieldwork the Community Meeting took place on Tuesday morning between 10.30 and 11.00 a.m.. Weekly 'Supervision' for the Core Team with the Manager of the Unit took place from 3.00 to 4.00 p.m..

**Wednesday** On Wednesday afternoons between 2.15 and 2.45 p.m. all of the children participated in the Tuck Shop, at which sweets and biscuits donated by parents, escorts and members of staff were sold to the children at nominal prices, the proceeds going into a fund which was used to buy special items such as a bird bath for the playground. A different child each week would prepare the hall-space for the Tuck Shop, and lay out all the biscuits and sweets with labels and price tags. 3.00 to 4.00p.m., Core Team staff meeting.

**Thursday** On Thursday mornings, except in the winter, a group of children would be taken to a riding school in the countryside to the north of London for riding lessons. They would be collected at 10.00 a.m. and return at 12.00 p.m..

**Friday** During the first eighteen months of my fieldwork the Community Meeting took place on Friday mornings between 10.15 and 11.45 a.m.. It was decided to move it to Tuesdays because it was felt that the stresses of the meeting combined with those of the end of the week, with children anxious about being away from the Unit for a couple of days, made too volatile a mixture. On Fridays the children left the Unit after their lunch, at 12.30 p.m., so as to allow for the Friday Meeting of the whole staff, which took place between 1.30 and 4.00 p.m..

In addition to these daily variations there were some other activities which had a regular place in the timetable, but which were not permanent fixtures. Visits to a local community arts centre for pottery classes, and music sessions taken by a visiting music teacher, became part of the timetable for a term at a time. And each classgroup had its own times during each week for watching educational television programmes in the Television Room (43), for individual children to have one-to-one cooking lessons in the teaching kitchen (44), for art lessons in the Art room (31), and for periods of play and dressing up in the 'Activities Room' (32). Sessions in the classroom for each classgroup also had some element of regular timetabling for teaching subjects, for sessions using the computer and for special educational projects, though in practice these were applied with a great deal of flexibility depending upon the number of staff available and the mood of the children.

With the addition of times when individual children had one-to-one sessions with the part-time remedial teacher, and with therapists, there was hardly a moment during the timetable in which there was not a specific activity which constituted a weekly event for the children taking place, or when the division of the children into sub-groups which changed each term for particular activities meant that the disposition of children with members of staff was constantly changing.

The perspective of the Term provides a further level of variation. For the Core Team each term presents difficult periods at the beginning and at the end. The children are understood to be difficult at the beginning of the term because of the re-adjustment to being at the Unit full time rather than at home, whilst it is also thought that at the beginning of term the children punish the staff of the Unit for having betrayed their trust by abandoning them during the holiday period. The end of term is traumatic for similar

reasons, with anxiety building up towards the end as the children have to confront the fact that the Unit will withdraw temporarily from their lives. The half-term holiday, which usually lasts for a week, provides a playing out of the drama of beginning and ending, of betrayal and reconciliation, *within* the overall shape of the term.

Larger, but similar, cycles are played out during the school year. The start of the autumn term after the long summer holiday is a particularly difficult transition, especially because, with the end of the summer term being the time at which most children finally leave the Unit, many of the children will have spent the long summer holiday wondering whether they are going to return to the Unit at all. Within the year Christmas, as for the society at large, is a very important festival for the Unit, representing the dark middle of the year, the period of the greatest sense of being inside the life of the Unit. At the end of the year the festivities of the summer, the end of term barbecue, the special outings, and the sports day held at a local park, all shift the life of the Unit back towards the outside world before the long holiday, providing an extended period of what are intended to be pleasurable experiences to ease the transition.

On a larger scale still are the trajectories of the careers of the individual children which, as I have discussed already, pass from the anxiety of the period of acquaintance, through the middle period of absolute belonging to the Unit, to the anxieties attending the inevitable ending and the judgements involved in the process by which the child is passed on to the next institution.

I am not going to discuss the implications of the qualitative differences in the use of time in the timetable. What I want to pursue here is the fact of constant differentiation within the timetable. For the Core Team, whose work in the Unit is the enactment of the timetable, the experience of the Unit is of differentiation amongst continuity. With the complex overlapping of the beginning and ending of children's careers in the Unit with the beginning and ending of years, terms, half-terms, and the periods of mood within each term, week and day, the job of the Core Team staff is thus to hold the children together as they pass through the changes.

This can best be illustrated by the example of the most basic level of transition; that between the divisions of the daily timetable. The period from 9.30 to 10.00 a.m. each morning, the 'News' time in which the children, assembled by one of the staff from the

waiting room (19), each take it in turn to tell any 'news' they have (this may vary from a genuine piece of news about the family to an apparently meaningless and bizarre comment, or silence) presents a difficult transition into the first classroom period of the day after 10.00 a.m..

'News' is a unique, formalised element of the timetable which is repeated in the same form every day. It takes place in the most anonymous and non-instrumental space in the Unit (10), a rectangle measuring about sixteen feet by ten feet, separated from the central portion of the hallway (6) by a partition wall made of plasterboard and glass and hung with dark purple curtains from ceiling to floor. In this space about eighteen stackable plastic chairs are arranged around the walls so that all the children and the Core Team can sit in a closed oval shape. The procedure is simple. The member of staff whose responsibility it is to conduct News on that day, having waited for the other members of staff to arrive and find a seat, and for any late arriving children, and having settled the children as much as possible, will begin by asking one of the children to go to the administrative secretary's office and ask for the register and a pencil. Once the register has been fetched the member of staff will say hello to everybody and ask one of the children to begin; "Do you have any news you want to tell us?" Each child then takes it in turn, going around the room, with each member of staff also being asked when they are reached. When everybody has had an opportunity to speak the meeting ends with any announcements the staff may have about particular events during that day, or explanations being given for the absence of children or staff members when possible. Finally the register is taken.

News is often the most difficult period of the day, the time in which the most disturbed children are able to take the opportunity to act out in front of everybody in a safe, containing arena. Because of the obvious object of containment within the closed oval of people, remaining within the oval or breaking out of it becomes the most simple means of expression for the children, and the most disturbed of them spend most of News testing the staff's resolve, and ability, to contain them. Notwithstanding that fact, for most of the children News is a secure and straightforward part of the day, the identical repetition of which allows them to develop a personal style and repertoire which they can be confident will be accepted as a sufficient response by the staff. So, for example, one of the more articulate older children, Max, would use News to give



detailed accounts of his obsession with watching World Federation Wrestling on the television, and collecting model figures of the wrestlers, talking on and on until stopped by the member of staff in charge; whereas some of the quieter children would have weathered an early period during which they were asked probing questions in the search for some response, to arrive at an accommodation in which a grunt or a mumble, a smile or a coy upward glance would be sufficient for the child and the staff to feel that contact had been established for the day. For most of the children the certainty that they would eventually have their turn, reinforced by daily repetition, meant that they were able to wait in silence, listening to whoever was talking. The proximity and the intensity of attention also meant that if one or two of the children were acting out such was the sense of violence and disturbance that most of the other children were stunned into passivity.

The distinguishing factors of News, therefore, were the enclosure, the safety of repetition, and the certainty of each child having a chance for expression. As each child took it in turn to speak there would be four, or as many as seven, adults looking directly at him or her and catching the mood and implications of what was said. At the end of News the children had to be moved on into a very different context. Normal practice was for the staff to get up and go to the classrooms (7, 13) whilst the member of staff taking News told each of the children, one by one, that they could leave News. This was the first time in the day when the children were divided up into their two class groups, and therefore the first opportunity for the expression of issues relating to that division. Occasionally children would run into the wrong classroom and refuse to leave it, or scuffles would take place in the hallway between children who had formed a close antagonistic contact that was to be broken by the need to go into classgroups. The journey from the News room to the two classrooms was short, only about four or five yards to opposite sides of the hallway, but it represented a move into an entirely different context.

From the open, door-less space of the hallway, in which the human oval provided the enclosure, the children passed into the classrooms, in which they were enclosed, not by the staff but by the walls and the doorways. From the communal atmosphere of News they had to make the transition to the individual context of classroom learning. This transition was managed in similar ways in both classroom groups. From News the

children would run into the classroom and sit themselves down on cushions placed on the floor in the corner of the classroom. The members of staff, the class teacher, the nursery nurse and, often, a volunteer worker, would sit on chairs looking down towards the children on the floor, ranged across the corner of the room so that they contained the children and stood between them and the door. This was often an occasion for disturbed behaviour as feelings that the children had not been able to express in News, because of the way in which its repeated repertoire tended to restrict each child to set styles, and because the presence of all the children and the Core Team made it a more 'public' forum than the specific class groups, began to surface. In response to this the staff in each classgroup would often ask the children once again whether they had anything they wanted to say, the altered context providing a new opportunity. In addition, if one of the children had mentioned something in News which raised particular concerns, or which related to ongoing business with the family or outside agencies about which the class teacher needed to keep up to date, then this was the opportunity for the further details to be sought, or for the child to be asked how they feel about a particular item of news. Whilst the class teacher or nursery nurse was doing this they would often be glancing through the children's Home/School Books for any written comments from the parents in response to the previous day's comments from the Unit, or relating to news from home.

This process takes what had been presented at News, and transfers it from the 'whole-group' public context in which the children and the staff are making a presentation of the mood, the psychological state, in which they begin the day's contact with each other, to the context of the specific pedagogic responsibilities of the classroom, directly between the child and the classroom team of the teacher and the nursery nurse, and also as mediated between the classroom team and the parents or guardians through the Home/School Book.

At this point, in each classroom, the children will be asked to go to their desks and take out their News Book, in the case of the older children in Orange group, or, in Blue group, to get their News Book from their drawer and to find a place at one of the tables. Occasionally one of the staff will read a story to the children whilst they are still sitting down on the cushions, either because they are restless and need further settling before they move to their desks, or because they are behaving so well that they deserve

a treat. Once sitting down, each with their News Book open, the children have made the transition from News into the classroom context. The object of the News Book is to get the children to use anything which comes to mind as material for drawing a picture and accompanying it with some writing. Many of the children are unable to write and strongly resistant to being taught, so the minimum goal for them in the News Book is to draw a picture and to then copy out the day and date written for them by one of the staff at the top of the opposite page. Whilst the children are doing this the adults sit with them, giving one-to-one attention to those children who have most difficulty.

By about 10.15 a.m. the transition from News to the classroom has been made, the concept of 'news' being used to move the children from the welcoming social context of the News assembly, with its object of enlisting the individual moods of children and staff into a communal mood, to the individual pedagogic focus of work in the News Book. This process will often be fraught with difficulty and disruption, and sometimes violence, but nonetheless it is this resolute moving from context to context during the day which characterises the work of the Core Team. Each change of context involves changes of register, changes of the level of intimacy, of the nature and intensity of the attention paid to children, of the placement of children and staff in the space of the various rooms, and in the behaviour allowable. Each change is therefore a test of the ability of the children to re-cast themselves in different contexts, of the staff's ability to communicate the intended contexts to the children, and their ability to help them to act appropriately.

Every move from increment to increment of the timetable is therefore analogous to the re-contextualising role of the Unit itself in relation to the past lives of the children with their families and the previous institutions that have dealt with them. Just as the Unit offers the children the opportunity for patterns of behaviour and relationship which have proved to be intractably difficult to be worked out in new contexts with alternative explanations, so the daily life of the Unit operates a constant shifting of contexts, a constant changing of the registers in which the child can be known and described. From the perspective of the Core Team the job of getting one of the children, on a particularly difficult day, for example, from the formal exchange of nourishment at lunchtime in the dining hall, with all of its difficult associations with family solidarity,

out into the playground to the danger of exposure in the open air to the exuberant energies of the other children, might be an exemplary transition of the utmost significance, in which success or failure may have serious consequences for the child.

### **Differentiation of Space.**

As I have described it above, the role of the Core Team in operating the Unit's timetable, being responsible for both continuity and incremental disruption, means that for them the dominant experience of time is of linear continuity marked out by intervals. I have been at pains to stress the significance of the mere fact of making progress along this linear path, and of negotiating the divisions that mark it out. In this section I will consider the Core Team's spatial differentiation of their working environment, again concentrating on the fact of differentiation rather than on the qualitative differences.

As can be seen from the plan of the internal layout of the Unit's building, there are many rooms and corridors and consequently many doors and thresholds to be negotiated when moving about the building. In this section I will set out the ways in which the disposition of the working space of the Unit is of significance for the members of the Core Team, starting with the level of spatial relationship between staff and children within the classroom and working upwards in scale.

### **Inside the Classroom.**

In my earlier discussion of episodes that I experienced at an early stage in my fieldwork with Calvin and Jack, I described the way in which the physical space between staff and children in the classroom becomes part of the vocabulary through which the adults articulate their sense of being able to control and contain the children. At its most extreme the closest possible proximity, which in the normal conduct of work in the classroom involves the child seated at desk or table with the adult leaning over from a standing or crouching position or from a neighbouring chair, is one in which contingencies are abolished as much as possible, leaving only the exercise of the adult's will to contain, influence and understand the child. The predicament of absolute crisis, which I described in the earlier discussion of the Park House guidelines on physical handling of children, in which the adult has no choice but physically to restrain

a disturbed child, confounds the model of the spatial differentiation of the psychological life and intentions of the adult and child, overwhelmed as they are by mutual implication.

From this core model of the disposition of the relative spatial presences of adult and child the Core Team member's spatial map expands outwards. When the adult is in close contact with one child there is a need to maintain a sense of what is going on in the rest of the room, to know where the other children are and what their mood is, and to know where other members of staff are and the extent to which they are sharing the balance of responsibility to contain the whole group of children. At its most extreme this would involve the need to leave work with one particular child to rush to the assistance of another child or member of staff who was about to be attacked by one of the children, whilst even at its most relaxed this awareness keeps track of individual and group moods, that may flare up into disruptive acting out at any time.

The adult in direct and intense contact with a single child is thus also strongly aware of the spatial disposition of other children and adults in the room, and aware that whilst the direct contact with the individual child carries with it a virtually exclusive responsibility for the child at that moment, the other children in the room are contained by a shared responsibility which is constantly balanced and negotiated between the adults present. Whereas the space between the adult and child in direct contact is defined by the nature of the adult's ability to will understanding and containment of the child, the space shared by children and jointly responsible adults in the room is defined by the ways in which the adults negotiate responsibility. Some examples will illustrate this point. If one of the members of staff were to notice that a child was walking up behind a colleague holding a jug of water with the obvious intention of emptying it down the adult's back they would intervene immediately to close the space and stop the child. If, on the other hand, one of the staff were to notice that a colleague was working with a child, or a group of children, and that the situation was becoming agitated, as long as the adult appeared to be carrying on with an intention to contain the situation the member of staff looking on would refrain from intervening. These two examples give the two opposite, unproblematic, poles of alerted concern within the classroom, but there are more complicated situations. The decision whether or not to intervene, or indeed whether or not to pay attention, when something is going on

elsewhere in the room, is coloured by the staff's attitude towards their relative responsibility for the progress of events within the classroom and also by their relative ability to make effective interventions. Such is the pressure on the staff to recognise and safely to contain the children's disturbance that it is inevitable that there is a highly developed sense of their relative abilities, and a degree of competition to master the difficulties and to offer the best assessment of them. As a result there is often a sense that when another member of staff is in difficulties with a child or group of children they should be left alone to prove that they can manage the situation. It is fair to say that it is a real test of courage to have to make the decision to intervene when a child, who may well become violent or destructive, is beginning to cause another member of staff difficulties. Staff who are already exhausted and overwrought may well, in those circumstances, persuade themselves that it would be better to leave the other person to deal with the problem themselves.<sup>13</sup> There are, in any case, many situations in which it is almost impossible to decide whether or not to intervene, given that intervention may further provoke and destabilise the child, not least by undermining the authority of the adult already engaged. As a result, the space in which the member of staff in the classroom is aware of the other children and adults may, at one extreme, be easily negotiated in unproblematic situations, whilst at the other extreme it appears to present unassailable barriers of separate responsibility and effectiveness. It is hard to overstate the profundity of the emotional affect felt when sharing the same room with someone who is experiencing the full brunt of a child's distress, involving violent verbal and physical assault, when it is felt and believed that intervention would be either pointless or impossible. In those circumstances the small, familiar space of the classroom, filled with familiar objects and a few very well known adults and children, becomes a place of absolute separation.

Within the classroom, then, space is defined, for the Core Team member, in terms of a combination of the effectiveness of the will to see, understand and contain individual children, and the way in which responsibility for the children is felt and shared. Further away from the basic model of one adult working closely with one child,

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<sup>13</sup> Just as I didn't shout for assistance from Vivien when I was having difficulties with Jack, it was very rare for staff to call out for help to each other. The sense of shared responsibility was so strong that the fact that someone would intervene, if necessary and if possible, was taken for granted.

the geography of presence within the Unit becomes increasingly one measured and defined by shared responsibility rather than by individual effectiveness.

### **Beyond the Classroom.**

For members of staff with children in a particular room of the Unit the rest of the Unit building remains a significant presence. On a routine level, as I have described in the example of negotiating the transition from one element of the timetable to another, other parts of the building represent different contexts which involve differing social registers, with differing dispositions of the relative presence of adults and children. When passing into a different room or space within the Unit the new context has at first to be established, as in the example of the transition between News and the first classroom period, and then maintained in the face of the expectation of the change of context which is to follow. Thus the classroom in the ten or fifteen minutes before Breaktime becomes a place of formal physical containment of the children contrasted with the openness and freedom to come in the playground. In the sense of urgency and crisis that so often exists in the Unit the space beyond the classroom has two further significances. Firstly it provides an extensive repertoire for the subversion of the conditions that apply within the classroom, or whichever space is supposed to be in use at that point in the timetable. Realising this, children will often make a bid to escape into the rest of the Unit so that the staff will follow them into different possibilities for contact than were available in the prescribed context so that, for example, the playground provides a more amenable vehicle for the child's need for exuberant acting out, or a dark empty space such as one of the corridors (37, 38, 42, 45, 47, 22) will foreground the intense emotional contact the child is needing to make, or one of the specialised activity areas such as the television room or the Home Corner of the activities room will allow the child to emphasise a need for very individual indulgence and attention by being in a place that is known to be a favourite place. And secondly, the space beyond the classroom provides the staff within the classroom with an additional sense of shared containment. It is often of the utmost importance to know that if things begin to get out of hand another member of staff elsewhere in the building may be able to come to the rescue. And just as there is a complex negotiation of responsibility within the classroom context, the awareness of others within the building

allows for the articulation of further levels of the constant on-going issue of responsibility, blame and effectiveness in containing and managing the children. It may not be necessary to call on another member of staff elsewhere in the building for assistance, but it may still be greatly reassuring to know that a difficult situation in the classroom, in which children are distressed and possibly in danger, though it may be believed that it has to be endured by children and adults alike without recourse to outside assistance, is either implicitly or explicitly known about by someone elsewhere in the building so that the responsibility is to some extent shared. For the adult embattled by a difficult situation in the classroom that outside access of shared responsibility may be all that is needed to prevent the situation from becoming locked into stalemate, maintaining the confidence and flexibility needed to continue to negotiate the it. Conversely, the burden of responsibility to work effectively to contain the children may mean that the presence of other members of staff in the building is felt like an externalised conscience, making the staff member within the classroom cripplingly aware of the noise and disturbance of which others must also be aware. Either way, awareness of other members of staff beyond the classroom is extremely important to the measure of how things are going within the classroom itself, especially in the event of a child running out from the classroom. In the case of that happening the Core Team staff may rely on the fact that the child shares their awareness of other containing presences within the building, with the child either stopping short of engaging with another member of staff and returning, or going to a part of the building where another adult's presence makes them feel safe. It may be the case that the responsible member of staff feels shame that a child has become disturbed and run off, feeling the possibility that the child may disturb another member of staff all the more keenly, but, whatever the particular context, there is always a strong sense of the extent to which a child who has run out of the classroom is contained by other adult presences within the building.

For the Core Team staff, then, space within the working world of the Unit is mapped out by their individual and shared competence and responsibility, the basic model of the relative presence of the adult in close, direct contact with the child extending outwards to the balance of containing presences within the building as a whole. Just as I described the Core Team's experience of time, dominated by their role



as the operators of the timetable, as the experience of the resolute pursuit of a linear path marked by context-shifting increments, so also their experience of space is dominated by a sense of continuous containing presence within which ever newly negotiated boundaries of responsibility, and changes of context marked by the move from room to room and space to space, place thresholds the negotiating of which allows the articulation of differing perspectives on the children.

In the Unit it is the Core Team who are the custodians of context. Having been with the children all the time they, unlike the Psychiatric Team, are able to hold together the thread of contingency in the child's life in the Unit. They are the ones who will be able to tie together comments made in the Home/School Book about upheavals in the child's family life with episodes of difficult behaviour; the ones who will know the sequence of events that led up to a violent incident; who will know with whom, when and where things happened. Their obligation is not to let go, not to relax attention so that gaps appear in the account, to be before the children and after them, to close them in the absolute interior world of the Unit.

The work of the Psychiatric Team involves a quite different relationship to space and time in the Unit, and it is to this that I now turn.

### **Coming up the road: the Psychiatric Team, appointments and therapeutic space.**

However much it might have been argued that the Psychiatric Team also carried a permanent and continuous responsibility for the children at the Unit, the relationship between the two teams was always conducted around the basic distinction that whilst the Core Team were always with the children, the Psychiatric Team were not. This basic distinction was amenable to a negative or positive gloss favouring either team.

If the Core Team were the custodians of contingency, the Psychiatric Team, for their part, offered the benefits of being freed from contingency. They saw the children in highly formalised contexts which were sufficient in themselves, without any continuous supporting context. Whereas the morning News meeting was qualified by the children's being handed over from the escorts to a member of the Core Team staff

before hand, and by the classroom session which was to follow it, the sessions spent by the Psychiatric Team with children at the Unit, or with children and members of their families in the main Clinic building, were inserted into the context of the Psychiatric Team's work outside the Unit. In stark contrast with the Core Team's internal life in the Unit, which was based on a shared knowledge and experience, with shared responsibility, of all that went on, the work of the Psychiatric Team was often unseen by the rest of the Unit. Members of the Psychiatric Team arrived at the Unit during the day for appointments and, having been let in through the front door by the administrative secretary, they passed un-noticed by the children and the Core Team staff to the rooms on the first floor where they held meetings with each other or with children and members of their families, or where they had therapy sessions with the children. The practical basis for the Psychiatric Team's experience of time in the life of the Unit was the model of appointments in a daily diary, characterised by specific times for beginning and ending, with the absolute separation of one appointment and the next marked by the logistical requirement to travel between appointments in different buildings, or in different parts of the same building, and to keep on time. The theoretical model underlying this practical fact, and reinforcing it, was that of the 'therapeutic hour' of fifty minute consultations, the beginning and end of which are observed rigidly and absolutely so as to mark the absolute distinction between quotidian and therapeutic time.

The Psychiatric Team did not, therefore, share the Core Team's sense of continuity with the child. Seeing children on separate occasions they saw them differently each time, noticing changes more readily than the Core Team (or, as the Core Team often insisted, seeing changes where none had really taken place). Whereas it was the role of the Core Team to manage continuity it was the role of the Psychiatric Team to enable change. Within the firmly policed boundaries of the therapy session new meanings are created for child and for therapist.

If the Core Team's continuity forms a part of the linear progress of the child's social career in life, and this is seen as a horizontal continuity, the therapy session, by-passing the threads of contingency, aims a vertical probe into the psychological history of the child. Whereas the Core Team staff member in the classroom is placed within the spatial disposition of other containing presences and the certainties of the unfolding

timetable, the Psychiatric Team member in a therapy session is alone with the child in a bounded world in which space and time are collapsed into the therapist's focus on the psychodynamic significance immanent in the child's behaviour.

### **Working with two contrasting models.**

The contrasting models of time and space that I have described above in relation to the roles of the Core Team and the Psychiatric Team, which each imply different models of personhood in their attitude to the children, are not entirely exclusive to each team. The antagonistic pairing of the two teams, together with the requirements of their respective roles, commit them towards one model rather than the other, but both, as mutually re-enforcing opposites, are always co-existent. It is a common sense of 'difficulty', a sense both practical and intellectual, that holds these two contrasting models together.

## **Chapter Eight . The balance of opposing concepts of the person at the Day Unit.**

In the work of the Day Unit there is link between the staff's ability to balance and reconcile the contradictory models of the two staff teams in the whole work of the Unit and the child's ability to know himself or herself more correctly in order to be able to live more successfully. Being couched between contrasting models of the person, the atom-self of boundary-drawing behaviourism and the inter subjectivity of the psychodynamic, therapeutic tradition, the practical, working psychology of the Unit is a constant process of testing and reproducing the prevailing conditions of and for the nature of personhood, of the balance of boundaries and continuities in personal and social life. Strong, though only partly rationalised, links are made between the effort to understand and the effort to live successfully, so that a part of overcoming the gross difficulties of the lives of very unhappy children is the overcoming of metaphysical difficulties by the professionals charged with responsibility for the children's welfare. Being concerned with providing practical and theoretical solutions to the problem of how to know and assign responsibility for children, the prototypes of personhood, it is to be expected that the Unit should frame its understandings between the two opposing poles of metaphysical possibility that have defined the heart of difficulty throughout the history of Western thought. The implicit belief at the Day Unit is that having a better sense of the true balance of these complementary rationales can help to fix a child more successfully in his or her life.

### **Difficulty as a measure of conceptual and experienced space at the Day Unit.**

In relation to the history of any of the children at the Unit there are two broad areas of information and evidence; the working knowledge of the children's histories that the staff use in their daily interaction with the children and which informs their informal and formal discussions about the children; and the official records or 'the files' which are kept in a filing cabinet in the administrator's office and which contain copies of all correspondence and reports from professionals inside the Clinic and those outside

who have been involved in treating the children or in the process of referring them to the Unit. These sources may differ significantly in emphasis and even in terms of major facts such as how many siblings, or even parents, the child is understood to have. Because the staff make only infrequent reference to the children's files, and also because the files themselves are a highly complex compilation of potentially conflicting professional opinions and data collected in widely differing contexts, the most significant account of the child in the life of the Unit is that of the staff's informal, orally communicated, working understanding.

The potential disparity between what is practically known by the staff and what is contained in the official records of referral, diagnosis and prognosis can be seen as a model for the difficulty of really knowing about the children. Several factors render the files at one remove from the realm of immediate experience and knowledge, from the working model of what is easy, accessible or unavoidably a part of life and work at the Unit. These are to do with the files' physical location, their provenance, and their written form. Firstly, they are kept in a filing cabinet in the administrative secretary's office (4), a room in which solitary administrative work is carried out, which is never used for any social activity such as a meeting, and which contrasts, as the formal buffer through which business with the outside world is carried out, and with its window looking out onto the entrance hall and the entry-phone control button for the front door, with the internal space of the Staffroom (34), where the business of the Unit is carried on in informal exchanges and formal meetings. Secondly they are penned largely by unknown outside hands whose opinions cannot be validated by the internal psychodynamic of the Unit. And finally they can only be consulted or added to by the solitary acts of reading or writing, which contrast with the dominant social, oral communication of significance, in informal chats or crisis-deliberations and in the many meetings and de-briefings, which allow the evidence gathered by the staff in their observation and experience of the children to be translated into more abstract contexts, whilst maintaining a sense of the validity of the translation through the fact that it has been executed within the same psychodynamic context as has produced the raw material of observation. Because the imperative of involvement in the urgent ultra-present of the daily social life of the day Unit can never be satisfied and transcended, there is "no time" for work such as reading or writing in the files. This is not to say that

the files are not used and up-dated as and when that is necessary or required, but it is a frequent occurrence that somebody will say at a meeting that *I think* a particular fact is true about a child's history or background, and rather than settle the matter by going to get the file so that the discussion can proceed on a basis of fact the uncertainty is tolerated. The uncertainty is an appropriate reflection of the difficulty of really knowing, and knowing about, the child, and of knowing what to do about the child.

This attitude to the children's files is an example of the difficulty on which the Unit is focused, the difficulty of helping the difficult child. It is imagined and experienced in spatial terms. There is a gap or a distance that must be bridged before the evidence that holds the clue to release from the difficulty can be reached - in this case the files are in a place that is just outside the bounds of the enclosed internal world of the Unit, in the office that is on the threshold of the outside. Once the clue or the fragment of evidence has been grasped, either through effort of will or by felicity, then there is anxiety about its status - in this case the fact that the contributors to the files do not have the authority that comes from participation in the life of the Unit, or in the case of Gemma's bruises, doubts as to whether they are the results of accident or abuse. And all other difficulties are finally compounded by the shortage of time, making the primary obligations in the work of dealing with the children's difficulty those of paying attention, of noticing, and remembering - in this case reflected in the fact that *there is no time* to consult the files because the children cannot be let out of sight, mind, or conversation for a moment if they are to be kept safe.

As I have described it here, the sense of anxiety which is the most powerful organising force in the daily life of the Day Unit makes a seamless blend of conceptual and practical difficulties: the conceptual gap that separates the staff from desired revelations about the children is underpinned by the thresholds that structure the social space of the building.

### **The building, and its location.**

The Unit is located in an affluent area of London which has a history of residence of artists, writers and politicians. Only one member of the Unit's staff lives in this area - an area in which many of the staff might aspire to live. The building that houses the

Unit is a large domestic house built at the end of the last century, representing a style of living, with an establishment of domestic servants, which is remote and yet familiar, as an exotic image, to the staff. This mixture of the remote and the familiar is very characteristic of the special identity which the building confers on the Unit. The fact that it was once a domestic house contrasts it with the main building of the Clinic which is located less than half a mile down the road in a modern, rectangular, concrete block built in the 1950's. The contrast emphasises the communal aspect of the Unit, whereas the Clinic is a place where patients are examined and treated by clinicians. To the people that work in the Unit the location that I have outlined here is an important foundation of the Unit's hybrid identity. As a part of the Clinic it partakes of the Clinic's modern, instrumental nature, but as well as being a subsidiary of the Clinic, it is also its neighbour, separated from it only by an expanse of private domestic back-gardens. The clinical identity is blended, and contrasted, with a domestic identity.

Its location in a large family house associates the Unit with an imagined time when the life of large families was encompassed entirely within the domestic realm represented by the house, in contrast with the Clinic, to whose Child and Family, Adolescent, and Adult departments the component parts of the family come to be treated by clinicians. The association implicit in the location of the Unit in its building is at one with its job of nurturing and reconstructing the lost and vulnerable child within the damaged and difficult children that it treats. Just as the large domestic house in its affluent surroundings embodies an image which is both familiar and exotic to the staff of the Unit, the Unit's project of rescuing childhood reflects both a real desire, (couched in the longing for a state that though not present is felt to be known and so real), and an impossible goal.

This tension between the real and ideal is characteristic of the Unit's relationship to its physical space. Being self-consciously a hybrid of different purposes and approaches, (social, family, emotional and educational rehabilitation of the children through teaching, psychiatry, psychotherapy, educational psychology, social work, nursing, and participation in a therapeutic environment), the Unit is always both a collection of known instrumental techniques, and the sum of these parts, something less knowable but more important. Its knowledge of itself is a model for its knowledge of the children, who are knowable through the ways that they can be described through a

variety of instrumental perspectives, but also importantly unknowable in so far as too authoritative knowing might be seen as a form of the presumption of rights over the child, of abuse, that has caused the *true* child to recede, and brought the 'difficult' child to the Unit in the first place. Attitudes to the physical space of the Unit are underscored by this tension between simple (or at least simply labelled) functions and the Unit's complex intentions, so that what is practical and straightforward is always likely to be transformed into the symbolic or abstract. It is through operating within an abstract, less knowable world that the Unit feels closest to its un-named hybrid purpose.

### **The Neglected Shell.**

The Core Team that work full-time in the Day Unit building feel that the building is neglected, and it is significant that it is neglected not by any of the Core Team but by the management of the Clinic. The Works department of the Clinic are responsible for the maintenance of the Unit's building and grounds, and though the head of the Works department is liked by the Core Team, and felt to be sympathetic, he is seen as being constrained by the limits of the Clinic's budget and by the Clinic's head of operations, who is seen as a ruthless imposer of financial austerity. Almost all the maintenance work done at the Unit is done by two workmen and two gardeners who make what are perceived as irregular and infrequent visits to the Unit. The Teacher-In-Charge frequently complains that the garden is over-grown despite the fact that she has been asking for something to be done about it, and there is a constant litany of moans about the poor decorative state of the interior of the building and the number of jobs, such as repairing the temperamental gas fire in the Staffroom, that remain un-done week after week.

It is significant that the fabric of the Unit is the responsibility of the Works department situated down the road at the Clinic, for though the Core Team complain about the neglect they do not address any of the deficiencies themselves. When the areas of rubber matting underneath the climbing frames in the playground (64, 71) became covered in a slimy green growth and unsafe for the children to use during the winter, it was understood that what was required was for them to be scrubbed down with detergent, a task that could easily have been accomplished by the Core Team,



maybe even as an educational exercise with the children. In fact, the matting remained out of bounds to the children for several months, cordoned off with benches and garden tables, at great inconvenience to the staff and children, until the Works department finally gave it a fairly ineffective scrub in the Easter holidays, by which time the drier weather had made it less of a hazard.

The point of this is that neglect of the fabric of the Unit is both complained about *and* tolerated, because out of the competing impulses of pride and austerity it is austerity which is dominant. An effective lack of concern for the state of the fabric of the building, and a complete separation from the work required to maintain that fabric, is part of the material austerity which identifies the Unit and its staff with the children: a gesture of faith in the importance of the unseen interior beneath the surface.

### **The creation of interior space.**

The entrance to the Unit is through a porchway (55) that is about 8 feet deep and 5 feet wide, underneath a steeply pitched roof. The porch runs at an angle of about 45 degrees to the street, a fact that makes it difficult to orientate the interior of the building to the outside surroundings, this being reinforced by the fact that the front yard (54) is only used by the kitchen staff. Being sunk two feet below the level of the street and separated from the street by a seven feet high brick wall, and north-facing, the front yard is dark enough not to make a view from out of the one ground floor window, that of the waiting room (19), that looks out onto it. The only first floor rooms that look out onto the street are those of the television room (43) and therapy room two (50) in which people are too preoccupied with inside events to look out much (the TV room curtains are often closed), and the view is not of the roadway but of the upper floors of the houses on the opposite side of the street.

The oblique relationship of the building to the street and the blindness of the building to the street side, along with the entry through a deep and shaded porch, mean that once inside the building there is little sense of its geographical relationship to the immediate outside world. This physical reality reinforces the Unit's sense of itself as an entire world-apart, constructing the whole of the child's world in an ideal and exemplary form inside the Unit. In accordance with this, the building presents no

institutional face to the outside world - there is nothing apart from a small name plate on the wall to the side of the porch (12"x10") to indicate that it is anything other than a large private house. It does not have the recognisable outline or profile of a school or a hospital, a fact which is significant because the Unit is not an institution which, like a school or a hospital, takes on a share of the duties and responsibilities for people from outside individuals, families or the state, but one which (for a few hours each weekday) recreates a whole world in which all responsibilities for the child are passed over and reassigned within the therapeutic environment. The blank face of the building to the outside world reflects the fact that the Unit is not a special part of that outside world but a world in itself.

The scale of the transition from outside to inside the Unit is reflected in the special conditions of entry. The staff of the Unit have only three keys to the front door. One is held by the Social Worker, who is a member of the Psychiatric team and may need to get into the building at times outside normal hours in order to have access to rooms for meeting with families; one is held by the administrative secretary; and the third is held by whichever of the Core Team will be arriving earliest in the mornings. The upshot of this is that there is a culture of complaint and controversy about entry to the building. The member of the Core Team who has the key will normally have it because they have a special reason to get to work early - for example, to do some teaching preparation for which there is no time whilst the children are in the building. This means that she will be in a part of the building from which she cannot hear the front doorbell, so that anybody who arrives after her will have to wait until the arrival of the administrative secretary at 9.15 a.m. In practice what this means is that between 8.50 and 9.15 a.m. there is often a group of people, staff and children with their escorts, waiting on the porch to be let in. This causes a lot of irritation, but not as much as the fact that members of the Psychiatric team often have to wait on the doorstep for up to half an hour because there is nobody in the administrative secretary's office (4) to hear the bell and answer the entry phone.

This subject was a constant cause of acrimonious debate whilst I was at the Unit. Members of the Core Team felt that they were deliberately ignored and left out on the step in the morning by their colleagues, and members of the Psychiatric team felt that it was typical of the lack of consideration and respect shown to them by the Core Team

that they should be left waiting outside. However, inspite of the problems it caused, the lack of keys and the inability to hear the doorbell beyond the hallway (6) remained unresolved in all of the two and a half years that I was at the Unit. The one 'improvement' that was made was the fitting of a bell in the dining room (23) so that when all of the staff, the Psychiatric and Core Teams, were in there for the "Community Meeting" for half an hour each week they would be able to answer the door to any late comers. Though this solved one problem it solved only the part of the problem that was not divisive: the situations in which one member of the Core Team might be felt to be ignoring everybody else, or in which the Core Team were felt to be ignoring members of the Psychiatric team, were unsolved.

There was a lot of discussion (and mutual recrimination) about the issue of entry to the building at the Friday afternoon meetings of the whole staff, but though several solutions were proposed none was ever carried out. An entry phone extension in the Teacher-In-Charge's office (29) was proposed, but when the Manager of the Unit enquired into the feasibility of this at the Clinic she was told it would be too expensive. In spite of the fact that it was remarked that it was a waste of money to have highly paid professionals waiting on the doorstep nothing was ever done about the entry phone extension. By far the most simple and obvious solution was to give keys to everybody working at the Unit, but this proved impossible for reasons that provoked disbelief and derision and yet which were accepted. The Manager of the Unit said that she had asked at the Clinic about the keys and had been told that the numbers had to be restricted due to security considerations (this contradicting the fact that when the building was broken into during one of the holidays and some items of office equipment stolen the staff were told that the National Health cannot afford to insure its property or properly secure its buildings) and because they were special keys that had to be ordered from a firm in Cornwall.

It would be difficult to over-emphasise the preoccupation of the Day Unit staff with issues relating to entry to the building, and it is important to note that, however much complaint there was, the issue was never resolved. It was accepted as an inevitable condition of the place, a reflection of the significance and the scale of the threshold that gives access to the unique Unit world. Just as with the example of the perception of neglect of the material fabric of the Unit the staff did not feel that they

could act themselves but accepted the indifference of the Works department of the Clinic. The practical difficulty of entry had to remain as a physical corollary of the difficulty of sustaining the total responsibility for the children that applied inside the Unit, and as a vehicle for exorcising the strains in the relationship between the two teams.

Once inside the building, entry is further restricted in ways which create a relative sense of interior. The escorts who bring the children to and from school take them in the morning through the hallway (6) to the waiting room (19) from where they are collected by the teachers. (This procedure became a focus of controversy at one stage, when an explicit link was made between the way in which the children enter the building and the maintaining of an effective and containing environment for them: see p.182.) In the afternoon the escorts wait for the children in the waiting room and then leave immediately through the hallway. By being restricted in their access to the Unit the escorts retain their identity as external agents, the medium through which the children are passed back and forth between the Unit and their families - they do not enter the parts of the Unit in which its unique surrogate relationships with the children are created and maintained. The hallway (6) and the door of the waiting room (19) are thus secondary thresholds.

The presence of the escorts in the hallway and the waiting room provides an internal reinforcement of the distinctiveness of the daily social world of the Unit. Giving onto the hallway, the classrooms (7, 13) are thus characterised by juxtaposition with a very particular form of outside. Rather than the specific outside of the street and of the individual families and personal histories of the children, the outside that is brought into the Unit by the escorts is an unspecific generalised concept of responsibility which is (relatively) unproblematically handed over to the teachers and the nursery nurses in the hallway. The day thus begins for the children and the Core Team in a conventionally social way, with the formalities of greetings with the escorts and the exchange of gossip and details of the journey to the Unit, but without the mess of contingent details that the children's families might bring. This allows the classroom to import something familial and social but to exclude difficult contingencies.

Most of the ground floor of the building, whose atmosphere is given predominantly by the classrooms, is characterised by this family sociality freed of external contingency. All contingencies are now internal; all behaviour a part of the psychodynamic of the Unit's day. I was always very struck by the extent that the playground (63) was very much more of an interior than an exterior. I was never aware of the children making any comment about what lay beyond the walls and fences of the neighbouring gardens, and more significantly there was rarely, if ever, a reference by the staff or the children to the Infant Unit (60, 61) which occupies the same plot as the Unit and which, as the part of the Clinic dealing with sexually abused infants, has very much in common with the Unit. As can be seen from the plan, the Infant Unit is built in what would once have been part of the garden of the house that the Unit now uses, impinging in a very obvious way on the space of the garden and playground. The only reference that I ever heard made to the Infant Unit was when the children were told off for kicking balls towards the widows on the side of its building that made one side of the playground. Nobody looked out of the Infant Unit buildings onto the playground, just as the Unit itself was blind towards the street. The children showed no curiosity about what went on in the building that was so close to them that many of them leant against it each playtime, a fact which I think reflects the strength and security of the Unit's sense of being entirely its own context, a total interior. A more psychological reading might add that the Infant Unit, as a centre specialising in the sexual abuse of young children, represents something at the heart of the Unit which the Unit is able to ignore, tacitly to acknowledge, and to overcome by endurance.

The labyrinthine interior of the Unit's building provides a way in which interior space can be experienced as relative and differentiated - and explored. The therapy corridor and the therapy rooms (47, 48, 49, 50) are physically the furthest 'inside' the building that one can get, being the furthest distance from the front door. To reach this area from the front door one can go either via the main staircase or the back staircase, both routes requiring one to pass through parts of the building such as the landing (37), the back stairs landing (45), and the back stairs corridor (22) which are little used and frequently unlit. One must pass through several fire doors and go most of the way in darkness. On arriving in the therapy corridor the whole therapy area will be dark and quiet, awaiting the arrival of therapists and children, who alone will bring sound and

light. This contrasts with the *social* interior of the ground floor around the classrooms which is lit and peopled by the staff before the arrival of the children in the morning and remains so until after they have gone. The therapy area is thus an instrumental area, coming to life only with the purpose of the arriving therapist, and represents a psychological interior in contrast to the social interior of the classroom.

The structure of the building allows the passage from one form of interior to another to be made through the interposing of the blank intermediary spaces through which the therapist and the child must pass. In contrast to the handover of the child by the escort to the teacher or nursery nurse in the morning, which brings restricted elements of family social relations to the classroom, the taking of the child from the classroom by the therapist (when individual children are taken from the classroom for therapy sessions) involves a stripping away of the social context of the classroom so that the child can relate to the therapist not as a classroom-social being but as the embodiment of his or her own psychological history and destiny. This is accomplished by passing through the dark, blank spaces that lie between the classroom and the therapy corridor, when at each door or turn the therapist and the child must negotiate their mutual passage in a way that necessarily brings them into relation as two individuals as they pass through spaces uncharacterised by decoration, in contrast with the classrooms and central hallway which are decorated with the children's drawing and work, and eventually into the clinical bleakness of the therapy rooms, which are devoid of any features except minimal furniture until the child and the therapist bring in toys or writing and drawing materials.

The creation of therapy time in the therapy rooms is thus the *absolute* interior of the Unit building, as compared with the relative, *social* interior of the classroom and the internal exterior of the hallway.

In the relationship between the identifiable constituent parts of the Unit's working composition, (the various professional specialisms), and the un-named hybrid that they make up; and between the nostalgic ideal represented by the real structure of the building and the reality of the children's lives, I have described a tension between real and ideal, or between the identifiable and the desired, that causes a deep ambivalence towards the physical fabric of the Unit which shows itself in the paradox of complaint

*and* indifference. This indifference is, in turn, a factor in the creation of an interior in the Unit, that sense of an interior being one of the principle effects of the organisation and use of space within the Unit.

## Chapter Nine . Difficulty as the centre of gravity of crisis episodes.

In what follows I am going to use the chain of events leading up to a serious crisis with one of the children in order to provide examples of the ways in which the daily social life and work of the Day Unit and the business of creating explanations of what goes on are organised around the focus of a core of difficulty. As with the example of the children's files, this sense of difficulty is experienced and imagined in spatial terms: goes on are organised around the focus of a core of difficulty. As with the example of as anxiety about the status and provenance of evidence; and as the obligation to grasp and fix significance in the face of the rushing onwards of urgent present time. I will describe how once a cause for concern has been perceived, whether in the slightest nuance of a child's behaviour or in the grossest form of dangerous incident, the unit acts to preserve the nub of difficulty and anxiety through repeatedly recreating it in different though fundamentally similar contexts.

### Joe.

Joe started at the Unit in the winter of 1991/1992. I started working at the Unit three months after Joe's arrival and observed his progress from being an odd, quiet little boy to becoming one of the most demanding and archetypal problems of the Unit. It is possible to characterise two contrasting models of the successful effect of the Unit on a child. In the first, a child whose complex emotional problems have thwarted the development of social and learning skills responds to the opportunity to have his or her problems talked about and tolerated in the therapeutic environment by gradually recovering coherent speech/reading/socialisation etc. In the second, an outwardly similar child responds to the opportunities provided by the Unit not by a gradual lessening of distress and improvement in social skills but by an initially gradual, then increasingly frantic acting out of the emotional distress that has proved too severe to be allowed such expression in previous home or school settings. Joe was very much one of the latter cases.

By the time Joe was entering his third year at the Unit he had become one of its most dominant characters, stretching to the limits the capacity of the staff to contain



disruptive acting out and violence. He was a frequent topic in staff meetings, and in the Friday Meeting discussion about him was often a vehicle for assessment of the depth of crisis in the Unit as a whole. Joe's crisis had become associated with the Unit's crisis, and I noticed that visitors to the Unit were often given an account of Joe's case history as an example of the level of difficulty that the Unit faced.

It was only in his second year that Joe began to present serious behavioural difficulties; when he first arrived he had been most notable for his odd appearance and manner. Seven years old when he arrived at the Unit, Joe showed all of the symptoms of what the Unit called 'failure to thrive', a phrase which implied that an emaciated and unhealthy appearance was the result of emotional as well as physical neglect. He was small for his age and very thin, with very pale skin and bright red hair which was always cut very short. He wore thick glasses for short sight which reinforced the impression of an eccentric, pedantic little boy. Though he was often quiet whilst other children were acting out in the classroom, when on his own with an adult he would ask them questions about a series of children's books, *The Mister Men*, with which he was obsessed and about which he was able to show off his knowledge. He spoke only in very short sentences with a highly idiosyncratic inflection which separated each vowel into distinctly separated halves, the first short and high pitched, the second with a long dying fall. As a result his conversation was hard to follow, tantalising his listener by mixing enthusiasm for showing off with unintelligibility. The early impression of eccentricity was reinforced by an obsession with finding and tormenting woodlice. Whilst other children were playing together in the playground Joe was often to be found rooting around under stones looking for woodlice and jumping up and down gleefully when he found some, shouting, in his strange incantatory intonation, "I'm going to kill them!" He would often produce a moribund woodlouse from his pocket in a quiet moment in the classroom, waving it around whilst hysterically jumping from foot to foot.

During his first year Joe remained eccentric and bizarre, but quiet. His class teacher, Vivien, often told me she felt guilty for overlooking Joe because he would sit, quiet and undemanding, in the corner of the room whilst the other children were acting out and commanding her attention. He was a curiosity, but not a worry, there being

only a faint awareness amongst the Core Team staff that he had a very unhappy background and had every reason to be very disturbed.

By the end of the summer term in 1992 Joe appeared to have settled so well into the Unit that it was decided that he should move from Blue class to Orange class, to join the group of more developmentally advanced children amongst whom he would have the opportunity to express his obvious intelligence and with whom he may become more outgoing. Initially he enjoyed a honeymoon period in Orange class, thriving on the greater element of science teaching, building tanks in which to keep worms and insects, especially woodlice, and seeming to turn a morbid obsession into something constructive. He relished the opportunity to compete with some of the more educationally advanced children in the Unit, organising the inside of his desk into a what he called his 'office'.

But during the summer term of 1993 it became clear that Joe was beginning to explore the limits of the Unit's ability to cope with dangerous and disruptive behaviour. He had begun to have problems coming into News in the morning, refusing to leave the classroom and then running around in the hallway outside the News space distracting the other children. His behaviour in the Community Meeting had also begun to deteriorate, his previously unproblematic need to sit on the lap of one of the adults in the meeting turning into a violent struggle punctuated by attempts to break free and dance around on the floor in front of everybody. During this period the decision was made that he should begin psychotherapy with a training psychotherapist from the Clinic.

I was not privy to all of the processes through which it was decided that Joe should start therapy, but from the staff meetings that I attended I knew that the possibility of therapy had been in the air ever since he started at the Unit, indeed when he had originally been referred to the Unit by Council 'B' they had been led to believe that therapy would be a part of the treatment that he was offered from the very start. Shortage of resources were partly to blame for the fact that it was nearly two years before Joe started therapy, but it was also part of the Unit's way of working that a child was allowed to settle into the Unit before therapy was contemplated, for the therapeutic environment of the Unit itself may well be as effective as therapy for many children.

By the end of the summer term of 1993 Joe had been told that he would begin therapy after the summer holiday and, as if to confirm that he had become a very difficult child, two weeks before the end of the term, in the period of outings and special events that marked the end of the school year, he made a frenzied attack on his class teacher, Anne. In the cloakroom in the hallway (9), at the end of the afternoon when the children were changing to their outdoor shoes and collecting their bags, Joe flew in a rage at Anne, attacking her with flailing, scratching hands and screaming, "You hate me! You hate me!" Anne put up her arms to defend herself, but such was the little boy's fury that he was able to tear her shirt into shreds.

By this stage Joe had become one of the most worrying children at the Unit, and his history had become a much more regular topic of conversation for the staff. Though there was disagreement or uncertainty about some of the details because at no meetings had Joe's file been consulted so as to confirm the facts, the understanding of Joe's history was as follows.

Joe's mother had been psychotic. When breast feeding him she had alternated between smothering care and violent and erotic bites with which she covered his body with marks. In the first two or three years of his life attempts were made to keep Joe and his older brother with their mother, the alternating love and violence they had experienced during their infancy now succeeded by alternating periods spent with their mother and periods when they were taken into care by Social Services. Eventually both children were taken permanently into care. At the age of about five Joe was placed with the foster parents with whom he remained until his time at the Unit. His brother was placed with different foster parents, the two children meeting only rarely. On the occasions when they did meet the older brother encouraged Joe to remember the appalling things that their mother had done to them. After one of these meetings with his brother Joe began to tell the Core Team staff a story he had told psychiatrists or psychologists when he had first been taken into care, about being thrown through a window by his mother. A fixation with throwing things was thought to relate to this remembered or fantasised incident.

The foster parents, with whom Joe was placed, were in the process, at the end of 1993, of undergoing both an assessment of their performance *as* foster parents, which

was being carried out by Social Services, and, at their own request, going through the process of assessment to be able to adopt Joe. These processes meant that there was uncertainty at home which, it was thought, might partly account for Joe's increased disturbance.

The staff of the Unit did not think that the foster parents themselves were helping Joe. They had older children, with one daughter living with them with her two year old son. At home and at the Unit, Joe would pretend to be the baby, making loud baby noises, "Boh - Boh!", and doing the baby's waddling walk, which he called his "monkey walk". His foster mother is agoraphobic, and her anxieties were thought certain to affect Joe. Indeed the fact that the foster parents always insisted that they didn't think that Joe had any psychological problems was thought to be a worrying insensitivity when they were quite insistent about their own. (Though Margaret also put the case that sometimes insensitive but devoted parents make better homes for seriously disturbed children because they are less likely to be worn down by distress.) Joe, with fear and excitement, told how his foster father chased him round the house pretending to be a frightening monster, and that he called this his 'mad half-hour'.

At the start of the autumn term of 1993, with this history now well known amongst the staff, Joe had become closely identified with the Unit's sense of its own state of health, being thought to typify the extreme difficulty with which it had to work. As the crisis began to deepen, Joe engaged the very structure of the Unit, exacerbating and polarising the split between its two teams.

He began therapy shortly after the start of the new school year with a psychotherapy trainee from the Clinic called Nina, who was from a central European country and had a strong accent and imperfect English. Though at first there seemed to be few serious problems, from the start Joe attempted to torment Nina over the quality of her English. The first signs of a problem came on Friday the 17<sup>th</sup> of September when Joe was meant to be having the third of his three weekly therapy sessions. The arrangement was that at Breaktime in the morning he would wait in the hallway for Nina to collect him and take him up to the therapy room. When this all went to plan the Core Team and the other children would be unaware of Joe leaving for therapy, and on this particular day no-one had noticed that Joe had left and, when Orange group were

all sitting on the cushions being read a story after the end of the morning break, Joe's appearance at the doorway to the classroom came as a complete surprise. The other children all began to shout, "Joe!", and he responded by leaping up and down in the doorway making high pitched baby noises. Moments later Nina appeared in the hallway behind Joe shouting at him, demanding that he come back to his therapy. I was in Orange classroom with the nursery-nurse, Mary, at the time, the two of us looking anxiously towards Nina but, aware of the requirement to observe the integrity of the therapy time and not to intervene to assist the therapist for fear of undermining the therapeutic relationship, we behaved as if they were not there, trying to draw the children in the class back into listening to the story. In the meantime Joe had run off into the hallway, up the stairs, around the top corridor and down the back stairs to reappear, screaming and shouting and pursued by Nina, who was shouting at him that he had to come to his therapy. This was repeated five or six times, Nina looking ever more distraught and despondent, until she said to Joe that she was ending the session and he must return to the classroom. Such was the power of the obligation to separate therapeutic time from the ordinary timetable life of the Unit that Nina said nothing to Mary or me, and we did not offer her any help or reassurance in spite of the fact that she was plainly in absolute despair. Even the children in the classroom, who might have relished the opportunity to share in a disturbance, remained quiet, such was the strength of focus of our ignoring what was going on. The artificial and fallible nature of the separation was all the more obvious to us because we were aware that one of the reasons that Joe was so volatile was that Anne, his class teacher on whom, as was confirmed rather than contradicted by his violent attack on her, he was very reliant for a sense of security and focus in the classroom, was out of the building attending a preliminary meeting with the Manager of the Unit, Margaret, and a consultant who was to take sessions in the Friday Meeting aimed at addressing the chronic breakdown in the relationship between the two teams.

Having been told that the session had been terminated, Joe stepped forwards into the classroom, suddenly calm and quiet once he was back into the classroom atmosphere. He stood between Mary and Nina, seemingly very much aware of his own awkward singularity, smiling eyes beaming, looking guilty and appeasing, the animated expression floating over his frail marionette body trying to provoke a response. Then,

suddenly, in a moment of hesitation as Nina and Mary looked anxiously at each other unable to decide to communicate, Joe seized the initiative again and ran back out into the hallway screaming, pursued by Nina. We didn't see Nina again that day, and Joe ran back into the classroom about five minutes later.

What Joe had done was to exploit the split between the two teams, tantalising Nina by keeping her in the liminal space of the hallways and corridors, on the boundary between the world of therapy and that of the everyday life of the Unit. As Jack had exploited my lack of familiarity with the Unit's repertoire of spatial containment, so Joe had been able to exploit Nina's lack of experience. The two paradigms of the Unit could not have been closer or more absolutely separate than when Nina and Mary stood with Joe between them, unable to co-operate to resolve the situation. Between them was an uncrossable gap: however painful the consequences, the integrity of therapeutic time was to be observed. It is my argument that the gap between the two teams, and the Unit's two metaphysical paradigms, is filled by the practical difficulty that, as in this situation, both maintains the barriers between the two rationales but also holds them together in a common predicament. In the unfolding of the crisis with Joe I will show how the split between the two teams, often enacted in the form of physical separation within the spatial repertoire of the Unit building, is constantly re-enacted around a core of practical and intellectual difficulty.

The problems that Nina experienced in getting Joe to stay in therapy became a regular feature of the week for Orange class. Once or twice a week there was a similar episode to the one that I have described above, and Nina was left alone to endure. But on Tuesday the 9<sup>th</sup> of November something happened to make the problem the anxious focus of one of the staff meetings. On Tuesdays Joe's therapy session started before the end of lunchtime play so that he had to wait in the hallway for Nina whilst other children played outside. On this particular day Nina had managed to get Joe up to the therapy room only for him to run down, and out into the playground amongst the other children. What happened was exactly the same as in the previous incident, with Nina coming out into the playground whilst Mary and I, who were the two adults on lunchtime duty, stood by and watched as she tried to catch Joe. Out in the playground, in which running around, chasing and being chased were the normal activities, it was even more difficult for Nina to establish control of Joe, who hurtled gleefully around,

looping back around the bushes at the end of the garden (65), then winding round and around Nina as she ran after him. Mary and I watched all this from the terrace (62) raised above the garden by the back door to the building, aware that the situation was getting out of hand, but still uncertain as to whether or not to intervene in the 'therapeutic' relationship between Joe and Nina. Then suddenly the decision was made for us. Unlike in the classroom, in which the intensity of our focus could make the children observe the barrier between themselves and Joe and Nina, in the relative anarchy of the playground the children had begun to be infected by the hysteria of Joe and the desperation of Nina. Jack ran up to Nina and thumped her, then shot away towards the Infant Unit (61), climbing into its garden over the fence at the edge of the playground. At the same time Hanif began to circle menacingly round Nina on a tricycle. Instinctively, and without a word, Mary and I set off into the playground, each walking purposefully down the opposite sides to outflank Joe, who was dancing and leering in front of Nina, who had just been hit by Hanif on the tricycle, at the bottom of the garden. Seeing us coming, and recognising that we were infinitely more confident than Nina at operating within the spatial world of the Unit, Joe picked up sticks to wave at us in a last gesture of defiance, but stood still until we had both closed on him. We each took a hand and led him back towards the building with Nina walking silently next to us. I made the mistake of letting go of his hand only for him to bite my thumb as hard as he could whilst I wasn't looking. It hurt! Mary passed him over to Nina when we reached the back door of the building, and she took him up for his therapy.

Once again Joe had been able to exploit the gap between the Psychiatric Team and the Core Team, but on this occasion the therapeutic event had burst out into the rest of the Unit, causing Jack to hit Nina and go over the fence, and Hanif to become hysterical on the tricycle. It was this incident, with the striking authority of the geometrical symmetry of the outflanking manoeuvre by which Mary and I gathered Joe, which first alerted me to the sophistication of the Core Team's spatial mastery of the world of the Unit's building and garden; a mastery learned and shared by the children so that adults and children worked with each other in a precarious status quo.

After this incident, which was discussed at the Supervision meeting that Tuesday afternoon between the Core Team and the Manager, the question of Joe's therapy with Nina became a constant point of contention between the two teams. For several weeks

promises were made at the Friday Meeting that something would be done to allow Nina to co-ordinate more effectively with the Core Team staff, but nothing was actually done. Instead, during November a more urgent crisis with Joe commanded attention.

For over a year Joe had used a large brown teddy-bear, that he had found in the activity room, to play with and to help him feel secure. Anne had allowed him to have the bear, which he called 'Na-Na', whenever he said that he was feeling worried about things. In the second half of 1993 Joe's behaviour with Na-Na became increasingly a cause for concern. Already threadbare and faded, Joe turned Na-Na into a ruined and injured creature, an alter-ego that he covered with pictures of orifices which he covered in bandages and sticking plasters. Joe's obsession with Na-Na's injuries had begun to concern Anne, especially when he began also to tell violent stories in a non-specific but rather boastful way.

At the same time Nina began to be very concerned by Joe's sexualised play with Na-Na in the therapy sessions. He was simulating oral sex with Na-Na and calling Na-Na, 'Grandpa'. There had been earlier concerns that Joe might have been sexually abused by his foster mother's father, and in the light of this new behaviour Nina and Margaret contacted Joe's Social Worker at Council 'B'. An emergency strategy meeting was arranged with the joint Police/Social Services 'children at risk' team, about which Margaret reported at the Friday Meeting on the 12<sup>th</sup> of November. The strategy meeting had decided that Joe's foster parents should not be informed of the concerns yet, and that Nina should continue to observe Joe for a further two weeks then report back. His social worker should make some visits to the foster parents' house to make subtle enquiries about the grandfather. Joe's Child Placement Officer, who was conducting the review of his placement with the foster parents, had been very concerned that Joe may become an abuser himself if nothing was done. Margaret expressed her concern that the Joe's social worker was convinced that he was not being abused, wondering whether her involvement with Joe's placement with his foster parents over the last five years had closed her mind to any possible dangers.

Balancing the Psychiatric Team's concerns about Joe, Anne reported that she and other members of the Core Team had noticed some very worrying signs in the past few days. Joe had been talking about 'keeping his bottom safe', and walking round on his



hands and feet waving his bottom in the air. In class he had made a whole in the wall into which he kept trying to poke things; he and Gemma had been talking about “sucking willies” in the taxi on their way home; and he had been putting sticking tape over what he called Na-Na’s ‘bum hole’, and drawing one pound and five pound notes to stick all over Na-Na.

Joe was now the focus of the whole of the Unit, and the external authorities with whom it worked, and the various parties were competing to be the most concerned and the most vigilant at detecting signs of abuse that might become evidence. The level of concern remained high through into the new year, but no actual steps were taken to pursue the question of possible abuse by the grandfather.

By the beginning of December the issue of getting Joe into his therapy with Nina had returned to the top of the agenda, and at the Friday Meeting on the 3<sup>rd</sup> of December the promised meeting between Nina and the Core Team took place.

The first half of the meeting had been taken up with the annual Educational Review of one of the other children, with members of the referring Education Authority, and Nina arrived after the tea break when there was only just over half an hour left. In the preceding weeks the Teacher-in-Charge, Anne, had been working with Nina to find a way of easing Joe’s path to therapy, and she began by inviting Nina to tell the meeting about the problems she had been experiencing with Joe. Nina, very nervous in an unfamiliar meeting and speaking quietly with a heavy accent, started to tell of how Joe would take her hand when she came to collect him and then hang on to her arm, pulling her down whilst he kicked her legs and hit at her with his free hand. As Nina was becoming visibly upset in talking about this, Anne interrupted her to tell the meeting that she had started to use her office at the top of the stairs in the first floor (29) as a ‘half-way space’ to calm Joe before Nina arrived, rather than leave him waiting in the hallway able to see the rest of the children going on with the day’s normal business. Though this had seemed like a good idea, she said that she was now concerned that Joe was using the time before Nina collected him as a form of therapy session itself, drawing money and pictures, things that he might do in therapy. Anne said that she was worried about the links that Joe might be making between her and Nina as joint therapists. She was also worried that Na-Na was becoming used so that the new

strategy was being turned to “perverse use” by Joe, who had managed to get Nina to disagree with her about the way in which the decision was made whether or not to take Na-Na into the therapy session.

At this point Nina said that she had problems with this new arrangement because she wasn't told about it until Anne announced it to her in front of Joe. She felt that the arrangement reinforced her as the bad person taking Joe away from the good place and the good carer, because Anne was the most important member of staff to Joe and her office was often used as a place of sanctuary for children who were very distressed. She suggested that another member of the Core Team staff take Joe up to the therapy room, arguing that the greater experience of the Core Team in physically handling the children would mean that they would be at a much lower risk of injury than she would be.

This immediately prompted Howard, the remedial teacher, to react defensively, saying that this would seriously damage the relationship of that member of the Core Team with Joe.

Margaret questioned that, though, saying that members of the Psychiatric Team “pull Joe about at the community meeting.”

Anne cut across to insist on just how hard it was to *drag* a child up to therapy against his will. She said, “We do make it clear in the classroom that it is the child's therapy time now and we won't interact with them.”

Alexis, the Social Worker and, though a member of the Psychiatric Team, always concerned to transcend the conflicts between the two teams (as befitted her role as the most socially oriented member of the Psychiatric Team), tried to change the subject by asking whether or not it was thought that Joe's therapy was a good thing at the moment. But she was ignored by Howard who returned to the question of the relationship between the Core Team and Nina, provoking a look of disapproval from the senior registrar psychiatrist, Mark.

The atmosphere had become very intense and rather unpleasant but, nonetheless, Nina said that she was pleased to have the opportunity to talk. She said that she

wanted Na-Na to stay in Anne's room and for Joe to be the one to decide whether or not to bring him into therapy. She would put Na-Na back at the end of the session.

Anne said that she was not quite sure she understood, "Do you want *me* to decide about Na-Na?"

"No," was Nina's emphatic reply.

There was a long embarrassed silence, broken by Anne saying that there had never been such problems with getting even the most difficult children to therapy in the past, and that she didn't see why, with a bit of confidence, the problems with Joe could not be resolved.

She was clearly angry, as was just about everybody else. The Core Team had wanted the Psychiatric Team to take responsibility for the problem, and for their part the Psychiatric Team thought that the Core Team ought to be able to help Nina out. There was a total stalemate and, with a few minutes of the meeting still remaining, an awkward and hostile silence. I reminded Nina that on one occasion she and I had walked out of the classroom holding Joe *together* and that that had seemed to work. "Only as far as the stairs," she replied, laconically.

The meeting had run out of time and no definite decision had been made. What actually happened in the future was that another member of the Core Team staff, usually Vivien, took Joe up to Anne's office and then handed him on to Nina. For Nina, though, the problems only got worse.

In spite of being the most urgent and consuming problem of the Unit, or perhaps because of that fact, there was no improvement in Joe's behaviour, or the level of distress that he showed, through into the first half of the Easter term of 1994. The period of crisis reached a climax at the end of the last week before the half-term holiday.

On the Thursday afternoon at ten to three just before going home after a day on which he had been on an outing with a group of the children to see the Chinese New Year decorations in Soho, he became enraged at Anne, saying that she had stopped him from having any playtime. (He had had no playtime in the playground because he had

been out of the Unit on the outing all day.) He hit Anne very hard across the face in an attack that recalled the one at the end of the previous summer term..

This attack was understood, as the staff stood together talking it over in the hallway as the last of the children left at ten past three, as his response to his difficulty of holding onto and accepting the positive experience of going on a trip to Chinatown on a beautiful sunny day, as the expression of his anger at being betrayed by Anne because she had let him go without her, and because the temporary absence from the Unit foreshadowed the anxiety-provoking week's absence over half term. As it happened at the end of the day the incident provoked no more response than this rationalising chat, despite its seriousness.

On the following day Joe stayed at the Unit with the other children who had been to Chinatown on Thursday. Anne and I took Jack and Hanif, the remaining two children (of the ones who were able to manage an outing), to Chinatown. It had been the intention that the children who stayed behind at the Unit should be able to spend plenty of time in the playground, but unlike the previous day it poured with rain all morning, meaning that everybody had to squeeze into the television room to watch a video, as a substitute treat. Because we left for Soho at just after half-past nine I had hardly seen Joe before we got back at noon.

When we took Jack back to join the other children in Orange group, Mary, who had been in sole charge of them during the morning, said that the morning had been very difficult, with the disappointment of the rain exacerbating the children's anxieties about the half-term break. Joe, as had increasingly become the case, had been unable to get into therapy with Nina. As she had been unable even to tell him that she had terminated the therapy time, she had typed out a note which she later gave to Mary, and which Mary now asked Anne to read to Joe. I took the other children through to the dining room leaving Joe standing apprehensively, open mouthed and wide eyed, bouncing up and down on the end of his toes in the corner of the room in front of the cushions, whilst Anne and Mary sat sternly in front of him.

As I was on lunch duty, I went straight through to the dining room with the children. The nursery nurse from Blue class, Eileen, who was already serving out the food to the other children, who were sitting at the two three-foot diameter round tables.

I sat down at the table furthest from the door, with my back to the window, in a position from which I could see all of the children and which held them between my gaze on one side of the room and Eileen's as she stood opposite me by the food trolley on the other. As I sat down I looked round the table to get a sense of what I was up against and was pleasantly surprised to see, as I went round clockwise from my right, Sarah, Andrew and Hanif all quiet and calm. Moments later Joe came in and sat next to me on my left-hand side, smiling pleasantly. I was relieved to see him looking composed, and to be sitting at what appeared to be a relatively relaxed table of children, given the anxieties about the end of the first half of term. A minute or so after I had come in, Jack, who had been changing his boots after arriving back with us from Chinatown, came in and sat down on the other table with his back to Joe. Jack usually found lunch times very difficult, and true to form elbowed Joe in the back as he sat down. I was relieved to see that Joe carried on smiling and shrugged off Jack's provocation.

Then, as I looked up to see how Eileen was getting on with serving out the food, Joe rapidly picked up his fork with his right hand and threw it straight at my face. The fork glanced off my jaw, onto my right shoulder and onto the floor. My relief at finding the dining room relatively calm had made me feel relaxed, and I responded to Joe with a direct, confronting look. I took hold of his plate with my right hand and said, in a deep, stern, but still calm voice, "If you are going to behave like that I will have to take your food away until you can manage properly." Joe returned my gaze with a gleeful smile and picked up his knife in his right hand, lifting it up level with his head ready to throw it. I kept looking straight at Joe willing him to put the knife down and said, resonantly and emphatically, "No!", reaching out my left hand towards him. Still staring straight into my eyes, Joe jerked his arm forward so that the knife closed the couple of feet between us and caught me on the outside corner of my left eye. I hadn't believed that Joe would do it - his constant eye contact with me had seemed like an assurance that he was only playing. I was stunned. I remained sitting, looking at Joe, who was leering at me. I became aware that Mary had sat down at the other table, and that though she was dimly aware that something was going on she had not seen exactly what had happened, and was not aware of how serious it was. Eileen had just left the room after serving out the food. My first instinct was to ignore the seriousness and to carry on

trying to engage with Joe in the intimate and joking style that his staring gaze had implied, but I began to realise that the incident had gone almost unseen and it was entirely up to me to ensure that it was dealt with appropriately. Pulling myself out of the timeless state of shock, I lifted myself to my feet and, raising my voice to communicate the urgency to Mary as much as Joe, said, "That is very, VERY serious!" Mary was getting to her feet herself now, looking anxiously across at me, and I turned to her and said, "Joe has just thrown his knife at my eye. I'm going to have to take him to see Anne." Mary said, "Yes, of course." What both of us were saying was in the shaky, pompous tone of the rattled teacher - I was deep in shock and acting entirely on instinct.

Joe was still sitting, open-mouthed and gleeful. I took hold of his hand and led him out of the dining room, filled with the euphoria of shock - with having survived a dangerous moment that had suddenly, and dramatically upped the register. Joe let himself be led through the room out into the dark, windowless back-stairs corridor (22). This corridor is only four yards between fire-doors that separate the dining room and kitchen from the main corridor through to the hallway but, as the featureless threshold of the dining room where the troubled social occasions of lunch and the Community Meeting take place, it is an important focus of the children's refusal to participate. As I strode across the darkness (the light is almost always left off), Joe swung on my arm and took hold of it with both his hands, stopping me in my tracks. Staring at my eye, his smile widened to a leer, revelling in his achievement. Stopped there in the dark on my own with Joe the anaesthesia of shock was broken for the first time as I was filled with the horror of the murderous feelings that Joe was so thrilled to have unleashed in himself. I crouched down so that I was just looking up into Joe's face and shouted, "This is NOT funny! This is VERY serious!" Aware that I would lose control of the situation if I stayed there with Joe, I pulled him through into the next corridor and then into the hallway.

In the hallway I found the Teacher-In-Charge, Anne, standing at the foot of the main staircase (5) with Katherina, an eleven year-old Greek Cypriot girl who had only recently started at the Unit and who was being collected every day at twelve o'clock until it was decided that she could manage the whole day. Joe loosened his grip on my hand as we approached Anne, and I started to stammer that something very serious had

happened. After an initial double-take, Anne fell immediately into crisis mode. She addressed Joe in a low, stern and controlled voice saying, "This is very, VERY serious. You can come up to my office now, and we will have to talk with Margaret about this later." Katherina was backing away, flinching, and Anne had to explain to her that *she* had done nothing wrong. She called the other class teacher, Vivien, from out of Blue classroom and asked her to take hold of Joe whilst she took me into the cloakroom (9) to be able to take a look at my eye in the natural light. The left side of my face was covered in blood, but when it was wiped away it was clear that the cut at the side of my eye was not serious enough to require stitching - much to Anne's relief.

Anne had now taken control of the situation, sending Joe up to her office with Vivien, whilst she waited with Katherina for the escort to arrive to take her home. She suggested that I go to the Staffroom to wash my eye and compose myself. As Vivien and Joe made their way up the stairs Anne said to Joe, "We are going to have to talk to Margaret about this and think about what we can do."


I followed Vivien and Joe up the stairs and walked along the landing corridor (28) through the two fire-doors to the staff room where I bathed my eye and reassured myself about the cut in the mirror. I knew that I shouldn't stay in the Staffroom - it was too far into the abstract upstairs of the building, and as a place where the children never go it was outside the context of the incident in which I still felt myself to be involved. I decided that I should go back down to the dining room so that the other children would not be worrying about how I was, and though I was feeling utterly sick with the shock I felt as if I deserved to have my lunch.

I walked back down the landing corridor and passed the open door of Anne's office where I could see Vivien standing in the middle of the room whilst Joe frenetically dodged around the furniture. I took the route to the back stairs, through two un-lit corridors (37, 45), and slipped back into the dining room as if nothing had happened. Nobody said a word to me as I served myself a plate of food and sat back down at my seat. Mary looked over at me, raising her eyebrows to ask whether I was all right, and I nodded back.

It was probably no more than three minutes since I had left the dining room, which was still quiet, as if nothing had happened. Either the children had been shocked into

silence by an event quite outside their expectations, or it had hardly been noticed, so quickly had it happened and so conventional was the response to it from me and from Mary, however serious. I was suddenly aware of feeling very sick, and spent the next five minutes looking down at the table concentrating on my stomach. Only Hanif, one of the more precociously sensible children, spoke to me saying, "Simon. Did Joe throw his knife at you?" "Yes he did," I replied.

At about twenty past twelve Anne poked her head around the dining room door and said that if I felt up to it, it would be a good idea if I could come up to her office to talk to Joe with her and Vivien. Knowing what was expected, I followed Anne up to her office where Vivien was sitting in one of the vinyl-upholstered chairs, looking fraught and holding onto the hand of Joe, who was dancing and leering in front of her. I sat down on the other vinyl chair so that with Anne seated at her desk the three of us formed a triangle enclosing Joe at an arms length. I was still very much in the first flush of gut response to the incident, filled with adrenaline and now in a fragile euphoria from having been involved in so serious an incident and surviving relatively unscathed. However shaken I was, it was clear to me from the normal procedures of the Unit exactly what was required of me in this situation, so I felt safe and composed, hardly aware of Joe, and certainly not feeling that the incident was in any way personal. In the terms of the Unit we were now in a highly conventional and formal situation in which the on-rushing urgency of the incident could come to a halt. With the three of us in position around the child there was no need to continue the urgent dialectic of the initial response to the incident which had sent me on a journey around the building with Joe, for now the situation had reached an equilibrium in the form of an 'ideal' tableau. Anne was sitting, upright, at the chair to her desk, with her back to the window, at the opposite end of the long and narrow room (29) from the door. Joe stood immediately in front of her, whilst Vivien sat perched on the edge of a low-slung armchair against the wall just beyond the reach of Anne's right arm. I sat opposite Vivien, also perched on the edge of a low chair, turned towards Joe and Anne, and placed between Joe and the door, which was closed. We were all so close together that we could have joined hands to form a cordon around Joe, though that was not necessary because Joe felt appropriately contained, and occupied the space between us apparently comfortably, dancing a little from foot to foot with a gleeful smile still on his face. Joe had been in





this situation several times before and understood that this was the conventional conclusion to an incident that the Unit considered to be 'most serious'. At the end of the room under the window Anne represented the final authority to whom the journey of the incident had arrived in its conclusion. With only the view out to the sky and the tall chestnut tree in the garden behind her she was present to Joe as the concrete embodiment of the abstract assurance that the Unit offered. Level with Joe, Vivien, into whose class Joe had gone when he had first entered the Unit, was there as a witness to Joe's history at the Unit. Whilst, placed between Joe and the door, I was the protagonist in the current incident, sitting so that I was now on a lower level than Joe, no longer in the position of disciplining authority as I had been when I removed him from the dining room, but still providing a calm persistence of the incident that had been played out behind me beyond the door. Joe was therefore held between the reassurance of abstract authority, the witness who 'knew him' and his history, and the current urgent contingency. His incident had been caught and put into a stabilising context, and for this reason the fact that we were in the room in the way that we were was more important than what was said.

What *was* said was also conventional in its content. Anne began by saying, "Joe, something *very* serious has happened. Why did you throw the knife at Simon?" Joe was looking at the ground whilst Anne was talking, then looked at me with a coy smile and said, "I *killed* him," with a long moaning inflection on 'killed'. Anne said, "You didn't kill Simon did you. Is there someone you are angry with? Who hits *you*?" Joe said, "My Dad does," then after a pause punctuated by a mischievous smile towards Vivien and me, "and she does, and he does." Anne said, "I don't think you're thinking about what has just happened. This is very serious - you could have hurt Simon very badly." Joe looked at me, seeming to be both very anxious and exultant behind his smile. I felt as if he was transfixed by the fact that I was still there looking calmly back at him. However, my calmness was only the mask that I knew I was required to wear in that situation, and when I ventured a remark, saying, "Before he threw the knife Joe looked very happy," I was immediately aware that I didn't have the composure to make a useful contribution to the dénouement. Anne told Joe that she would be talking and writing to his foster parents and that she would decide with Margaret what to do about the incident. She asked Joe whether there was anything he wanted to say to me, giving

him an opportunity to apologise, but he only repeated, "I *killed* him." As it was already half past twelve on this Friday afternoon it was time for the children to go home, so Anne took Joe downstairs to find his escort to explain the situation to her and send him off for his half-term holiday.

This was the end of the immediate course of the incident. From this stage onwards it was talked about many times, in many different contexts, but when Joe's escort took him out of the front door of the Unit at 12.35 p.m. the imperative that had galvanised the Unit around Joe from the moment that he had thrown the knife had been satisfied.

The next hour in the Core Team Staffroom (34) was spent in heated post-mortem discussion of the incident, shock mixing with relief that my injuries had not been more serious. The Friday Meeting that followed was to be taken up with the third consultation of the series with an outside therapist which, it was hoped, would work through some of the conflicts that entrenched such a deep split between the two staff teams. The first of these sessions, which had taken place on the 19<sup>th</sup> November in the previous term, had consisted of each of the Core Team and Psychiatric Team staff drawing a picture to represent the Unit, all of which were then discussed. After considerable delay whilst funds were sought from the Clinic for the consultation to continue, it was perhaps not what might have been expected that the third session be taken up with frantic discussion of a violent incident with one of the children.

The incident with Joe did, however, prove to be a powerful and useful catalyst for discussion, particularly as, once Mary, Anne, Vivien and I had given our descriptions of what had happened, one of the Psychiatric Team remarked on the fact that our descriptions of the incident were all about the way in which things happened in different parts of the building, unseen and unknown by others. This gave rise to a discussion of the way in which the work of the Unit was made up of countless individual efforts and incidents most of which were unseen. This outlook, which ran counter to the prevailing anxiety about the Unit as one amorphous crisis on the brink of catastrophe, was welcomed by the head psychotherapist, Barbara, who said that the work of the Psychiatric Team down at the Clinic building was just such important but unseen work.

The discussion remained on this positive and conciliatory theme only briefly, returning to Nina's failure to get Joe to his therapy. Once again there was mutual

recrimination about which of the two teams was responsible for the failure of the therapy. It was said that Joe had shown an expert ability to manipulate the split between the two teams so as to make the most of the opportunity that his therapy offered for acting out his distress. By the end of the session the discussion was about whether any punishment, such as a one day suspension, would have any effect on Joe. He was thought to be so disturbed that his future prospects were very bleak. Surely he was bound to become a dangerously psychotic adult?

In her brief summing up at the end of the session the consultant, Roberta, rebuked the two teams for making Joe the scapegoat for their differences, asking that in the next session everybody concentrate more on what they feel about each other than on the pathology of the children.

It was later decided by Anne and Margaret that to suspend Joe for a day after the half-term holiday would give too confused a message. It might be seen by Joe and by the other children as an extra day's holiday; reward for unacceptable behaviour. Or it might be an unnecessarily cruel addition to a long period during which Joe would be filled with anxiety as to the consequences of his actions. How punitive would the foster parents be during the holiday? And how strong was Joe's illusion, or conviction, that he had killed me? The longer he was away from the Unit, the longer would be tormented by the anxiety that had resulted from the incident.

On the first day after half-term suspicions about Joe's anxiety were confirmed when he refused to go near the water at the swimming baths, (he was always afraid of the water, hovering nervously near the edge), because he said his bottom was very sore and the chlorine would make it worse. During the next day he spent most of the day walking around in a crouched position, complaining about his sore bottom, and having discussed the matter at the Tuesday afternoon Supervision meeting with Anne and the rest of the Core Team, Margaret contacted Joe's Social Worker, who in turn contacted a paediatrician for advice. To the dismay of the Unit's staff, the paediatrician said that he was sure, just from the Social Worker's description over the phone, that there was nothing to worry about. Joe's social worker visited the foster parents on her own. His foster mother said that it was nothing to worry about; that he had just had a rash on his bottom for the last few days and that, knowing the sensitivity of the issue she had given

him Vaseline for him to put on it himself. When the social worker reported back to Anne she said that she was sure that there was nothing to worry about; that it was just Joe doing his silly monkey walk. Anne thought this was dangerously complacent and it was suggested, when the issue was discussed at the Friday Meeting that week, that Joe's rash may well have been caused by him injuring his own anus because of his state of anxiety during the half-term holiday. If that was what had happened it was thought to be virtually certain that Joe either was being, or had been, sexually abused.

Joe's therapy with Nina still continued, though it was taking the constant attention of one member of the Core Team staff to keep watch for Joe and to send him back up to the therapy room if he ran out. It ended suddenly and unsatisfactorily on Tuesday the 8<sup>th</sup> of March 1994, four weeks after the knife-throwing. Nina did not come herself, instead Margaret came at the time at which Joe was expecting his therapy to give him the news. Unable to control Joe she asked Howard for his help but, when Howard managed to get Joe up to Anne's office to see Margaret, Joe refused to talk about his therapy and ran back down, and out into the playground. That was the end of his therapy. The Core Team were furious that they had not been informed of the decision to end it, and felt that it could have been handled much better.

However, by the end of the Easter term the feeling of crisis with Joe had subsided. By the time of the knife-throwing incident concern about Joe had reached a climax which exhausted the Unit's repertoire of worrying incidents by reaching the most unacceptable and serious level of behaviour. Having galvanised the whole of the Unit in a split which was centred on the difficulty that he represented, the Unit had said all that it had to say, and done all that it had to do, on the day on which it had responded to the knife-throwing, and talked about it in the Friday Meeting. After that, concern about Joe became externalised, located in the worryingly complacent attitude of his social worker and in speculation about his future. In the summer term the Unit and Joe's local authority started to work towards the next placement for Joe, though this wasn't achieved until a year later.

Joe's behaviour continued to be very difficult, and he continued to be very distressed, but when, a few weeks after the knife-throwing incident, he picked up a heavy wooden brush from an old dust-pan and brush set in the classroom, and threw it

with uncanny accuracy so that it glanced off the side of Anne's head to hit Mary full on the middle of her forehead, there was not a sense of crisis but one of *deja vu*. Fortunately neither person had been badly hurt, and after the event it was only discussed in terms of the fascinating possible link between Joe's story about being thrown out of a window by his mother and his obsession with and skill at throwing.

Joe had passed through the central phase of a child's career at the Unit, that of episode and incident, and had become the subject of knowing discussion, starting on the phase of diagnosis and prognosis which leads to the insights drawn from the child's life in the Unit being translated into wider contexts.

## Part Three.

### Chapter Ten . Translating Difficulty.

I have described the central phase as the period during which the Unit can work with the child with the least possible reference to the world outside. Absorbed in the urgency of the repertoire of incidents and relationships made possible by the unique nature of the Unit's internal world, staff and children create the experience of difficulty confronted and endured which is the basis of the Unit's ethos. But the nature of this achievement presents a problem. If the ethos of the Unit is an un-named hybrid of the work of the two staff teams, with their antagonistic approaches working within the unique environment of the Unit's building and grounds, how can the work of the Unit can be translated out of its own unique context when the time comes for children to move on? The most obvious level on which this question presents itself is in the processes by which the Unit works with outside agencies to decide on the next placement for a child, but it begins with the ways in which the staff communicate to each other their experiences with the children, and the ways in which the raw material of everyday incidents is transformed into the larger narratives about the progress of children and the progress of the Unit as a whole.

In this part of the thesis I will consider different levels of the Unit's upward translation of the raw material of difficulty experienced with the children. The first of these involves the ways in which difficult episodes with the children are used to articulate the relationship between the Core Team and the Psychiatric Team; the second, the ways in which the Unit manages the daily communication with the children's lives outside the Unit; and the third, the system of meetings, from the most informal Breaktime chats to meetings between the staff teams and outside agencies, through which the raw material of work with the children is translated into more abstract forms. Finally, I will describe the ways in which the Unit makes its endings with the children.

## Leaks.

In the urgency of incidents such as Joe's knife-throwing, a sense of difficulty provides the boundaries that define what can and cannot be done, what can and cannot be thought. *In extremis*, and in the moment, the sense of difficulty underpins absolute distinctions and absolute imperatives. But, at a further remove, the Unit must also work with the fact that the distinctions on which it is based are not absolute. This is particularly true of the distinction between the two teams. In dealing with the problems of getting Joe to his therapy sessions with Nina, the two teams put up obstacle after obstacle to making an effective co-operative effort. As was clear from the Friday Meeting which I have described, it was felt absolutely necessary to maintain the separation between therapy time and ordinary time. However, accompanying this insistence on separation there was also, at other times, discussion of 'leaks'.

I first become aware of the concept of a 'leak' when I was on lunchtime play duty with the remedial teacher, Howard. It was a day on which three boys from Blue group, Grant, Tim and Andrew, had a weekly 'group therapy' session with the Manager of the Unit, Margaret, and the head psychotherapist, Barbara. As was often the case with therapy sessions, the timing of the session was dictated by the commitments of the therapists rather than the normal increments in the children's day at the Unit, meaning that the three boys would have to leave the playground before the other children, to be ready to be taken up to the therapy corridor. On this occasion Margaret had arrived a little early and had been standing talking with Howard on the terrace overlooking the playground (62) whilst I played football with some of the children.

After the three boys had been gathered up and taken into the building for their therapy session, Howard and I were left on the terrace overseeing the rest of the children. He told me, in hushed tones that suggested confidentiality, that Margaret had told him that she was very worried about a possible 'leak' from the group therapy session. I had been aware of an ongoing problem of stopping the boys from running out of the group therapy session, but until this point I was only aware of it as a practical problem of containment. As I have described earlier in the thesis, after a brief honeymoon period Grant had begun constantly to test the Core Team's ability to contain him within the classroom by running off into the rest of the building or out into

the garden. This had been understood within the context of the Core Team's daily work with the children. Grant directed his behaviour very clearly towards his teacher, Vivien, nursery nurse, Eileen, and the few volunteers who worked regularly with him in Blue group. His attempts to escape were clearly announced. One moment he would be sitting quietly playing on the floor, or working at a table, then the next he would leap up dramatically, often knocking over his chair or making some other loud noise (it must be remembered that he was mute) so that in the split-second that he made his break he would catch the eye of one of the adults who was responsible for him. This very quickly became an established part of life in Blue group. At least one adult would remain aware of Grant's likelihood to try to run out from the room, hovering between Grant and the door. Often Grant would look up with an arch grin only to realise that if he were to make a break he would be intercepted before the door. On these occasions he would smile and return his eyes to what he was doing. On many other occasions, though, he would make a determined attempt to escape. Sometimes he would be caught by one of the adults, who would gather him up and lead him back to a seat, but very often he managed to time his dash to perfection and make a dramatic exit. When he ran out of the classroom he either tried to get out into the playground, or up the stairs to where he could climb out on the banister, or run to the upstairs toilet (46) where he could lock himself in.

This behaviour put a great deal of strain on Vivien and Eileen in their work with the children in Blue group. Grant was extremely persistent, and highly successful at making rapid, but dramatic, escapes. Though he often began with a look of glee rather than distress, the incidents would usually end with him in a furious tantrum, crying and hitting out at the member of staff who was trying to bring him back to the safety of the classroom. However distressing this was for the staff, it did fall into a regular pattern that, if only by virtue of the fact that it was repeatedly 'survived', offered Grant, if not the staff, a form of reassurance. Though Grant's was one of the more extreme examples, his behaviour was typical of the ways in which many of the children tested the Core Team's ability to contain them. On the face of it this type of behaviour would seem to be utterly unacceptable and undesirable, threatening the safety of both staff and children, and compromising the staff's ability to contain the rest of the children. Indeed it was this kind of disruptive behaviour which the Core Team themselves found most



harrowing and discouraging. Yet this was the behaviour which made fullest use of the framework that the Core Team provided for the children. Attempts to break out of a classroom were predicated on the arrangement of the day into particular moods and rhythms by the timetable. Repetition of this behaviour within the repetition of the timetable provided an element of reassurance amidst the distress, and involved the Core Team and the children in a structured, unfolding narrative that allowed the playing out of variations and developments of provocation and response. It is significant that Grant rarely tried to run away from anybody but the adults who had a regular relationship with him in the classroom.

It is against this background that the problems with the group therapy session began. The group session had been running before Grant arrived at the Unit, Margaret and Barbara already having a sense of its mood, and of the children who might make an effective combination within it. When Grant started to run out of the group sessions it seemed as if this was just an extension of the problems that he had already been presenting to the Core Team, an attempt by Grant to draw Margaret and Barbara into repeated tests of their ability to contain him. But what Howard said to me about Margaret's worries of a 'leak' alerted me to the fact that what was happening was not just a practical problem, but also a problem at the level of the relationship between the two staff teams. This problem escalated until it became one of the main vehicles for articulating the antagonism between the two teams.

The 'leak' was not just the escape of Grant from therapy back out into the rest of the Unit. What Margaret was concerned about was the fact that the children in the therapy group were managing to involve the Core Team as well as the therapists in the content of the sessions. Throughout 1993 and 1994 this issue became gradually more explicitly articulated between the two teams. What at first seemed to be a problem of containment solely to do with Grant, and related to existing problems with Grant, soon became a phenomenon in its own right. After an initial period in which Grant tantalised the group sessions by hovering outside the therapy room in the corridor, Tim began to join Grant in making an escape. The boys would run down from the therapy corridor and out into the playground, followed by one or both of the therapists. Andrew, a much quieter child than the other two, who very rarely attempted to run out from the classroom, eventually began to join the other two boys so that the whole group session

had effectively broken its boundaries and come out into the playground. Margaret and Barbara would often spend most of the time allotted for the session trying to persuade the boys to come back in from the playground. At first this did not present a crisis in the way that Nina's problems with Joe did. In comparison with Nina, who was a trainee therapist, Margaret and Barbara were two of the most senior and experienced members of staff, with ample reserves of confidence with which to confront and contain the children. As a result, members of the Core Team did not feel the need to become involved in the way that they had, however problematically, with Nina. Instead, classes were carried on as normal within the two classrooms, whilst out in the playground the therapy group could be seen, by Core Team staff and the other children alike, with the three boys testing to the limit the resolve of their therapists.

Though it might have been the most obvious manifestation of a 'leak', the fact that the boys were running out from the group session did not become the first serious cause for concern. What first became a topic for discussion at the Friday Meetings was that there had been an increase in the level of sexualised behaviour in the daily life of the Unit. At the end of the summer term of 1993 three older boys, aged twelve or thirteen, had left the Unit. The older boys had dominated the atmosphere of the Unit during the last year with physical aggression and bullying, and it was remarked at the start of the next term that there had been a distinct change of mood without them. Though Jack had taken up the mantle of bully, the level of physical aggression between the children was definitely felt to be lower. By the middle of the autumn term, though, it began to be remarked that the violence had been replaced by an increase in stylised, bizarre and sexualised behaviour. Grant and Tim, in particular, had begun to develop a repertoire of behaviour in the group therapy session which they started to act out in the classroom. In the therapy sessions Tim had begun repeatedly to say alarming things such as, "Stick that up your arse. That'll stretch it." Grant had responded by exposing his genitals and pretending to urinate on the therapy room floor and on the other two children. On occasions he did urinate. For his part, Andrew became increasingly aggressive in the sessions, in marked contrast to his withdrawn demeanour at other times. During the autumn term of 1993 Grant and Tim's bizarre sexualised behaviour became a feature of their behaviour in the classroom as well as the therapy sessions. Vivien remarked upon this change on several occasions in Friday Meetings, and it must

also have been apparent to Margaret and Barbara when they saw the children in the weekly Community Meeting.

Thus it was that the 'leak' that Margaret had mentioned to Howard referred not only to the fact that the boys were running out of the therapy room, but also to the fact that the distinction between the therapy time and classroom time was being threatened. For several months after a connection between the therapy group and changes in the behaviour of children in the daily life of the Unit had been discussed in the Friday Meeting there was no further direct discussion of the problem. The increase in bizarre and sexualised behaviour was addressed from the perspective of the daily life of the children with the Core Team, and in relation to specific suspicions of sexual abuse. The problems of the therapy group remained in the background, a minor distraction once each week, but one which was contained by the authority of Margaret and Barbara.

What finally brought the problem to the fore was the increasing defiance of the three boys. Eventually they began to anticipate the beginning of the therapy session by resisting the attempts of the members of the Core Team who were on lunchtime play duty to bring them in from the playground. At the bottom of the playground was a shed (67) onto which the boys had started to climb up when they had run down from the therapy session. The spectacle of the two therapists standing next to the shed with the three seven year-old boys looking down at them had become a distraction that was still, however uneasily, being ignored by the children and Core Team staff inside the building. What finally drew the Core Team into the therapy group's problem was the fact that, as soon as lunchtime play began on the day of the therapy session, the three boys would begin to manoeuvre one of the garden tables towards the shed to make it easier for them to climb up onto the roof. The roof of the shed was strictly out of bounds in terms of the rules of the playground, (whereas, by comparison, being on the roof of the shed during the therapy session, though not acceptable, might be thought to have an allowable communicative function), and the Core Team staff duly began to anticipate and attempt to prevent the boys from climbing up.

Eventually the problem of the shed broke the boundaries of the therapy time at both beginning and end of the session when, on several occasions, the boys managed to climb up onto the roof before the beginning of the session and to remain there until after

the end. During the period of the session itself Margaret and Barbara would attempt to persuade the boys off the roof, and before and after the session members of the Core Team would make their own efforts.

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The physical position, shape and size of the shed meant that the job of persuading the boys down from the roof involved the boys and the adults in a range of different strategies which were to become important elements of the 'problem' as it was played out between the two staff teams. The front of the shed was approximately ten feet wide and six and a half feet tall, with a door, which was always locked, to the left hand-side, and windows glazed with thick transparent plastic running from the middle to the right hand-side, filling the upper half of the wall. Wooden bars had been fixed across the windows to protect them from balls kicked or thrown from the playground, and these made it possible for light and agile children to pull themselves up the front of the shed and onto the roof. The roof itself sloped down slightly towards the back, the back wall of the shed being about a foot lower than the front. The depth of the shed was approximately six feet. The shape and size of the shed were such that it provided an almost perfect opportunity for the children to tantalise the adults. Positioned at the end of the playground, looking back at the building, the shed provided a podium for children to be dramatically evident to anybody looking out of any of the windows at the back of the building. Once in front of the shed to attempt to get the children down, even someone who was six foot tall would find that it was only possible to reach the children's feet with an outstretched hand. If the children backed away from the front towards the lower, rear part of the roof, they still remained too far out of reach for an adult safely to grab hold of them and lift them down. To all intents and purposes there was a complete stalemate unless an adult climbed up onto the roof. The wooden bars across the windows on the front of the shed were too thin to support the weight of an adult, so the only way to climb up was by pulling over one of the wooden garden tables. The roof of the shed was barely strong enough to support an adult, and even if an adult did climb up onto the roof the children were likely to become so over-excited by such an unusual and undignified departure that they might hurt themselves in the scramble to get off the shed. On the very few occasions when an adult did climb up onto the roof the children were only caught if other members of staff were ready in the best positions to intercept the children as they made their leaps. Often there would be only one

member of staff attempting to bring the children down, others staying inside to deal with the remaining children, trying not to draw attention to the chaos in the garden. A lone adult climbing up onto the roof would find that the children jumped down into the sandpit (66) conveniently positioned to one side of the shed and then ran into the dense bushes at the end of the garden, behind the shed. If the adult then climbed down to follow them the children would just run round to the table that the adult had just used and climb back onto the roof.

There was, then, no easy practical solution to the problem of children climbing onto the roof of the shed. The direct physical approach was possible, and in certain extreme situations, with children who were becoming so overwrought that it was thought that one of them might be pushed or fall off onto the tarmac surface of the playground, it was carried off. But this required the Core Team's mastery of spatial control with the children to be working at its peak of effectiveness, the adults working together with absolute determination and split-second timing. The strategy that was used more often was the Core Team's pragmatic mixture of sympathetic chat, guile and subterfuge. The adult would attempt to engage the child by talking about other occasions on which the same thing had happened, or about details of what had happened earlier that day, perhaps including details of things that had happened at home, which had been reported by the child at News or in the Home/School Book. Having gained the attention of the child the adult might then begin to talk about how dangerous the roof of the shed was, and how it hadn't been built to withstand boys jumping up and down on it. If this approach succeeded the child would either climb down into the adults arms or be lured to a position from which the adult could safely reach out and lift the child down. It was the strength of the children's incorporation within the daily life of the Unit as operated by the Core Team which allowed Core Team members to use this strategy to draw children back from the brink of hysterical acting-out on the roof of the shed (or, for example, from the banisters above the hall), and which meant that members of the Psychiatric Team were at a disadvantage.

If the direct physical approach to getting the children down off the roof was the most extreme of Core Team strategies, and the pragmatic mixture of talk and entrapment the strategy most representative of their skills, then the most 'abstract' way of getting the children down off the roof belonged to the Psychiatric Team, who

practised the purest form of 'talking' the children down off the roof. At its most effective, the idiom of the therapy session might allow for children to feel that the communicative intentions of their excursion onto the roof of the shed had been comprehended by the therapists, and the other children in the group, and for the session to move on to another stage, both literally and figuratively. In practice this was very hard for the therapists to achieve, as away from the very particular context-less context of the therapy room the children were inevitably drawn into the behavioural repertoires of the playground and of their days with the Core Team. Nonetheless, there *were* occasions on which Margaret and Barbara talked the boys down off the roof and back up to the therapy session.

The problem of the shed therefore invited responses which ran across the whole spectrum from the Core Team approach of decisive physical intervention to the Psychiatric Team approach of therapeutic talk. Though on some occasions the therapists would attempt to grab hold of the children, just as the Core Team staff would also sometimes talk to the children in a way which approximated to the approach of a therapist, the distinctions between the two teams remained clear. Before and after the sessions the Core Team would use their methods, and during the sessions the therapists would use theirs. Occasionally, in contrast to the situation with Nina, Margaret and Barbara asked for help from members of the Core Team when it was clear that there was no real therapeutic element to what was happening and they felt that the best thing that could be done would be to bring the children back into the building as quickly as possible. On the occasions when a joint and concerted attempt was made the children would capitulate relatively rapidly, realising that they could no longer exploit the ambiguous space between therapeutic license and playground rules.

All through the autumn of 1993 and into the first half of 1994 this problem carried on, gradually worsening. On many occasions the three boys would remain on the roof of the shed from the end of lunchtime play until it was time for them to go home at three o'clock, with adults taking it in turn to go out and try to bring them back in, but with most of the time being spent with the boys out in the playground on their own, shouting defiantly towards the building. By 1994 the problem had spread so that other children were running out from the building during the day and camping out on the roof of the shed. "What are we going to do about the shed?" became a question that was

voiced regularly at all of the staff meetings. The problem had become so entrenched that the only way that it could be addressed was by the shed itself becoming the nub, rather than the very specific and problematic junction of Core Team and Psychiatric Team elements in the timetable. The question caused disagreements that split the two teams down the middle. The Core Team, for whom the shed represented only a slightly more frustrating practical problem than many other practical problems which the material fabric of the Unit's building and grounds threw up, argued that there was little to do that was not being done already. As long as the children could be kept safe, which they had been, the fashion for climbing up onto the roof would probably pass, as the children involved matured within their career in the Unit, and new arenas for testing the resolve of the staff developed. The Psychiatric Team took a far more categorical and theoretical position, arguing that the shed should be removed from the garden altogether, as the problem that it was causing posed a serious threat to the stability and safety of the Unit's treatment ethos. They argued that the fact that the children were able, so effectively, to frustrate the aims of the staff was likely to create in them feelings of omnipotence which could be very psychologically damaging. The difficult behaviour of many of the children at the Unit was felt to be partly caused by the need to test feelings of omnipotence that had been caused in early childhood by parental neglect. The neglected child feels terror at being the only power in its world, and that terror might be re-evoked by the omnipotence on offer from the roof of the shed.

Members of the Core Team disagreed strongly with this analysis, arguing that the shed, far from providing a vehicle for feelings of omnipotence, provided a relatively safe platform from which the children could act out towards the adults, knowing that they could climb back down into adult arms. Compared to the situation on the roof of the shed, there were many situations that occurred within the building in which the proximity of other children, the availability of objects to use as missiles or weapons, and opportunities afforded to reach dangerous places, such as the banisters or a locked toilet, where an adult could not follow to ensure safety, gave far greater cause for concern. In any case, the Core Team argued, if the shed was to be removed from the garden, who was to say that the children might not avail themselves of an even more dangerous vantage point such as the tops of the eight feet high brick walls that ran down the right hand-side of the garden?

And so the discussions about the shed remained in stalemate just as did the attempts to prevent the children from mis-using it, the Psychiatric Team arguing that urgent clinical principles were at stake, whilst the Core Team countered from their pragmatic sense of the daily spatial repertoire that they enacted with the children. The only practical alteration that was made was that the Department of Works from the Clinic came up to remove the wooden bars from the front of the shed, so that the children would no longer be able to run straight out of the building, down across the playground and up the front of the shed. This proved to be of little effect, as it was still easy enough for the children to move a table over, and climb up via the side of the shed.

What finally brought the matter to the head in a Friday Meeting in the summer term of 1994, revealing the aspect of the 'leak' that most concerned Margaret, was the fact that the sexualised behaviour that had started in the therapy sessions, in the therapy room itself, and then had also started in the classroom, began to be a significant element of the children's routine on the roof of the shed. Grant and Tim began to expose their genitals and their anuses to Margaret and Barbara from the roof of the shed, and also began to urinate off the roof towards the adults. Even when adult attempts to get them down off the shed had been abandoned and they had been left, temporarily, outside on their own, in the hope that their mood might become calmer, they would drop their trousers and expose themselves towards the classroom windows, or try to urinate as far from the shed roof as possible. Though there was an inexorable logic in the escalating scale of the children's attempts to provoke the adults, the possibility that their increasingly sexualised behaviour related to past or present abuse could not be ignored. Both Tim and Grant had given many other causes for concern about abuse, and there was an ongoing history of Social Services investigations. The behaviour that was taking place on the roof of the shed clearly had significance in relation to these ongoing concerns of abuse, and also as the manifestation of the psychological effects of abuse which the Unit, and especially the therapists of the Psychiatric Team, were expected to address.

The increase in sexualised behaviour on the roof of the shed thus shifted the balance of the problem from one which was predominantly in the idiom of spatial containment which was the preserve of the Core Team to one which was more clearly 'clinical'. The Psychiatric Team were now aware that outside the time of the group



therapy sessions, when Grant and Tim were climbing up onto the roof of the shed during the course of the 'school' day, the Core Team were having to deal with problems that required a clinical approach, and specific clinical expertise.

These tensions came to the surface in an extraordinarily bad tempered session of the therapeutic Consultation with the outside consultant, Roberta, at the Friday Meeting on the 24<sup>th</sup> of June 1994. For most of the meeting the question of the split between the two teams had been discussed in relation to the sense of crisis that was pervading the Unit. Violence and severely disturbed behaviour were at such a high level that some members of the Psychiatric Team were suggesting that, notwithstanding the fact that children and staff were still 'surviving' from day to day, it was time to acknowledge that the Unit was failing in its obligations towards the children, providing an environment which, for many of them, was abusive rather than therapeutic. Both teams were concerned that the staff's failure to work together successfully was related to the failure to provide an adequate environment for the children. However, though there was a degree of agreement about the fact that the relationship between the staff teams was a problem, any attempts to resolve the split only served to polarise the disagreements. When it was suggested that the problem was that neither team trusted the other to acknowledge and value the work that they did, the positive perspective was rapidly turned about in a succession of complaints about exactly when and how the other team had failed to recognise valuable achievements.

The mood of the meeting turned from mutual antagonism that yet recognised a common problem, to resentment and recrimination. Eventually the mood was so sour that the meeting threatened to come to a halt. There was a long silence during which everybody stared into the floor in the middle of the room. Then Margaret raised the question of the shed. What was to be done? The problem had been going on for too long and typified the Unit's current inability to protect the children from their own destructive urges. Once again members of the Psychiatric Team said that they thought there was no alternative but to remove the shed itself. Members of the Core Team responded that they thought the problem was beginning to reach a natural conclusion, saying that on several recent occasions Core Team members had had constructive conversations with children in the course of talking them down off the roof.

In the context of this meeting, and of the perceived urgency of the current crisis in the Unit, the response of the Core Team to the Psychiatric Team's concerns about the shed was clearly the final straw, because several members of the Psychiatric Team joined, in the strongest possible terms, in accusing the Core Team of over-reaching themselves in their attempts to talk children down off the roof of the shed. They argued that many of the current problems of containment were being caused by the Core Team's unskilled and ill-judged attempts to administer therapy to the children when they should be looking after their education, physical containment and safety. Turning the classroom into an arena for amateur attempts at therapy was provoking psychological responses from the children which could not be contained. Members of the Psychiatric Team repeatedly insisted that it was not the place of the Core Team to "interpret" the children's behaviour back to them. Interpretation was for the Psychiatric Team; the Core Team should confine themselves to creating an environment in which education was possible.

Some members of the Core Team began to respond, feeling outraged and insulted, that it was not possible for them to refrain from any discussion with the children of the reasons for their difficult behaviour. They were routinely presented with situations which required some form of intervention in order to avoid serious escalation, and talking to the child was always the preferred response. Their knowledge of the children's daily changing moods and home circumstances meant that they were often in possession of the information required to talk to a child and draw them back from the brink of a violent or destructive incident.

Before the Core Team could finish their response several members of the Psychiatric Team angrily insisted that what they were hearing was exactly what they feared. The Core Team clearly felt free to 'interpret' the children's behaviour without any adequate view to the consequences. Stunned by the strength of feeling shown by the Psychiatric Team the Core Team ended the meeting in silence, leaving Margaret to say that she thought it was crucial for the future of the Unit for the respective roles of the two teams to be more clearly defined and more strictly observed in future.

It is possible to see the problem between the two teams in this case in purely practical terms. As 'outsiders', sharing responsibility for the successful conduct of the

Unit, yet without the reassurance of continuous contact with the children, it is understandable that the Psychiatric Team should have become alarmed by the seriousness of the Unit's problems of violent and disturbed behaviour. Without being able to be in touch with the continuous changes of mood during each day and week they needed to see dramatic measures being implemented in order to feel that a significant response was being made. For their part, constantly in touch with the children, and inevitably burdened with a feeling of direct responsibility for the atmosphere within the Unit, the Core Team were bound to feel defensive when it was suggested to them that things were getting out of hand. Any major changes would be seen as a poor reflection on their competence, when all they felt that they needed was a little more support in order to get on top of things. The problem of the shed can thus be seen as an inevitable consequence of the management structure and the disposition of responsibility within the Unit.

But it was also clearly a conceptual problem, described by the term 'leak'. What was being leaked? On the most obvious level, children were leaking from the therapy session out into the normal timetable day. With them they were taking psychological phenomena that were thought to belong to the therapy time and space. Sexualised behaviour and emotions were leaking out, and when these were dealt with in an improper, un-therapeutic context on the roof of the shed leakage began between the two staff teams, with the therapists' ability to enforce a therapeutic context being compromised by their need to use the pragmatic spatial policing which was usually the preserve of the Core Team, and the Core Team's containment of the children being threatened by inappropriate use of 'interpretation'. In addition, it cannot be overlooked that the leaking of bodily fluids, in the form of the boys' conspicuous urination, was a major factor in bringing this episode to a head. Significant entities were out of place, the breaking of conceptual boundaries being underpinned by the rhetorical authority of the spatial transgressions.

I have described here one very significant example of an episode that was understood in terms of the idea of a 'leak'. How are leaks to be understood in the wider context of my description of the Unit?

In looking at the contrast between the Prospectus of Park House School and its 'Guidelines in Handling' I described how the practical predicament of Park House, and also of the Unit, as offerers of new possibility which is yet tightly constrained within exacting responsibilities to children, parents and referring authorities, involves them on the one hand in an insistence on the manageable separateness of the entities into which the children's problems are resolved by the treatment's diagnosis, and on the other in the recognition of entities which are unpredictable, to which boundaries may not easily be defined, and which may pass through the treatment environment by contagion. These contrasting models involve contrasting responses. Discrete, separable entities are dealt with by naming and containment, whilst the forces and entities which underlie the mutual implication of otherwise separable parts of the treatment environment are dealt with negatively, as contagion to be avoided, or managed positively, through processes of exchange.

I will describe, below, two contrasting processes for the management of communicable or leaking phenomena in the Unit. The daily relationship between the Unit and the world outside, as represented by the children, their escorts and parents or guardians, is organised so as to limit the passage into and out of the Unit of phenomena such as blame and hostility which are contagious and mutually implicating. By contrast, the system of meetings through which the staff co-ordinate their work, though also a conduit for the contagious phenomena such as blame and hostility, exists primarily for the transmission of significant observations about the children, the discreet, nameable and controlled products of the staff's work.

### **Managing exchange with the world outside the Unit.**

The split between the two staff teams allowed for there to be a controlled playing out of the questions of containment, and the paradox of separation and mutual implication, that were grounded in the sense of difficulty created and endured within the Unit. Internal leaks, though uncomfortable for all involved, served the purpose of testing and confirming the ethos of the Unit. As with the case of the shed, a high level of disruption could be endured under the umbrella of the two antagonistic teams. But if it was possible to tolerate quite serious breeches of the internal boundaries of the Unit,

the boundaries between the Unit and the outside world were far more scrupulously policed.

In my earlier discussion of the organisation of the internal space of the Unit I described the ways in which the access of the escorts who bring the children to and from the Unit is restricted to the hallway and the waiting room. I argued that the creation of a space within the Unit which was semi-public allowed for the handover of children from escorts to Core Team staff to stand for the handover of children from parents or guardians, but to avoid contact between the staff and the actual contingencies of the children's home lives. The context for this separation is fact that the Unit assumed a theoretically absolute responsibility for the children once they were within its environment. In the case of mainstream schools responsibility for the children is shared even when the children are at school. The school takes responsibility for the educational progress of the child, and for a portion of the pastoral care of the child which relates to public social life, but the parents and the family retain responsibility for the parts of the child's life which belong to the domestic sphere. A school understood in this way is an institution which makes a partial intervention in the lives of children, in the same way that doctors and hospitals take on specific and partial responsibilities. In these relationships between the domestic and public spheres responsibility is divisible and able to be shared or delegated. The relationship between the Unit and families that come into contact with it is different. The therapeutic treatment offered re-creates a total world inside the Unit so that rather than the staff being *in loco parentis* in the sense that mainstream school teachers are temporarily vested with the authority and responsibility of parents, they jointly stand for the home environment so that its psychodynamics can be evoked and lived out within the Unit. In one sense, therefore, the commitment of the Unit to families and referring authorities involves them in setting up a parallel life for the children, the alterations occurring within the children themselves being the only truly significant element of communication between the two worlds.

The Home/School Book was the primary vehicle for the daily exchange between the Unit and the children's home environment. The purpose of the book was for the Unit staff and for the children's parents or guardians to be able to point out changes in the behaviour of the children, with the possible addition of illuminating contextual

information. Practical matters, such as the arranging of meetings or the need for different clothing for child, were also dealt with. In ideal conditions, the Home/School Book would allow both home and the Unit to be more finely attuned to the mood of the child. It was more often the case, though, that it became the vehicle through which failures of communication were perpetuated and managed.

The content of the Home/School Book would often reflect the very difficult relationship between the Unit and the children's home lives. Whether positive or negative, the comments written in it would be likely to imply a division of praise and blame between the two parties. For example, one of the class teachers may feel that it is necessary to warn a child's parents or guardians that he or she had had a very difficult and disturbed day at the Unit. The implication that may be taken from this communication is either that something must be going on at home which has caused the child to be so disturbed during the day, or that the child's difficulties are not being sufficiently acknowledged at home, the teacher needing to push the parents or guardians into a different view of the child. Either way, the sense of crisis attending most of the children at the Unit would mean that the Home/School Book was very prone to becoming the vehicle for the allocation of blame, or for the pre-emptive claiming of responsibility for a positive impact on the child.

The Home/School Book thus simultaneously facilitated and frustrated communication between the Unit and the children's parents or guardians. It provided a minimal contact, allowing the daily exchange of responsibility back and forth between the Unit and home to take place without direct confrontation. The physical form of this exchange contributed to its effect. The books themselves were low quality children's exercise books measuring about five inches by four inches, the pages ruled with wide lines so that very little writing could be accommodated on a page. The teachers' entries usually ran from one to three sentences, to which there would often be no reply, or a reply of only a few words. The books were taken home by the children in their school bags, having been given back to them at the end of the afternoon, when the teachers' entries were written. Frequently, problems were experienced in getting the children to show the books to their parents or guardians, and the escorts were often called upon to make sure that the children had the Home/School Book with them when they were picked up to come to the Unit in the morning.

The Home/School Book placed exactly the form of practical difficulty in the line of communication between the Unit and the children's life outside that I described in the context of the staff making use of the children's case notes. The brevity of messages often meant that what was said was at best ambiguous, at worst, misleading, and the actual content of the communications could become subordinated to considerations of the style in which parents or guardians wrote, whether defensive, evasive or overly direct, and of their handwriting, or grammar. Thus the Home/School Books were an appropriate vehicle for the daily exchange of responsibility, limiting the actual 'leakage' of the blame and recrimination which went with questions of responsibility, while providing a manageable token which made a daily physical journey back and forth with the children, mediated by the responsibility of the escorts.

Such was the Unit's sensitivity to the management of its boundaries with the outside world that in the final year of my fieldwork, during which the sense of crisis in the build-up towards the change of the Clinic to Trust status was reaching a climax, radical proposals were put forward in the Core Team's staff meeting for changing the way in which the children were brought into the Unit at the start of the day.

Members of the Core Team staff took it in turns to take responsibility for News, there being a rota for this duty which was worked out in conjunction with the rotas for supervision of the children during their lunch, during lunchtime play, and in the period after three o'clock until all the children had been collected by their escorts. In 1993-1994 the period before News, in which the children waited with their escorts in the waiting room, and were then collected by the member of staff on duty and assembled in the News room to wait for two or three minutes until the other members of staff came down from their Staffroom, was becoming increasingly difficult to manage. Several different factors combined to make this so. As I have already mentioned, a group of older and aggressive boys had left the Unit in the summer term of 1993, and the dominant idiom of disturbance had changed from physical confrontation to bizarre and often self-destructive behaviour linked to children running off into remote parts of the building or the garden. Though there continued to be a problem of fights within the waiting room, the member of staff on News duty would often go down to the waiting room to find that one or more of the children had run off into the building or the garden. Without the assistance of other members of staff, who would still be enjoying

their jealously guarded privilege of a preliminary cup of tea, it was very difficult and frustrating to attempt to pursue and return a child who had run off. This problem was in turn exacerbated by a factor which was caused by the pressure on local Education Authority budgets.

In many Education Authorities, government restriction on spending, combined with a change in policy which favoured the education of children with special educational needs on mainstream school sites rather than in more expensive special facilities, meant that strict ceilings were being placed on Special Needs spending, irrespective of the needs of particular children. This was true in the case of Council 'B', who decided that savings could be made by sending more than one child to the Unit with each escort. Thus it was that one of the longest serving of the escorts, a woman in her sixties called Rita, was asked to bring to the Unit Joe, Gemma, and a new child that began in the autumn of 1993 and proved to be exceptionally disruptive, Noah. All three of these children were the focus of serious on-going concerns about possible past or present sexual abuse, and all of them were currently displaying particularly difficult and disturbed behaviour at the Unit. It was unanimously agreed by the Unit staff that this arrangement was grossly unfair to Rita, and likely to threaten the physical and psychological safety of the children. The Manager of the Unit, Margaret, made repeated attempts to persuade Council 'B' to restore individual escorts to the children, but to no avail.

The consequences were exactly as had been feared. Noah and Joe competed for Gemma's attentions, and eventually Joe began an obsessive fantasy that Gemma was his girlfriend. This situation became the vehicle for the playing out of seriously disturbed sexualised behaviour both in the taxi and at the Unit, with Noah, who was older, highly intelligent and expertly manipulative, winding the situation into hysteria which frequently ended in violent struggles inside the taxi. On several occasions Rita arrived at the Unit with bloody cuts and scratches, and torn clothes. With what was surely a mistaken sense of stoicism and duty, Rita carried on with barely a complaint and, despite the Unit making the situation abundantly and repeatedly clear to the education department at Council 'B', no alteration was made in the arrangement.



This unusual situation threatened the normal division of responsibility between the Core Team staff and the escorts. Rita had always been held in high esteem for her reliability, her good humour and her confident and effective manner with the children, but during the course of this period she became something of a hero for the whole of the Unit's staff; someone outside the two divided staff teams who could be seen embodying the devotion to duty in the face of utterly unreasonable external expectations which it was hard for the two teams to acknowledge in each other. Rita was having to do the sort of work that the Core Team were used to doing inside the Unit, trying to manage a complex mixture of physical and psychological disturbance at close quarters. The situation was no less difficult for the three children, with all of them, either jointly or individually, frequently refusing to get into the taxi to go home at the end of the day. Members of the Core Team began to anticipate these problems at the end of the day and to help Rita to lead the children out to the taxi and to settle them in the taxi before the driver would agree to set off. In the morning, also, the staff would be ready to help Rita into the building with the children and to deal with any situations that had developed between the children. The normal boundaries between the children's outside world and the world presided over by the Core Team had been broken, Rita's problems with the children meaning that the Unit's internal idiom was being stretched all the way to the front doors of the children's homes. The Unit's responsibility had been drawn out far beyond the area in which it had total control of the environment.

The consequence of all this was that the period between about 9.10 a.m. and 9.25 a.m., when the children arrived at the Unit and gathered in the waiting room with their escorts, became fraught with disturbance. Noah and Joe, in particular, were arriving at the Unit in a state of near hysteria, and many of the other children would either become withdrawn and traumatised or would join in the ensuing disturbance. It became increasingly difficult for the member of staff on News duty to gather the children together and sit them down in the News room. Often the rest of the Core Team would come down from the Staffroom at 9.30 a.m. to find only a few of the children seated in the News room whilst others ran around in the hallway, or the classrooms, or had disappeared into the far reaches the first floor corridors.

For a long period of time this situation was endured without much comment from the staff. There were, after all, always difficulties of this nature at various points throughout the day, and as the escalation of difficulties with the beginning of the day had been gradual it had been accepted as part of the general predicament of work at the Unit. It was the part-time remedial teacher, Howard, who finally, in one of the Core Team staff meetings, insisted that something must be done. Howard's unique role in the Core Team made him more likely to react in this way. Though he was often drawn, by the constant chronic shortage of staff in relation to the level of difficult behaviour, into working with other members of the Core Team in the classroom, or into substituting for other members of the Core Team when they were ill or taken away from the classroom by other duties and obligations, Howard was slightly removed from the rest of the Core Team for several reasons. He worked for two and a half days a week, as opposed to all the other Core Team members, who worked full-time. He had his own room (20), which he used as his office, and for the remedial teaching of children on a one-to-one basis. Approaching the age of retirement he was significantly older than any other members of the Core Team, and several years previously he had worked for a period of ten years as the Teacher-In-Charge of the Unit. He had left the Unit only to return as a remedial teacher several years later.

All these factors contributed to Howard being the person who proposed radical changes to the beginning of the Unit's day. As a part-timer he did not always have the knowledge of the latest changes of mood in the group of children as a whole, or in individual children, which would allow him to anticipate and counter the early morning difficulties. Being older, and not quite as physically robust as some of the other members of the Core Team staff, Howard was less ready to accept that a high level of physical handling was a necessary part of dealing with the children. On several occasions he suffered kicks on his legs which caused deep bruising, and pain and discomfort for many weeks. His longer historical perspective also meant that he was not so deeply entrenched in the inexorable, urgent present that made the Unit's procedures seem so inevitable and unchangeable. Remembering a time before the institution of the morning News assembly, Howard suggested several possible changes. The escorts had not always been allowed into the Unit in the mornings; perhaps they could wait outside with the children until 9.30 a.m.? He suggested that News could be

abandoned altogether, with the children going straight into the classroom to begin the day with their own group. What this would achieve would be the removal of the transitional period in which one member of the staff had the responsibility of collecting the children from the escorts. The children would no longer be able to use this transitional period to bring the disturbance, that was coming from home and continuing with the escorts, into the Unit.

Initially the response of other members of the Core Team was to disagree with Howard's assessment of the chronic nature of the problem. It was something which there was no alternative but to endure. It was argued that it was not possible to exclude the escorts from the Unit before 9.30 a.m.. Many of the children travelled long distances across London, and the unpredictability of the traffic meant that if they were to be able to guarantee arriving on time the taxis would have to set off early and would frequently arrive at the Unit up to half an hour early. It was not fair to make the escorts and the children wait out on the pavement in all weathers and, given the current levels of disturbance, it would not be fair to anybody, including people in neighbouring houses and other people using the pavement, to move the chaotic situation from inside the Unit to the pavement outside. Initially nothing was done but, after several weeks of raising the issue, Howard persuaded his colleagues to agree on some changes. When the children came in with their escorts, the escorts would still go to the waiting room, but the children would be able to go into their own classroom and find a familiar book to read or toy to play with. One member of staff would oversee the children in each classroom until 9.30 a.m. when the morning would begin with the children remaining in their own classrooms. About fifteen to twenty minutes later, when the children were settled as far as possible, Anne would call everybody through to have News in the usual place. The idea was that the children would be able to make a direct transition from their life outside the Unit to the security of their class-group, and for some of the children this proved to be successful.

But the experiment as a whole was not a success. The early period in the classroom became beset by anarchic acting-out behaviour. The children responded to the staff's uncertainty about the exact nature and function of this preliminary period by testing its boundaries. Several children from both groups would regularly run out from the classroom into the garden where they would prowl around with large sticks

gathered from amongst the bushes, waving them menacingly towards the building. So difficult was it for the staff to contain the children during this period that the News period would happen late, or not at all. Vivien would gather together all the children in Blue group and have them ready to go through to News, only to find that Anne and Orange group were far from ready. Whilst they waited, Blue group would then grow restless once more, making the beginning of News at least as difficult to achieve in a satisfactory way as it had ever been before.

The experiment was abandoned after two weeks, News returning to its normal time. Clearly it was not possible for the Unit to limit the access of outside disturbance merely by refusing to acknowledge the handover from the escorts. The graduated transmission of responsibility for the children from parents or guardians to escorts, from escorts in taxis to escorts in the Unit's waiting room, and from the waiting room to the classroom or the News room, allowed the staff to begin the day with children at a significant remove from their home life. Paradoxically, the attempt to insist on a more radical separation of the children's life outside the Unit made for greater uncertainty about the role of the staff inside.

## **Exchange between staff.**

### **The Tuesday Supervision Meeting.**

Of all of the meetings held each week, two were the most problematical. The Friday Meeting was the arena for the playing out of the conflict between the two staff teams, a difficult experience for all concerned. There was little controversy about the actual form of the Friday Meeting, though, it being felt to be as inevitable and unavoidable as the conflict to which it played host. The same was not true of the Tuesday afternoon Supervision meeting between the Core Team and the Manager, in which there was constant uncertainty about what the meeting was meant to be for. On a minimal level there was no question that the meeting served the purpose of providing an opportunity for the Core Team staff to meet once a week with the Manager of the Unit. In theory this provided a context in which Margaret, separated from the rest of the Psychiatric Team, could transcend the divisions and allow the Core Team to represent their observations and concerns. In practice, however, the division was so pervasive that hostility felt by the Core Team towards the Psychiatric Team was directed at Margaret during the meeting.

There was never a clear idea about what the content of the meeting ought to be. Without an agenda, the Core Team members would usually begin each meeting, after cups of tea or coffee had been made, by talking about whatever was the most urgent incident from that particular day. Usually this would have a momentum of its own, the lack of time for conversation during the day meaning that people would have been aware of colleagues in difficulty but unable to help them or find out what had happened. Much time was therefore taken up with the Core Team staff telling each other what had happened during the day, accounting for the noises coming from the various rooms, or sharing descriptions of incidents so that they could be reassured that responsibility was shared. So urgent can difficulties with the children be at close quarters that even members of staff working directly together in a difficult episode will not have had an opportunity to compare notes, needing to use the meeting to reassure themselves that they had observed and judged the situation correctly. Though this form of spontaneous

unloading of the accumulation of un-communicated anxiety from the day conformed to the expectations of a therapeutic supervision in its spontaneity, the fact that what was said was addressed to other members of the Core Team rather than to Margaret meant that she had only a limited role. In a supervision those being supervised would normally be addressing themselves to the supervisor, or at least talking consciously 'in front' of the supervisor, whereas in these meetings the split between the two teams meant that it often appeared that Margaret was being excluded from the discussion by the sharing of minutiae from the Core Team day.

On one of the early occasions on which the awkwardness of the meeting was discussed, Margaret told the meeting that she felt that it was useful for the Core Team to be able to discuss whatever was on their minds, and that she saw her role as being able to fill in any background information and give the larger view, from the perspective of the person who oversaw the process of referral and admission, of the progress of any particular child. Though this undoubtedly made sense, once again, the depth of the bad faith between the two teams meant that Margaret's efforts to clarify were often misconstrued as discounting the significance of the daily events in which the Core Team were immersed. One such example occurred in a meeting at which the Core Team had been discussing Sarah. Sarah was an eleven year old girl who had come to the Unit from a school for children with Moderate Learning Difficulties; she was tall and physically mature for her age, but had the awkward bearing more typical of a girl of four or five years old, with a similar learning age. Though she was cheerful, and keen to please the adults, often scolding other children for failing to sit properly or pay attention, she had difficulty with anything more than simple sentences in speech, and became tearful and fractious when attempts were made to help her to read, write or count. When she started at the Unit she couldn't form any letters, only managing token squiggles on the page when asked to copy, and she could only count up to two or three. The Core Team had begun to have suspicions of sexual abuse when Sarah began to draw pictures in her News Book of figures made up of loosely drawn round bodies and heads, with stubby rounded limbs, and what appeared to be large phalluses hanging down between the legs. When talking to me or to Howard, the only men that she came in contact with on a regular basis within the Unit, she would often point to our hands and say, "You're hairy like my Dad. He wakes me up, my Dad, and I say, 'Oh go away

you silly'." And Mary had noticed that when playing in the Home Corner of the Activities room, which she loved to do, Sarah was undressing one of the dolls and quietly scolding it, saying, "Granny says you've got to keep the secret."

Over a period of several weeks the Core Team had been building up a picture of Sarah's behaviour which linked her mood at various stages in the day, her attitude towards the adults in different situations, and the worrying things that she had been saying and doing, to form a coherent body of evidence to back up their concerns. At a Tuesday supervision meeting they described all of these elements to Margaret for her response. The response that they received was not what they had expected. Margaret said that, yes, she was well aware of suspicions of abuse relating to Sarah, indeed in the process of referral the fact that Sarah's father had been the subject of previous investigations following suspicions of abuse had been openly talked about with her parents as a contributory factor in the difficulties that Sarah had in the family. The suspicions had not been proven. Margaret added that the psychotherapist whom Sarah had been seeing had made a presentation of Sarah's case to her trainee colleagues at the Clinic, citing her as a striking example of a child whose response to the trauma of abuse had been to sabotage her own mind.

This all came at the end of the session, and before there had been a chance for any further development of the discussion, watches were being anxiously looked at and people were rising from their seats to leave. I remained in the Staffroom after the meeting, with the two teachers, Anne and Vivien, who were quite taken aback by the way in which, they felt, Margaret had swept aside the details of their concerns about Sarah by implying that nothing that the Core Team had noticed was new. I am sure Margaret's intention had been to reassure the Core Team that the relevant authorities were aware of concerns about Sarah, and that everything that could be done was being done. But Anne and Vivien felt that they had not had the response that they wanted. They were surprised that they had not been aware of Sarah's father already having been the subject of investigations, and they were also outraged that one of the psychotherapists should be talking about one of their children as a clear case of traumatic response to sexual abuse at a seminar down the road at the Clinic when those working with her day to day at the Unit were still piecing together fragments of

suspicion. Why had they not been told of the psychotherapist's diagnosis before the other trainees at the Clinic?

The Core Team had explained their concerns about Sarah to Margaret in terms of *their* idiom of day to day continuity, and the contextualising of detailed observations in an unfolding narrative. Margaret had responded in the idiom of the Psychiatric Team perspective, that collapses the passage of time into the case history which, like the folder which holds together reports and correspondence accumulated over several years, can render superfluous current observations when they merely repeat what is already known. Anne and Vivien went on to tell me about the way the Tuesday Supervisions had been conducted before Margaret had taken over as Manager, when a psychiatrist, Dr. Collins, had been the Manager of the Unit. Unlike Margaret, Dr. Collins, they said, always had a response which would allow you to see situations from a new perspective which would provide a more positive and resourceful approach to your work.

The fact was, though, that Dr. Collins enjoyed an easier relationship with the Core Team staff because, unlike Margaret, he was based full-time in the building of the Unit, rather than down at the Clinic. Rather than representing the Psychiatric Team as well as being the Manager of the Unit, he had been able to remain above the split, his presence in the building meaning that the Core Team did not need to feel anxious that their harrowing day to day work with the children might go overlooked. Nevertheless, however much some members of the Core Team might have looked back fondly to the days of Dr. Collins, the burden of being the Manager above the two staff teams had been a considerable strain, and he had taken early retirement because of exhaustion. This was the reason that the current difficult management structure had been put in place, with Dr. Collins not being replaced in his role as manager based in the Unit building. Anne, as Teacher-In-Charge, assumed responsibility within the building from day to day, and Margaret continued in her role as educational psychologist and took over as Manager of the Unit from her office down in the Clinic.

This management structure, which split authority for the Unit between the head of the Core Team and the head of the Psychiatric Team, meant that the split between the two teams was no longer resolved at any level of management. It also meant that it was



virtually impossible for Margaret to fulfil the role that the Core Team wanted of her in the Tuesday Supervision meetings, which continued, without the uncertainty about their function being resolved. The only change that was made lasted for half a term, when at each meeting one of the Core Team would make a presentation about one of the children. The intention had been for this to make the meetings more clearly focused, but in practice there was little change, each presentation dissolving into exchanges of information from the Core Team's day, as had been the case before. The meeting had more in common with the informal discussions that the members of the Core Team had at lunchtime, and at the beginning and end of the day over a cup of tea, than anything else, Margaret's presence only adding an element of awkwardness.

### **The Friday Meeting.**

By contrast, there were no such uncertainties about the nature of the Friday Meeting which, bringing together the two teams for the work of the Unit to be jointly embodied, was the meeting which produced and sustained the theoretical form of the Unit's ethos as counterpart to the practical trials with the children. Though the prospect of the meeting was often dreaded, and it was frequently the occasion for feelings of hostility and resentment, there were never any proposals to change its form or function.

The form of the meeting was straightforward. Members of both teams assembled in the hall-space used for the morning News assembly (10) at 1.30 p.m. on Friday. The Core Team would make their way to the meeting from their Staffroom on the first floor of the building, where they would normally have been unwinding with a cup of tea after the children had been taken home at 12.30 p.m., whilst the Psychiatric Team arrived, usually separately, from the main Clinic building. The meeting always began with a half-hour period known as 'Talking about Ourselves', followed at 2.00 p.m. by the minutes of the previous week's meeting being read out by the administrative secretary, for approval or correction. The person who was chairing the meeting, alternately the Teacher-In-Charge or the Manager, would then ask for items to be proposed for the meeting's agenda. These would then be discussed, with a break for coffee or tea between 3.00 and 3.10 p.m., until the end of the meeting at 4.00 p.m..

On its most functional level the meeting allowed members of both teams to report on developments with the children, with the children's parents or guardians, or with outside agencies. If decisions needed to be made these were discussed, the person responsible for the decision, for example, a teacher liaising with an Education Authority over future provision for a child, or a psychiatrist considering the possibility of a child being referred to a neurological specialist, taking into consideration the comments made. Such decisions were rarely the ones which caused controversy. The discussions which aroused the strongest feelings concerned the assessment of the current state of the internal work of the Unit, and the ways in which things might be improved. On these subjects there was rarely agreement, and the division of responsibility between the Teacher-In-Charge and the Manager meant that there was rarely a clear lead on any changes that were to be made. The result was that the meeting was the occasion of many heated discussions about the work done inside the Unit, very few of which had any direct effect other than in the expression and perpetuation of the antagonism between the two teams. Explicit policy decisions within the Unit were as difficult for it to make as it was for the Unit to put together coherent statements of its aims and policies for the sake of the outside world. The un-nameable ethos of the two teams was inscrutably vested in this chronically indecisive meeting. The social worker, the one member of the Psychiatric Team who frequently criticised the failure of the meeting to make any decisions, pointed out that the cost of the meeting, in terms of professional hours, was enormous. But the conflict and indecision only became worse.

Discussion within the meeting can be broken down into the following basic categories: the working relationship between the two teams; incidents concerning the Unit as a whole; incidents concerning individual children; business with outside bodies; and the future of the Unit in the context of the Clinic changing to Trust status. Though these categories involved differing levels of controversy, the mood of the meeting was such that if an item on the agenda began as addressing itself to one of these particular categories, the discussion might easily become diverted into any of the others. The idiom which dominated was that of the discussions about the relationship between the two teams, and the presenting of descriptions of incidents in the life of the Unit in support of observations about this relationship. The dominance of this idiom was reinforced by the fact that the whole meeting began with, 'Talking About Ourselves'.

The Friday Meeting always began awkwardly. It took place in the least congenial space in the Unit because, it was always maintained, there was no other space large enough for everybody to be able to sit around in a circle. The grey plastic, stackable seats were arranged around the walls of the hall-space under the flat light of fluorescent tubes. The only windows that gave onto the meeting were the small windows in the alcove (11) which were glazed with stained glass and let in very little natural light. The floor was covered with grey lino, the walls also being grey. Behind the seats on the inner side of the space, the glazed partition wall that separated the space from the centre of the hall was hung with curtains from ceiling to floor, which were also of a neutral purple-grey colour. It was often remarked that the setting for the meeting was extremely gloomy and unpleasant, but there was no suggestion that anything could be done. Within this space the staff sat round on chairs pushed back against the walls, confronting each other across a space which was about five feet wide and ten feet long. Though everybody was free to choose their seat, there was considerable regularity about where people sat, so that when people sat 'out of place' it was often remarked on, with good humoured awkwardness, as a knock-on effect occurred when the displaced person tried to find a seat. The pattern that I observed during a year of attending the Friday Meetings was that the Core Team tended to sit along the inner wall of the space, with their backs to the hall, looking out of the building. The Psychiatric Team tended to sit along the outside wall, looking into the Unit, and with their backs to the outside. The garden of the Unit ran away from the building in a direct line towards the main building of the Clinic, about five hundred yards away, and it always appeared to me that the two teams were seated so that the Psychiatric Team had their backs towards the Clinic and the Core Team had their backs towards the interior of the Unit. This corresponded to the sources of their authority in relation to each other. The person chairing the meeting usually sat at the open end of the space nearest to the children's cloakroom space (9), enforcing the enclosure of the meeting, the administrative secretary sitting by her side so as to be able to take the minutes and make a quick exit to open the front door if necessary.

At the start of the meeting there was usually an awkward silence before somebody said, "I suppose it's 'Talking About Ourselves'". The response to this was almost always for the silence to deepen, people being reluctant to make the first contribution

partly because it was very difficult to say anything on the subject without immediately arousing antagonism between the two teams, and partly because there was always a degree of uncertainty about the intended tone of this first half-hour of the meeting. The time was often spent addressing this uncertainty. Howard who, with his long experience of the history and traditions of the Unit, was most confident about the purpose of 'Talking About Ourselves', maintained that time was needed for the psychodynamics of the two staff teams to emerge without the divisions being disguised by disagreements over judgement of incidents with the children. He believed that the first half-hour of the meeting was for the direct expression of the staff's feelings about each other and, having a strong commitment to the idea of a therapeutic community and the exploration of psychodynamics, he was more often than not the first person to break the silence at the start of the meeting.

Inspite of the strength of feelings about the split between the two teams 'Talking About Ourselves' was always very difficult, with many long silences in which everybody stared down at the floor so as to avoid eye-contact. Indeed so acute was this difficulty that an unofficial adaptation of the first half-hour crept into use. The Community Meeting took place on Friday mornings, and discussion of how that meeting had gone became the vehicle for talking about the relationship between the two teams. The object of the first half-hour was being achieved, but indirectly. For a while this became an ad hoc alteration to the Friday Meeting, which was occasionally questioned by Howard, with the implication that the staff were letting themselves down. Without there being any explicit agreement that the first half-hour should be used to talk about the Community Meeting, this was how most Friday Meetings began.

A problem arose, though, when the Community Meeting was moved to Tuesday morning. There was the usual long silence at the start of 'Talking About Ourselves' which was eventually broken by people saying that they couldn't remember clearly enough what had happened at the Community Meeting. The difficulty that the staff experienced in addressing directly the question of their relationships with one another was thus now doubly deferred through the vehicle of talking about the Community Meeting, and the fact that that meeting was no longer fresh in their minds. After much prevarication to do with the altering of diary commitments, an arrangement was made for a brief meeting of ten minutes to take place in the Core Team's Staffroom after the

Community Meeting on Tuesday mornings. All of the members of staff, from both teams, who had attended the Community Meeting would meet to discuss the meeting and then report to the Friday Meeting any concerns which had arisen.

The difficulties with the half-hour put aside for 'Talking About Ourselves' illustrate the way in which direct attempts to confront the difficulties of the relationship between the two staff teams were always thwarted by the turning back of discussion to the practical problems of the daily life with the children, and the organisation of the timetable as a way of articulating the two teams' input. The problems caused when the Community Meeting moved to Tuesdays also reflect the importance of fresh insights and observations about the children. What the Friday Meeting thrived on was vivid accounts of difficult episodes with the children. The leap straight to an entirely abstract conversation about the relationships between the staff would always prove too difficult. Rather, staff communicated with each other in the Friday Meeting by translating the difficult everyday experiences with the children into significant observations. Thus they could compete to display their mastery of the Unit's predicament. Discussion of what had happened in the Community Meeting provided the perfect opportunity for the staff to demonstrate to each other the devotion with which they paid attention to the children and gathered together significant observations. The importance given to being able to discuss the Community Meeting as soon as possible after it had ended reflected the fact that, in the process of translating the significance of practical experiences of difficulty into more abstract forms for use in the more abstract levels of the Unit's work, a strong sense of the original experience is required as the basic mnemonic for the translated version.

The way in which these observations would be presented at the Friday Meeting would vary according to the member of staff involved, the members of the Core Team tending to concentrate on details of behaviour in the Community Meeting which could be related to the wider context of the children's daily life in the Unit, whilst the Psychiatric Team made observations about the children's physical or emotional state in relation to slightly longer term changes. Most idiosyncratic of all was the head psychotherapist who often produced insights of startling originality, which seemed at first utterly implausible, but then increasingly persuasive, based on plays on words uttered by the children, or on unusually literal interpretations of some of the children's

more bizarre behaviour. A characteristic that was common to the comments made by all members of staff, however, was that they would be offering something that they thought it was likely that most of the others had either not noticed, or not realised.

The Community Meeting was so frantic that it was impossible for most of the staff to notice all that was going on. Frequently the atmosphere was so desperate that adults were devoting all of their attention and energies to dealing with one child. In these circumstances many of the children said or did things which were unheard or unnoticed except by a single member of staff. When these were described at a later stage they became quintessentially *difficult* pieces of information. They related to circumstances in which the child's behaviour most challenged the boundaries of child-personhood and adult responsibility in the confounding of physical and psychological containment that characterised difficult incidents within the Unit. What was observed was only won with difficulty through the persistence of the adult's attention. And as the product of only one adult's observation the reliability of the information as evidence was caught up in the contingency of what it sought to illuminate.

What was true of the observations made about the Community Meeting was more generally true of the observations which were used by the staff to substantiate their opinions when discussing the progress of a particular child, or the conduct of the Unit as a whole, in the Friday Meeting. Such observations allowed for the staff to demonstrate to each other that they were conscientiously fulfilling the Unit's obligation to notice and know the children's difficulties, but the extreme partiality of the observations as evidence meant that their contribution to the establishing of a consensus about individual children, or the Unit as a whole, was limited.

The Friday Meeting, therefore, did not provide a synthesis of the work done by the Unit, but rather existed to provide a more abstract version of the difficulty endured with the children. Was there a purpose to the staff enduring difficulties with each other, as well as with the children?

### **'The Split', and the Consultation.**

During the period of my fieldwork the split between the two staff teams, rooted as it was in the commitment to forge a unique treatment ethos out of complementary

approaches, was also deeply involved with the process of institutional change which had meant the severing of the relationship with Council 'A' and the preparations for the Clinic's move to Trust status. Throughout this period there remained a constant threat that the Unit would not be able to survive in its present form. Initially, as I have already mentioned, the value of the Unit's building as a potentially realisable capital asset for the putative Trust meant that there was a threat that the Unit be closed down in order to sell the building, or that it would be replaced with a different form of unit which might bring in a higher return in terms of prestige. By the summer of 1993 these fears had subsided, as the Clinic committed itself to including the Unit within its plans for the new Trust. However, new fears arose. The process of transforming the institutional identity of the Unit so that it could operate as a part of the new Trust within the Health Service's new Internal Market was fraught with complications. The steady flow of referrals was under serious threat when the fees payable by local Education Authorities had to rise: much work had to be done to persuade the Education Authorities that this was still the most appropriate placement for their children. In addition, the Unit would have to charge even higher fees if it was not able to benefit <sup>from</sup> charitable status as an educational establishment. <sup>A.</sup> Negotiations with the Charities Commission and the Department for Education revealed that the Unit had too few children to qualify for charitable status. The solution, for the Unit to be twinned with Park House School, had to go through many stages of consideration by the Charities Commission and the DfE before it was finally accepted only a matter of weeks before the launch of the new Unit. If the arrangement had not been approved, the Unit would have had to close down.

Whilst this process of change was under way, the Core Team were the ones who faced the greatest insecurity. The jobs of the members of the Psychiatric Team were secured because they all worked for the Child and Family Department of the Clinic as well as for the Unit. For the Core Team, closure of the Unit would have meant the loss of their jobs. A further complication added a particularly painful element of uncertainty for the three teachers, who were employed by Council 'A' Education Authority. The Clinic's unilateral decision to go for Trust status and to break the long-standing joint running of the Unit with Council 'A' was badly received by the council, who threatened not to co-operate, and to withdraw their children. In the event, it would have been against the interests of the children to withdraw them prematurely, and though Council

'A' did try to move some of them from the Unit, the difficulty of finding suitable alternative placements meant that they remained at the Unit for a long time after the souring of relations between the Clinic and Council 'A'. The poor relationship did, however, present real problems for the teachers. Initially it seemed that Council 'A' might withdraw them from the Unit and transfer them within its Special Needs educational provision. The teachers themselves thought that it might be prudent to ask to be transferred as soon as possible, before the Unit closed down. The arrangement that was eventually made involved keeping the teachers in a state of limbo for over a year. The Clinic agreed to pay the salaries of the teachers, but they were to remain employees of Council 'A' until the new Unit was launched as a part of the Trust. The Clinic thus paid Council 'A' to pay the teachers. The teachers remained on their original contracts with Council 'A' whilst they waited for the Clinic to offer them new contracts as employees of the Unit under the Trust. The new contracts were not offered to the teachers until the final months before the launch of the new Unit, meaning that they spent a year in total uncertainty about their future. They needed to know whether or not to forego the pensions, job security and other benefits that went with their contracts with Council 'A', but were eventually given no choice but to commit themselves to the new Unit before they had seen the contracts they would be offered.

This caused an enormous strain on the teachers, which was felt by the Core Team as a whole. And as Margaret, as the Manager of the Unit, was the conduit for information from the Clinic about the progress of the planned changes, it put an enormous additional strain on the relationship between her and the Core Team, and particular strain on the relationship between her and Anne who, as the senior teacher, was conducting the teachers' negotiations in consultation with the union representative.

It was in recognition of the extraordinary strains that the Unit was undergoing that the head of the Child and Family Department at the Clinic agreed for some money to be provided for a therapeutic Consultation for the staff of the Unit. An outside therapist would visit the Unit to take sessions aimed at working through the difficulties of the relationship between Anne and Margaret, and between the two teams. When, after it had been announced the term before, this Consultation was eventually organised, the staff were surprised to find out that the initial sessions were only to include Anne and Margaret. It was only after these preliminary sessions, and in response to many



complaints from the rest of the staff, that the Consultations were extended to include everybody who attended the Friday Meetings.

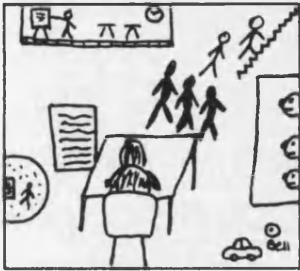
The first session with all the staff took place on Friday the 19<sup>th</sup> of November 1993. Vivien and Howard had both argued that the Consultation had already made a bad start because the very people who were the most intense focus of the conflict between the two teams had been able to dictate the way in which ~~the~~ it was used. By restricting the early sessions of the Consultation to themselves it was felt that Margaret and Anne had been able to prevent the problem being adequately opened up. The first session involving the whole staff therefore went ahead against a background of long anticipation and considerable controversy. The session began by everybody introducing themselves to the consultant, Roberta - with the exception of Mark, the psychiatric senior registrar, who was late. Roberta said that Mark's lateness might be able to stand for everybody's reluctance to face the problems of the two teams' relationship, a role which he accepted with good humour when he arrived fifteen minutes late at 1.45 p.m..

Roberta then set the session in motion by asking everybody to go away and draw a picture to represent their view of the Unit. (See Figure Four p.201) Spread out in rooms throughout the Unit, the staff spent the next twenty minutes drawing pictures on large pieces of paper (two feet by eighteen inches), then bringing them back to Orange classroom, where Roberta hung them on the wall so that they could all be seen together. The novelty of the experience brought the whole staff together, the excited comments all being about how well everybody had done to produce such interesting pictures. Roberta looked at the pictures one by one, asking for people to speculate as to who was responsible. At this stage the atmosphere was still good humoured, the unfamiliar experience of the forensic attention of the staff being directed at themselves causing a solidarity of defensiveness of the whole staff group against Roberta. But more negative and searching comments began as the predominant theme of the drawings became clear. What was most striking was how many of the staff had represented themselves in isolation.

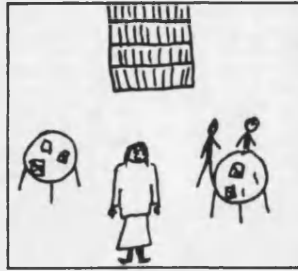
The Core Team had drawn pictures most of which showed them in the context of the Unit's building:-

Figure Four.

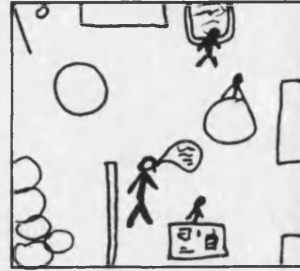
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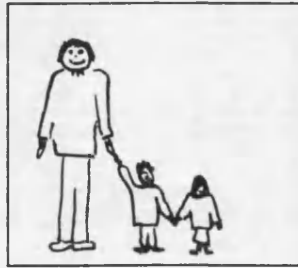
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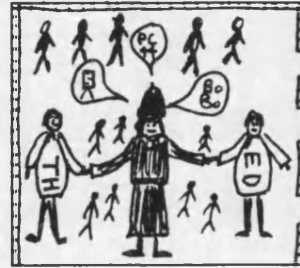
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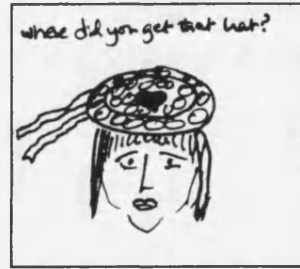
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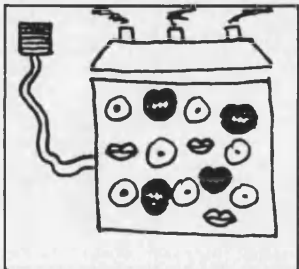
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11



1. The administrative secretary, June, had drawn herself at the bottom of her picture, her back to the viewer, seated at the desk in her office. She was looking across at a window in which a teacher stood at a blackboard teaching to empty desks presided over by a large clock. In the top right corner three adults stood whilst two children ran up a staircase behind them. Along the right hand-side three disembodied faces stared in at her through a window which, she said, represented the hatch in the hallway through which visitors to the Unit could speak to her without having to come into her office. Below this was a doorbell, and a tiny taxi. To her left was a large sheet of type-covered paper, representing her secretarial duties, and a circle in which a tiny child was surrounded by dots, with an adult face looking on through a small window. June said that the circle represented therapy and that the cloud of dots was the child's difficult feelings. She said that she saw herself as the Unit's gate-keeper, stuck at her desk with the life of the Unit carrying on busily without her.
2. Eileen, the nursery nurse for Blue group, had drawn herself at the middle of the bottom of the page looking out at the viewer. Behind her at the top of the page was a bookshelf containing the books she liked to read to the children, whilst on each side was a round table covered with books and crayons. Two children stood at one of the tables. Eileen said that she had drawn her classroom.
3. Vivien, the class teacher of Blue group, had drawn a more realistic plan view of the classroom, showing all of the cupboards and tables. One child was playing in a small sandpit at the rear of the picture whilst two children each sat at a table. A figure representing Vivien herself stood near the front table with a speech bubble coming from her mouth. She said that she saw herself always shouting.
4. Mary, the nursery nurse from Orange group, had drawn the back of her head at the bottom of her picture, showing herself looking out from the terrace at children playing in the garden on the tricycle and the climbing frame. At the bottom of the garden she showed the bushes and the Wendy-House.
5. Howard's picture was very simple, showing a large male figure holding the hand of a small boy, who was holding the hand of a small girl.

6. Anne, the Teacher-In-Charge, had drawn a dense and complicated picture. She was a keen artist, and had put more painterly work into her picture than any of the others. The picture showed her as a large figure dominating the centre. To her left and right she reached out her arms to hold hands with two slightly smaller figures. One had the letters TH, for 'therapy', on her body, the other ED, for 'education'. Behind the figures were crowded small children, whilst above them were shady pictures of five other adults. Around the edge of the picture was a dense decorative border of coloured squares with three small gaps on the right hand-side. Three speech bubbles came from the central character's head. To one side a bubble contained a blackboard; in the one in the middle was written, "PC 44", (Anne said her father was a policeman, and in the Unit she often felt like one too), and in the one on the other side was written, "Bo Bo", representing the baby sounds made by Joe.

Most of the drawings by members of the Psychiatric Team were more abstract than those of the Core Team:-

7. In common with Anne, Margaret, the Manager, also made explicit reference to the split between the two teams. Her picture was dominated by a signpost in the middle, which pointed in opposite directions. Under the signpost were two small adult figures on one side, and three on the other. In front of them was a group of tiny children, to each side of which were tables, at one of which stood a child.
8. Alexis, the Social Worker, had drawn a dark and stout tree, with many thorny and tangled branches.
9. Barbara, the head psychotherapist, had drawn a picture of her face, topped by a large hat. Along the top of the page she had written, "Where did you get that hat?" The face was made up with dense and vivid colours, and within the brim of the hat were contained many smaller faces and figures. Two long ribbons trailed from the side of the hat. Barbara said that the Unit was such an extraordinary place that she felt that it was like a hat which people could not help but ask her about. The faces on the hat represented the many people,

viewpoints and moods of the Unit, and the two ribbons, the two teams. At the centre of the hat was a heart.

10. Rebecca, the consultant psychiatrist, had drawn an abstract representation of the Community Meeting which, she said, stood for the Unit as a whole. Figures crowded around the outside edges of the page looking in at the figures of an adult and a child who appeared to be struggling on the floor in the middle.

11. Mark, the senior registrar psychiatrist, had drawn a large square representing the Unit, linked by a path running into the background to a distant modern block, representing the Clinic. He had drawn the Unit with a pitched roof, on top of which three chimneys belched out smoke. Inside the Unit he had drawn vivid red mouths, some closed, and some open and showing jagged teeth. Amongst these he had drawn breasts. He said that he had seen the Unit as the expression and attempted satisfaction of violent neediness - the staff being as needy as the children.

Once each of the pictures had been identified the euphoria caused by the novelty of the situation began to subside. There was a general sense of shock that so many of the pictures showed only the person who had drawn them, without any reference to the wider work of the Unit. "What a difficult job you all have, feeling so alone in your work", said Roberta, and the discussion slowly polarised in response to this observation. Members of the Psychiatric Team said that it was typical that the so many of the Core Team had drawn themselves with the children without any reference to either the Psychiatric Team or the world outside. On the other hand, the Core Team resented the fact that members of the Psychiatric Team had represented the Unit as a whole as a problem. They felt that the Psychiatric Team's detachment allowed them to view the Unit as a problem that was rooted in the Core Team. The meeting ended with Roberta suggesting that it was a positive step that everybody had been able to acknowledge how much they all suffer from the bad relationship between the two teams, but despite this attempt at a positive gloss the atmosphere was depressed and angry.

The Consultation with Roberta continued through into 1994, with sessions arranged approximately twice a term, at irregular intervals because of the need to

secure continuing funding from the Clinic. Though the sessions were unanimously felt to be very valuable, it could not really be said that they had a positive effect. Roberta did provide a sufficiently different vantage point to break the pattern of the way in which the Friday Meetings used disagreements over the children as the vehicle for articulating the hostility between the two teams. But though there was some more direct discussion of the relationship in the Consultations, they did remain rooted in the discussion of problems that were currently preoccupying the staff. Thus the third session was dominated by the Joe's knife-throwing incident, and later sessions were preoccupied with debating Margaret's role as Manager of the Unit. What they had in common was that they always served to emphasise and polarise the split between the two teams.

Eventually Roberta suggested that there must be a reason for the staff to cling so tightly to the split; after all, in session after session they had shown more determination to identify and define it than to heal it. She suggested some reasons for the necessity of the split in the Unit. Splitting, she said, was an important concept in psychodynamic theory and work. The child split the mother's breasts between the good and the bad; the one that provides and the one that denies. The children placed at the Unit were tormented by deep splits between the good elements of their parenting and the bad elements of abuse. Maybe it was the burden of containing such deep splits which drove the children mad, and the reason for the split between the staff teams was that they were relieving the children of the burden of unendurable splits. Or, from another perspective, it could be thought that the children were projecting into the staff a split between the good, desired, parent and the bad parent. The staff would then be, maybe a little too unwittingly, playing out the children's fantasies of warring and destructive parents.

EC's suggestions were welcomed by the staff, who agreed that they seemed destined to take on and to live out a deep split. But the question remained, was this a good thing? Were they amplifying the torment of the children by perpetuating the split? Might it not be more important for the children to be presented with a model of unified containing care? Was the staff split, therefore, dangerously failing the children or providing them with the invaluable opportunity of being relieved of an unendurable burden? There seemed to be no answer to this question.

How, then, might the translation of the practical difficulty experienced with the children in the Unit's daily work be seen as being translated to the level of the staff meetings? In the practical situation, seemingly irreconcilable imperatives are held together by a sense of difficulty which must be endured. This sense of difficulty is produced and experienced in a spatial idiom which ranges in scale from the direct confrontation of the child with the willed attention of the adult at close quarters, to the strictly enforced boundaries that articulate Psychiatric Team and Core Team realms within the Unit's building and grounds. The sense of difficulty is what fills the gaps between the irreconcilable imperatives, but which also holds them together.

At the level of the staff meetings the difficulty retains its basic characteristics. Just as, at close quarters, the adult's forensic attention had to deal with the difficulty of recognising idiosyncratic and highly contextually-specific signs from the child, members of staff offer to each other highly particular fragments of observation as evidence of their attention to the children's difficulty. On the larger scale, matching the spatial idiom of the practical difficulties, the staff's exchanges of insights difficultly won take place in a context of split and irreconcilable positions. Across the floor of the Friday Meeting the two teams remain antagonistic and unreconciled. The difficulty that prevents members of staff from closing spatial gaps to make physical interventions with the children is present in the meetings, in the silence which fills the room as people stare at the floor during 'Talking About Ourselves', and in the feelings of hostility and resentment that accompany the 'split' discussion of children and the Unit.

At every level difficulties are perpetuated rather than resolved. The Consultation ended with the recognition that if the split between the two teams serves to relieve the children of the difficulty of living with deep internalised splits, the difficulty has only been removed to another level. The split which relieves a difficulty becomes in turn the new difficulty.

## Chapter Eleven . Making endings.

If the work of the Unit perpetuates difficulty within its own idiosyncratic idiom, how does it deal with children leaving and moving on to new institutions? The Park House Prospectus (see p.62) sets out an ideal outcome for the children at the end of the period of treatment, emphasising a, “capacity to form genuine relationships with people important to them and to behave in age appropriate ways,” and, “to think and talk about events and situations rather than disrupt or react to them”. The word, “capacity”, is most important here, contrasting the child at the end of treatment with the child whose initial difficulties were reflected in the need to externalise and act out psychological conflict. The child at the end of treatment has become ‘self-contained’.

This ideal aim was rarely achieved at the Unit: most of the children were too damaged and came from intractable backgrounds. The end of a child’s time at the Unit was therefore a period of considerable anxiety. There were many elements to cause concern. Had the child benefited from the time at the Unit? If the child still presented difficult and challenging behaviour would outside agencies be able to appreciate that the Unit had, nevertheless, significantly helped the child? Would the next placement lack the sophistication of the Unit and so undo the good that the Unit had done? Could the parents or guardians be persuaded that the best option for the child might be a residential unit?

These concerns, which were the inevitable consequence of the Unit offering a two to three year treatment which then had to be replaced, were all exacerbated by the fiscal and political climate. The period of change to market principles within the provision of both education and health care meant that the process of referral on to the next placement was more fraught than ever. In particular, Education Authorities had been told by the government that the fulfilment of the requirements of Statements of Special Educational Needs now had to be qualified by the requirement to seek out the most efficient use of resources. Where placement at an expensive residential unit may previously have been a legally binding obligation under the terms of a Statement, the Authority had the right to question the placement. As a result there was a very significant slowing down of the process of referral to new institutions, as councils



offered the cheapest possible placements (usually one of their own Special Needs schools) and parents or guardians then went through a process of appeal to try to have the full requirements of the Statement enforced. Towards the end of my fieldwork this resulted in a serious back-log of children waiting to leave the Unit, several of them having to suffer the uncertainty of being 'about to leave' for over a year.

It did not go unnoticed that the Unit had become preoccupied with endings. There was the large group of children who were waiting to find out about leaving; the Unit itself was to end in its present institutional form to be re-launched as the Clinic Park House Day Unit; and I was to be leaving at the same time, at the end of my fieldwork. In the summer term of 1994 it was suggested at one of the Friday Meetings that part of the perceived crisis of containment in the Unit was being caused by the anxieties related to all of the long-delayed and long-anticipated endings. Barbara, the head psychotherapist, suggested that she take a special therapy group with the children who were about to leave and who had been waiting for such a long time. She added that it might be a good idea if I took the group with her, as I was leaving too. I will describe, below, the normal processes that attended a child leaving the Unit, and then conclude with a discussion of the Leavers Group.

### **Ending a child's placement at the Unit.**

Local Education Authorities conduct formal Annual Reviews of children placed at the Unit. As I have already mentioned, part of that process is a meeting, held at the time of the Friday Meeting, in which representatives of the Education Authority discuss the progress of a child with all at the Unit who are involved with the child. In the course of these meetings, and in other contacts between the authorities and the Manager of the Unit, a view is taken as to whether the time has come for a child to leave the Unit. There are many contributory factors to this decision. The Education Authority may have its own reasons for wanting to move a child relating, perhaps, to financial constraints or, as in the case of the relationship between the Unit and Council 'A', relating to changes in policy. In any event, after two years at the Unit a child will be approaching the end of the period of placement envisaged at the time of referral. For its part, the Unit will contribute its assessment of the readiness of the child to move on.

In the period of my fieldwork most disagreements between the Unit and the Education Authorities over whether or not a child should leave involved the Unit recommending that if the child could remain at the Unit for a while longer improvements already made could be consolidated. Though there was often an internal recognition that a child had come to maturity within the repertoire that the Unit offered, there was usually resistance to the process of the child moving on to a new placement. This was true in an exaggerated form in the case of the five children who were to leave at the end of the summer term of 1994.

Hanif, Sarah, Jack, Max and Susan had all been expected to leave the Unit at any time since the summer of the previous year. By that stage they had all become very well established within the Unit. In the terms on which I have based my description in this thesis they had exhausted the central phase of the Unit's attention, in which involvement in daily interaction within the spatial idiom of the Unit carries on with an urgency that pays no heed to larger outside concerns such as future placements. Though Jack, in particular, remained a serious practical challenge, the worst of the difficulties had been seen and endured and the children had taken their place within the Unit's view of itself, not as urgent un-nameable problems but as mature case histories. In this sense, then, the Unit accepted that these five children were ready to move on. What the staff of the Unit resisted was what they felt was likely to be an inappropriate move; and with the provision of Special Needs education under such threat most possible moves would fall short of expectations.

Max presented a particularly acute example of this problem. By the summer of 1994 he was thirteen years old and at the limit of the Unit's age range. He had been at the Unit for over two years and had made a lot of progress. Of average, or above average, intelligence, Max's behavioural problems had manifested themselves in nervous and hysterical hyper-activity. He would dash around raised up on the balls of his feet making bizarre noises and rolling his eyes. Though he was not aggressive with other children he occasionally became violent if he was interrupted whilst carrying out the obsessive behaviour that went with his most disturbed moods. At home he was much more violent, attacking his mother and father and his older brother, and being very destructive within the home. There was little doubt at the Unit about the nature of Max's problems. He had been born prematurely with a twin brother who had died

whilst in an incubator. His mother had spent desperate weeks by the side of his incubator willing him to survive, and once she had got him safely home she had smothered him with care. As Max grew up his mother was unable to let him go. She kept Max sleeping with her in her own bed. Even at the age of twelve Max was still sleeping with his mother. He would go to bed every night in his own bed, but once his parents had gone to bed he would become hysterical. His father would come to comfort him and would eventually take his place in the bed, whilst Max went to sleep with his mother. Max's parents had co-operated well with the Unit, meeting regularly with members of the Psychiatric Team to work through the problems. Eventually some progress was made, and for a short time Max slept in his own bed, having felt able to tell his mother that he no longer wanted to sleep with her. This progress was very fragile, and it was clear to the staff of the Unit that Max did go back to sleeping with his mother. Barbara and Margaret had seen many similar cases, their diagnosis being that Max's mother, far from protecting him, was trying to murder his masculinity and independence as revenge for the death of her other child. They held out little hope for Max unless he could be moved to a residential school.

There were two obstacles in the way of this ideal placement. Max's parents, though able to see the sense of Max going to a residential school, were still very reluctant. And the Education Authority were reluctant to meet the extra costs of a residential placement. In the spring and summer of 1994 Max's parents went to see several residential special schools which had been recommended by the Unit, but it was no surprise that they had serious reservations about them all. In the meantime, the council made the decision to place Max at a local EBD school from the beginning of the autumn term. With a residential placement costing up to ten times as much as the EBD placement the financial pressures on the council were clear. The Unit, and Max's parents, were strongly opposed to this placement. The EBD school was known to deal with children whose problems were to do more with behavioural than complex emotional difficulties, and there were concerns that Max, being intelligent, sensitive and showing occasional bizarre behaviour, would be the victim of violent bullying. Max's parents appealed against the placement and, at the time that my fieldwork came to an end in July 1994, the arrangement was that Max would remain at home during the next term, with the possibility of some sessions with a visiting tutor. In many respects this

was the worst outcome that the Unit could have hoped for. Though the unsuitable EBD school had been avoided, Max would be spending all his time with his mother after the Unit had worked so hard to help them both to reduce their dependence on one another.

There were similar problems with placing the other children. Sarah was to be moved to a residential school for children with moderate learning disabilities, despite the Unit's hopes that she could remain in an environment with children of average learning ability because, though her learning was poor, she had made considerable progress in her social skills and confidence at the Unit. Susan, who had a history of violent attacks which were related to a slight paralysis of her right arm, about which she was chronically self-conscious, and whose problems had been exacerbated by her father's redundancy and her mother's death from bone cancer, was also to be placed at a residential school for children for moderate learning difficulties. The Unit's fears proved well founded when Susan was asked to leave the new school before the end of the autumn term because they could not deal with her violent outbursts. Jack was to be placed at the same EBD school as had been proposed for Max. Despite the Unit's attempts to get him placed at a residential school such as Park House, he did end up going to the EBD school, where it was feared that his tendency to violent provocation would get him into serious trouble.

The only child of the five who made an ideal transition was Hanif, who left the Unit at the end of the summer term of 1994 to return to a mainstream school. Hanif had made very significant progress whilst at the Unit, early behavioural problems coming under control so that he was able to begin to show his educational potential. He had been gradually moved into the mainstream school over the period of the last two terms, starting with one morning a week and building up to two days at the mainstream school, with three at the Unit. The transition had allowed the Unit and the new school plenty of time in which to exchange information, and the whole process had been overseen by an Educational Social Worker who co-ordinated the Unit and the new school, and an educational support worker who worked with Hanif in the classroom at the new school. When I saw Hanif's mother at the summer barbecue at the Unit in 1995 she told me that Hanif was doing well.

The process of moving the children on from the Unit completed their identification with the Unit. In their dealings with the Education Authorities and the institutions to which the children were being referred the staff of the Unit jealously guarded their special knowledge of the children. The difficulty surrounding the children now became external to the Unit, the Unit identifying with the children and seeing blame for their predicament in the outside agencies.

A child's leaving was marked by a special tea party in the final week at the Unit. Crisps, cakes and soft drinks were served for the children on the tables in the dining room, whilst the adults stood round watching. The child's parents or guardians would be invited, as would other important adults such as social workers and the child's escort. Members of the Psychiatric Team who had worked with the child would attend if possible. A presentation would be made to the child of a present that they had gone on a special outing to buy with one of the adults earlier in the week. The child would also be given a scrap book of photographs from his or her time at the Unit, and cards made by all the other children. The final gift was always a biro with the Unit's address and telephone number on it for the child to be able to keep in touch.

The actual moment of leaving was often a stark contrast with the leaving party. The fact that children usually left the Unit at the end of term meant that their leaving was often overshadowed by the increase in anxiety, and in difficult behaviour, provoked by the imminent disappearance of the Unit from the lives of the children. I often noticed that a child whose leaving had been the subject of many anxious meetings over several months, and whose leaving party had been a sad occasion for the children and a poignant one for the staff, would leave the building for the last time un-noticed amidst the general atmosphere of excitement and distress. It is characteristic of the extent to which the Unit operates as a world sufficient in itself that it should make the leaving of a child so much of an *internal* event, and remain indifferent to the actual moment that the child finally passes out of the building.

### **The Leavers Group.**

Barbara's suggestion that some positive move be made to anticipate the likely turmoil when the time came for the five children to leave the Unit at the end of the

summer term of 1994 was unanimously thought to be a good idea. It was unusual for so many children to be leaving at the same time, and for these particular children the delay in the arrangements for leaving had caused particular stress. Some members of staff remembered a Leavers Group having been tried before, and thought that it had been a success. Barbara proposed that she and I should take a series of four sessions which would be structured as a course, each session addressing questions relating to leaving and dealing with loss. At the end of the course each child would receive a certificate. I welcomed the fact that Barbara proposed to run the sessions on an educational rather than a therapeutic model because I was wary of becoming involved in running a group therapy session without any prior experience, and because the problems with the therapy group that included Grant, Tim and Andrew had alerted me to the fact that the children need very clear boundaries if a group therapy session is to be kept under control. The rest of the staff also welcomed Barbara's ideas.

Before training as a child psychotherapist Barbara had been a teacher, and she was clearly looking forward to taking sessions that would be differently structured to therapy sessions. She produced printed sheets for the children which set out questions for each of four sessions. (See Figure Five p.214). The sessions were to be from 2.00 to 2.30 p.m. on Tuesday afternoons from the 14<sup>th</sup> of June to the end of term. Barbara and I met before the first session to discuss how they should be run. I said that I thought that every attempt should be made to keep the sessions as unlike therapy sessions as possible so as to provide the children with a sense of control and achievement to take away from the Unit. Barbara enthusiastically agreed, saying that she would bring along colouring crayons and paper so that the children could work at desks. We agreed that if any of the children could not manage to behave they would not be allowed to continue the course. On the printed sheets that Barbara produced for the children she called it the "Leaver's Certificate Course" to make it clear that it was not a therapy group.

The first sign that the sessions might not go as easily as we had planned came when Barbara made an announcement to the Community Meeting on the Tuesday of the first session that Sarah, Max, Jack and Hanif would be taking part in a leavers' *group*. I think it must have been force of habit that made Barbara call it a group and not a course, but from that point on it was always known as a group by everybody in the

Figure Five.

Leaver's Certificate Course

June to July 1994

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**Unit 1: Saying Goodbye**

Who will you miss? What will you miss? What will you be glad to say goodbye to? What was it like saying goodbye in your last school? Draw a person, a toy, a view or something that you will miss.

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**Research Certificate Question.**

Answer this question when Barbara and Simon ask you:

How frightened are you of saying goodbye? 1 - a little, 2 - a lot, 3 - very frightened.

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**Unit 2: Saying Hello.**

What is the new place like? What are the new teachers like? What are the new children like?

If you do not know your new school imagine one. What was it like coming to the Unit the first time?

Draw a picture or write about the new place.

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**Research Certificate Question.**

Answer when Barbara and Simon ask you.

How well did you manage leaving the Leavers Course last week? 1 - OK, 2 - hard, 3 - very hard

Are you looking forward to your new school? 1 - no, 2 - a little, 3 - a lot.

---

**Unit 3: Keeping in Mind.**

How do you keep the memory of the old place? How do you keep the people and activities that you like in your mind to help you in the new place?

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**Research Certificate Question.**

Answer when Barbara and Simon ask you.

Do you think you will remember the Unit when you are in your new school?

1 - no, 2 - a little, 3 - a lot.

How well did you manage leaving the Leavers Course last week?

1 - OK, 2 - hard, 3 - very hard.

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**Unit 4: Outing and Review.**

How well did you manage leaving the Leavers Course last week?

1 - OK, 2 - hard, 3 - very hard

How frightened are you of saying goodbye? 1 - a little, 2 - a lot, 3 - very frightened

Are you looking forward to your new school? 1 - no, 2 - a little, 3 - a lot.

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Unit. Perhaps the model of group therapy was too hard to dislodge. What had been a relatively calm Community Meeting became very disturbed after the announcement. Jack began to struggle violently on Mary's lap shouting, "La La La - I'm having therapy!", whilst Max asked why Tim, Susan and Joe weren't in the group as well. Weren't they leaving too? He was told that the group was only for the children who were definitely leaving. The meeting ended in chaos, with most of the children shouting and making bizarre noises. The immediate frisson of distress showed just how difficult it was to think about leaving from the 'heart' of the Unit in the Community Meeting.

When Barbara arrived in the afternoon for the first session I was surprised to find that she was leading me and the children up to the therapy corridor. I had thought we would have a better chance of creating a classroom environment in one of the rooms on the ground floor. Barbara took us to Therapy Room Two (50) which was at the far end of the therapy corridor. The room was about twelve feet square, with walls painted a flat grey. Opposite the door a window looking out across the street to the roofs of the buildings on the opposite side was covered with steel mesh grills. In the middle of the room was a small, low table, about three feet by two feet. Next to the table on the side nearest the window were three small plastic chairs. On the other side of the table were two large wooden chairs, upholstered with vinyl cushions. In the corner opposite the door was a large, square china sink. On the wall between the sink and the door was a boarded up fireplace with a bare mantle above it. To the right of the door was a cupboard full of dressing up clothes and boxes of toys, the props for therapy sessions. The door to the cupboard was closed but unlocked. In the opposite corner to the door on the near wall was another cupboard which was locked. On the floor by the fireplace was a pile of blankets, cushions and pillows, with some shaped cushions from an old sofa. There were no pictures on the walls; the room was an empty functional space with props for acting out in therapy.

From the moment we entered the room the atmosphere became manic. Hanif had been in the room for therapy and knew to open the cupboard to bring out the clothes. Having done so he sat down on one of the large chairs and encouraged Jack to pull out the contents of the cupboard and throw them into the room. There was no time during the session that all the children were sitting down at the same time, though Hanif and Sarah remained on or near their chairs on the near side of the table for about the first



ten minutes. Sarah remained near her seat for most of the half-hour session, not joining the boys whilst they gleefully turned out the boxes of toys, turned on the taps and splashed water into the room, and tried on all the clothes. The one excursion that Sarah did make was to go to lock Jack into the cupboard when he had shut himself in it. This she did with triumphant and hysterical glee. Once he had been let out Jack threw himself across the room at Sarah, fists flying. He managed to land one very hard punch on the side of Sarah's head before I managed to put myself between them. Until the end of the session the boys carried on throwing anything they could put their hands on at each other and Jack made repeated attacks on Sarah, who fought back bravely to push him back into the middle of the room.

At first I was astonished that Barbara sat down calmly through all of this on one of the large vinyl covered chairs. From her low seated position, with the children fighting and throwing things above her, she persistently questioned the children about leaving, following the questions on the printed sheet and pointing to them as she did so. There was a period of about three minutes in the first ten minutes of the session when Sarah, Hanif and Max were sitting down and Hanif was talking about his experience of the new school at which he had started part time. But for the rest of the session Barbara continued to talk to the children even though they appeared to be paying no attention to her. As they threw things at each other or tried to climb into the sink she offered therapeutic interpretations of their behaviour such as, "Yes, perhaps you do want to wash your hands of us."

I spent the whole of the session on my feet. There seemed to be an automatic and unspoken division of labour which meant that whilst Barbara sat and talked I did my best to stop the children hurting each other, placing myself between them to take their blows, and trying to gather together potential missiles and put them out of reach on top of one of the cupboards. Barbara did not ask me to do what I did, and I would have to admit that my behaviour was mostly driven by fear, and by the distress that I felt at being in the midst of so much unhappiness. Maybe if I had sat down, like Barbara, and left the children to themselves, the session would still have remained *just* on this side of the brink of mayhem. But I suspect that Barbara and I fell automatically into our respective Core Team and Psychiatric Team roles, with me being the policeman whilst Barbara did the interpreting. I did my best to take the edge off the violence and to warn

the children that they had already agreed that if they couldn't behave properly they would not be allowed to finish the 'course'. When Barbara asked the children questions about where they were moving on to, I filled her in on details of the progress with the families and the Education Authorities, and reminded the children of these details to help them make a more specific response to Barbara.

I was greatly relieved when the session ended and we could take the children back to their classrooms. It had seemed to me that the session had been a complete disaster, but when we went back up to the therapy room to conduct a quick post-mortem on the session, the first thing Barbara said to me was that she thought it had gone very well. She thought it was very useful that Jack and Sarah had been able to form an antagonistic alliance as the two 'younger' children who, unlike Max and Hanif, had not yet been to see any prospective new schools and were still terrified by the prospect of leaving. I remained utterly baffled by the experience, a feeling which did not change during the remaining sessions.

The second session was exceptionally violent. It took much the same form as the previous session, except that Barbara was forced to leave her seat when Jack started to throw chairs at her. To me the session seemed to be total mayhem. All I could do was to try to stand between the children and to stop them from hurting each other. Jack was particularly out of control, climbing up into the sink and trying to take a bath in it. I lifted him down when he started to jump up and down, threatening to pull the sink off the wall. This time the children were throwing the large chairs as well as the smaller ones, and the likelihood of serious injury seemed to me great. After about ten minutes Jack ran out of the room into the corridor, and when I followed to see what he was doing I found him trying to pull a large fire-extinguisher off the wall. When he saw me he ran back into the therapy room, but Max then ran out. Max came back in when I went out to get him, and I stood for several minutes guarding the door. Still objects were flying around the room. Then Jack managed to open the windows through the grill, and began to shout out at some passers-by in the street; "Help! Help! They're murdering us in here! Murder! Murder!" Hanif and Max joined him, and with the three of them shouting and pulling at the grill it seemed that it might be pulled out of the wall. Eventually they turned away from the window and started to hurl chairs at me and Barbara, screaming hysterically. Barbara decided that the situation had got out of

hand and ended the session ten minutes early at 2.20 p.m.. The children ran downstairs and back to their classrooms.

I was unable to talk to Barbara about the session because she had to leave immediately on urgent business, so I was unable to modify my impression of the session as utterly desperate. Once again Barbara had remained calm and had persisted in putting her questions to the children, notwithstanding the fact that she was getting little or no direct response.

The final session was less violent than the previous one, and amidst the chaos the children did answer some more of Barbara's questions. Still the atmosphere was dense with distress and violence, but in comparison with the worst there was a slight hint of an end of term feeling. At the end of the session the children all smiled when Barbara said that she was going to be able to award them their Leaver's Certificate, and at News the next morning they received them very proudly.

I was, and remain, utterly unsure about the Leavers Group. It was one of the most distressing experiences of my life, and I am convinced that the children were extremely distressed also. At the time it seemed to me to be reckless. I thought it was miraculous that nobody was seriously hurt. I also wondered whether it was not, in fact, a form of torture; the children being forced to show that they were reconciled to leaving in order to assuage the guilt of the adults. On the other hand, Barbara's considerable experience and expertise gave me reason to think that the sessions had been a success. Maybe the experience of being able to have one last desperate experience of the kind of acting-out behaviour that only an institution such as the Unit could countenance, whilst Barbara calmly and persistently worked through the subjects of leaving and loss, was uniquely valuable? Maybe the course was a genuinely useful catharsis?

I think there is no way of knowing whether the Leavers Group was a success or a failure. However, within the context of the Unit's production and endurance of difficulty I think it can be seen as a final test and demonstration of the children's capacity to internalise and endure difficulty. The pictures of the Unit in the leaver's scrapbook, the pen with the Unit's address and telephone number, and the Leaver's Certificate, all allow the child to take the Unit with them when they leave. Children who had reached maturity within the Unit's repertoire were often talked about as if they

had become as confidently manipulative of the environment as the staff. Jack and Joe were thought to be infuriatingly knowing towards the end of their time at the Unit, whilst Max often embarrassed the staff by showing great composure whilst other children were acting out, and managing to calm and comfort them.

By the end of their time at the Unit the relationship of difficult children to the difficulty which defined them has been entirely transformed. On arrival at the Unit the difficulty that they present is one of identification. The Unit's anxious forensic attention is aimed to penetrate the difficulty of the oblique hints and fleeting evidence of the children's affect and physical surface, in order to establish an identity different from the ones imposed by the failed contexts from which the children have come. Once able to be recruited to the Unit's full internal idiom, the difficulty which surrounds the children is organised so as to police and articulate the boundaries of the competing imperatives that make up the Unit's paradoxical world of flexibility and constraint. Children are offered the opportunity to master experience of the difficulty that surrounds them. When children are ready to leave the Unit the difficulties are predominantly external to them, located in the flawed and inflexible system which will offer them their next placement. The Unit identifies with the children in the face of this outside difficulty, seeing the children now as representative of its work, forged by difficulty.

## Chapter Twelve . Conclusion.

I have argued that the sense of difficulty which is such an important organising principle in the life of the Unit provides a common vocabulary for practical and conceptual problems. On a broader scale than the daily life of the Unit itself, the problems that it faces are understood as being *both* practical and conceptual. Underfunding, and the pressures of re-organisation within the systems of the state provision of health and education, cause constant practical, material difficulties; whilst uncertainties about the disposition of rights and responsibilities between 'families', children and the state, and fears that the very nature of childhood might have changed in such a way as to make today's children unknowable, present conceptual difficulties.

In Strathern's account of "English kinship in the late twentieth century" in *After Nature* the emphasis is on conceptual difficulties. The argument is presented in overwhelmingly idealist terms, the perplexities of late modern English kinship being attributed to the effects of the inexorable unravelling of the previous terms on which it was based. Strathern argues that when the relations between terms in the kinship system are made explicit, the experience of actual relation is abolished:

"They [the English] insist on making families visible by their lifestyle, and then all they see is the lifestyle. What is cancelled, then, is a certain relational facility. . . All the variability of family forms are [sic] thus flattened out in the assertion that everyone has some sort of family life."(Strathern 1992:145)

Kinship as a system of parts and relations is said to be disappearing; "The family as a natural consociation vanishes in the promotion of family living as an experience."(1992:147) In this context, Strathern argues, Margaret Thatcher's much cited assertion that there is no such thing as society shows an instinct for the transformations which were then taking place:

"The individual is thus revealed as a socialised entity. Society is thus revealed in its success as a socialising agent, and its effects are literalised in its impact on internal motivation. But the consequence is that the individual person comes to contain within him or herself the knowledge for right acting, and thus becomes his or her own source of morality. If society itself vanishes from this drama, then, it will have done so quite simply *from the exercise of its socialising faculty.*"(1992:158 original emphasis)

In *After Nature* Strathern's uses the Melanesian world evoked in *The Gender of the Gift* as a comparison with the modern English kinship which she argues is disappearing:

"To convey a Melanesian world through idioms of relationship, to describe persons as composed of relations, imparts a sense of sociality that makes the systemic and individualist tenor of English-language-based perceptions equally apparent."(1992:189)

The comparative project built up in *After Nature* and *The Gender of the Gift* provides Strathern with an analogy which allows her to suggest that the transformations being ushered in by the inexorable process of the making explicit of the terms of kinship, and innovations in the technology of human fertility and reproduction, are as unknowable from within the terms of the old kinship as Melanesia is from the vantage point of western metaphysics.

What Strathern presents in *After Nature* is an analysis of English kinship on the cusp of a paradigm shift. The perplexity involved is caused by the incompatibility of the terms on either side of the cusp. The idealism of the argument allows for little sense of the *resistance* to change, or of the only partial hegemony of the kinship ideologies that are described. The style of Strathern's argument makes it difficult to disentangle changes attributable to the gradual transformation of cultural terms and the changes brought about by the Thatcher/Reagan political project, which underpinned a social agenda with massive and brutal economic changes. I would argue that the sense of conceptual resistance which is absent from Strathern's argument (see p.36) is closely related to the material resistance that exists where the only partially hegemonic ideologies which she describes achieve their hegemony by means less subtle than the conceptual mutation described in *After Nature*.

The Unit might be seen as a particularly acute point of focus for these material and conceptual difficulties; a place where the brute reality of material conditions is intimately bound up with problems of knowledge and understanding. Certainly, the period of my fieldwork coincided with a period of crisis caused by the changes being made to the operation of the National Health Service which seriously exacerbated the difficulties inherent in the work that the Unit does. It was the very real possibility of imminent closure which so intensified life at the Unit. The chronic persistence of the split between the two teams might be seen as an attempt to take on, and to master by

endurance, the particular conjunction of political, economic, institutional and practical pressures under which the Unit was suffering.

After the end of my fieldwork in 1994 the relationship between the Teacher-in-Charge and the Manager of the Unit became increasingly embattled, eventually becoming played out in a hearing before the Board of Governors of the newly re-launched Unit under the Trust. The Manager resigned at the end of the summer term of 1995, and the Teacher-in-Charge resigned exactly a year later. The launch of the new Clinic Park House Day Unit in the autumn of 1994 had ended the long period of uncertainty about the future of the Unit, and extensive re-decoration and modernisation during the summer holiday of 1994 had banished some of the atmosphere of neglect, but the strains of the preceding period had still taken their personal toll on Margaret and Anne. Margaret was replaced by an educational psychologist who had previously worked for one of the Education Authorities that referred children to the Unit, the new appointment providing the opportunity to alter the management structure of the Unit so as to provide some possibility of reducing the intensity of the split between the two staff teams. The new Manager was based in the Unit's own building, rather than down the road at the Clinic as had been the case before. He was to be a full-time presence in the Unit, overseeing its practical problems as well as its administration, management and policy. When I visited the Unit for Anne's leaving party in July 1996, I was told about the changes that the new manager had made. Most significant was the taking on of four new staff solely for serving food and supervising the children during lunchtime. For the first time in the history of the Unit the continuity of the Core Team's contact with the children during the day had been broken. The new Manager had taken some of the burden of responsibility for containing the children off the shoulders of the Core Team. An additional nursery nurse was also taken on, making a significant difference to the ways in which the staff could be combined during the day to provide adequate containment for the children.

So after a long period of difficulty and uncertainty the fortunes of the Unit had been changed for the better. The period of chronic and seemingly inescapable difficulty during which I had carried out my fieldwork had finally come to an end once it was clear that the care culture represented by the Unit, and threatened by the Health Service changes, had weathered the assault. My fieldwork therefore took place at a very

specific historic moment, when the changes being enforced as part of a specific political agenda amplified and became enmeshed with more deeply entrenched practical and conceptual difficulties.

In the terms of the argument that I have presented in this thesis it is, perhaps, understandable that the response to a crisis of such intensity should have been the increased significance of a sense of difficulty as an organising principle. At times of lesser urgency the Unit might have been able to know itself more clearly as a highly complex combination of differing professional perspectives, operating under the very exacting constraints of its statutory obligations and its offer of new flexibility and potential to the child. But in the urgency of the crisis that it was experiencing during my fieldwork, without the room in which to manoeuvre all of these complex and often contradictory characteristics, it was to be expected that the sense of difficulty, which was the common denominator which both held together and held apart the contradictory strands, should have become the last, defensive refuge. When the crisis had passed the Unit had less need to define itself through difficulty.

In response to the inspiration, and the provocation, of Marilyn Strathern's comparative ethnography, I began my research in the hope of identifying the ways in which the complementary opposites of the western intellectual tradition, subject/object atomism and phenomenological wholism, are negotiated in a social setting in which they are explicitly part of both the practical and the conceptual life. What I found at the Unit was a reliance on a 'practical-conceptual' vocabulary that underpinned and helped to negotiate the relationship between mutually exclusive rationales. In the relationship between children and staff within the Unit there was an acute awareness of the relative spatial disposition of presence, from the intimacy of close contact to 'public' performance within the spatial repertoire that the Unit's building provided. The role of this awareness of relative presence was to provide a sense of the balance of the conflicting imperatives that dominated the staff's work with the children, imperatives that counselled intervention and non-intervention, often with equal and simultaneous urgency. The difficulty which was so characteristic of life in the Unit was the measure of being torn, or balanced, between the conflicting imperatives. It provided a



vocabulary, based in the daily interactions of the staff with the children, which allowed the two staff groups to operate their complementary approaches, with their contrasting models of the children's personhood. The difficulty of antagonism became the paradoxical measure of solidarity in the service of the children.

This thesis has sought to demonstrate that *difficulty* is a significant organising principle in both practical and intellectual life. As a conceptual category the significance of difficulty is easily overlooked: the role of difficulty in the production and deployment of social knowledge may repay further ethnographic attention.

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