Volume one

Boys' behavioural and mental health difficulties: an exploration of pupil and teacher discourses

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ABSTRACT

This research aimed to explore how boys' behavioural and mental health difficulties are constructed in the discourses employed by teachers and boys themselves. The choice of topic was influenced by the ongoing 'crisis' regarding boys' behaviour in education and recent shifts in discourse within educational policy that have separated constructions of behaviour and special educational needs and brought mental health further into the arena of special education. The research was influenced by ideas from social constructionism and Foucault, in order to explore how boys' behavioural and mental health difficulties are constructed, how boys are positioned within these discourses and the implications for practice. Three teachers and four Year 8 boys whose behaviour was constructed as challenging within school were interviewed, and the data was analysed using Foucauldian Discourse Analysis (Willig, 2008). The findings highlight the complexity of discourses around boys' behaviour and mental health which are inextricably tied to constructions of masculinity and contradictory practices of discipline versus care within education. The dominance of medicalised and psychological discourses which influence constructions of normality and abnormality are also highlighted, with implications for the practice of educational psychologists outlined.

ACKNOWLEDGEMENTS

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CHAPTER 1: INTRODUCTION

1.1 Introduction

This thesis forms part of the academic and research requirements of the Applied Educational and Child Psychology Doctorate at the University of Birmingham. This volume outlines a small scale research study that explored how boys' behavioural and mental health difficulties are constructed in the discourses employed by teachers and boys themselves. This research was completed during a professional practice placement within a local authority where I worked as a trainee educational psychologist. This chapter shall outline personal and professional influences that led to the research, before introducing the study and outlining the rest of the thesis.

1.2 Background to the research

Prior to commencing doctoral study, part of my time was spent working as a Behavioural and Mental Health worker with predominantly male pupils who had been identified by school staff as exhibiting behavioural or mental health difficulties and were at risk of exclusion. A clear aim in these cases was to support the young person's inclusion within their mainstream educational provision and to reduce this risk. I commonly discussed the pupil's behaviour with the young person themselves, their parents/carers and school staff. Following these discussions, I was often struck by the variability in the discourse that was used to construct what was seemingly the same observable behaviour in the same individual. This experience led me to believe that these constructions had very real implications for choices that were made regarding the pupil's consequent education, including access to support, resources or provision.

Requests to support school staff with pupils who are deemed to display problematic or worrying behaviour remains a significant part of casework within my role as a trainee educational psychologist, and the majority of these requests continue to be regarding boys. My engagement with doctoral study has led me to reflect on the inequality in education which may explain this trend. In practice, this is reflected in the number of young people, predominantly boys, who experience exclusion from school, with official statistics suggesting that a disproportionate amount of these are likely to have Special Educational Needs (SEN) (DfE, 2015).

This has not gone unnoticed; children who do not conform to the expectations of the school have been the subject of discussion, debate and concern within research and educational practice in the UK. The difficulties in defining 'emotional and behavioural difficulties', and the lack of consensus regarding the behaviours that this refers to are acknowledged (Clough *et al*., 2005; Cole, Daniels, and Visser, 2013). What is evident, is that much of the research on this topic, be it from a psychological or sociological perspective, reflects essentialist views of behaviour and mental health. Such research tends to represent '...the person as having some definable and discoverable nature, whether given by biology or by the environment...' (Burr, 2003, p.6). Traditional psychological explanations of behaviour and mental health have come under scrutiny for being misleading and unhelpful and promoting difference and deficit (Thomas and Loxley, 2001). It has been proposed that this is particularly evident in special education, where discourses reflect categories of normality and abnormality (Reid and Valle, 2004; Thomas and Loxley, 2005).

Throughout my doctoral research I have been exposed to social constructionist approaches to research. This challenges essentialist research and also resonates

with my own views that the meanings that we ascribe to behaviour are based on the discourse used within a particular context. From this stance '...diseases are not simply objectively defined medical entities but social ones...Defining illness and disease is not simply a matter of identifying the presence of pathology' (Burr 2003, p.40). Within this approach what is regarded as 'normal' and 'abnormal' or truth or knowledge is constructed through language and this continually changes. Discourses regarding 'normal' or 'abnormal' behaviour have shifted over time, and continue to shift. The introduction of the revised Special Educational Needs and Disability (SEND) Code of Practice (DfE and DoH, 2015), for example, proposed a fundamental shift in the discourse describing children's behaviour that is constructed as 'abnormal'. This is signified by the removal of 'behavioural difficulty' as a category of SEN (Emotional and Behavioural Difficulties), and replaced with an increased emphasis on mental health (Social, Emotional and Mental Health Difficulties).

The ongoing concerns regarding the inclusion (or exclusion) of pupils who do not behave in school, and the recent shift in discourse regarding this group of young people, led to the focus of this study which explored how the behaviour and mental health of boys are constructed within education. My interest in social justice and inequality in education, combined with a growing interest in the implications of language used to describe children's behaviour brought me to Billington's (2006) questions. Billington (2006) proposes that these questions, which have been influential in this research process and my own professional practice, enable professionals to reflexively and critically consider the effect of our actions 'for good or ill':

- 'How do we speak of children?

- How do we speak with children?

- How do we write of children?

- How do we listen to children?

  And finally

- How do we listen to ourselves (when working with children)?' (Billington, 2006, p.8)

This research aims to facilitate discussion and reflexivity regarding how we speak of boys' behaviour and mental health in research and in practice. The next section shall briefly explore some of the complexities that can arise when engaging in such reflexivity, and outline the theoretical orientation of the research.

1.3 Theoretical orientation and the complexity of language

This study adopts a social constructionist stance to explore how boys' behaviour and mental health is constructed in the discourses employed by teachers and boys themselves. Social constructionism is '...devoted to understanding the generation, transformation and suppression of what we take to be objective knowledge...' and '...exploring the literary and rhetorical devices by which meaning is achieved...' (Gergen, 2001, p.25). Discourses are cultural resources that develop within certain cultural traditions and that function performatively to construct 'objects' or 'facts' (Gergen 2001). A multitude of discourses may surround any one object, with each discourse constructing the same phenomena in different ways (Burr 2003). Language therefore enables alternative constructions, or counter discourses, to emerge; each having differing implications for action (Mills 1997; Willig 2008). While discourses may be overlapping and complimentary, competing and contradictory discourses

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highlight that language can be a site of struggle, disagreement and conflict (Burr 2003).

The multitude of discourses surrounding boys' behaviour and mental health are often overlapping and contradictory. Lack of consensus regarding definitions and terms highlight the complexity of discourse (Laws, 2012; Cole, Daniels, and Visser, 2013). The following are just some of the commonly used descriptors for children whose behaviour concerns adults:

> "'Disturbing', 'disturbed', 'disruptive', 'deviant', 'challenging', 'troublesome', 'troubled', 'bad', 'sad', 'mad', 'maladjusted', 'mentally ill', 'morally defective'" (Cole, Daniels and Visser, 2013, p.1)

There appears to be an uncritical acceptance in the use of such terminology to describe young people's behaviour. A number of authors have highlighted the ease with which rational, scientific, psychological and diagnostic vernacular '...has permeated social and educational discourses to the point that it is hard to describe or conceptualise children's classroom mis/behaviour... in a way that does not invoke these dangerous categorising discourses' (Graham, 2006, p.20). Harwood and Allan (2014, p.2), for example, note the popularity with which phrases such as 'he's ADHD' or 'that's so ADHD' are used within education. The public acceptability of such terms within media and 'in the discourse of school life shows the extent to which the psychiatric and the psychosocial have become fused and converted into acceptable psychoeducational labels' (Thomas and Glenny, 2000, p.291). Thus, despite the multitude of discourses surrounding behaviour, certain constructions have come to be accepted as common sense, or truth, more readily than others (Burr 2003).

Foucault was concerned with how particular discourses came to be dominant and regarded as fact, and the role of discourses in the constitution of social and psychological life (Parker, 1994; Willig, 2008). Dominant or 'common sense' discourses are bound up in power, and legitimise existing power relations and structures as they are circulated through society and reproduced in literature and social practices (Mills 2003; Willig 2008). Foucault (1980) referred to dominant discourses as 'regimes of truth', proposing that:

> "Each society has its regime or truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true" (Foucault, 1980, p.131)

Dominant discourses will be continually contested and resisted by alternative constructions and social practices which inform questions of truth (Mills, 1997; Burr, 2003). Foucault's work has been influential in highlighting the way in which language constructs meaning and power relations, as 'discourses facilitate and limit, enable and constrain what can be said, by whom, where and when' (Willig, 2008, p.172). The social implications of discourse consequently shape what we can do, and what can be done to us (Burr 2003). This is relevant when deconstructing notions of 'normality' and 'abnormality' and enables us to question who decides what behaviour is 'unwanted' or 'unacceptable'. Rogers and Pilgrim (2005) note that:

> "One party may want a behaviour to occur or find it acceptable but another may not. In these circumstances, those who have more power will tend to be the definers of reality. Thus, what constitutes unwanted behaviour is not self-evident but socially negotiated. Consequently, it reflects both the power relationships and the value system operating in a culture at a point in time." (Rogers and Pilgrim, 2005, p.7)

Discourses therefore carry implications for both how 'problem' behaviour is made sense of, and how it will be solved (Jones 2003; Laws 2012). This presents a challenge to the speaker, as the syntax has implications for where 'blame' or 'the problem' is located. Very different meanings are ascribed to a 'troubled' versus 'troublesome' pupil (Parsons, 2005). These challenges were unavoidable in the present research. While the terms 'behavioural difficulties' and 'mental health difficulties' may appear to be presented unquestionably throughout this research, it is recognised that this terminology is value-laden and locates responsibility with the child (Tobbell and Lawthom, 2005). However, as this research was influenced by the shift in discourse within the SEND Code of Practice (DfE and DoH 2015), and how this is enacted in practice, the decision was made to adopt the terms that were used within these documents, namely 'behavioural difficulties' reflecting the 'emotional and behavioural difficulties' category of 'need' in 2001 and 'mental health difficulties' reflecting a category of 'need' in 2015. It is recognised that the Code of Practice is concerned with the identification of 'need' and consequently that these terms reinforce the 'abnormal' and 'normal' connotations attached to this terminology, locating the 'problem' within the pupil (Parker *et al*.,1997). While alternative terminology was considered, Parker *et al*. (1997, p.2) caution that 'choosing friendly euphemisms will not solve the problem...' Thus, while these terms are used throughout this research seemingly unproblematically, it is hoped that a deconstruction of this discourse will unravel the unintentional consequences that arise from their use (Parker *et al*., 1997).

1.4 Structure of volume one

This volume is comprised of seven chapters. After introducing the background to the research and theoretical orientation in this chapter, chapter 2 will continue to set the scene for the research by providing a summary of the national context. This will include an overview of relevant literature and policy that highlight recent changes in the constructions of boys' behaviour and mental health. In chapter 3, I draw on critical literature, including Foucault's works (Foucault 1972; Foucault 1977) to provide an overview of historical and current discourses regarding boy's behaviour and mental health and implications that these have for how problematic behaviour is 'treated' within schools. Chapter 4 presents the methodological approach taken in this study, including the research orientation, the research questions and decisions regarding research design. Processes of data collection, sampling and data analysis are presented alongside reflection on ethical considerations and reflexivity within the research. Chapters 5 and 6 present the findings from the teacher interviews and pupil interviews separately in order to address the research questions. Finally, in chapter 7 I summarise the key findings from the study, and outline the implications that the current research has for practice. The study is evaluated through a discussion of its strength and limitations, and these inform possibilities for future research.

CHAPTER 2: AN OVERVIEW OF THE NATIONAL CONTEXT

2.1 Introduction

As noted earlier, a key influence in this research was a shift in the discourse used to describe children's behaviour within education. This was reflected in the removal of 'behaviour' as a category of 'need' within the Code of Practice (DfE and DoH 2015) and its replacement with 'mental health'. Therefore, this section shall provide an overview of key developments and critical issues that may have given rise to this shift in the discourse, in order to set the context for the study. This shall include consideration of constructions of boys' behaviour and mental health, both within policy and the media and implications of this for educational psychology (EP) practice.

2.2 Boys: behaviour in crisis

It has been suggested that political, professional and media discourses have increasingly reflected a 'crisis' in the level of 'disturbed' and 'disturbing' behaviour displayed by young people (Coppock, 2005a). Despite the breadth and depth of this discussion, Harwood and Allan (2014) propose that the overrepresentation of minority and disadvantaged groups in patterns of diagnoses for 'disturbed' or 'disturbing' behaviour has been overlooked. These authors note that young people are at increased risk of diagnoses if they are from ethnic minority groups, a lower socio-economic status or a boy. They also note the need to balance consideration of the intersectionality of these factors with thought to how they individually interact with the practice of pathologising (Harwood and Allan, 2014).

Despite a general oversight of these factors within the media particularly, the 'crisis' concerning behaviour has centred around boys (Ashley, 2009). Willis' (1977) construction of white working class boys as 'lads' is described as a 'seminal classic' but has been said to dominate discussions within political discourses and position this group of boys as anti-social and anti-education (Ashley, 2009). The concern regarding boys' behaviour often reflects dominant constructions of masculinity which position men as more dangerous than women and associate boys with aggression (Epstein *et al*., 1998; Rogers and Pilgrim, 2005). Epstein *et al*. (1998, p.9) for example, reported that discourses of 'boys will be boys' imply 'an unchanging and unchangeable 'boyness' which involves aggression, fighting and delayed (some might say indefinitely!) maturity'. Traditional discourses of masculinity have also been said to position boys as rational and emotionally inarticulate and disapproving of emotional intimacy (McQueen and Henwood, 2002; Pomerantz, 2007). Historically, displays of an excess of emotions have been associated with madness, and thus madness has more frequently been associated with the female body (Coppock 2008; Laws 2012).

2.3 A crisis of masculinity

Nevertheless, a shift in the construction of gendered patterns of emotionality has recently been observed. A 'crisis' of masculinity positioning boys as vulnerable to mental health difficulties is emerging (Coppock 2008). This has led to a growing discourse of boys' mental health within the media which positions their emotions as 'repressed' and constrained by traditional discourses of masculinity (Deal 2015; Devon 2015). Research indicates, for example, that adolescent boys are more likely to report physical rather than psychological distress (McQueen and Henwood, 2002).

Epstein (1997) suggests that boys have to appear 'super-heterosexual' and 'macho' in order to survive within education, as boys who take up subject positions associated with emotion and vulnerability are considered 'Nancy-boys' rather than 'real men' and risk experiencing homophobia. Thus, McQueen and Henwood (2002) propose that:

> "...particular subject positions within discourses are privileged, for example males as rational, competitive agents counter-posed against female as emotional, caring and passive. Dominant class-specific discourses aligning power and achievement with physical prowess and dominance can also construct emotions as the antithesis of what it is to be male, so that men's experience of emotions is prohibited by fear of intimidation and violence" (McQueen and Henwood, 2002, p.1506)

However, some authors suggest that boys are redefining and reforming masculinity through counter-hegemonic discourses (Frank *et al*., 2003). Alongside this, the common use with which psychiatric and psychological discourses are employed has been said to contribute to the medicalisation of behaviour (Harwood and Allan, 2014). As such, schools have been described as 'sites of significance in the contemporary production of psychopathology' (Harwood and Allan, 2014, p.1).

2.4 Discourses of difference within the school setting

A number of authors have applied Foucault's (Foucault 1967; Foucault 1977) ideas such as his concern with how constructions of 'madness' and 'sanity' are produced through discourse, to the analysis of psychopathology within the school environment (Allan, 1996; Thomas and Glenny, 2000; Laws, 2012). It has been suggested that one way in which 'normal' and 'abnormal' behaviours are defined is through constructions of 'special educational needs (SEN)' (Allan, 1996; Reid and Valle, 2004). Constructions of SEN are commonplace in schools and are distributed

through policy such as the Special Educational Needs and Disability (SEND) Code of Practice (Tomlinson 2012; DfE and DoH, 2015). Policies such as this have been described as discursive formations that '...become invested in the day-to-day existence of schools, the bodies of teachers and students and in forms of social relationship' (Ball, Maguire and Braun, 2012, p.8). Therefore, the shift in the discourse that has occurred within the Code of Practice and implications that this has for constructions of 'abnormal' behaviour are worthy of discussion.

2.5 'Emotional and behavioural difficulties' to 'Social, emotional and mental health difficulties'

2.5.1. Constructions of 'behavioural difficulties'

A shift in the discourse is reflected in the extent to which 'behaviour' and 'mental health' are referred to across the previous and latest versions of the Code of Practice (DfES, 2001; DfE and DoH, 2015). This includes a reduction in references to 'behaviour' (referenced 51 times in 2001 and 26 times in 2015) and increase in the references to 'mental health' (referenced 9 times in 2001 and 36 times in 2015).

In 2001 'emotional and behavioural difficulties' were constructed as a 'special educational need' that was 'persistent' in spite of 'management techniques' and that interfered with children's learning. Pupils were positioned as requiring an 'outside response' (from experts) in order to remain in school. Although challenging behaviour was constructed as something that could arise from or interact with other needs, behavioural difficulties were generally constructed as discrete to 'other' difficulties, e.g.:

> "...pupils may well have needs which span two or more areas. For example, a pupil with general learning difficulties may also have behavioural difficulties or a sensory impairment" (DfES, 2001, p.85).

Behaviour and mental health were constructed as separate phenomena, but as potentially overlapping:

> "Many children with mental health problems, but by no means all, may also be recognised as children with emotional and behavioural difficulties" (DfES, 2001, p.140)

This differs significantly to the construction of behavioural difficulties in the revised Code of Practice (DfE and DoH, 2015). 'Persistent disruptive or withdrawn behaviour' is constructed as something that occurs as a result of an 'unaddressed', 'underlying' or 'undiagnosed' need, rather than a 'need' in itself. In the early years for example, delays in meeting 'needs' through special educational provision may:

> "...give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning and to behaviour difficulties." (DfE and DoH, 2015, p.86)

In a similar vein, behavioural difficulties are constructed as manifesting in response to unaddressed 'learning difficulties' or underlying 'mental health difficulties'.

2.5.2. Constructions of 'mental health difficulties'

In 2001, mental health was constructed as something 'other' or 'additional' that children with SEN may have. While SEN and mental health were described as potentially overlapping, discourses centred around children's SEN and constructed mental health as an associated risk that was predominantly outside the realm of education:

> "Children with SEN are more likely to have mental health problems than those without, emphasising the importance of close links between education services and CAMHS" (DfES, 2001).

In the latest edition of the Code of Practice, mental health difficulties form a larger part of the discourse and are constructed as a SEN in their own right. Increased references to mental health are partly due to the greater emphasis on joint commissioning of services that bring children's health needs closer into the educational discourse. For example, it is now expected that many schools commission specialist services such as Child and Adolescent Mental Health Services (CAMHS) directly. This differs to 2001, where it was emphasised that schools should be aware that pupils may be in contact with professionals in health and care services or may benefit from referrals to health services for assessment and treatment of mental health problems (DfES, 2001). Joint initiatives between health and education were less common in 2001. This may partly account for the shift in the discourse and the increased medicalisation of children's behaviour.

Despite a shift in the discourse, both of these documents are concerned with the identification of 'needs' or 'difficulties' that reflect a deviation from the norm. As such, these documents reflect essentialist notions of behaviour and mental health that assume that both 'behavioural difficulties' and 'mental health difficulties' constitute real entities that are identifiable. It has been noted that:

> "By the time the child undergoes a formal assessment, there is usually little doubt as to the existence of an abnormality or a special educational need, although this notion of difference is itself socially constructed." (Allan, 1996, p.223).

2.6 Behavioural difficulties or something else?

Despite the construction of behaviour as an 'unmet need' within the 2015 code of practice, contradictory discourses also state that 'difficult or withdrawn behaviour does not necessarily mean that a child has SEN'. Hence, behaviour is constructed as

something that requires investigation to find the 'true cause' of 'unmet need' or 'other', and 'other' is left somewhat vague. This assertion is not new, and in 1999 'other' reasons for behaviour were also vaguely implied by the assertion that 'difficult behaviour sometimes results from unidentified or unmet special educational needs, including Emotional and Behavioural Difficulties (EBD)' (DfEE, 1999). Jones (2003, p.148) proposed that 'this implicitly constructs EBD as individual pathology, on the one hand, and difficult behaviour as something else (e.g. a social problem), on the other'. This distinction between behaviour as 'something else' versus behaviour as 'SEN/unmet need' reflects the ongoing tension in balancing discipline and care within education (Thomas and Glenny, 2000; Thomas and Loxley, 2001).

2.7 Discipline versus care

Punitive and welfare approaches in schools are co-existing yet conflicting (Macleod, 2007). Punitive approaches are evident in the emphasis on discipline within policy (DfE, 2016a). Ball, Maguire and Braun (2012, p.99) propose that 'behaviour, classroom management and student 'control' have always been an area of concern and activity for 'policy-makers, schools and their teachers'...' Discipline has a 'constant presence' as an 'urgent problem' in policy and is continually circulated in schools (Ball, Maguire and Braun, 2012). The longevity of discipline may be due, in part, to the inherent assumption within education that discipline results in compliance and compliance enables learning to take place (Maguire, Ball and Braun, 2010; Laws 2012).

While discipline continues to articulate what it means 'to behave', the range of conflicting behaviour discourses can be problematic in practice (Ball, Maguire and

Braun, 2012). Individual school behavioural policies often attempt to tie together competing discourses of discipline and care and result in a mishmash of initiatives and strategies concerned with 'classroom rules', 'exclusions' as well as 'pastoral work' and 'well-being and safety' (Ball, Maguire and Braun, 2012). Ball, Maguire and Braun (2012) propose that:

> "Behaviour is an area of education infused with long-standing and agnostic discourses and sets of diverse professionals with attachments to different interpretations of the what and the why of behaviour management....more than in many other policy areas, behaviour policy is thus a site where professional conflicts and different approaches to 'sense-making' can come to the fore..." (Ball, Maguire and Braun, 2012, p.98)

Part of this sense-making has centred around where indiscipline 'stems from' and the consequent choice of welfare or punishment has may be linked to whether individual or structural factors are held to be responsible (Parsons, 2005; Macleod, 2007). Educational psychologists have been positioned as influential professionals in these constructions (Slee, 1995; Araújo, 2005)

2.8 The role of educational psychologists

The duties of an educational psychologist (EP) differ to some degree depending on local and cultural contexts and legislation, nonetheless, their role in assessing and supporting behaviour and mental health remains relatively constant (Leadbetter, 2013). In such cases, EPs may work with individual or groups of children, school staff, parents or at a broader level in the local authority (Leadbetter, 2013). Slee (1995, p.95) proposes that 'a number of educational psychologists will commence and conclude their analysis of disruption in schools with the 'deviant' student' and that such individual and essentialist perspectives are appealing in their suggestion of a 'quick fix'. This is likely to be disputed by many EPs, who may identify with

'psychosocial' and 'ecosystemic' explanations for behaviour and assume that theories of psychopathology resonate with a 'medical model' (Jones, 2003).

Nevertheless, from a social constructionist stance, discourses do not exist in a vacuum and ideas from medical and psychological professions are unlikely to unilaterally influence constructions of behaviour (Jones, 2003; Mills, 1997). Some authors propose that discourses of psychiatry and psychology have melded constructions of disturbance and disorder so that simple explanations and responses to 'right' and 'wrong' behaviours are replaced with complex judgements about an individual's 'soul' (Foucault, 1977; Thomas and Glenny, 2000). Procedures of regulation and pathologisation have been said to infect EP practices 'so insidiously that it is difficult to make them visible' (Billington, 1996, p.53). The impact of discourse has been acknowledged by some EPs who recognise that "almost all of our work involves us in the creation, use and manipulation of discourse" (Bozic, Leadbetter, and Stringer, 1998, p.65). Hence, a heightened awareness of discourse can enable EPs to consider the effect of their language, and the languages that others adopt, when constructing children's behaviour and mental health (Billington, 1995). Discourse analysis can also enable psychologists to reflect on issues of power which are central to ethical practice (Billington, 1995; BPS, 2002; BPS, 2009). For these reasons, the current research is considered of relevance to EP practice.

In summary, this section has highlighted the recent changing nature of discourses concerning boys' behaviour and mental health within SEN policy and wider media, and implications that this has for the contradictory approaches of discipline versus care within educational practice. This section has also indicated that an awareness of these discourses can be of use to EPs in promoting reflexive and ethical practice.

CHAPTER 3: DISCOURSES RELATING TO CHILDREN'S BEHAVIOUR AND MENTAL HEALTH

3.1 Introduction

While an overview of the current national context is important in setting the scene to this research, it has been proposed that 'it is only by critically examining the past that we can defamiliarise what we know about the present' (Mills, 2003, p.78). Therefore, this section shall briefly explore historical constructions of behaviour and mental health, before outlining the multitude of dominant discourses and the implications of these for practice.

3.2 A historical analysis of children's behaviour and mental health

Concerns regarding children's behaviour and mental health can be traced back to the nineteenth century and while many of the behaviours reported are similar, discourses used to construct behaviour and mental health have shifted over time (Hjorne and Saljo, 2013; Harwood and Allan, 2014). Foucault was interested in the changing nature of discourse and social process and conditions under which certain facts come to be seen as truth at particular periods in time, termed 'an episteme' (Foucault, 1972; Mills, 2003). On the topic of abnormal behaviour, for example, he noted that '...rather than asking what, in a given period, is regarded as sanity or insanity, as mental illness or normal behaviour, I wanted to ask how these divisions are operated' (Foucault, 1991, p.74). When discussing the construction of 'abnormality' within the school setting, authors have been influenced by Foucault's later work, which was concerned with historical analyses of how knowledge and power are interlinked and enacted within and between people and institutions (Allan,

1996; Harwood and Allan, 2014; Thomas and Loxley, 2005). This section will briefly draw on this body of work to consider historical discourses of behaviour and mental health within education. This is not an attempt to present an exhaustive analysis of these discourses from past to present, but rather an exploration of key shifts in the discourse, and the mechanisms of power by which they came to be.

3.2.1 The emergence of 'abnormality' within education

Social concerns and institutional practices regarding 'abnormal' behaviour were extended from adults to children during the eighteenth century. Children who misbehaved were often constructed as 'bad' and punished or executed, as 90% of criminal executions in 1785 were individuals under 21 years old (West, 1967 cited in Cole and Visser, 1999). Schooling offered more 'sympathetic' treatment (Billington, 1996; Cole and Visser, 1999; Laws, 2012). Education also offered the answer to improving morality and work skills among the poor (Larsen, 2011; Harwood and Allan, 2014). However, the growth in the accessibility of school, and the diverse populations that inhabited this space not only highlighted differences between children, but also contributed to the development of disciplinary practices to control and order large numbers of young people (Billington, 1996; Harwood and Allan, 2014). Foucault (1977) highlighted commonalities between disciplinary practices used in prisons and in schools to regulate individuals, such as lining up, groupings and subjection to authority (Billington, 1996). Practices that, along with surveillance and confinement, resulted in the disciplining of the self by the self through acts of 'time-keeping, self control over one's posture and bodily functions, concentration, sublimation of immediate desires and emotions...' (Mills, 2003, p.43). This process of

normalisation introduced behaviours that needed to be performed to successfully achieve status as a 'normal pupil' (Laws, 2012).

3.2.2 The growth of 'expert' influence

For those who did not perform as a 'normal pupil', techniques were developed to understand why. The twentieth century saw the increased presence of medical and psychological professionals within education, along with methods for assessing and categorising behaviour that did not 'fit' (Harwood and Allan, 2014). Such techniques allowed children's behaviour to be constructed according to their mental domain and imputations to be made regarding intent and motive (Thomas and Glenny, 2000; Harwood and Allan, 2014). This saw a shift or fusion of discourses regarding children's morality and mentality (Coppock, 2005a). Coppock (2005a) suggests that:

> "The stage was set for psychology to offer the 'tools' necessary for the identification, classification, control and regulation of those identified as threatening the social order... A mass of data was collected, standardised and analysed to construct norms for childhood growth and development... through which 'normal' or 'abnormal' mental health and/or ability could be assessed and established" (Coppock, 2005a, p.151).

Promoting homogeneity and standardising behaviour reinforced normalising judgements and individualisation (Foucault, 1977; Allan, 1996). This also contributed to pedagogic practices that were 'totally saturated with the notion of a normalised sequence of child development' (Walkerdine, 1998, p.155). Those whose behaviour was deemed outside the norm were constructed in a multitude of ways throughout the twentieth century, from 'ill' (medicalised), 'immoral' to 'maladjusted'. Constructions of the aetiology of abnormality ranged from within child to structural explanations. This included maternal deprivation and insecure attachments following the war, to insufficient motivation within the school environment following the growth

of behavioural psychology. These positioned pupils in a myriad way from experiencing 'deep psychic wounds that could only be healed through loving relationships' (Cooper, 1999, p.18) to 'passive recipients of professional activity' (Tobbell and Lawthom 2005, p.91). What united all constructions was the assumption that they were based on essentialist truths.

3.2.3 The influence of standards and special education

The Warnock Report (DES, 1978), which introduced the terminology of 'special educational needs', has been said to have made a 'significant contribution to the process of child pathologisation' within education despite benevolent attempts to seek support for children and reduce exclusionary practices (Billington, 1996, p.43). The report was criticised for its contribution to systems that identified and categorised abnormality (Allan, 1995; Billington, 1996). The growth of SEN discourse and the increased involvement of psychological and medical expertise, was also said to have caused teaching staff to be less tolerant of 'difficult' pupils (Egan 2006). However, reduced tolerance to SEN, specifically children categorised with 'emotional and behavioural difficulties' (evidenced by a rise in exclusion rates), may also be reflective of significant changes to the wider education system over the last three decades, including an increased market-led philosophy and focus on 'standards' (Cooper, 1998). Not only has the marketisation of education prompted a new way of constructing special needs which emphasises rights, but also differences, to 'normal' children (Allan, 1995), a greater emphasis on standards, measurement and monitoring has also caused teachers and pupils to be under tighter surveillance and '...enmeshed within a disciplinary programme of visibility and production' (Ball, Maguire, and Braun, 2012, p.71).

Hence, Ball, Maguire, and Braun (2012, p.135) propose that over time, teachers and pupils have become 'caught in a complex web of policy discourses' that require them to perform as 'good teachers' and 'good pupils' in order to maintain a 'good school' that encompasses order, productivity and mutual surveillance, and produces docile bodies but productive minds. Pupils who are positioned outside of the 'good pupil' discourse and particularly as 'bad' must move to condemn themselves and acknowledge wrongdoing in order to demonstrate that they can get it right (Laws 2012). There currently exists a multitude of discourses that construct the behaviour of pupils that do not attain the status of a 'good pupil', reflecting historical trends concerning constructions of difference through psychological, sociological and medical discourses. The next section shall briefly outline some of the current dominant discourses regarding young people's behaviour and mental health.

3.3. Dominant discourses regarding children's behaviour and mental health

Essentialist notions of behaviour and mental health differ in the extent to which individual or environmental factors are emphasised (Parsons, 2005). This distinction may present the debate simplistically, as behaviour and mental health are often constructed as an interaction of these factors and requiring a biopsychosocial approach (Cooper, Bilton, and Kakos, 2013). This contributes to the complexity and overlapping and contradictory nature of the discourse. Working within the context of Australian educational policy Laws (2012) offers a useful perspective on the multiple constructions of young people's behaviour and mental health. She explores how these dominant discourses shift in their construction of whom or what is responsible. These overlap with discourses within UK policy and research and are therefore relevant to this research. While the intention is not to present a reductionist account,

a consideration of these dominant discourses would help to make sense of the complexity. This will begin by exploring discourses that construct behaviour and mental health as reflecting individual factors within the child, before outlining discourses that emphasise social and structural influences such as peers, parents and the school.

3.3.1 Boys

Many of the dominant educational and psychological discourses construct behaviour as a result of 'deficit, deviance and disadvantage in the child' (Thomas and Glenny, 2000, p.284). While much of the 'crisis' concerning boys behaviour are constructed through traditional discourses of masculinity, as highlighted in chapter 2, other authors have taken a broader analysis of the different ways in which children are positioned as 'bad', 'mad' and ''sad' in constructions of behaviour and mental health (Macleod 2007; Laws 2012). These analyses have not considered at any length how gender interacts with such discourses, and while it is likely that all three discourses are applied to both males and females at various points in times, some of these, such as the 'bad' child seemingly overlap with traditional discourses of masculinity. These shall briefly be explored in turn.

3.3.1.1   The 'bad' child

Discourses that position children and their behaviour as 'bad' hold the young person as responsible for their behaviour, but also as 'irresponsible' (Macleod, 2007; Wright, 2009). Hence, in this discourse, young people are positioned in paradoxical terms, as both choosing to behave as they do, but also as undisciplined and lacking self-control (Macleod, 2007; Wright, 2009). Young people who are positioned as behaving

'badly', particularly violently, through choice and in a rational manner are constructed as being controlled by the conscious mind and deemed to be complex, dangerous and callous, and lacking moral conscience (Laws, 2012). Constructions of behaviour as callous rather than emotional means that 'bad' children do not tend to be associated with constructions of mental health. As such, the solution within the discourse often associates these young people with discourses of discipline, crime and punishment, in attempts to move the young person towards condemning themselves and their behaviour (Wright, 2009; Laws, 2012). Explicit displays of violence are constructed as 'abnormally' bad and as such are not tolerated and often result in exclusion (Laws, 2012). Media texts construct exclusion as indicative of deviance, and position teachers as oppressed (Pomerantz, 2007).

3.3.1.2   The 'mad' child

Discourses that position children and their behaviour as 'mad' suggests that behaviour may be associated with '...chemical imbalance, diet, or gene disturbance' and may result in the medicalisation of behaviour (Wright, 2009, p.287). There has been a growing concern regarding the increasing medicalisation of behaviour as a form of social control, which individualises social problems and locates the solution with expert medical professionals (Szasz, 1974; Conrad, 1975). Diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism have been suggested to construct children as ill, but also act as a label of forgiveness which reduces accountability as they '...are not as likely to be the "bad boy" of the classroom; they are children with a medical disorder' (Conrad, 1975, p.18; Macleod, 2007). Discourses of behaviour and mental health are interlinked and intertwined here, which may bring humanitarian benefits as while mental health difficulties can be

understood as a form of deviancy, they are not typically 'characterised by malice aforethought or motivated by personal gain or gratification' as is the case in 'bad' behaviour (Rogers and Pilgrim, 2005, p.104). Alternative constructions of madness are associated with an excess of emotions, or emotional disturbance including mental illness or psychological conditions such as schizophrenia or psychosis (Laws, 2012; Wright, 2009). Constructions of madness position the solution in the hands of medical or expert professionals, and possibly medication (Laws, 2012).

3.3.1.3. The 'sad' child

Children positioned as 'sad' are portrayed as 'victims' of their circumstance and structural inequalities and are commonly seen as less responsible for their difficulties (Macleod, 2007; Wright, 2009). Wright (2009) suggests that social and structural factors associated with 'sad' children include trauma, abuse, neglect, poverty or conflict. Solutions within the discourse often position this group of young people as requiring protection through welfare, nurture or therapy (Wright, 2009). However, discourses of behaviour and mental health often interlink and intertwine here. Laws (2012) for example suggests that children in care are initially positioned as a result of their living arrangements, rather than by their behaviour, but over time come to be read as 'bad' or 'mad' through 'psychological categorising' which constructs a binary '...that positions the 'sad' as in need of care and as simultaneously responsible for choosing any aberrant behaviour (thus being in need of control)' (Laws, 2012, p.103).

3.3.2 Disability

In addition to constructions of the 'bad', 'mad' and 'sad' child, an alternative individualised discourse constructs children's behaviour and mental health not as a

problem, but as a disability (Laws, 2012). This positions children as entitled to 'rights' in education, as evident in the 'special educational needs' discourse. The notion of 'need' is dominant within UK education and has seldom been questioned (Thomas and Glenny, 2000). The 'needs' and 'rights' discourses, however, have been critiqued for highlighting differences to 'normal' children and resulting in exclusionary practices, particularly for children with 'emotional and behavioural difficulties' (Allan, 1995; Jull, 2008; Runswick-Cole and Hodge, 2009). It is unclear how far children's behaviour will continue to be constructed as a 'need' in light of the shift in the discourse within the revised Code of Practice which instead constructs behaviour as a result of an 'unmet need' such as a learning difficulty (DfE and DoH, 2015). Behaviour is associated with 'learning difficulties' in psychological literature, where children are positioned as lacking cognitive and behavioural skills and needing 'evidence based' interventions, which may mean that behaviour continues to be constructed as a 'need' (Laws, 2012). As highlighted within the introduction, disability discourses have been associated to a lesser extent with mental health difficulties, but it is possible that the overlap of mental health and SEND discourses may lead to mental health being constructed in this way.

3.3.3 Peers

Constructions of behaviour as affected by peer relationships reflect both individual and environmental explanations for behaviour. A lack of friendships, for example, has been positioned as both the cause and consequence of problematic behaviour and mental health difficulties, and solutions within the discourse often centre around interventions to promote children's social inclusion, with the view to this improving behaviour and well-being (Barrett and Randall, 2004). Conflicting discourses

construct rejection and bullying as damaging to children and a potential cause of behavioural and mental health difficulties (Arseneault, Bowes, and Shakoor, 2010), yet rejection of problematic behaviour (e.g. aggression) by 'regular' pupils is not viewed as bullying and is in fact constructed as the 'right' behaviours to endorse social order (Laws, 2012). Furthermore, friendships particularly amongst boys, have also been constructed as inappropriate (e.g. anti-social) and as contributing to problematic behaviour within the literature and these constructions are less typically associated with discourses of mental health (Ashley, 2009; Laws, 2012).

3.3.4 Parents

The dominance of discourses regarding the impact of parental factors on children's behaviour and mental health is evident in the breadth of literature that includes, amongst other factors, the impact of domestic violence, parental substance misuse, parental mental health, poor supervision or discipline practices and insecure attachments (Laws, 2012). A deficit discourse is particularly prevalent in UK social policy and media in relation to working class and ethnic minority families who are often positioned as unsupportive of school staff, as lacking skills and the cause of indiscipline (Araújo, 2005; Gillies, 2005; Pomerantz, 2007). Service providers construct parents as part of the 'problem', particularly if they lack social capital (Macleod *et al*., 2013). The solution within the discourse often emphasises parental or family based interventions, positioning parents as 'a key weapon in the battle against anti-social behaviour' (Macleod *et al*., 2013, p.391). Harwood and Allan (2014) propose that this subjects parents to similar interventions to their children. Behavioural, emotional and social difficulties are said to be the only category of SEN

in which parents are deemed in need of 'challenging' or 'correcting' (Macleod *et al*., 2013).

3.3.5 Disadvantage

An overlapping yet different discourse constructs behavioural and mental health difficulties less as a problem, but as an '...understandable responses to extreme situations' (Laws, 2012, p.39). This discourse overlaps with constructions of the 'sad' child and positions children as 'vulnerable' and 'disaffected' as a result of structural inequalities such as poor housing or nutrition (Parsons, 2005). This was particularly evident in the 'Every Child Matters' agenda as children's 'economic well-being' was constructed as influential to anti-social behaviour and boys' achievement (DfES 2003). This discourse continues in grey literature that promotes the link between poverty and children's mental health (Ayre, 2016). However, a number of authors note that children's behaviour and mental health are rarely constructed in relation to their class or marginalisation in society, suggesting that this discourse is less dominant in practice (Harwood and Allan, 2014; Laws, 2012).

3.3.6 Schools and teachers

Discourses that construct behaviour as a response to an imperfect school environment position the responsibility for behaviour as the fault of the school (Laws, 2012). However, writers contend that schools are rarely perceived to be at fault within contemporary discussions of education and psychopathology (Thomas and Glenny, 2000; Harwood and Allan, 2014).

As outlined, a number of authors highlight the disciplinary methods and apparatus which have developed historically within school sites to produce 'normal' and

'abnormal' behaviour (Thomas and Loxley, 2001; Laws, 2012; Harwood and Allan, 2014). A lack of 'order' within the classroom environment can mean that teachers are positioned as responsible for problematic behaviour (Laws 2012). To prevent this and to maintain social order teachers are encouraged within both policy and textbook guidance to develop behaviour management approaches that emphasise consistency, routines and clear consequences as necessary to 'get the buggers to behave' (Cowley, 2001; Laws, 2012; Slee, 2015). Harwood and Allan (2014) also note that teachers are positioned as detectors of behaviour or mental disorders, but also as lacking competence in their ability to do this.

3.4 Treating the problem

Wading through the complexity of the dominant discourses regarding children's behaviour and mental health, as this section has done, teases out and makes visible the multitude of ways in which pupils are positioned (Laws 2012). This does not suggest that these discourses are distinct and their overlapping and contradictory nature is acknowledged. Nevertheless, regardless of whether the 'problem' is constructed as within the young person or as a result of social factors, there is often a shared assumption of essentialist notions of pathology (Coppock, 2005a). Making visible the multitude of ways in which pupils are positioned helps to bring to light the differing solutions and social practices that are associated with these discourses.

A number of authors draw on Foucault's work when examining the process by which decisions are made regarding the most appropriate forms of 'treatment' (Allan, 1996; Thomas and Glenny, 2000; Harwood and Allan, 2014). These authors contend that young people who behave outside of the 'norm' are objects of scrutiny and subject to

judgements on the basis of their '...passions, instincts, anomalies, infirmities, maladjustments, effects of environment or heredity...' (Foucault, 1977, p.17). Judgements are informed by dominant psychological, medical, textbook and media discourses, such as those outlined above (Thomas and Glenny, 2000).

As highlighted, this process may move the child in to the 'world of the referred' by involving 'experts' professionals within education, health, social services or the juvenile justice system (Thomas and Glenny, 2000, p.286). Historically, whether a child was '...cared for, treated, punished or educated has often been a matter of chance depending upon which individual in which agency happened to pick up the child's case...' (Cole and Visser, 1999, p.57). Thus, each system constructs the same behaviour differently on the basis of their own discourse (Coppock, 2005a). Parker *et al*. (1997) propose that connotations of pathology filter into scientific definitions that are disseminated through textbooks and manuals such as the Diagnostic and Statistical Manual of Mental Disorders (DSM), which they argue individualises distress. This discourse is then said to be applied to children with ease outside of the formal clinical setting and used within educational settings to make sense of behaviour (Harwood, 2006; Laurence and McCallum, 2009). Billington (2006) suggests that professionals rarely analyse their own practice and the impact constructions may have on young people's lives.

Furthermore, children are rarely consulted within these debates or constructions (Cefai and Cooper, 2010; Coppock, 2005a). The voice of 'experts' tend to be privileged (Conrad, 1975; Coppock, 2005b). Certain discourses, including those that position children as irrational or incompetent, condemn them to voicelessness, and escape from professional intervention 'comes only by 'acknowledgement' and

'acceptance' of one's problems' (Thomas and Glenny, 2000, p.289). It is also possible that young people construct their own behaviour and mental health differently to adults. Research that has sought pupil views for example has suggested that children are not aware of the term 'BESD' (Behavioural, Emotional and Social Difficulties), despite this being commonly used by adults to explain their behaviour (O'Connor *et al*., 2011). Young people also construct the process of assessment differently to adults. One young person in the study by O'Connor *et al*. (2011, p.297) descibed the process by which 'Dr something... tried to hypnotise me'.

3.5 Summary and relevance to current research

Recent shifts in the discourse used to construct children's behaviour and mental health reflect historical trends in the psychologisation and pathologisation of children's 'needs' in education. Burr and Butt (2000, p.186) refer to 'psychologisation' as the process of 'casting difficulties and problems into psychological frameworks and therefore locating them at the level of the individual'. In doing so, the authors argue that reductionist and biological explanations are used to infer a 'real' underlying cause.

The overlapping and contradictory nature of the multitude of discourses highlight some of the complex ways in which young people's behaviour and mental health are constructed in media, policy and professional bodies, which are tied up in 'taken for granted' knowledge and practices. These reflect essentialist notions of 'normal' and 'abnormal' behaviour that vary in the extent to which individual and structural factors are emphasised, each bringing differing implications for intervention and emphasising discipline and care to varying degrees.

In light of the current context in which behaviour continues to be an ongoing concern, but where the recent shift in the discourse separates constructions of behaviour and SEN and brings mental health further into the arena of special education, it would seem timely to consider how behaviour and mental health are constructed in education. While recent empirical research employing ethnographic (Laws, 2012) and qualitative (Harwood and Allan, 2014) approaches have considered constructions of psychopathalogy within the school site from a constructionist perspective, there seems to be a distinct lack of recent UK based empirical research from this perspective that examines this specifically in relation to boys, or in which discourses employed by boys are considered. Where research has sought pupil or adult accounts of behaviour and mental health in schools, these tend to be concerned with 'attitudes' or 'perceptions' rather than the socially constructed nature of knowledge.

In light of this dearth in the literature, it would seem timely to return to Billington's (2006) questions to more closely analyse 'how we speak of' boy's behaviour and mental health. This analysis may also encourage professionals to consider 'how do we listen to ourselves (when working with children)?' (Billington, 2006, p.8). Owing to the lack of research regarding pupil discourses on this topic, and indications that these may differ to those of adults, it would also seem appropriate to extend Billington's (2006) questions to also consider how pupils (specifically boys) themselves speak of behaviour and mental health. The following research therefore analysed how boys' behaviour and mental health is constructed in the discourse employed by teachers and boys themselves. This was conducted within a mainstream secondary school, as schools are recognised as 'sites of significance in

the contemporary production of psychopathology' (Harwood and Allan, 2014, p.1). Discourses of teachers were considered of interest as teachers are often positioned as detectors of behaviour or mental health difficulties (Harwood and Allan, 2014) and are one of the main professionals that EPs liaise with concerning children's behaviour and mental health. Boy's who were identified as demonstrating 'behavioural difficulties' in a school context took part in the research which aimed to explore the discourses they used when discussing behaviour in school and how these related to discourses of mental health, as employed in the new SEND Code of Practice (2015).

CHAPTER 4: METHODOLOGY

4.1 Introduction

This research investigated teacher and pupil discourses around boys' behaviour and mental health. A qualitative design was adopted which included semi-structured interviews with teachers and boys. The data gathered was analysed using an adapted version of Willig's (2008, 2013) Foucauldian data analysis. The questions that this research was attempting to address were:

1) How is the behaviour of boys constructed in the discourse employed by teachers and boys themselves?

2) How is mental health constructed in relation to behaviour?

3) In what way are boys positioned in the discourse and what is gained from this?

4) How do these constructions open up or close down opportunities for action?

5) What contradictions are present and how do they influence the discourses?

This chapter begins with an exploration of the ontological and epistemological issues that are relevant to this research followed by a discussion outlining Foucault's work and its influence in this research. An overview of the research design is then provided, before details regarding the methods of sampling and data collection are outlined. Finally, the process of analysis is discussed.

4.2 Research orientation

Research is 'concerned with understanding the world... this is informed by how we view our world(s), what we take understanding to be, and what we see as the purposes of understanding' (Cohen, Manion, and Morrison, 2000, p.3). Traditionally,

the prevailing view of research posited that the purpose of understanding was to search for objective truths. This positivist-empiricist stance, and the view that 'scientific claims to knowledge were effectively uncontaminated by culture, history and ideology' (Gergen, 2001, p.7) was so dominant that it gained the title as the 'standard view' of research (Robson, 2011). The assumption that there is a single, knowable reality has also dominated 'traditional psychology' in which essentialist notions of individuals 'having their own particular essence or nature' have not only become the 'common sense' view but have also upheld mental processes as the principle subject of enquiry (Burr, 2003, p.29).

Constructionist ideas grew in opposition to positivism and challenged traditional views of truth by highlighting the role of history, culture and social relationships in our understanding of truth and knowledge (Gergen and Gergen, 2003). Social constructionism is not a single unified position and has 'multiple roots' from various disciplines (Gergen and Gergen, 2003). However, unifying assumptions often rest on the critical view of 'taken from granted' knowledge, in favour of an acknowledgement that reality is socially constructed through exchanges between people at a certain point and place in time, enabling multiple constructions of reality rather than one objective reality to emerge (Burr, 2003; Gergen, 2001). In this way, 'all claims to 'the real' are traced to social processes of relationship, and... there is no extra-cultural means of ultimately privileging one construction of reality over another' (Gergen, 2001, p.8). Social constructionism has been positioned as a 'threat' to traditional empirical psychology and is seldom referenced in common discussions of mental functioning and dysfunction (Gergen, 2001). Not only does social constructionism challenge what forms the basis of much of psychology; that individuals have some

'definable and discoverable nature', as this can be pathologising and limiting to the individual, it also suggests that said 'nature' or 'psyche' can be explained through micro-social processes (Gergen, 2001; Burr, 2003).

While the two paradigms have often been positioned at opposite ends of a 'science war', Gergen (2001, p.30) suggests somewhat of a truce when he contends that constructionism does not aim to '...obliterate empirical science; it simply removes its privilege of claiming truth beyond community'. He also responds to realist criticisms that social constructionism denies the material bases of life as nothing can exist beyond discourse (Burr, 2003) by proposing:

> "Constructionist metatheory neither denies nor affirms the existence of any mental 'entities' or 'processes'. The constructionist question is not whether the mind 'really' exists; constructionism obviates issues of fundamental ontology in favour of questions about the pragmatics of interpretation within communities" (Gergen, 2001, p.32).

Timimi (2002) addresses similar critiques that have been applied to social constructionist accounts of behaviour and mental health:

> "When post-modern critique attacks the universality and validity of concepts in mental health (for example diagnosis) this does not mean that the behaviour being classified or the distress that may be accompanying these behaviours is not being recognised. The situation is not that these problems do not exist but how they should be meaningfully interpreted, for it is the interpretation and meaning one assigns an experience or behaviour that involves making all sorts of assumptions which are very often culturally specific..." (Timimi, 2002, p.17)

Both writers suggest that we critically question and analyse prevalent constructions of behaviour and mental health. Such questions include '...what forms of psychological discourse are to be favoured and for what purposes?' and 'For whom are these languages useful and for what kinds of projects?' (Gergen, 2001, p.32). These questions encourage reflexivity regarding the repercussions of discourse,

although caution should be taken in assuming that there are 'right' or 'wrong' discourses, as all can be critiqued from a relativist position (Laws 2012). While this can be frustrating, particularly as analyses of discourses in themselves are social constructions, reflexivity on the multitude of discourses can also be liberating in opening up opportunities for reconstruction (Gergen, 1999; Gergen, 2001). The critical, but promising nature of these questions are relevant to the current study, which adopted a social constructionist position to explore the multitude of meanings and discourses regarding boys' behaviour and mental health.

4.2.1 Approaches to analysing discourse

Social constructionism is not a single unified position and the term 'discourse analysis' has been applied to a range of analytical approaches that have varying assumptions and aims (Coyle, 2007). This section shall provide an overview of these approaches, and the influence of Foucault in this study.

Despite a shared interest in the role of discourse in constructing social reality, the different 'forms' of social constructionist theory and different 'versions' of discourse analysis are acknowledged within the literature (Burr, 2003; Willig, 2013). Burr (2003), for example, distinguishes between two broad, although not necessarily mutually exclusive approaches; micro social constructionism which is concerned with language use in interactions and is closely aligned with discursive psychology, and macro social constructionism which is concerned with the constructive power of language in social structures and is often associated with Foucault. Pomerantz (2008) has expanded this distinction by highlighting a range of approaches to analysing discourse that she conceptualises on a continuum from micro analysis

('about talk itself') to macro analysis ('about something other than talk itself') (Pomerantz, 2008, p.7). An overview of these approaches, informed by wider reading (referenced within the table), is presented below:

	Approach	Discipline	Principles
Micro analysis	Conversational analysis	Structural Linguistics Sociology and Ethnomethod-ology	Investigates *language above the sentence*. Looks for patterns in structure and organisation, that is to say, the order of 'talk-in-interaction'. Concerned with *how* talk is produced and assumes that this is informed by the speakers' communicative competencies (Wooffitt 2001)
	Ethnography of communication	Pragmatics, Sociolinguistics and Linguistic Anthropology	Seeks to identify what speech events occur in a particular community or culture. Considers the social or cultural significance of speaking in a particular way.
	Discursive psychology	Social-Psychology and Linguistic Philosophy	Attends to the 'action orientation' of talk. Aims to identify *how* people *use* discursive resources in order to achieve interpersonal objectives in social interaction. Interested in the performative function of talk (Willig 2013).
	Critical discourse analysis	Based on the principles of Critical Social Theory	Shows how phenomena such as race and gender are constructed in and through the acts of speaking and writing. Explores issues of power. Committed to progressive social change (Fairclough 2001). Pays more attention to top down relations of power - assuming an asymmetrical relationship between dominance and subordination, with social power deemed to be exercised by elites and resulting in social inequality (Van Dijk, 2001; Pomerantz, 2008)
Macro analysis	Foucauldian discourse analysis	Based on the principles of Post-Structuralism	Recognises that people's identities, subject positions and objects of which they speak are being continuously reconstructed and redefined through discourse. Assumes that power is dispersed through social relations, and produces as well as restricts

			knowledge and behaviour (Mills 1997)

Table 1: Approaches to analysing discourse - adapted from Pomerantz (2008)

Pomerantz (2008) highlights the value of Foucauldian discourse analysis for EPs in encouraging reflexive practice to 'understand how we influence the way in which the problems we encounter daily within our practice are constructed within the discourses of which we are a part' (Pomerantz, 2008, p.14). Discourse analysis has also been suggested to be useful in enabling EPs to analyse and resist practices of pathologisation (Billington, 1996). Hence, a Foucauldian approach, with its emphasis on the power of language in constructing objects and subjects and its implications for social practices, seemed relevant to EP practice and the current research. As outlined within the literature review, macro social constructionist perspectives highlight how constructions of behaviour and mental health have shifted over time, and continue to shift and be constructed in a multitude of ways.

4.2.2. Taking a Foucauldian approach

As highlighted, Foucault's (Foucault 1972; Foucault 1977; Foucault 1980) work has influenced the present study in that it takes the perspective that a multitude of discourses surround boys' behaviour and mental health, which are historically and culturally located and have social implications in terms of opening up and closing down opportunities for action. As such, the current research was concerned with the '...constructive power of language as a system of signs, rather than the constructive work of the individual person' (Burr, 2003, p.17). Foucault's ideas have already been briefly considered throughout chapters 1-3. Therefore, this section shall expand upon pertinent points and acknowledge the challenges in this approach.

4.2.2.1 Discourse

There is variability in definitions and understandings of 'discourse' even within a particular discipline (Mills, 1997). For this reason, it would seem beneficial to outline Foucault's position, although it is recognised that he rarely occupied a fixed position, as will be returned to later. He himself commented:

> "...instead of gradually reducing the rather fluctuating meaning of the word 'discourse', I believe that I have in fact added to its meanings: treating it sometimes as the general domain of all statements, sometimes as an individualizable group of statements, and sometimes as a regulated practice that accounts for a certain number of statements." (Foucault, 1972, p.80).

It was the operational nature of discourse and the effects that it produces that was of interest to Foucault, who described discourses as the 'practices that systematically form the objects of which they speak' (Foucault, 1972, p.49). Analyses can be conducted on any symbolic system that carries meaning (Burr, 2003; Willig, 2013). Foucault was concerned with how these symbolic systems, or discursive structures, make objects appear real and make available certain ways of being positioned in the world as subjects (Mills, 2003; Willig, 2013).

4.2.2.2 Objects

Language brings phenomena, or objects, into being to give them a reality (Parker 2002). A multitude of discourses surround any object, and each discipline varies in the discourses and domains of objects that are deemed to be 'true' (Mills, 1997; Burr, 2003). Burr (2003, p.65) notes that '...discourses, through what is said, written or otherwise represented, serve to construct the phenomena of our world for us, and different discourses construct these things in different ways, each discourse portraying the object as having a very different nature from the next'.

4.2.2.3 Subjects

Discourse is said to 'make available a space for particular types of self to step in' (Parker, 2002). Various ways of being in the world, described as subject positions, bring implications concerning the kind of responses that can be made (Coyle, 2007; Willig, 2013). Subject positions are tied to power, as an individual can accept or resist being subjected to certain positions, and they can position themselves within discourses which can be accepted or resisted by their audience (Coyle, 2007).

4.2.2.4 Power

Foucault posed that there is an intimate relationship between knowledge and power (Foucault 1980). He was influential in rethinking notions of power, moving away from conceptualisations of the top-down repression of the powerless by the powerful (Mills, 1997; Mills, 2003). Rather than seeing power as a possession, or as residing in a structure or a person, he suggested that it manifested or performed in relationships:

> "...when I speak of power relations, of the forms of rationality which can rule and regulate them, I am not referring to Power - with a capital P - dominating and imposing its rationality upon the totality of the social body. In fact, there are power relations. They are multiple; they have different forms, they can be in play in family relations, or within an institution, or an administration..." (Foucault, 1988, p.38)

Discourse is a critical feature in power relations as it regulates knowledge and common sense understandings of the world (Gergen, 1999; Burr, 2003). The existence of taken for granted practices, or disciplinary regimes, which enable individuals to act in certain ways (such as control, resist or demonstrate subjugation to power) depend upon the knowledge prevailing in a society at a particular time (Gergen, 1999; Burr, 2003). Disciplinary power is not obvious but invisible, with

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people entering into it willingly through their own self monitoring (Burr 2003). Hence, Foucault did not view the prominence of certain discourses and knowledge as intentional acts by powerful groups (Burr, 2003). Power can instead be productive as '...power relations invite us in, give us things to do, and provide a sense of satisfaction' (Gergen, 1999, p.208). Furthermore, the multitude of discourses concerning an object indicate that dominant constructions are continually subject to resistance (Burr 2003).

4.2.2.5 Criticism of Foucault

Foucault's work has not been without criticism. The many contradictions within his work and reluctance to be restricted to one theoretical position was acknowledged by Foucault himself (Foucault, 1988b) and have led to him being described as unmethodological (Kendall and Wickham, 1999). However, some authors suggest that this was an '...essential part of the development of his thinking' and highlight the importance of being 'extremely critical of one's own position and not assume that one has ever reached a position where one has discovered the final 'truth' about a subject' (Mills, 2003, p.3).

Foucault has also be criticised for selecting arbitrarily from resources in his approach to historical analysis, and for failing to offer 'recipes for social change' (Allan, 1996, p.229). Yet Allan (1996, p.231) proposes that his work does offer prospects of rethinking and evaluating practices within education, and optimistically suggests that 'Foucault's box of tools might help us to understand the experiences of children with SEN in mainstream schools, by developing an analytical framework which allows the informal and formal discourses which have constructed children with SEN to speak.'

For these reasons, despite recognition of the challenges, it was deemed that Foucault's influence would add value to the current research.

4.3 Research design

Consistent with the research orientation, a flexible research design was adopted in the current study. The specifics of the research evolved in an iterative process, which was fluid and changeable in response to pragmatic considerations, as shall be outlined throughout this section (Robson, 2011). A flexible design acknowledges the instrumental role that the researcher plays in the research (Robson, 2011; Maxwell, 2013). For this reason, qualitative approaches recognise that research is never disinterested or objective, but is influenced by the researcher's personal and intellectual history (Allan and Slee, 2008).

Researchers are encouraged to accept their subjectivity and 'not be ashamed or afraid of it' (Thomas, 2013, p.145). Reflexivity is one way in which researchers can critically consider how their personal histories influence the process of research, from the initial idea to outcome (Tindall, 1994). My personal interest in the current research is outlined at the outset of the study. Not only have I chosen a topic that is interesting and relevant to my role as a TEP, but my interest in psychology and values relating to the inclusion of young people with behaviour and mental health difficulties permeate the research process and the construction of knowledge (Tindall, 1994). My influence in the research process is also reflected in the choices relating to design, including the use of an active approach to interviewing which recognises my role in co-constructing data. These decisions, and reflexivity practised throughout the research process shall be discussed in this chapter.

4.4 Methods

4.4.1 Identifying and accessing the school

The sample population involved teaching staff from mainstream secondary schools and year 9 boys who were deemed to display problematic behaviour. The rationale for this sample and the criteria used for selection shall be outlined.

The school was identified using a purposive sampling strategy which enables the researcher to select a sample specific to the needs of the project (Robson, 2011). Research information was disseminated to educational psychology colleagues who shared these with the Special Educational Needs Co-ordinator (SENCo) and/or senior leadership in their secondary schools. Three schools expressed an interest to take part in the research and following further correspondence one school was unable to take part and one school did not respond to further correspondence.

The school in which the research took place was a large mixed sex secondary school, within which the proportion of pupils from minority ethnic groups, eligible for pupil premium, and disabled pupils were below the national average.

4.4.2 Teacher interviews

4.4.2.1 Identifying participants

Participants were selected using a purposive sampling strategy. The Inclusion Manager shared the research details with all teaching staff in a staff meeting. Initially, I aimed to identify six to eight teaching staff to take part in a focus group. Despite there being interest from six staff, it proved difficult to organise a mutually convenient

time. For this reason, the decision was made to conduct individual interviews with teaching staff instead.

Initially it was felt that a focus group would enable the collection of naturally occurring discussion as the facilitator's role is minimised. Yet, Smithson (2000, p.105) condemns this assumption, suggesting that focus groups are 'performances in which the participants jointly produce accounts about proposed topics... in a specific, controlled setting'. The concept that naturally occurring talk is more 'authentic' in research has been criticised by Holstein and Gubrium (1995) who suggest that it is only less staged in so far as the interaction is staged by someone other than an interviewer. However, Smithson (2000) suggests that researchers be mindful that 'public' discourses within a focus group may be different to 'private' discourses in interviews, and that both may differ to discourses outside of research. She suggests that researchers should interpret discourses produced in different contexts 'not as 'wrong or right' or 'accurate or inaccurate' but as products of those contexts' (Smithson, 2000, p.112). Hence, while focus groups were not feasible, individual interviews enabled detailed discussions.

Six potential participants contacted me directly, or arrangements to meet were made through the Inclusion Manager. From six expressions of interest, three participants were interviewed and three did not respond to further correspondence. Efforts to recruit further staff via a redistribution of the research information did not identify additional participants. The final three participants were all qualified teachers with 10 to 12 years of teaching experience and between 3 and 5 years experience at the school. All participants taught different subjects, and two were also a head of department. All participants were white British, two were male and one was female.

4.4.2.2 Ethical considerations

A number of measures were taken to ensure that the research reflected ethical practice in accordance with the University of Birmingham Code of Practice for research and ethical guidelines provided by the British Psychological Society (BPS, 2010) and the British Educational Research Association (BERA, 2011). Teachers were provided with written information about the project prior to the interview (Appendix 1). This emphasised that participation was voluntary and rights to withdrawal were outlined, along with information about how data would be stored to ensure confidentiality (BPS, 2010; BERA, 2011). Time was allowed for questions before verbal and written informed consent was obtained (Appendix 2). The teachers selected a convenient location for the interview and notices were placed on doors to indicate that a private meeting was taking place. To ensure confidentiality, all names and references to the organisation and respondents' role were removed from transcripts and codes were assigned. As there was one female participant, references to the respondent's gender were removed from data sets and gender neutral terms were used. Respondents were also informed that I would be the only person that would listen to the recordings and information was provided regarding how and with whom the findings would be shared (Appendix 1).

4.4.2.3 The design of the interview

In keeping with the research orientation, interview questions were designed on the assumption that knowledge is socially constructed through the interview process (Holstein and Gubrium, 1995). From this perspective, respondents actively construct knowledge in partnership with the interviewer. Holstein and Gubrium (1995, p.4)

suggest that interviews are not a neutral process of reducing bias and error in order to extract objective (valid and reliable) information, but are rather 'reality-constructing, meaning-making occasions'. Hence, 'the active interview eschews the image of the vessel waiting to be tapped in favour of the notion that the subject's interpretative capabilities must be activated, stimulated and cultivated' (Holstein and Gubrium, 1995, p.17). My own assumptions are recognised as informing the choice of interview questions (Burr, 2003).

Participants were informed that the interview would take on a conversational style. A semi-structured interview schedule used flexibly, reflecting an improvised yet focused approach, with the wording, order or inclusion of questions adapted to the discussion (Holstein and Gubrium, 1995). The interview schedule opened with broad questions to elicit the participants' experiences and relevant background knowledge, before moving on to specific questions to elicit detailed information and meaningful talk, moving from abstract to richer discussion (Holstein and Gubrium, 1995):

Introductory questions	Can you start by telling me the subject you teach, how long you've been teaching and how long you have been working at this school? Have you always worked in secondary schools?
Specific and probing questions	In your role as a teacher, what kinds of behavioural difficulties have you observed in boys? What do you think are the main reasons that boys misbehave in schools? What other factors do you think contribute to or influence boy's behavioural difficulties? How is behaviour managed or supported in this school? Do you feel different behaviours / different reasons for behaviour require different responses or approaches from staff? Next we are going to go on to talk about mental health difficulties because school staff are increasingly being encouraged to be aware of and respond to these. Can you tell me a bit about your experiences of pupils with

	mental health difficulties?
	Do you think there is a difference between behavioural difficulties and mental health difficulties?
	How could you tell if a boy in your class had behavioural difficulties, mental health difficulties or both?
	Do you think behavioural difficulties and mental health difficulties require different types of support, intervention or management?
	Finally, we are going to think about special educational needs (SEN). Before we do, could you share what you understand to be a 'special educational need'?
	Do you agree, disagree or aren't sure regarding the following statements (and why):
	'Behavioural difficulties are a special educational need'
	'Mental health difficulties are a special educational need'

Table 2: Teacher interview schedule

4.4.2.4 Piloting the teacher interviews

To ensure that interview questions were clear, two colleagues, an Educational Psychologist and a Trainee Educational Psychologist, both of whom had previously been secondary school teachers, read the questions and provided feedback. Slight amendments were made to the wording of questions on the basis of this feedback.

4.4.3 Pupil interviews

4.4.3.1 Identifying participants

The research aimed to speak with boys who were the subject of the discourse and whose behaviour was constructed as challenging or difficult. Participants were identified through a purposive sampling strategy using inclusion criteria (Table 3) agreed with key contacts in school including the inclusion manager and a learning mentor who managed the 'intervention centre'. The limitations of this strategy are recognised, not only because of the inherent difficulties in defining 'behavioural

difficulties', but also because of the socially constructed nature of behaviour. However, Laws (2012, p.33) proposes that 'what is considered to distinguish 'disordered' from 'normal' behaviour, in the dominant psychological discourses, is the magnitude, frequency, intensity and duration of the behaviours...' This was used to guide the inclusion criteria. It is recognised that the use of inclusion criteria will have contributed to constructions of pupils' behaviour and the discourses that emerged. It may have also meant that other constructions of behaviour (e.g. withdrawn pupils) were excluded.

Criteria	Rationale
Boys	Overrepresentation in exclusion figures - most frequently constructed as displaying difficult behaviour (DfE 2015).
Year 8 / 9	Behaviour is constructed as particularly problematic at these ages evidenced by statistics that suggest exclusions is most likely to occur during these years (DfE 2015). Staff indicated a preference to focus on year 8 boys as they deemed behaviours to be problematic in that year group in their school.
No significant language difficulties	It was felt that this would cause undue discomfort due to the demands of an interview.
Previously / currently accessing intervention centre	Indicates that concerns have been raised within school regarding the young person's behaviour as boys were referred here by staff when their behaviour was considered challenging.
Number of behaviour points	Pupils with the highest number of the school's behaviour points were identified as potential participants, as points indicated the frequency with which school staff had recorded negative incidents in relation to these pupils.
At least one fixed term exclusion	Exclusions indicated the severity with which behaviours were constructed. The school's behaviour policy, for example, indicated that fixed term exclusions were used in response to: • Fighting • Abuse to staff • Racist remarks • Possession/use of illegal substances • Failure to respond to the school's code of conduct • Malicious accusations made against staff

Table 3: Pupil inclusion criteria

Key staff selected five year 8 boys who were appropriate participants based on these criteria. Letters outlining the research were sent to parents and consent was provided for four pupils (Appendix 3). After gaining parental consent, I planned to meet the boys to outline the research and to request their consent. However, following discussions with staff it was agreed that the boys may feel more comfortable having initial discussions on an individual basis with familiar staff. It was agreed that staff would read the information sheet (Appendix 4). The boys were asked if they might be interested in taking part in the research and if they were willing to meet me. Each of the boys consented to this and meetings were arranged.

The four pupils had experienced between 1 and 8 fixed term exclusions since joining the school. Three of the pupils had received diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), and one also had a diagnosis of Autism Spectrum. Two pupils were currently accessing Child and Adolescent Mental Health Services (CAMHS), one had previous engagement, and one had had no engagement.

4.4.3.2 Ethical considerations

Steps were taken to ensure ethical principles were upheld in accordance with the University of Birmingham Code of Practice for research and ethical guidelines provided by the British Psychological Society (BPS, 2010) and the British Educational Research Association (BERA, 2011). Consent letters sent to parents emphasised that participation was voluntary (Appendix 3). Following consent from parents and verbal consent from pupils, individual meetings were arranged in a meeting room. In this meeting we discussed the research and read information sheets which emphasised that participation was voluntary and outlined rights to withdrawal. Pupils

were informed about how data would be stored and who would have access to this (Appendix 4). The boundaries of confidentiality were discussed, and participants were notified that I would have to share information if they disclosed that they or others were at risk of harm. After an opportunity for questions, the boys were asked whether they would like to participate. All four pupils provided written informed consent (Appendix 5). As the topics being discussed were potentially emotive, steps were taken to safeguard participants. To reduce potential discomfort, boys were invited to discuss their own behaviour, but were informed that this was not obligatory. Questions concerning mental health were issued with a statement to explain that pupils were not expected to know about mental health, so that questions were not interpreted as suggestive of their own mental health. Pupils were given details of a designated school staff member that could provide follow up support and the Samaritans (Appendix 6).

Consideration was given to power asymmetry in the interview process. This is evident in the researcher's role in defining the topic and content of discussion and determining when to terminate the interview (Brinkmann and Kvale, 2015). Unequal power relations are heightened in research with young people who have much of their lives dominated by adults and '...tend to expect adults' power over them and... are not used to being treated as equals by adults' (Punch, 2002, p.324). Children have less experience of giving accounts to unfamiliar adults as this is usually mediated through known adults (Harden *et al.*, 2000). Thus, reflexivity was important in managing these dimensions of the research, and considering the impact of my role and assumptions on methodological decisions (Harden *et al.*, 2000; Punch, 2002).

This led to the use of task-based methods and efforts to build rapport with pupils to aid engagement and reduce the impact of power differentials.

4.4.3.3 The design of the interview

While focus groups are considered to be useful in minimising power differentials, it was felt that individual interviews were more appropriate in the current research. Firstly, for ethical reasons, the potentially sensitive and personal nature of the topics being discussed may have caused discomfort in a group context and caused pupils to refrain from participating. Secondly, it was felt that group dynamics within a focus group may be an issue as most of the boys would have known each other from the intervention centre and it was possible that there were negative relations between pupils. This may have affected engagement and the overall dynamic, as well as posing risks to confidentiality.

The decision to undertake individual interviews posed different issues as pupils can feel uncomfortable speaking to unfamiliar adults. Time was set aside to establish rapport with pupils at the beginning of interviews to support them to feel at ease and comfortable to talk (Harden *et al*., 2000). The ability to establish rapport is dependent on the skills of the adult (Punch, 2002). I drew upon my experience and used conversation starters that I had previously found to be effective in establishing rapport with pupils (Appendix 7). The pupil and I took it in turns to answer these. Self-disclosure was used to prompt reciprocal talk and manage unequal power relations, although it was recognised that this can also emphasise difference (Abell *et al*., 2006). Nonetheless, it was felt that this would help to distinguish my role from that of school staff.

The initial interview schedule included a mixture of task-based methods and questions. Task-based methods help to secure pupil engagement and interest (Harden *et al*., 2000). Young people are also more familiar and comfortable working with adults to complete activities in school, than communicating directly with them (Punch 2002). Harden *et al*. (2000) warn that there is a risk of interpreting task-based methods in ways that were not intended by children and suggest that they are more valuable if used to stimulate talk rather than as evidence in their own right. Hence, task-based methods were used to stimulate discussion, rather than as a source of data.

An adapted version of the 'ideal self' (Moran, 2001) was used to prompt discussion around behaviour. The design element of this activity meant that pupils had the option to discuss their own behaviour, but were not pressured to do so. The headings also structured the discussion and prompted pupils to consider a wider range of factors than open questions. The emphasis on drawing gave pupils a focus, and reduced the intensity of direct communication. Previous experiences suggested that this method is useful in prompting discussion with pupils, but some pupils are less comfortable with drawing, and for this reason this was not forced. A script was developed (Table 4) and used flexibly to guide the process, but additional questions or comments were made on the basis on pupil responses:

Stages	Script
Introduction	I would like you to think about a boy who has challenging or difficult behaviour. This is not a real person but it could be made up of your own experiences or other people you know. Make a quick sketch of this boy in the middle of the page.
Step 1 – The Person	How would you describe this person? What kind of person are they? Tell me three things about what he is like?
Step 2 – Family	How would this person get on with their family?
Step 3 - Friends	How would this person get on with their friends? What would

	they do in their spare time?
Step 4 - School	How would this person get on at school? How would they get on with teachers?
Step 5- History	How did this person come to be like this? What is his history? Was he always like this from birth or did he become like this? What happened to him?
Step 6 – Future	What will this person's future be like? What will become of him?
Step 7 – Other	Is there anything else that you would like to add on that you think is important to this person

Table 4: Adapted version of the ideal self (Moran 2001).

Further follow up questions were developed to be asked after the adapted ideal self activity. Questions reflected the overarching research questions:

Follow up questions
• What is the behaviour generally like at this school?
• Can you tell me the sorts of things that you, or other boys you know, have got in trouble for at school?
• Why do you think that boys misbehave at school?
• What do you think your teachers would say are the main reasons that boys misbehave?
• Can you tell me, from your own experience, or someone that you know, how is behaviour dealt with in school?
• How else do you think behaviour could / should be dealt with in school?
• Have you heard of 'mental health' or 'mental health difficulties' before?
• What do you think this means?
• How do you think this is different to the behaviour we have already discussed?
• How do you think this is similar to the behaviour we have discussed?

Table 5: Pupil interview questions

4.4.3.4 Piloting and modifying the interview schedule

The interview schedule, consent forms and information sheets were piloted with two year 8 pupils. Feedback was gained through observation of the pupil's response to activities, discussion with pupil and a short questionnaire.

The conversation starters were a useful starting activity to elicit talk and both boys indicated that they would have liked to do more. During the pilot, while one pupil

responded well to the ideal self activity, the other struggled with the concept of creating a character, telling me that he 'wasn't good at stuff like this'. I decided to make the activity more meaningful to secure pupil engagement. I amended how I introduced this activity in the main interviews by asking pupils if they enjoyed gaming (computer gaming, play station), and comparing the process of designing the character as similar to that of designing a character in gaming experiences. All of the boys were aware of or played games and were able to access this frame of reference, which appeared to be helpful in engaging them.

In the pilot interviews, both boys found the follow up questions challenging. They commonly responding with short answers or 'I don't know'. Follow up questions and prompts (e.g. 'what else') were necessary to encourage further discussion. However, this then reflected more of an interrogation than a relaxed interview. Direct questioning seemed to make the experience too intense, causing pupils to close down rather than open up. One boy fed back that questions should be more understandable, and the second indicated a preference for practical, hands on activities. For this reason, the original interview schedule was adapted to include task-based methods to stimulate talk.

Task-based methods were used flexibly across interviews and while a schedule was created (Appendix 8), the order or amount of activities was based on the individual pupil's responses. One task involved pupils scaling behaviours from least to most serious. Behaviours were taken from the school's behaviour log (reflecting those recorded in the setting) and commonly reported reasons for exclusions from school (DfE, 2015). Another task involved pupils sorting pictures of boys into piles to indicate whether they felt that these reflected mental health difficulties, behavioural difficulties,

both, neither or if they did not know. Pictures were taken from Google images, in response to search terms such as 'mental health difficulties', 'behavioural difficulties' with variations including 'boys' and 'schools' (Appendix 9). Searches were also completed using terms included within the DfE (2016b) 'Mental health and behaviour in schools' document. It was felt that these reflected media and policy constructions of behaviour and mental health. A final activity required participants to rank statements, based on their level of agreement. These statements reflected policy discourses and constructions from the literature of boys as 'mad' (e.g. 'boys need medication to stop them misbehaving'), 'sad' (e.g. 'boys misbehave because they've had difficult lives') and 'bad' (e.g. boys misbehave because they are out of control) (Macleod, 2007).

Visual and interactive resources significantly improved engagement. The use of prompts may have led participants to construct behaviour and mental health in certain ways, such as distinct and separate phenomena. For this reason a range of counter responses were provided. For example, in the picture sorting activity, pupils could respond with 'both, neither or not sure' as well as categories to indicating whether the picture reflected 'behavioural difficulties' or 'mental health difficulties'.

4.5 Data analysis

Willig's (2008, 2013) approach to Foucaldian discourse analysis provided a framework for analysis. Willig (2013, p.131) suggests that this does not reflect a full Foucauldian discourse analysis but 'these stages allow the researcher to map some of the discursive resources used in a text and the subject positions they contain, and to explore their implications for subjectivity and practice'. This approach was used as

a guide and adapted to reflect my own reading of Foucault and social constructionism. Stage 6 was removed from this analysis as Willig (2008, 2013) notes that is most speculative and involves interpretation of what the speaker thinks and feels and this is contested in the literature as 'a thorough social constructionist perspective views 'thinking' and 'feeling' as ideas generated within cultures to mediate people's dealings with each other and to enable them to engage in social life' (Coyle, 2007, p.108). The analysis here focused on how reality is constructed through language, rather than interpreting the private space of the individual (Burman and Parker, 1993; Coyle, 2007). Willig's (2008, 2013) analysis was also adapted to include the analysis of contradictory discourses as these are recognised as important to Foucauldian analysis and the current research (Parker, 2002).

The steps in Table 6 outline the stages taken in the current analysis. Discursive objects that were explored through the discourse were 'behaviour' and 'mental health difficulties'. Analyses initially began with an exploration of how 'behavioural difficulties' were constructed as objects, however, it became evident that staff accounts also included constructions of behaviour that did not reflect a 'difficulty' (e.g. behaviour as a choice), and therefore this was amended to 'behaviour'.

Stage	Key questions	Process
1. Discursive constructions	How are the discursive objects constructed in the text?	The text was searched for implicit and explicit reference to the discursive objects. All references were highlighted. Initial notes were made on highlighted sections of the text to outline the discourses identified.
2. Discourses	What are the differences between constructions?	Initial notes were reviewed and differences between discourses were noted. The various constructions were

		located within wider discourses.
3. Action orientation	What is gained from constructing objects in this way? What is its function and how does it relate to other constructions produced in the text?	Discourses were reviewed and potential functions of the discourses for the speaker were noted.
4. Positioning	How are subjects positioned by the discursive constructions?	Discourses were reviewed and subject positions were noted.
5. Practice	How do these constructions and subject positions open up or close down opportunities or action?	Discursive constructions and subject positions were reviewed and implications for practice were noted.
6. Contradictions	What contradictions are evident within the discourse?	Contradictions within discursive constructions and subject positions were noted.

Table 6: Stages of data analysis (Adapted from Willig 2008, 2013 and Parker, 2002)

All seven interviews were transcribed in full. As analysis was less concerned with the organisation and structure of talk and more concerned with the content of discussion, a less detailed transcription was completed with short or long pauses noted. This differs to alternative forms of discourse analysis, such as conversation analysis where micro-textual details such as pitch levels and utterances are significant (Walton, 2007). Transcripts were listened to several times during transcription and proof reading. All stages of analysis were completed using paper-based copies of transcripts which were highlighted and annotated. Appendix 10-12 provides an example of initial stages of the analysis process.

4.6 Reflexivity

It has been proposed that reflexivity in research centres on issues to do with power and dynamics in interactions 'in the field' and often does not extend beyond this to

consider unequal power relations in interpretation and dissemination of findings (Alldred, 1998). Constructions of children are said to be dominated by discourses of developmental psychology so much so that these work powerfully 'not only the level of determining the agenda for research questions, but also in selectively structuring the 'evidence'' (Burman, 2008, p.230). Researchers sometimes attempt to overcome power relations in the interpretation of findings by involving participants in analysis (Alldred, 1998). Coyle (2007, p.114) suggests that this is less appropriate in discourse analysis, as analysis often elaborates the unintended consequences of language of which individuals may be unaware and may therefore disagree, even though this does not invalidate the conclusions. For this reason, copies of the findings were shared with participants but they were not involved in the data analysis. Instead, Coyle (2007) proposes that discourse analysts recognise that they cannot make an exception for their own discourse in the findings and acknowledge the personal influences that they will have brought to bear on the data. Practising reflexivity, as noted earlier in this chapter enabled me to do this. Critical scrutiny was also exercised throughout the analysis through regular reviewing of discursive constructions and subject positions, identifying different and contradictory discourses and locating these within wider discourses within the literature. The use of supervision to review discourses and reflect upon my influence was important. Nevertheless it is recognised that the findings reflect shared constructions between myself and participants.

CHAPTER 5: FINDINGS AND DISCUSSION: PART 1

5.1 Introduction

This section outlines the findings from semi-structured interviews with teaching staff, in order to answer the following research questions:

1) How is the behaviour of boys constructed in the discourse employed by teachers?

2) How is mental health constructed in relation to behaviour?

3) In what way are boys positioned in the discourse and what is gained from this?

4) How do these constructions open up or close down opportunities for action?

5) What contradictions are present in the teachers' talk and how do they influence the discourses?

To reduce repetition and to assist the reader in making sense of the data, discussion regarding how pupils are positioned as subjects and what is gained from this positioning (question 3) are presented with each of the discursive constructions (questions 1 and 2). Discussions regarding how these constructions open up and close down opportunities for action (question 4), and the contradictions in the discourse (question 5) are then presented separately.

5.2 How is the behaviour of boys constructed in the discourse employed by teachers?

A number of discursive constructions emerged from the analysis of the teachers' talk. Key discursive constructions were:

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- Behaviour is a choice

- Behaviour is a need

- Behaviour is a medical difficulty

- Behaviour is influenced by parents

- Behaviour is influenced by teachers

- Behaviour is a sign of masculinity

Each discursive construction shall be discussed in turn with illustrative quotations and located within wider discourses, as described in stages 1 and 2 of Willig's (2013) Foucauldian Discourse Analysis.

5.2.1 Behaviour is a choice

All teachers referred to some behaviour as a choice that the pupil was actively making. This was often in opposition to difficulties that were constructed as less within the young person's control, such as a 'need' or a 'mental health difficulty'.

Quote A	B - Erm , I think mainly it is, it kind of ties in in that it is a choice, and I always think poor behaviour is a choice, you know, they had a choice to make, do I do this or do I not do this

'Chosen' behaviour was associated with laziness, awkwardness or naughtiness and was consequently considered inexcusable and in need of increased discipline.

Quote B	A - So I agree with that one, then again, er, you know there might be some kids who it's just bad, it's not a behavioural difficulty, it's not that they struggle to behave, it's just, they're naughty, and so there's a bit of me, there's a bit of me that thinks, you know, a clip around the ear at birth would have done them the power of good

This discursive construction relates to broader discourses of behaviour as unreasonable and a sign of 'deviance' or 'badness' (Laws, 2012; Pomerantz, 2007). By constructing behaviour as a choice, boys are positioned as 'responsible' for their behaviour, and associated with discourses of crime and punishment (Macleod, 2007; Wright, 2009). Drawing on Foucault's work, Laws, (2012) suggests that:

> "...punishment works to produce, through individualisation, the construction of codes and consequences, and the ideas/feelings to be taken up as one's own and embodied, for the successful performance of 'normal' student" (Laws, 2012, p.72)

This individualisation was evident in teachers' accounts where social explanations for children's behaviours were described as 'excuses' in favour of an individualised discourse. Hence, discursive constructions which suggest that behaviour is a choice assign responsibility for behaviour to the pupil and limits the influence of external factors by implying that the pupil is in control of their behaviour and has other options or choices that they are refusing to engage with. This positions boys as "bad", wilfully ungovernable and lacking discipline (Laws, 2012). Thus, discipline is legitimised as encouraging pupils to make better choices. Through this discourse, teaching staff are positioned as authoritarian and responsible for regulating and removing unwanted behaviour.

5.2.2 Behaviour is a need

This construction contrasts somewhat to the previous. While both of these construct behaviour as a result of 'within-child' factors, here behaviour is portrayed as reflecting a need or difficulty within the young person, implying a passive influence rather than a choice that the pupil actively makes. A number of discursive constructions of 'need'

were evident in the teachers' accounts, including constructions of 'special educational needs', such as a learning difficulty or a lack of understanding, reflecting a 'disability' discourse (Laws, 2012).

Quote A	B – but it's about that level of can they make that choice, you know, and most students generally, don't understand what they're doing is wrong, and as a result, triggers poor behaviour, so I think with them it would be a little bit different to others, erm and it's about understanding that what behaviours are right and what aren't

Further constructions were that behaviour reflects a need for adult attention, or is indicative of a temporary difficulty that may be occurring inside or outside of school and causing short term difficulties, reflecting Laws' (2012) construction of children as 'sad'.

Quote B	C – Erm, sometimes it will have details and say look, this has happened in a child's life, you need to be aware of this, you know. Erm, just be a little bit more tolerant with them and just support them a little bit more, that sort of thing. Other times erm, [pause] you know like if go to SEN and they will say oh yeah well, this is the situation erm I can't tell you anymore other than to say that there are going to be problematic behaviours in the classroom. And then also sometimes it could be down to their, their own academic abilities causing them so much frustration, erm and a lack of self worth because they can see that everyone is flying through something and they don't understand the basics

The concept of 'need' in special education has been criticised for emphasising deficit in young people and ignoring the school's need for calm and order (Thomas and Loxley, 2001). However, Laws (2012) purports that if a child's behaviour is constructed as 'reasonable' in the circumstances of their lives then teachers keep trying to look for ways to explain persistent misbehaviour while giving children chances to get it right. Teachers' responses emphasised the importance of time,

support and compromise on their part in order to help the pupil to 'get it right'. Thus, while the responsibility for behaviour is placed within the young person, similar to that of the 'choice' discourse, 'needs' reflect a more sympathetic positioning of boys as vulnerable and in need of support. Discourses of children as 'sad' or a victim of their circumstances for example, position children as requiring a therapeutic response (Macleod, 2007; Wright, 2009; Laws, 2012). Consequently, teachers are positioned as protecting, supporting or coaching pupils.

5.2.3 Behaviour is a medical difficulty

A medicalised discourse, again reflecting a within-child essentialist discourse, was evident in the teacher's references to 'conditions' such as Attention Deficit Hyperactivity Disorder (ADHD), Autism and Tourette syndrome (Wright, 2009). Medical difficulties were constructed as fixed with one teacher commenting that it is 'just the way they are'.

| Quote A | B – erm, so like sending it back to the SEN or the medical teams and just saying, they're behaving really bizarre, is there a change in medication or things like that
R – ok
B – quite often, you know, if it's an ongoing thing, and it's down to their condition, there's not much you can do other than just keep following the pathways
R – yeah yeah
B- erm, and quite often, in my experience when it has been a recurring thing, it's mainly because they're not coping in the school setting
R –yes
B – and then, at that point really, it should be looking at alternative provision like the special schools, but they're, you know, especially with the more serious conditions, that's quite often the best thing for them |

This reflects concerns within the literature regarding the medicalisation of children's behaviour, which is said to locate solutions with expert professionals (Conrad, 1975). Teachers attributed responsibility for diagnosis and treatment to expert professionals within school and outside of school. Medicalised discourses constructed difficulties as biological and as fixed and enduring, which positions teachers as able to have limited impact and in need of expert advice. This also assigns responsibility to the young person to respond to expert advice. Continued difficulties may mean that the young person is constructed as not 'coping' and a change of placement as in their best interests (Quote A). This reflects discourses that position children as 'mad' and overlaps with discourses of mental health where responsibility for change is assigned to the young person, but more sympathetic discourses around mental health emphasise that change should be at the young person's pace (Conrad, 1975; Macleod, 2007; Laws, 2012).

5.2.4 Behaviour is influenced by parents

All teachers referred to the influence of parents on boys' behaviour. Three discursive constructions were related to parents. The first portrayed parents as lacking aspiration. The second described parents as lacking skills in discipline and failing to comply with school procedures. Finally, parents were constructed as lacking nurture and failing to give support or attention. Many of these constructions were overlapping and intertwined with discourses of disadvantage, including low socio-economic status.

Quote A	B – erm so I think that's what a lot of students are lacking is that, that, guidance from home, and I think that's a really important thing R – mm

	B– erm, I think quite a lot of the problem children that I've taught, boys that I've taught have been, given too much freedom
	R – at home?
	B – at home
	R – yeah
	B – so you know they go home, they don't have a routine where they, you know, go home, do their homework and then go out or you know have to be in at a certain time, things like that
	R – so it's sort of lack of supervision
	B – yeah, you know they're just, left to their own devices as long as they're not under my nose and causing me any problems, it's fine
	R – yeah
	B– erm, whereas the ones who've got a bit more structure and a bit more parental input tend to do, better
Quote B	C- erm, I know that, some of the lads who's behaviour I've had difficulties with, their parental involvement, in, discipline and that sort of thing, erm, is always quite a good indicator. There are some parents that I call up or see and parents evening or what have you and, erm, there was a couple of lads that quite often if they ended up in detention with me or something like that, the parents would be on the phone the next day demanding an explanation, even though we've got this email system where we put it on to the system and an email is automatically sent, with an explanation of what happened and what the incident was and it's all very clear.
	R – yeah
	C – very quick at, getting on the phone and, not kind of, sort of saying I want to discuss this so that we can work together and put this right, but it's a case of, you need to explain to me why this has happened. It's almost like there was a bit of blame there. So I think in some cases, then you would find that, erm, I think home life and how the parents support can sometimes influence their behaviour

The teachers' constructions reflect deficit discourses of parenting that commonly associate low income parents with indiscipline (Araújo, 2005; Gillies, 2005; Cooper, 1998). These accounts position parents and school staff in opposition. The influence of parents was emphasised in boys who were positioned as lacking aspiration, discipline or attention as this was portrayed to be associated with the home environment (Araújo, 2005). Such discourses legitimise attempts to correct or

challenge parents as the solution within the discourse is to target intervention and support in the family (Harwood and Allan, 2014; Macleod *et al.*, 2013). This limits the influence of school staff and can construct professionals as powerless.

5.2.5 Behaviour is influenced by teachers

A second discourse that constructed the social context as important referred to the influence of the teacher on boys' behaviour. Teachers were portrayed as needing to be calm, consistent and in control and it was suggested that failing in these areas may affect behaviour. One teacher described their role in providing challenge, discipline and affection to pupils as comparable to the process of training a dog. Teaching staff and senior staff were also described as playing a key role in removing bad behaviour from the school.

| Quote A | A - I think the actions of the teacher are pretty key
R – right, yeah
A - er, to, creating culture where behaviour, bad behaviour is unthinkable
R –yeah
A – It still might happen, you might have a you know, a one off incident, but it would be a one off incident. I think the actions of the teacher are probably be the biggest driver of poor behaviour in classrooms
R – right ok
A – but if the teacher could create a positive, a calm, assertive positive learning environment and all the work is challenging, you know, devil makes work for idle hands
R – yeah
A – and the kids are engaged and on task, then the idea of poor behaviour becomes sort of unthinkable and low level disruption which can only spiral out of control and a teacher end up not in charge in the classroom, I think that can happen
R – mhmm
A – when the teacher hasn't established ground rules and, and, basically led learning
R – yeah
A – so my starting point when I've done some training for staff before, about behaviour management, has been well behaviour |

	is often a result of something that has gone wrong in the lesson itself
	R – yeah
	A – now yeah they might have a pack of unruly animals waiting outside, but, if a lesson is, sometimes you're in a no win situation, you know, if a group, a group of lairy year 9s straight after P.E. on a Friday afternoon who didn't wanna be there, erm, who've just had a shouting match with a previous teacher, well, they might come in pretty hyper. That said, I still think an experienced member of staff, can, can find a way of diffusing that, er, whether it's by laughing or joking, or whether it's by just being a calm presence

Araújo (2005) notes that policy and guidance for schools has historically concentrated the problem of indiscipline on pupils and underplayed the role of teachers in producing indiscipline. However, responses here suggest that this is discussed in practice. This may have been more evident in the teachers' talk here as two of the staff members were also heads of department, which led them to deal with behaviour outside their own classroom. Within this discourse, teachers are positioned as authoritarian and responsible for regulating and removing challenging behaviour, and pupils are positioned as requiring control (Slee, 2015). A lack of 'order' within the classroom environment can position teachers as unable to effectively manage behaviour and therefore responsible (Laws, 2012).

5.2.6 Behaviour is a sign of masculinity

A number of teachers referred to behaviour as a sign of 'laddishness' or described boys as 'Jack the lad'. Boys and girls were constructed as requiring different approaches to learning, with boys needing practical, hands on and short tasks. A boys' underachievement discourse was evident which positioned boys as disengaged, lazy and requiring motivation.

Quote A	R –Are there, just before we move on do you think there are any other reasons that underpin boys' behaviour, or those sort of the main two for you that you
	B – think they're the main two, I think probably the only other one would be the whole, I mean it's just appeared on one of my year 7, my new year 7 tutor groups, where teacher has put 'jack the lad' and, I don't like that phrase and I don't think it should ever be associated to a child, certainly when describing how their behaviour is, but you know that sort of attention, wanting to be the centre of attention
	R – ok
	B- I think that, that can cause a lot of behaviour problems in the classroom

The peer group was also constructed as influential to boy's behaviour

Quote B	A – so, er, if it had been, if the context had been different, we would have seen just, I think tourettes type behaviour, as it was, we saw the influence of his peers
	R – yeah
	A – and the influence of acting like a mob, which made his behaviour hooligan like. Er, you know, he had all the attributes of a football hooligan by the time he'd done in supporting Sheffield Wednesday, you know, that was the club for casuals, which is basically your Sheffield Wednesday hooligans

Teachers' comments here reflected traditional discourses of masculinity including Willis (1977) construction of the 'lads' and Epstein et al's (1998) 'boys will be boys' discourse, which associates boys with aggression, fighting and delayed maturity. These discourses position boys as respecting their peers over school, as hard to engage and anti-education or anti-authority. This overlaps with constructions of boys as 'bad' (Pomerantz, 2007). Consequently, this assigns responsibility for behaviour to the pupil and their peer group, and limits the influence of school staff.

5.3. How is mental health constructed in relation to behaviour?

The following discursive constructions of mental health emerged from the interviews with teachers:

- Mental health difficulties are a psychological state or condition

- Mental health difficulties are hidden in boys

- Mental health difficulties are an illness

5.3.1 Mental health difficulties are a psychological state or condition

Mental health difficulties were constructed as an internal psychological state. When external influences were described as important, these were secondary to difficulties that were constructed as internalised and located in the 'head'. This was reflected in the use of psychological and medical terminology such as 'depression'. This tended to position pupils as withdrawn, rather than as outwardly experiencing distress.

Quote A	A – So it was all sorts of like, you know, family issues, but think upstairs in the head he was er, he had some, I dunno if it was depression, but he certainly had some, some mental health difficulties, and I think he ended up going through the CAMHS system

While mental health difficulties were positioned within the pupil and were less likely to be constructed as caused by, or influenced by external factors, they were clearly constructed as potentially influencing and inhibiting engagement and learning. This discourse positioned staff as somewhat powerless in their role as teachers.

Quote B	A – yeah, there's one, I I I taught for 3 years, didn't actually teach this kid for GCSE, but er had some pretty severe, severe sort of depression and I, I had as a head of department I ended up like intervening with this kid trying to drag the coursework out of him. Er, you know depression to the point you would, you know, find it's all too much, burst in to tears, run off to the nurse. Er, so this kid was struggling, er, like crazy with er, clinical depression

| | R – right |
| | A – er, the approach I'd taken was, I knew I couldn't force the work out of this kid, I didn't have that relationship with him, 'cos I hadn't taught him the last two years, he wasn't my kid, in my GCSE class, I don't think I could have forced the work, if a kid has, is clinically depressed, no amount of persuasion is going to get the work out of them, it's a medical condition, it isn't just being nice to them or shouting to them's going to change it |

The construction of mental health difficulties as an internal state also portrayed them as relatively fixed, enduring and difficult to change. This discourse positioned pupils as passive as they were constructed as not choosing to have or experience mental health difficulties, unlike discourses of behaviour which are seen as a choice. This overlaps with aforementioned discourses of behaviour as a need and as a medical difficulty which positioned pupils as 'mad' and 'sad' (Laws, 2012).

Quote C	C – thinking about it is, is, you know if a kid is is misbehaving, and they're, they're, they're misbehaving because, there's a deeper underlying condition, problem there that, causes them to behave that way
	R – yeah
	C – erm [pause] or they behave that way, like the lad with the anxiety to distract from the real cause of the real problem. That is definitely different to someone who's just, being a little sod [laughs]

The positioning of staff as powerless within this discourse locates responsibility for change to the young person, but this sympathetic discourse emphasises that this should be at the young person's pace and with additional support. The psychologisation of mental health difficulties in this way locates difficulties at the level of the individual and is reinforced through psychological frameworks that draw on biological explanations that infer a 'real' underlying cause (Burr and Butt, 2000). The teachers' accounts highlight the ease with which clinical and psychological discourse

is applied to children within education (Harwood, 2006; Laurence and McCallum, 2009).

5.3.2 Mental health difficulties are hidden in boys

Two teachers referred to mental health difficulties as under identified, unrecognisable or misinterpreted in boys. This was contrary to challenging behaviour, which was constructed as less problematic to identify.

Quote A	B- yeah, er [pause] I think quite often, mental health issues are not recognised R – right B – and are misinterpreted as being behavioural problems, yeah they are just bad behaved boys you know, erm, but yeah I think it's that awareness, I don't think there is that awareness out there of, of dealing with mental health and I think that just goes R – generally B – generally R –yeah, ok B – erm, I don't think I would know how to recognise it R – well that's interesting because my next question would be, could you tell, and if so how, if a boy had behavioural difficulties, mental health difficulties or both [pause] which again I know is hard B – yeah, behaviour you would spot, I don't think you would be able to very easily [pause], determine mental health issues, erm [pause] I don't think I'd be able to do that R – ok [pause] B– yeah it would probably just get misinterpreted.

One teacher explicitly drew on discourses of masculinity to question whether the invisibility of mental health difficulties in boys was linked to how they handle their emotions. Mental health difficulties were constructed as internalised displays of emotion such as 'anxious' or 'depressive' behaviours, and these were not typically associated with boys. Elsewhere throughout the interviews, for example, boys were described as 'bottling up emotions', 'flipping' and not talking about their feelings.

Quote B	C –erm, i think it's a lot less, I want to say a lot less common, what I mean is it's not identified in boys as much as it is in girls
	R – ok, that's interesting, yeah
	C – erm, [pause] now this could be where [pause] I think in terms of boys, the only things I've really noticed in terms of their, their very basic operation within a classroom, is either there are a few that have got that anxiety side of problems, erm and there are two or three who I can think of who have just been very very quiet and withdrawn
	R – yeah
	C – to the point that they might have had one to one support in the lessons, erm, and if that is the case then I do tend to, to let the, the TA support that's with them work with them and try to not interfere with things because they will know more about their needs, than than than I will as the class teacher. Erm [pause] I don't know whether, you know, it's it's identified in boys less because, it happens in boys less, or whether actually, [laughs] this goes back to that very stereotypical thing about, you know, males not wanting to show their emotions
	R – big boys don't cry?
	C – absolutely

The construction of emotions as hidden reflects dominant discourses of masculinity that position boys as rational and emotionally inarticulate (Mcqueen and Henwood, 2002). It has been suggested that these discourses constrain the articulation of distress by young men as they need to appear 'macho' to avoid being positioned as vulnerable (Epstein, 1997; McQueen and Henwood, 2002). This complexity in the discourses around boys' emotions are evident within the teachers' talk, as the construction of boys as non-emotional means that mental health difficulties (as emotional displays) were not typically associated with masculinity. Yet challenging behaviour, which was distanced from emotions, was constructed as more commonly and easily identifiable in boys. Mental health difficulties were constructed as something that boys can have, but teachers' accounts portrayed mental health as confusing and difficult to interpret. The positioning of staff as confused and boys as confusing in this way legitimises the need for expert advice.

5.3.3 Mental health difficulties are an illness

Teachers commonly constructed mental health difficulties as an illness that would render pupils incapable of fully participating in school life by affecting their engagement or productivity. By positioning pupils as ill, their removal from the lesson or time accessing additional support was portrayed as acceptable. One teacher explicitly stated that the pupil should not be blamed or made to feel guilty for their lack of work and teachers described that they were happy to work around the pupil, or to be led by the pupil in terms of their feelings of capability.

Quote A	C – absolutely because, you know and, like I say there has been some sort of, you know, TA support from time to time, but that's only if there's been enough of the staff around because, you know, like, like anything really there's probably could do with another 10 or 20 you know, for that one to one support sort of Erm thing., but, I think, mm, interesting, thinking about this now, a lot of the boys who may be in that situation, potentially actually you might not see very often
	R – yeah
	C – because they would be, there are places I know in school that they can go
	R – right
	C – and quite often, they will choose to go, especially if it's not a core subject....
	C – so, not really had that much contact with it really to, you know, you say these questions are quite thought provoking yes they are because, I think in the 2 or 3 boys who I think may, have, have sort of fallen under that bracket, that they probably spent more time not in lessons than they did in my lessons and they would have been getting support in whatever shape or form elsewhere

Within this illness discourse, mental health was also constructed as something that can be 'fixed' or 'treated', and this was often deemed to be the role of expert professionals. This overlaps with constructions of behaviour as a 'medical' difficulty, however medical difficulties such as ADHD were more likely to be constructed as

treatable, rather than something that could be fixed, indicating that mental health was somewhat more fluid and hopeful in comparison.

Quote B	A – you're not necessarily in the same way, crude way, carrot and stick going to train a kid out of a mental health difficulty, that's going to require more clinical input, it might be medication, it might be CBT, er, it might be a range of response

The construction that 'ill' individuals should be exempted from social roles is not new. From a sociological perspective, for example, Parsons' (1951) 'sick role theory' posits that sickness is a form of social deviance reflecting resistance to perform a social role, yet the construction of sick positions the individual as legitimately exempt and hence not purposefully deviant or to blame. In accepting this role, the individual must comply and engage with treatment (Parsons, 1951). While some authors suggest that constructions of children as 'ill' removes blame and diminishes responsibility (Macleod, 2007) critical writers suggest that this is used as a form of social control (Szasz, 1974; Conrad, 1975)

5.4 How do these constructions close down or open up opportunities for action?

The discourses outlined have the potential to close down and open up opportunities for pupils and teaching staff. For pupils, constructions of behaviour as a choice may limit the behaviours that are deemed acceptable and place the onus on the pupil to make the correct choice. Araújo's (2005) research with teaching staff indicated that they tolerated occasional misbehaviour as long as pupils' 'attitudes' were considered to be good. Furthermore, Laws (2012) proposes that teachers give additional chances when behaviour is constructed as reasonable. Hence, when teachers

construct behaviour as chosen and inexcusable, this may close down opportunities for the pupil to receive support, to make the same mistake again and reduce time that is provided for the pupil to make better 'choices', particularly if they are not seen to be complying. Laws (2012) suggests that pupils who are positioned as 'bad' must come to see that they are getting their behaviour wrong, and move to condemn themselves. She proposes that acknowledging wrongdoing through apologising enables pupils to demonstrate that they can 'get it right' and be normal and moral.

Constructions of behaviour as reflecting a need positioned pupils as requiring increased support, tolerance and time, and this may provide more opportunities for pupils to break the rules in the process of 'getting it right' and open up opportunities for staff to be supportive and adopt the role of 'coach'. This may also open up opportunities for pupils to engage in therapeutic support (Thomas and Loxley, 2001). Failure to engage in such approaches may mean that the pupil is positioned as wilfully 'bad'. Hence, Thomas and Loxley (2005, p.50) discuss how easily the re-positioning of a pupil can open up and close down opportunities via the transition from 'naughty-therefore-impose-sanctions, to disturbed-therefore-meet-needs.'

Constructions of behaviour as reflecting a medical difficulty opens up opportunities for staff to meet the pupil's 'needs' through involving expert professionals who have the 'tools' necessary to assess and classify behaviour (Coppock, 2005a). The use of medication is legitimised for certain behaviours. This may close down opportunities for other explanations for behaviour, such those located within the wider social context, or may mean that less weight is given to such explanations, as that of the expert is typically dominant (Conrad, 1975). In the case of a medical perspective, this often 'focuses on the individual diagnosing and treating the illness, generally ignoring

the social situation' (Conrad, 1975, p.19). As evident in the teachers' accounts, this may close down opportunities for staff to try alternative methods of responding to pupils' behaviour.

Contrastingly, constructions of behaviour as influenced by parents may position the problem as located predominantly within the social system and may open up opportunities to involve parents in interventions. This may alternatively close down opportunities for pupils in school if teachers construct their degree of influence as minimal and therefore position themselves as powerless or as not needing to change the school setting. Constructions of behaviour as influenced by teachers on the other hand may enable staff practice to be scrutinised and opens up opportunities for environmental adaptations to be considered. If environmental conditions and teaching are considered to be appropriate, then this may position the problem within the young person. As noted by Laws (2012), pupils that continue to be:

> "...out of control with 'skilled/strong/good' teachers, stand out and come to be seen in the dominant educational discourses as being in need of strong discipline, lacking in self-discipline, poor students, problems" (Laws, 2012, p.31)

Constructions of behaviour as a sign of masculinity may constrain the range of behaviours that are valued by boys, reflecting those associated with hegemonic masculinity including hardness, strength and disapproval of emotional intimacy (Pomerantz, 2007). Traditional discourses of men as rational and emotionally inarticulate may therefore limit the ways in which boys can express their feelings (Mcqueen and Henwood, 2002). Consequently, constructions of mental health that contradict traditional discourses of masculinity by positioning pupils as vulnerable and emotional may potentially close down or limit opportunities for boys to be

constructed as experiencing mental health difficulties (Parsons, 1951). Constructions of mental health as internalised may also close down opportunities for staff to take a more active role in the young person's education, as the young person is constructed as needing to spend time away from the classroom.

In summary, by constructing behaviour and mental health in various ways, and positioning teachers and boys within these constructions, discourses may limit what can be said and done by particular individuals (Willig 2008). This has implications for courses of action within schools including choices relating to condemning and punishing or supporting and nurturing (Parsons, 2005). This section has outlined how such practices may become legitimate forms of action through discourse (Willig 2008).

5.5 What contradictions are present in the teachers' talk and how do they influence the discourses?

A number of contradictions were present in the talk reflecting the transitory and contradictory nature of discourse (Burr 2003). For example, the construction of behaviour as a choice, contradicts the construction of behaviour as reflecting a need or difficulty. The contradiction is that behaviour can be intended and wilful, yet also unintentional. This may reflect contradictions regarding the causes of behaviour that exist within literature including at a policy level. Recent educational policy, for example, constructs behaviour as internalised and as potentially reflecting an 'unmet need' or 'mental health need' within the pupil (DfE and DoH, 2015; DfE, 2016b). However, such policy states this somewhat ambivalently by claiming that behaviour does not necessarily mean that a child has unmet needs. This ambivalence was also

reflected in teachers' accounts of mental health as something that can be 'misinterpreted' as 'bad behaviour'. Conversely, the DfE's (2016b, p.4) description of pupils requiring 'a well ordered school environment that fosters and rewards good behaviour and sanctions poor and disruptive behaviour' constructs behaviour as something that can be shaped and changed through external forces, and portrays pupils as responsible and having choices in regards to their behaviour (Laws and Davies, 2000). Similarly, teachers also shifted between contradictory discourses which constructed behaviour as a result of contextual factors (e.g. influenced by home, influenced by teachers), and individualised discourses such as constructions of behaviour as a need and a medical difficulty.

There were contradictions in teachers' discussion regarding their response to behaviour. In the teachers' talk, for example, there was a contradiction in describing the need to control behaviour using clear guidelines and discipline, versus the need for a supportive approach. As previously noted, this may reflect contradictions that exist within policy. This is particularly evident within education, in which separate policies for 'behaviour and discipline' and 'mental health and behaviour' reflect contradictory discourses (DfE, 2016a; DfE, 2016b). The former legitimises and encourages the use of discipline, control and sanctions such as exclusion in response to behaviour and makes no reference to mental health, whereas the latter encourages help, support and further assessment of behaviour involving medical professionals to identify difficulties, such as mental health difficulties. Laws (2012, p.8) notes that positioning of pupils as 'mad' (ill or disordered) and 'bad' (deviant) are typically '...distinguished from each other in dominant educational/psychological discourses, for example official discourses clearly delineate services for students with

emotional disturbance from those for students with behaviour disorders'. The tension between discourses of care and discipline are also said to be linked to the age and stage of children, as Laws (2012) suggests that as children age, dominant educational discourses construct them as increasingly independent and less in need of 'molly-coddling'. Teachers are therefore gradually positioned less as 'teacher-as-mother' and increasingly as needing to use overt power and discipline, particularly in secondary schools in order to encourage pupils to move from school discipline to self discipline (Laws 2012).

5.6 Summary

The multitude of discourses outlined in this section highlights the complex and contradictory nature of discourses around boys' behaviour and mental health. Discourses around challenging behaviour, for example, vary in the degree to which within child or structural factors are emphasised as responsible for behaviour. They also vary in the extent to which boys are positioned as active or passive. While these discourses are varied, many also overlap. For example discourses which position boys as passive or 'mad' and 'sad', such as behaviour as a need and a medical difficulty, are more sympathetic and legitimise acts of tolerance and compromise. In contrast, discourses which position pupils as 'bad' are associated with discipline reflecting ongoing tensions discipline and care within education.

Discourses of mental health overlapped with constructions of behaviour that position boys as passive including 'mad' and 'sad'. However, while challenging behaviour is constructed as relatively unproblematic to identify, discourses of mental health are portrayed as confusing and complex. This complexity may be due, in part, to the

positioning of pupils with mental health difficulties as withdrawn, vulnerable and emotional, which contradicts with traditional discourses of masculinity (Epstein, 1997; Mcqueen and Henwood, 2002). Whereas when behaviour was constructed as influenced by a range of external and internal factors, mental health was constructed as internalised and located within the pupil. Thus, teachers were more consistently positioned as powerless and requiring clarification and expertise in constructions of mental health.

CHAPTER 6: FINDINGS AND DISCUSSION: PART 2

6.1 Introduction

This section outlines the findings from semi-structured interviews with boys, in order to answer the following research questions:

1) How is the behaviour of boys constructed in the discourses employed by the boys themselves?

2) How is mental health constructed in relation to behaviour?

3) In what way are boys positioned in the discourse and what is gained from this?

4) How do these constructions open up or close down opportunities for action?

5) What contradictions are present in the pupils' talk and how do they influence the discourses?

As in part 1, discussion regarding how boys are positioned as subjects and what is gained from this positioning (question 3) are presented with each of the discursive constructions (questions 1 and 2). Discussions regarding how these constructions open up and close down opportunities for action (question 4), and the contradictions in the discourse (question 5) are presented next.

6.2 How is the behaviour of boys constructed in the discourses employed by the boys themselves?

A number of discursive constructions emerged from the analysis of the pupils' talk. These were:

- Behaviour is a medical difficulty

- Behaviour is influenced by peers

- Behaviour is a release of emotions

- Behaviour is unwanted and disliked

- Behaviour is accidental versus intentional

Each of these shall be explored and located within wider discourse, in accordance with stages 1 and 2 of Willig's (2008, 2013) analysis. Comparisons will also be made across the pupil and teacher discourses where relevant.

6.2.1 Behaviour is a medical difficulty

As with the teacher interviews, all of the boys adopted an essentialist medicalised discourse to construct behaviour as biologically based and fixed within the pupil. The boys most commonly referred to Autism and ADHD, constructing these as lifelong and something individuals are born with. ADHD was commonly constructed as causing behaviour to be outside of the individual's control. It was also constructed as a hindrance, as one pupil described that he was not allowed to go out much because of his 'ADHD'.

Quote A	R –So, thinking about this boy that has challenging or difficult behaviour, can you tell me a couple of things about what he's like, what sort of a person you think he is? Remember you're just making this up. B – Erm, could he be autistic R – He can if you want him to be, do you want him to be? Yeh?.. So wh, wh, what, do you mean by that? B – Like he could have speech difficulties, like, dunno what autistic [sigh] dunno what mine is [pause] R- So B – my ways but [pause] R – what do you mean what yours is? B – Cus I've got autism
Quote B	R - So let's think a little bit more about this boy then, this boy who is, has got difficult behaviour and is challenging, wana think

	about his history, that means how did he get to be this way, was, did something happen to him when he was growing up or was he just born this way?
	B – born that way
	R – Ok [pause]. So, is this something that he could change, change his difficult or challenging behaviour or change how he is?
	B – Erm medication, like for the like ADHD or Autism
	R – So he needs medication to help him change? Ok. How will that help him?
	B – because like, it could make him concentrate instead of messing about with friends and that and help him to think about like think before he acts
	R – Ok [pause] so erm, is this at the moment, is this boy would you say he's taking medication or not? [Pause] He is yeah? I'm just gonna put that underneath him here [pause]. And is it helping or?
	B – Yeah
	R – Does he like taking it?
	B – Erm no, cus it tastes horrible

Similar to the teachers' accounts, medicalised discourses here constructed behaviour as biological in nature and positioned boys as 'mad' (Laws, 2012). Where teachers assigned responsibility for change to the young person and expert professionals, the boys tended to assign responsibility for change to medication (Conrad, 1975; Wright, 2009) . The boys' emphasis of biological and medical influences positioned pupils as lacking control and innocuous, as behaviour is constructed as non-intentional, rather than thought out or deliberate.

6.2.2 Behaviour is influenced by peers

The boys commonly referred to the influence of peers on behaviour and this reflected traditional discourses of masculinity. Firstly boys constructed behaviour as a means of gaining peer approval to 'impress' or gain friendships. Secondly, the boys portrayed behaviour as a result of peer pressure. Thirdly, the boys referred to

behaviour as a form of self-defence and retaliation in response to provocation by peers and this overlapped with 'behaviour as an emotional release', as the need to defend was portrayed as uncontrollable and unstoppable.

Quote A	A – I would say more, serious because, I have had loads of fights R- yeah A and I'm not proud of them R –mhmm A - but some of them, I've just, said something that I didn't really mean, and other people have got involved and said hit him, hit him, hit him, and I've listened to them, without thinking, and erm, sometimes people say stuff about my family, and say that they, like say if we had a fight, and then no one won, the other person would er, be going around apparently saying that they beat you, and then er, they would say that they wanna fight you again
Quote B	R –Why might someone be physically bullying someone? B – say if erm, just to get like attention from the other like say, if you wanna, like, get, like seen by all the, like kids who may be a bit cooler than you and stuff like that

These constructions positioned boys as easily influenced and as prioritising the need to gain peer approval or defend themselves. This overlaps with traditional discourses of masculinity including 'boys will be boys' discourses (Epstein et al., 1998) and constructions of hegemonic masculinity associated with hardness and strength (Pomerantz, 2007). These discourses may legitimise behaviour through boys positioning themselves as needing to defend their honour in order to be a 'real man', and avoid being vulnerable and open to criticisms of being a 'Nancy-boy' or weak (Epstein, 1997). Behaviour associated with dominance or violence is portrayed as necessary and acceptable amongst boys to display masculinity and achieve social status.

While this overlaps with the teachers' discourse of behaviour as a sign of masculinity, there are important differences. For example, in their constructions of behaviour as

indicative of masculinity, the teachers positioned boys as anti-education, anti-authority, and as possessing a 'mob mentality'. The pupils' accounts did not position boys in this way but instead positioned boys as somewhat constrained by expectations associated with masculine behaviours.

6.2.3 Behaviour is a release of emotions

All of the boys constructed behaviour as an outward expression of an emotional state or feeling; yet this was limited to anger. Anger was constructed in paradoxical terms as needing to be both released and controlled. The release of anger was described as dangerous and uncontrollable, with pupils 'lashing out' or getting 'fired up'. Reactions were constructed as impulsive, reactionary and difficult to control and not something planned or given forethought. Anger was described as hindering the ability to think clearly, rather than conscious or intentional. This contrasts with teachers' constructions of behaviour as an active choice. Other emotions were constructed as influential to behaviour, such as grief and sadness, yet the boys described such emotions as being 'released' through aggressive behaviour.

Quote A	A – he erm, just gets mad, erm, I'm trying to like, try and like listen to what people are saying, I can ignore them if they say it once, I can ignore them like if you say it a few times so if they say it too many times I just hit them without thinking, erm, I lash out too much at people R – right A - like, when I get in trouble at school I go home and I just, hit the wall to try and calm me down. They say count to 10 R – yeah A- I tried that, doesn't work

Anger was also constructed as isolating, and a barrier to sustaining relationships.

Quote B	R –thinking about this boy, who has challenging or difficult

	behaviour, I want you to think about his friendships, how he gets on with his friends, erm, what would you tell me about that D – like he doesn't have many friends R – ok [pause] and, why do you think that might be D – cus like, he, when he like, he uses his anger, and then, like, not many people like him R – ok, and when he uses his anger, and people don't like him, does he use his anger to make people not like him, or does that just happen as a result of his anger? D – just happens as a result R – ok [pause] so it's not something he's doing on purpose? D – no

The boys' constructed emotions as 'irrational and subjective, unconscious rather than deliberate, genuine rather than artificial, feelings rather than thought' (Edwards, 2001, p.236). The construction of emotions as needing to be controlled, reinforces them as dangerous and irrational (Lutz, 1996). The focus on anger reflects discourses of masculinity and the normative constructions of boys as tough and violent (Ringrose and Renold, 2010). Lutz (1996, p.161) suggests that 'anger is the one emotion that is exempted in everyday discourse from the expectation that women feel and express more emotion than men'. Hence, while constructions of behaviour as an emotional release positions boys as emotional, which conflicts with typical discourses of men as rational and unemotional, the focus on anger positions them as tough and masculine (Mcqueen and Henwood, 2002; Ringrose and Renold, 2010).

Thus, emotions played a much larger role in the boys' constructions of behaviour that those of staff. Constructions of behaviour as an emotional release may have served to distance pupils from being positioned as 'bad'. Laws (2012) reflects that a lack of emotion may lead to behaviour being constructed as deliberate and consequently

'abnormally bad', whereas displays of emotion may mean that children are positioned as mad. She notes that:

> The bodies of the 'mad' are permitted, in the dominant discourses, to break down and be emotional, as 'madness' is constructed as an illness within the body. Yet the bodies of those performing as 'abnormally bad' are read as being controlled by the mind. It seems that it is the individual conscious mind that is constructed as being responsible for an individual's 'bad', and even 'abnormally bad', behaviour. (Laws, 2012, p.89)

6.2.4 Behaviour is unwanted and disliked

Within the boys' responses, behaviour was constructed as something that was not liked and not wanted but was difficult to remove. This discourse was absent from the teachers' talk. The construction of behaviour as unwanted portrays it as 'bad', with one pupil referring to behaviour as 'bad' and 'terrible', but positions boys as aspiring towards the successful performance of a 'normal' student (Laws, 2012). One boy constructed 'trying to be good' as a struggle and effortful. Teachers' and peers' disapproval of behaviour was constructed as a cause of isolation.

Quote A	A – cus, really he wants to be good and show people who his lost er, like he's not good, that he's good R – ok A - not bad, and erm, what erm, works alright but does get annoying and like teachers, some of them are just really annoying and pupils R – Ok, can I just go back to erm your point where you said, erm, he really wants to be good, and he wants to show the people that he's lost that he's good and not bad, yeah, erm, what's stopping him doing that? A – [pause] he tries to be good in lessons, but when he's good, people call him goody-two-shoes, so then he thinks if he does something bad they'll stop teasing him about it

	R – ok A - but I've been able to ignore that, but I know it's probably not an excuse but some people in my family are naughty, erm like he tries to fit in, even though he has fit in, but he thinks the only way he can fit in is being naughty
Quote C	R – ok, so, erm, he's turned things around a little bit at school, and, how does he feel about that D – better about himself R – he feels better about himself? D – yeah R – ok, so, before, when he was doing these, terrible and bad things, he didn't feel very good about himself? D – no

Constructions of behaviour as unwanted and disliked separate the 'boy' from the 'behaviour' and emphasise the responsibility that the young person is taking in attempting to be 'good' or 'normal'. Boys are positioned as well meaning as they are trying to get it right, but also lacking control, helpless and lonely due to rejection from others. Similar to constructions of behaviour as a release of emotions or a medical difficulty, this discourse emphasises that behaviour is unconscious or unintentional, rather than deliberate.

6.2.5 Behaviour is accidental versus intentional

The boys referred to behaviours that were accidental and a sign of carelessness or disorganisation, implying a sense of not being in control. Such behaviours were constructed as less serious. Constructions of behaviour as accidental were missing from teachers' responses, and contrast with 'behaviour as a choice'.

Quote A	C – like, now you have to have, 2 pens, 2 pencils, a purple pen R – ok C – for like marking stuff, and a ruler and a planner, so like, when you're sorting your equipment out on the night, like, you have to remember everything R – oh, that's a lot to remember isn't it and why, why might somebody not have their equipment with them?

	C – erm, they're like, just haven't had enough time, like, some like, Sunday nights when I don't get in, say if I go to like, out or somewhere with my mum and dad, like don't get in till like half 10 I forget about it, and then Monday morning I get a negative [laughs]

The boys did construct some behaviour as intentional, naughty or defiant, although this was less common in the boys' discourse. One boy referred to pupils engaging in such behaviour because of 'boredom'. This relates to the teachers' constructions of behaviour as a choice and broader discourses of deviance (Pomerantz, 2007).

Quote B	R - Tell me something else about this boy then, what sort of a boy is he, what's he like D – doesn't listen to teachers R – ok, doesn't listen, why doesn't he listen to teachers? D– 'cos, he thinks that like, he should make his own decisions

Constructions of behaviour as accidental may function to play down the severity of behaviour as minor misdemeanours and position boys as disorganised, innocent or harmless. Constructions of behaviour as intentional, on the other hand, position boys as naughty and 'messing about' wilfully; this may serve to emphasise choice and resistance to subjugation. Refusing to comply with adult expectations is one way that pupils can exercise power over teachers (Laws, 2012). Some degree of 'bad' behaviour is permitted, as a 'normal' pupil does not perform as 'good' all the time (Laws, 2012).

6.3 How is mental health constructed in relation to behaviour?

The following discursive constructions of mental health emerged from the interviews with pupils:

- Mental health difficulties are a psychological state or condition

- Mental health difficulties as a sign of madness

- Mental health difficulties are internal versus external

6.3.1 Mental health difficulties are a psychological state or condition

Similar to the teachers' talk, some of boys referred to depression when constructing mental health difficulties as a psychological state. Unlike the teachers' talk, however, no further clinical terms were used. Terms such as depression are said to be 'part of the vernacular in Western societies' (Rogers and Pilgrim, 2010, p.28). This was apparent across both pupil and teacher responses. It may be that further mental health terminology is still relatively unused amongst pupils.

| Quote A | B – that's mental because he's emotions
R – so that's how do you think he's feeling
B – sad
R – you think he's feeling sad? Why might he be feeling sad?
B – someone, probably might have depression I dunno |
| Quote B | A – he looks depressed
R – ok, so where would you put him then, if you think he looks depressed?
A– would you say depression is sort of, mental? |

Similar to the teachers' discourse, pupils located mental health difficulties at the level of the individual, reflecting the 'psychologisation' of emotions (Burr and Butt, 2000). Similar to the teachers' talk, this discourse also constructs mental health difficulties as internalised and positioned pupils as withdrawn, sad and emotional.

6.3.2 Mental health difficulties as a sign of madness

Unlike the teachers' talk, boys constructed mental health difficulties as a sign of disturbance and instability, positioning individuals as 'psycho' and 'mental'. One pupil described mental health as 'more extreme' than behavioural difficulties. Another pupil

compared mental health difficulties to behaviour, but explicitly distanced himself from this discourse, stating 'I'm not mental, don't worry though'.

Quote A	R - So the first question is, erm, have you heard of mental health or mental health difficulties before? You have? Ok. What do you think that A – is it where somebody, oh sorry that's a bit rude R – no it's ok, what do you think that means then? A – It's where someone's really [pause], sort of a psycho, but, they need help, they, make other lives misery, other people's lives misery, they, something bads probably happened in, erm, in the past R – yeah [pause] ok A - like, someone's hurt them like say like, abuse or something like that, that could make someone, really, not stable R – ok, A- could have a mental breakdown,

Some responses positioned individuals with mental health difficulties as dangerous and violent.

Quote B	R – so have you, have you heard of the term mental health or mental health difficulties before C – think so yeah R – you think you have? Ok. What do you think it might C – is it like when you go to them groups and you say like my names [name] and then I've got sumat wrong R – it might be, yeah you might go to a group C – yeah yeah yeah R – yeah what sort of thing might be wrong do you think C – like they can't control themselves and like, isn't it like where you've like, nearly killed someone and then like you get put in a hos, mental health hospital

Children use emotionally charged language when describing mental health difficulties, and this reflects media discourses that commonly associate mental illness with violence (Rose *et al*., 2007; Lindley, 2009). Wilson *et al*. (2000, p.442) suggest that children's television depicts mental illness through 'comic 'insane' characters'

that are 'continuously engaged in illogical and irrational actions'. This has infiltrated dominant discourses, as Rogers and Pilgrim, (2010, p.28) note that lay people tend to 'view 'mental illness' as being about psychotic or unintelligible behaviour with violent behaviour seen as reflecting mental illness or disorder'.

The boys' constructions of mental health as 'madness' differs to those outlined within the literature. In the literature, for example, diagnostic categories such as ADHD are said to position pupils as 'mad' (Wright, 2009). The boys constructed 'madness' as significantly more 'extreme' and medicalised behaviours, such as ADHD were not associated with mental health difficulties.

Teachers' constructions of mental health were less extreme. Laws (2012) suggests that:

> "Thinking around extreme emotions and behaviour that occur seemingly without reason, in any other but a rational way, is usually silenced and not accessible to teachers. It is silenced both through constructing madness and its treatment in a rationalist discourse and at the same time medicalising madness and placing its diagnosis and treatment in the hands of the medical profession" Laws (2012, p.60)

'Madness' is not assigned to children and is typically reserved for adults, and speaking of children as 'mad' is outside of the dominant discourse (Laws, 2012). This may explain why constructions of madness were missing from the teachers' talk, and medicalised and rationalist portrayals of mental health were more apparent.

6.3.3 Mental health difficulties are internal versus external

Within some of the boys' talk, mental health was constructed as internalised and causing unprovoked emotional reactions 'for no reason'. This overlaps with constructions of mental health as madness. This also overlaps with discourses of

behaviour as an emotional release, however, the emphasis on mental health difficulties being unprovoked implies that they are irrational whereas behaviours as an emotional release were often constructed as occurring 'for a reason' and consequently as more rational.

Quote A	C – they could like, be like, mental and just like go somewhere and, then just like start hitting people for no reason like

Alternatively, mental health was constructed as caused by external factors such as exams, abuse or bullying. This differs to teachers' constructions of mental health, in which internal factors were emphasised to a greater degree than external factors.

Quote B	R - Number 11 [pause] ok what, why'd you put that there B – 'cos he looks depressed R – he looks sad, like he's feeling sad, why might he be sad? B – maybe like he's probably getting bullied or stuff

The aetiology of mental health difficulties are important in the construction of how 'strange' or 'acceptable' an individual's behaviour is deemed (Lindley 2009). Rogers and Pilgrim (2005, p.24) propose that '...if people act in a way others cannot readily understand they run the risk of being dismissed as a 'nutter', a 'loony', 'crazy', 'mad' or even 'mental'.' Pupils' constructions mental health difficulties as internal and without 'reason' were portrayed as unacceptable. Where difficulties were constructed as caused by external factors, the individual was positioned as more legitimate in their response.

6.4 How do these constructions close down or open up opportunities for action?

Discourses that construct behaviour in biological terms, such as medicalised or masculine discourses may constrain or limit the ways in which boys are able to express themselves. Teachers' construction of boys as unemotional or boys' constructions of behaviour as emotional, specifically angry, may limit boys to express distress in these ways (Epstein, 1997; Ringrose and Renold, 2010). Females, on the other hand, are positioned as able to seek help for distress and are more likely to make contact with a doctor and be identified with psychological problems (Goldberg and Huxley, 1992). In a school environment then, boys may be less likely to seek help or talk about their distress if doing so positions them as outside of dominant male discourses and vulnerable. These constructions may also open up opportunities for them to enact 'being a boy' but in doing so close down opportunities for them to respond to problems in non-violent ways. This reflects teachers' descriptions of boys 'bottling up' their feelings and not wanting to talk.

This may place boys in a paradoxical position, as expressions of distress may be constrained to anger, yet expressions of anger may close down opportunities in school. Expressions of anger, for example, may mean that boys are constructed as dangerous or bad. Children who are positioned as 'bad' are said to be 'read in the dominant discourses as deliberately refusing their subjection as positive, contributing members of our society' (Laws, 2012, p.22). Positioning children as bad may lead to disciplinary procedures, over therapeutic and/or pastoral procedures (Thomas and Loxley, 2005). This may be why constructions of behaviour as intentionally bad were generally missing from the boys' accounts.

Conversely, constructions of behaviour as non-intentional and reasonable in the circumstances may open up opportunities for support and tolerance in school. In

order to open up these opportunities, boys construct behaviour as unwanted. Laws (2012) suggests that pupils must condemn themselves and admit their 'bad' behaviour as evidence that they can be morally 'normal'. This may open up opportunities for pupils to keep trying to be 'good' or 'normal' and increase chances to get it right (Laws, 2012). Acknowledgement of the 'offence' and the 'offender' enables 'a whole set of assessing, diagnostic, prognostic, normative judgements' to explore whether wrongdoings originate from '...instinct, unconscious, environment, heredity' (Foucault, 1977, p.19). However, in condemning behaviour through these discourses, pupils adopt essentialist explanations which position behaviour as 'fixed' and this may in turn close down opportunities for pupils to take on alternative constructions that position behaviour as more fluid and open to change.

The boys' constructions of mental health as a sign of madness may close down opportunities for them to be positioned in this way or in accessing support that is designed to improve 'mental health'. Laws (2012, p.54) suggests that constructions of madness are associated with fear and rejection because '...it could happen to you, but also because 'madness' has to be separated from, confined away from, others.' Being positioned as 'mad' may close down opportunities for inclusion or interactions with others, and open up opportunities for rejection and isolation.

6.5 What contradictions are present in the boys' talk and how do they influence the discourses?

A number of contradictions were present in the boys' talk. Discourses that construct aggression as necessary and acceptable in order for boys to display their masculinity and achieve social status contradict with constructions of behaviour as unwanted and

disliked. Shifting between these discourses may enable boys to legitimise their behaviour as necessary and natural, but also to condemn their behaviour in order to open up opportunities as discussed. Similarly, constructions of behaviour as unwanted and disliked contradict with a medicalised discourse. The medicalised discourse constructs behaviour as fixed, outside of the young person's control and reliant on medication to change. However, the construction of behaviour as unwanted and disliked positions the pupil as 'trying' to be 'good', and portrays behaviour as changeable.

Contradictions were also present in the boys' constructions of the causes of behaviour. Constructions of behaviour as unwanted acknowledge behaviour to be 'abnormal', however behaviour which is constructed as 'too abnormal' was portrayed as an indication of 'madness' or 'badness'. Hence, contradictions were present in pupils' construction of behaviour as disturbed, but not disturbing. This indicates that the pupils' discourses are '...rooted in notions of normality and abnormality, of success and failure, of the functional and the dysfunctional' (Thomas and Loxley, 2005, p.176) and pupils shift between acknowledging 'abnormal' behaviour while trying to remain within the bounds of not 'too abnormal'.

6.6 Summary

This section has explored how behaviour and mental health are constructed by boys. Each of the constructions located the 'problem' or responsibility for behaviour within the pupil. However, in contrast to the teacher discourses, these discourses (bar 'behaviour as intentional') positioned pupils as passively rather than intentionally misbehaving. Pupils were positioned as ill (medical difficulty), emotional (emotional

release) or masculine (peer influences), and these constructed behaviour as outside of the pupils' control. These discourses may have functioned to construct behaviour as reasonable and to distance pupils from discourses that position them as deliberately 'bad', and 'beyond help', which were evident to a greater extent in the teachers' talk (Laws, 2012). Unlike the teachers' talk, discourses of mental health reflected sensationalised media discourses of 'madness'. The discourses were contradictory and conflicting, reflecting the complexity of enacting masculinity within education, and how this can close down opportunities, but also enable boys to resist positions such as those associated with mental health.

CHAPTER 7: CONCLUSION AND IMPLICATIONS

7.1 Introduction

This chapter begins by drawing together the main findings from the research and implications for educational psychology practice. To close, strengths and limitations of the research are outlined and personal reflections are discussed.

7.2 Overview of the research

This research aimed to explore teacher and pupil discourses around boys' behaviour and mental health. The choice of topic was influenced by the ongoing 'crisis' regarding boys' behaviour and the recent shift in discourse at a policy level that separated constructions of behaviour and SEN and brought mental health further into the arena of special education. It was hoped that the research would highlight how not only professionals, but also boys themselves speak of behaviour and mental health (Billington, 2006). The findings highlight the complexity in the discourses. Overlapping and similar discourses were employed by teachers and boys, particularly where behaviour and mental health were constructed through psychological and medicalised discourses. However, differences were also evident, with contradictory and counter discourses, enabling boys to resist certain positions. Negotiations of power were therefore evident in the discourses. This section shall discuss these key findings in more depth.

7.3 Key findings

When discussing boys' behaviour and mental health, both teachers and boys employed traditional discourses of masculinity but in contradictory ways. Teachers

drew on traditional discourses of masculinity that emphasised the 'crisis' in boys' behaviour, positioning boys as 'lads' and suggesting 'boys will be boys' as they are anti-education (Willis, 1977; Epstein *et al*., 1998). The boys drew on similar discourses but as a way of emphasising that they are 'real men', resisting being positioned as vulnerable to their peers (Epstein 1997). Teachers typically positioned boys as unemotional and emotionally inarticulate (McQueen and Henwood, 2002), whereas boys constructed themselves as highly emotional, but specifically angry, reflecting discourses of masculinity which position boys as aggressive (Epstein et al. 1998). This research indicates that boys' behaviour is inextricably tied up in constructions of masculinity (Pomerantz 2007). It also indicates the potentially constraining nature of traditional discourses of masculinity for boys' expressions of emotions (McQueen and Henwood, 2002; Deal, 2015). There was little evidence of counter hegemonic discourses (Frank *et al*., 2003). Thus, it may be more acceptable for 'boys to be boys' within a school setting and more difficult for them to enter into discourses which position them as vulnerable. This may further constrain boys by positioning them as 'bad' (Laws, 2012).

The ease with which medicalised, psychological and diagnostic discourses were employed across participants indicates that these have permeated educational discourses and constructions of behaviour and mental health (Thomas and Glenny, 2000; Graham, 2006); so much so that these discourses and the practices associated with them, including the involvement of 'expert professionals', can be considered regimes of truth (Foucault, 1980). The boys demonstrated no resistance to medicalised discourses when constructing their behaviour as unwanted or when indicating a desire to get their behaviour 'right' (Laws, 2012). Diagnoses were instead

a label of forgiveness in constructing behaviour as a result of medical needs, rather than inherent 'badness' (Macleod 2007; Conrad 1975). Discourses of mental health on the other hand were resisted by the boys associating these with sensationalist accounts of 'madness', as prevalent in media (Wilson *et al.*, 2000). Teachers constructed mental health difficulties as less observable in boys, arguably because they typically associated mental health with emotion (e.g. depression), contradicting constructions of boys as unemotional (McQueen and Henwood, 2002). In conclusion, the discourses of mental health employed by teachers and boys may mean their behaviour is less likely to be constructed as a mental health difficulty.

One final contradiction worthy of comment here is the extent to which behaviour was constructed as intentional. Laws (2012, p.121) suggests power is attributed to students when it is assumed that '...they did know the right thing to do and that they were capable of choosing to ignore what is right...' This was evident in the teachers' constructions of behaviour as a choice, positioning pupils as choosing to be 'bad' over 'good' and needing discipline (Macleod, 2007; Laws, 2012). Pupils resisted being positioned as intentionally 'bad' by positioning themselves as aspiring towards the successful performance of a 'normal' pupil (Laws 2012). Constructions of behaviour as unintentional may open up opportunities for support and care (Araújo 2005; Laws 2012). Resistance in this way may enable pupils to navigate the contradictory and competing discourses of discipline versus care within education (Thomas and Glenny, 2000; Ball *et al.* 2012). However, resisting 'badness' through condemnation of behaviour reinforces 'abnormality' and continues to place pupils at risk of exclusion (Allan, 1995; Jull, 2008; Runswick-Cole and Hodge, 2009).

These discourses highlight disciplinary power in various ways. Firstly, they reveal commonly agreed notions of 'abnormal' and 'normal' behaviour within education, enabling normalising judgements and individualisation to take place (Foucault, 1977; Allan, 1996). Secondly, they highlight that pupils accept being positioned as behaving outside the 'norm' and enter into surveillance of their own behaviour (Burr, 2003; Laws 2012). Thirdly, contradictory discourses show how language can be a form of resistance, and a potential site of struggle, disagreement or conflict (Burr, 2003). While this research adopts a critical stance towards 'taken for granted' knowledge and how this is bound in power, this intends to prompt reflexivity, particularly within EP practice, rather than criticise professional bodies. Professional practices, are not portrayed as intentionally oppressive or immoral within Foucault's (Foucault 1980) notion of disciplinary power.

7.4 Implications for Educational Psychology (EP) practice

This research is deemed to be significant to EPs as requests to support behavioural and mental health difficulties are a considerable part of this role (Leadbetter, 2013). Creating, using and manipulating discourses are also central to this role (Bozic, Leadbetter, and Stringer, 1998). Procedures of pathologisation have been said to infect EP practices 'so insidiously that it is difficult to make them visible' (Billington, 1996, p.53). This is said to be possible through psychological methods of measurement, categorisation and discourses of normality and abnormality (Burr, 2003; Billington, 1996; Billington, 2000). EPs are concerned with the inclusion and equal opportunities of children with SEN, yet 'the very idea of special education works to establish a category of *other* than 'normal' (Laws, 2012, p.133). EPs therefore cannot escape the discourse of 'abnormality', but can practice greater

reflexivity in analysing their role in constructions of children's behaviour and mental health, and constructions that are presented to them by others.

EPs are presented with constructions of children on a daily basis, from the point that a child is described on a referral form. EPs themselves form constructions of children as '...through our activities (our modes of assessment, for example) and our language-making practices... we contribute to the creation of knowledge about individuals...' (Billington, 2002, p.34),.' This research encourages EPs to listen closely to how behaviour and mental health are constructed and how children are positioned in this discourse. A heightened awareness of this may enable EPs to consider alternative constructions. This research also encourages EPs to question 'taken for granted practices' that underpin our work, and 'resist the demand to simplify the way in which we might analyse presenting psychological problems which are then reported as such' within practice but also in research (Pomerantz, 2008, p.11). Greater reflexivity regarding how we construct young people's behaviour and mental health when selecting assessment tools, or writing psychological formulations can enable us to critically consider the effect of our actions 'for good or ill' (Billington, 2006, p.8), including:

- How we speak of children

- How we speak with children

- How we write of children

- How we listen to children

- How we listen to ourselves when working with children.

As noted earlier in this work, the voices of experts tend to be privileged when talking to or about children, reflecting issues of power in the discourses adopted by professionals including EPs. Certain discourses, for example, condemn children to voicelessness. The present research indicates that children's constructions of behaviour and mental health are often different to those of adults or experts. A further implication for EP practice, therefore, may reflect the importance of the role of the EP in seeking to elicit and reveal the discourses through which children construe themselves (Billington, 2006).

Billington (2006) highlights the challenges of representing 'pupil voice' in his own work as he comments that:

> 'The point here is that, at some moment or other I, as an adult professional, would have had the power to take control of the voice of the child. While there are, of course, published examples of young people writing about their own situations, at some point in the process an adult – whether parents, carer, childcare professional, researcher or publisher – plays an influential part in allowing that voice to be heard' (Billington, 2006, p.5).

Thus, the extent to which imbalances of power can be fully redressed when working with children and young people is questionable. However, EPs can use their privileged position to seek and represent the voice of the child in order to ensure that children's constructions of behaviour or mental health are heard, hence redressing imbalances of power that often silence young people.

A final implication for practice noted here reflects the extent to which EPs can work with school staff in order to begin to change the commonly occurring narratives that

are present in discussions of boys' behaviour and mental health. Whole staff training on behaviour and mental health or group consultation regarding particular pupils may provide opportunities to raise awareness and reflect on the dominant discourses employed in schools. This would enable staff to consider how children are positioned within these discourses and how this opens up or closes down opportunities for boys in education. As noted above, representations of children's voices within these discussions may bring alternative and perhaps less dominant constructions in to play, and help to change or at least challenge commonly occurring narratives.

7.5 Strengths and limitations of the research

Strengths and limitations of research are typically assessed through objectivity, reliability, validity and generalisation (Brinkmann and Kvale, 2015). These take on new meanings and are radically questioned in social constructionist research (Burr, 2003). Constructionist research rejects the notion of reliability, and instead is interested in how discourse varies over time and context (Reicher, 2000; Brinkmann and Kvale, 2015). Similarly, validity extends beyond a concern that methods have investigated what they claimed, and permeates the whole process through continually questioning and interpreting research (Brinkmann and Kvale, 2015). Qualitative research is still open to scrutiny (Madill, Jordan and Shirley, 2000) and the strengths and limitations of this research shall be considered here.

7.5.1 Generalisability

Positivist research often seeks ecological validity to ensure that findings are generalisable. However, Reicher (2000, p.4) asks 'why should the sample match the population if their own discourse in one context is unlikely to match their discourse in

another?' This research doesn't attempt to make claims of generalisation as the discourses reflect the research context. The prevalence of medicalised discourses here may be linked to practices in this school, such as an 'ADHD support group' which some of the boys attended. Furthermore, three out of the four boys interviewed had received a medical diagnosis of ADHD and/or Autism and their experiences of going through this assessment process and receiving diagnoses may also explain the prevalence of the medicalised discourse within this sample. It is possible that a different sample of participants, such as boys who had received no diagnoses, would have resulted in different discourses.

7.5.2 The presence of the researcher

Social constructionist research recognises that the researcher inevitably influences the production of knowledge, reflected in the 'active interview' approach (Holstein and Gubrium, 1995 Yardley, 2008). Thus reflexivity regarding my influence on data will be considered here.

7.5.3 Terminology

Sherrard (1991) notes that discourse analysts often fail to examine their contribution to discourse. In this study the wording of interview questions reflect essentialist notions of behaviour and mental health as a 'difficulty' that is 'within' the individual (Tobbell and Lawthom, 2005). While this was a source of contention in the research design, it was decided to adopt terminology consistent with policy and practice, as discussed in chapter 1, but it is recognised that this may have affected participants' constructions.

7.5.4 My influence as researcher

My characteristics and contributions as researcher and TEP have influenced all stages of the research including interactions with participants and the production of knowledge (Brinkmann and Kvale, 2015). Teachers will be aware that EPs typically work in the arena of SEN and this will have affected their responses, but also the questions I asked, lines of enquiry pursued and consequent constructions of behaviour and mental health. Different methods of data collection used with teachers and pupils could also contribute to differences in discourses across groups. I considered the epistemological assumptions about childhood that influenced my methods, particularly as this research considered how we listen to children, and how we listen to ourselves (when working with children) (Harden *et al,* 2000; Billington, 2006). Task-based methods conceptualise young people as 'equal but still different' (to adults) on the assumption that they can participate in research given different methods (Harden *et al*., 2000). While task-based methods helped in securing engagement they may have reinforced power relations and constructions of children dominated by discourses of developmental psychology (Alldred, 1998; Burman, 2008).

7.5.5 Reflections on the pupil interviews

Yardley (2008, p.248) suggests researchers consider why certain views were or were not expressed, be open to alternative interpretations and recognise complexities and inconsistencies in participants' talk. Through active interviewing, I sought clarification, pointed respondents to particular topics and brought alternative considerations into play (Holstein and Gubrium, 1995). Difficulties in using this approach with young

people were noted as pupils occasionally interpreted that they had given the wrong answer and changed their response when challenged. This may reflect power differentials as children are not used to expressing views freely and attempt to give 'correct' answers (Punch, 2002). I subsequently adapted my approach to emphasise that there were no right or wrong answers before challenging and explained why I was questioning answers (Punch, 2002).

The likelihood of children giving desirable answers or telling different stories to friends, parents or different interviewers has called into question the validity and reliability of research with children (Harden *et al*., 2000). This research however did not attempt to gain facts or eliminate my influence as it recognised that knowledge is co-constructed. For example if boys indicated that they did not know what mental health difficulties were, a definition was provided, and it is recognised that this is likely to have affected discourses. This was not deemed 'leading' in the active interview as the researcher '...does not tell respondents what to say, but offers them pertinent ways of conceptualising issues and making connections...' (Holstein and Gubrium, 1995, p.39).

7.5.6 Assessing quality in qualitative research

Particular quality criteria are deemed important in assessing constructionist research; namely internal coherence, deviant case analysis and reader evaluation (Madill et al., 2000; Yardley, 2008; Willig, 2013).

Internal coherence refers to how well the research 'hangs together' and makes sense as a consistent whole (Yardley, 2008). This research sought coherence by ensuring methods of data collection and analysis reflected the theoretical approach

underpinning the study. The use of the active interviewing reflects that data is co-constructed, and Willig's (2008, 2013) interpretation of Foucauldian discourse analysis provided a framework to support a macro-constructionist approach (Burr 2003). Exploration of deviant cases was useful in considering the influence of my assumptions (Madill *et al*., 2000; Yardley, 2008). The framework for analysis supported the process of analysing differences between discourses, and continually reviewing and interrogating data included a consideration of how deviant cases fit with emerging themes. Including raw data in the findings section enables readers to draw their own interpretations of the research (Madill *et al*., 2000; Willig 2008; Willig 2013). Reflexivity could admittedly have been enhanced by involving a second researcher in analysis.

A potential criticism of the research is that it risks reinforcing oppressive assumptions about participants and may 'reify what we would rather dispel' (Alldred, 1998, p.165) particularly if little attention is given to the context in which discourses are constructed. Acknowledging the limitations and my influence aims to overcome this somewhat. The research also inadvertently risks presenting participants as a homogenous sample. This has been recognised by other researchers who suggest that discourses of masculinity risk presenting boys in one way, whereas 'boys will be boys' in different ways, across different contexts and cultures (Frank *et al*., 2003). This research did not explore the intersectionality of factors relating to gender, ethnicity and social class in constructions of boys behaviour but recognises these influence constructions (Harwood and Allan, 2014).

A final consideration of the strengths and limitations of this study relates to criticisms of Foucault. The current research does not claim discourses as right or wrong, but

recognises that all can be critiqued and questioned (Laws, 2012) Consequently, a criticism could be that this research offers no 'recipes for social change' (Allan, 1996, p.229). It does, however, hope to offer prospects of rethinking practices which have particular relevance to EPs. In discussing her research with girls, Walkerdine (1998a) notes:

> '...How we carry out research, what questions we ask, what counts as data, what is judged to be true are all entangled in the pursuit of 'the truth', and we get caught up in this too. Our research becomes a process of disentangling, of pulling ourselves free of the web. It is like unpicking knitting, the wool still bearing the imprint of the knots which formed it into a garment. This garment often seemed to fit us well and even to keep us warm on winter nights. Taking it apart can be painful and does not reveal the easy uncertainty of *answers*. Of course, one can hide behind complexity, use it as a way of failing to address the possibility of real interventions and struggles. But there have been so many easy answers which told us what was wrong with girls and how to put it right. Such answers do more harm than good, because they insist that there is something wrong with girls that has to be corrected.' (Walkerdine, 1998a, p.17)

While the present research does not provide the certainty of easy answers, it does challenge the notion that something is wrong with boys that must be corrected. Taking 'this garment' apart might be painful and it is recognised that children's behaviour and mental health is emotive to all involved. The current research does not intend to dismiss this distress (Timimi, 2002). As noted by Thomas and Glenny (2000):

> 'We do not seek in any way to condone violence or to romanticise difficult behaviour. Nor do we seek to play down or underestimate the school staff's need for disciplinary techniques to keep order. Instead we are seeking to point out that misbehaviour seems to be an endemic part of institutions that organise themselves in particular ways and that if we seek to reduce such

behaviour we have to recognise its provenance' (Thomas and Glenny, 2000, p.292).

7.6 Future research

The limitations of the lack of naturally occurring data here could be overcome through an ethnographic approach enabling discourses to be explored in context. Furthermore, as discourse analysis can be conducted on any symbolic system that carries meaning, this may enable an analysis of the micro-level techniques of power and resistance in the construction of behaviour and mental health, as has been researched within educational settings in Australia (Gore, 1995; Laws, 2012).

The research could also be extended to explore discourses employed in the talk of other subjects such as parents or other professionals that work with children's behaviour and mental health including psychologists or medical professionals. This may enable a more detailed analysis of the themes emerging from this research, such as positioning parents in relation to boys' behaviour or the dominance of psychological and medical constructions of behaviour and mental health.

These approaches could be combined to enable an ethnographic study of how behaviour and mental health are contextually constructed with multiple subjects e.g. in consultation or a multi-agency meetings. An alternative methodology, such as discursive psychology, would enable the analysis to focus more on the performative function of language, through an analysis of the discursive resources employed. Similar research has been conducted by EPs to analyse their consultations with school staff, but has less commonly included parents or multi-agency professionals (Billington, 2000; Bozic and Leadbetter, 1999; Pomerantz, 2008).

Finally, the present research did not explore the intersectionality of factors likely to be relevant in constructions of behaviour and mental health including socio-economic status and ethnicity as the school setting did not reflect a diverse population in these regards (Harwood and Allan, 2014). This research could be extended by exploring constructions in more diverse educational settings, and a closer examination of the intersectionality of discourses.

7.7 Personal reflections

We all bring personal and intellectual histories to research, meaning that research is never disinterested or objective (Allan and Slee, 2008). My personal history to this research began prior to doctoral study. In my role as a Behavioural and Mental Health worker I frequently listened to the discourses describing boys' behaviour and mental health. Attempting to make sense of the variability in these discourses, I often searched for the 'truth'. Training as an EP introduced me to many assessment tools and textbooks offering the promise of detecting 'truth' with greater accuracy. Each brought a sense of unease regarding the ethical implications that lie ahead for the young person as a result of the 'truth' that I told, or even greater unease if the 'truth' remained unclear even after consulting assessments and textbooks.

My growing knowledge of social constructionism throughout this research has empowered me to 'disentangle' and 'pull [myself] free' from the 'pursuit of truth' (Walkerdine 1998a). Exploring multiple 'truths' has been liberating in opening up opportunities to reconstruct boys' behaviour and mental health (Gergen, 1999; Gergen, 2001). This process has heightened my awareness of how young people are positioned, or positioned themselves, through discourse. It has also encouraged me

to consider how I am constructing young people's behaviour and mental health in practice, and to challenge taken for granted assumptions that underpin much of my work. In doing so, I continually challenge the ethical implications that underpin my work as a trainee educational psychologist.

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APPENDICES

Appendix 1: Teacher information sheet

Appendix 2: Teacher consent form

Appendix 3: Parent consent letter

Appendix 4: Pupil information sheet

Appendix 5: Pupil consent form

Appendix 6: Pupil debrief form

Appendix 7:Conversation starters

Appendix 8: Pupil interview schedule including task-based methods

Appendix 9: Pictures used in sorting activity

Appendix 10: Highlighted transcription from teacher interviews

Appendix 11: Teacher analysis – reviewing discourses

Appendix 12: Pupil analysis – reviewing discourses

Appendix 1: Teacher information sheet

What is the research about?

This research shall investigate how behavioural difficulties in secondary aged boys are constructed by teachers and the boys themselves. A method called 'discourse analysis' shall be used, and this explores the language that individuals use, and possible unintentional consequences of this language.

What will taking part involve?

Participation is voluntary and if you would like to take part this would involve:

- An individual interview that will last between 40 minutes to an hour at a time and place that is convenient to you
- During the discussion, you will be asked to discuss your perceptions of boys behavioural and mental difficulties based on your experiences
- If you agree to take part in the research, you shall be asked to sign a consent form

What will happen to the data collected during the interview?

- The interview will be recorded using a Dictaphone and some written notes may be made.
- Only I will listen to this recording and the audio files shall be deleted and notes shall be shredded after the recording has been transcribed.
- Written information shall be stored in a locked filing cabinet that only I have access to. Any electronic files shall be held on an encrypted memory stick.
- You can ask for your contribution to be withdrawn from the study at any point during the interview, or for two weeks afterwards.

What will happen to the findings?

- The findings from the study shall be written up and published as a doctoral thesis – the Local Authority, the school and individual participants shall not be named.
- A summary of the findings from the study shall be reported to the Educational Psychology Service - they will not know the names of teachers or pupils that have taken part.
- A summary of the findings shall be shared with [Name – Head Teacher] and [Name – Special Educational Needs Co-ordinator] – as noted above, your name shall not be included in the research.

- You will be provided with a summary of the findings from the study – again, your names shall not be included in the findings.

If I agree to take part, can I change my mind?

Yes, you have the opportunity to:

- Ask me any questions about the research before or after the interview.
- Withdraw at any point before or during the interview
- Tell me after the interview if there are particular things you would like to withdraw
- Ask for your data to be withdrawn for up to two weeks after the interview

What if I have questions or require more information?

If you have any questions or would like to discuss this research in more detail, please do not hesitate to contact me or my tutor that will be supervising this research on the details below.

How do I take part?

If you would be happy to take part in the research, please complete the interest slip on the attached letter and return this to [name] by [date]. Other ways that you can express your interest or contact me are provided on the letter.

Thank you for your time and consideration.

Rebecca Pearson

Trainee Educational Psychologist

Contact details:

Researcher:	**Supervisor:**
Rebecca Pearson	Xxxxxxxxxx
Trainee Educational Psychologist	Tel: xxxxxxxxxx
Tel: xxxxxxxxxxx	Email: xxxxxxxxxxx
Email: xxxxxxxxxxx	

Appendix 2: Teacher consent form

Project title: An exploration of teacher and pupil discourses regarding boys' behavioural and mental health difficulties

As part of the University's ethical guidelines, all participants are required to indicate that they give their consent to participate in research, on a voluntary basis, and that they understand what their participation will involve. Therefore, I would be grateful if you could read the information below. Please sign this form if you are confident that you understand and agree to this information.

I agree to take part in an interview to discuss boys' behavioural and mental health difficulties.

I have read, or have had read to me, the participant information sheet that describes what my participation will involve. I confirm that I understand this information.

I consent to the interview being audio recorded and understand that only the researcher will listen to this, and that it shall be kept on a password protected memory stick and all notes will be stored in a locked cabinet

I understand that I will not be identified by name in the transcript or in any documentation associated with the research.

I understand that I can withdraw for any reason at any point before or during the interview, or within two weeks after the date of the interview.

I have had the opportunity to ask questions, and I am happy that all of my questions have been answered. I understand that I can ask any further questions at any time before or during the study.

_____

Signed (participant) _____ Date _____

Initials _____

Appendix 3: Parent consent letter

Dear [Parent/Carer]

I am a Trainee Educational Psychologist working at [Council name] and currently studying at the University of Birmingham for a doctorate in Educational and Child Psychology.

Why am I writing you?

Over the next few weeks, I shall be completing some research at [school name]. This research shall explore how boys' behaviour is understood and supported in secondary schools. Part of this research involves me interviewing teachers to investigate how they talk about boys' behaviour and mental health. I am also keen to hear what boys in the intervention centre have to say about this.

Why has your child been selected?

You son has been identified by [Special Educational Needs Coordinator] due to his placement in the intervention centre, where I understand that he is receiving support for his behaviour. I am planning to speak to a number of boys from the intervention centre and I am hoping that you will be happy for [child's name] to take part.

Does my child have to take part?

No – involvement in the study is voluntary. If you decide to allow your child to participate, then I shall also gain consent from him separately. Additionally, your son can ask for his contribution to be withdrawn for up to two weeks after the study, by speaking to school staff or contacting me directly (my details will be provided).

What would his participation involve?

If you agree to your son to take part in this study, then I will make arrangements to meet with him at school to introduce myself and to ask for his consent. If he agrees to participate, we will complete an interview that will last between 30 and 40 minutes. In the interview your son would be asked to talk about the behaviour in school, and how this is supported. He will have the opportunity to talk about his own behaviour but this will be optional. I will also ask him what his understanding of mental health. If your son agrees to take part, he will have the option of leaving the interview at any time. After completing the interview, your son will return to his normal lessons.

What happens to this information?

This interview will be audio recorded. I will be the only person that listens to the recording and it shall remain on a password protected memory stick and deleted when the research has been written. No pupils shall be named in the research to

ensure that information remains confidential. The only time that information will not be kept confidential is if it is felt that a pupil may be in danger. In these circumstances, standard safeguarding procedures would be followed and information would be shared with the Child Protection Officer in school.

The results of the research will be written up into a research report. A summary of the findings shall also be given to [Head Teacher & Special Educational Needs Coordinator] and the teachers that were also interviewed. Your son shall also be provided with a summary of the boys' contribution. Please note, your son's name shall not be included within any of the reports, and the audience will not know what individual participants have said.

What do I do next?

I am hoping that from this information you could see the value of your son contributing to this research, and that you are happy for me to meet with him to seek his consent. However, if you have any questions about the interview process or the research in general, or would require any further information before consenting, please do not hesitate to contact me by telephone on [phone] or by email at [email]. Alternatively, you may prefer to speak to [school staff] at school.

Please take some time to think about whether you would be willing for your son to take part in the research, and then complete the attached consent form and return this to [name] at school by [date].

Yours sincerely,

Rebecca Pearson

Trainee Educational Psychologist

....

Please tick your response:

☐   I do not agree for my son to take part in the research

☐   I agree for my son to take part in the research

Name of child: _____

Your name: _____

Signed: _____   Date: _____

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Appendix 4: Pupil information sheet

Who am I?

- My name is Becky Pearson
- I am training to become an Educational Psychologist
- Educational Psychologists work with school staff, parents and students to try to make behaviour or learning more positive for everyone.

Why am I contacting you?

- I am going to be doing a project in your school.
- I would like to invite you to take part.

What is the project about?

- I am looking at how teachers talk about boys' behaviour and mental health.
- I am also interested in what you, and other boys in the intervention centre, have to say about this.
- This research will help me to find out what is happening for boys in the intervention centre, and how your behaviour is understood and supported in school.

What will this involve?

- If you agree to take part in the research, we will talk about the behaviour of boys in this school. We will also talk a bit about what you think about mental health.
- This would last for about 30-40 minutes and will be recorded by Dictaphone to help me remember what you have said.
- There are no right or wrong answers, but I am interested in what you have to say.
- You do not have to answer any questions that you do not wish to.
- After the interview, you will have some time to speak with me, or [designated staff member] if you want to talk in more detail about any of the things we have discussed.

What will happen to this information?

- Only I will listen to the recording, and I will type up what you have said.
- I shall keep this information in a locked cabinet and on a password protected memory stick.
- The only time I would share what you have said with someone else, would be if you told me something that could harm you or someone else – then I would need to get help.
- The findings will be written up in a report. I will also be reporting the results to other Educational Psychologists that work in [name – council], and with [Head Teacher and Special Educational Needs Coordinator], but your name will not be included so they won't know who has said what.
- You will also be provided with some feedback summarising what I have found out from speaking to the boys.
- When I type up the results, I will not use yours (or anybody else's) name so no one should know who has said what.

What happens next?

- I hope that you can help with this research.
- Your parents have given their consent for you to take part if you wish.
- If you would like to take part in the research then this will take place today.
- If you were to change your mind about taking part you can let me know before the interview or during the interview.
- If you change your mind after the interview, you will have two weeks to let me know. You can do this by contacting me by email or telephone (my details are below), or by telling [Special Educational Need Coordinator] who will make sure that I know.

My contact details

- Rebecca Pearson (Trainee Educational Psychologist)
- Telephone: xxxxxxxxxxx
- Email: xxxxxxxxxx

CONTACT

Appendix 5: Pupil consent form

My name is:_____

Year group: _____

Please read each statement below and circle your answer. Please ask if you are unsure.

I would like to take part in the research project	Yes	No
I understand that I do not have to take part in the research project	Yes	No
I agree to the interview being audio recorded	Yes	No
I understand that only Becky will listen to the recording, and that it shall be kept on a password protected memory stick, and any notes will be stored in a locked cabinet	Yes	No
I understand that what I say will be kept confidential unless I say something that suggests that I, or someone else is at risk of harm	Yes	No
I understand that I can leave the interview at any point if I would like to	Yes	No
I understand that I can withdraw my information for up to two weeks after the interview, and that if I do this my information will be removed from the study	Yes	No
I know who to speak to if I decide that I want to withdraw my information	Yes	No
If I have any questions, I know who I can ask	Yes	No

Signed: _____

Date: _____

Appendix 6: Pupil debrief form

Thank you for your time today. If you have been affected by anything that we have discussed and would like to talk about this further, these are the people you can talk to:

- ➢ Me (Rebecca Pearson)
  - o Contact details (telephone)

- ➢ In school:
  - o Designated staff member

- ➢ Outside of school:
  - o Your parent(s) or carer

- ➢ Outside of school:
  - o The Samaritans - contact details (email and telephone)
  - o ChildLine - contact details (email and telephone)

Appendix 7:Conversation starters

- The colour I feel most like is…
- If I could be born again, I would like to be…
- The best thing about being me is…
- I felt really special when…
- What I'd never change about myself is…
- The animal I feel most like is…
- I wish I could…
- If I could choose any job in the world it would be…
- I'm proud of…
- One day, I would love to win an award for…
- If I had 24 hours to live I would…
- I'm happiest when…
- The best thing that could happen to me is…
- If I was stranded on a desert island, the three things I would take with me are…
- If I had a super power it would be…
- If I were to win the lottery I would…
- I'm afraid when…
- A perfect day for me would be…
- The most important thing in life to me is…
- I care the most about…
- If I could choose to live anywhere in the world it would be…
- In ten years time I'd like…
- If I could be world champion of something it would be...

Appendix 8: Pupil interview schedule including task-based methods

1) The pupil is welcomed.
2) Go through the key messages from the participant information sheet.
3) Explain what the student can expect from the session (below).
4) Ask if the pupil has any questions.

<u>**Introductory activity**</u>

Conversation starters: pupil and researcher take it in turns to pick conversation starter cards (2-3 in total) and answer these. Explain that the pupil has the option to 'pass'.

<u>**Activity (adapted ideal self)**</u>

Adaptation from the 'Ideal self' activity (Moran, 2006). Explain to pupils that sketches are optional.

Stages	Script
Introduction	I would like you to think about a boy who has challenging or difficult behaviour. This is not a real person but it could be made up of your own experiences or other people you know. Make a quick sketch of this boy in the middle of the page.
Step 1 – The Person	How would you describe this person? What kind of person are they? Tell me three things about what he is like?
Step 2 – Family	How would this person get on with their family?
Step 3 - Friends	How would this person get on with their friends? What would they do in their spare time?
Step 4 - School	How would this person get on at school? How would they get on with teachers?
Step 5- History	How did this person come to be like this? What is his history? Was he always like this from birth or did he become like this? What happened to him?
Step 6 – Future	What will this person's future be like? What will become of him?
Step 7 – Other	Is there anything else that you would like to add on that you think is important to this person

<u>**Activity (scaling behaviours)**</u>

Scaling the following behaviours from least serious to most serious:

1. Not working in class
2. Carrying a weapon
3. Being late for lesson
4. Verbal aggression to an adult
5. Not doing homework

6. Verbal aggression to a student
7. No equipment
8. Swearing
9. Physical aggression to a student
10. Stealing
11. Missing a detention
12. Damaging school property
13. Fighting
14. Smoking
15. Verbal bullying
16. Truanting
17. Disruptive behaviour
18. Late for school
19. Aggressive behaviour
20. Breaking school rules
21. Physical aggression to an adult
22. Racist bullying

Prompts for discussion:

- What does (behaviour) look like?
- Why might somebody do that?
- Why have you placed that there on the scale?
- Why is (behaviour) more/less serious than (behaviour)?
- Can you think of a boy that does these behaviours (least serious / most serious)? Why do you think he does those sorts of things? What does he need to stop him doing these sorts of things?

Introducing mental health

The next few questions will be asking you about mental health. This is because I am interested in finding out what boys think about this. It is very common for people to have mental health difficulties, but not everyone has them. You might not know a lot about mental health and that is OK, but I am still interested in finding out what you think.

So have you heard of mental health or mental health difficulties before?

If yes – explore what the young person thinks this is

If no – offer definition from www.youngminds.org.uk webpage: *These are any feelings you have that get 'too much' so that they that get in the way of you leading your life. They can be many different kinds of feelings such as anger, feeling scared or sad*

Do you think boys who've got mental health difficulties are different to boys who have behavioural difficulties?

Activity (picture sorting)

Sorting pictures into piles based on whether the pupil thinks that the boy in the picture has:

- Behavioural difficulties
- Mental health difficulties
- Both
- None
- Don't know

Prompts for discussion

- What makes you place that there?
- What do you think is happening in that picture?
- What makes you place that in (response) rather than (other category)?
- Looking at all the boys in this category, how are they different to the boys in that category?
- What do the boys (in each category) need (to help them)?

Activity (ranking statements)

Rank the following statements in terms of whether the pupil agrees, disagrees or isn't sure:

- Boys with behavioural difficulties need discipline
- Boys with behavioural difficulties need help and support
- Boys with behavioural difficulties need help, support, and discipline
- Boys are responsible for their behaviour
- Boys are not to blame for their behaviour
- Boys misbehave because they are out of control
- Boys need medication to stop them misbehaving
- Boys misbehave because they've had difficult lives

Prompts for discussion:

- Why do you agree/disagree?

Closing comments

- Thank the pupil for agreeing to take part in the research.
- Remind the pupil of their right to withdraw and how they may go about this

- Inform the pupil that they can have a summary of the findings in due course.
- Provide the pupil with my contact details and debrief form.
- Provide time for the pupil to ask any questions
- Make the pupil aware of the designated staff member that they can speak to if they wish to follow up anything that we have discussed.

Reference:

Moran, H. J. (2006). A very personal assessment: using personal construct psychology assessment technique (Drawing the Ideal Self) with young people with ASD to explore the child's view of the self. Good Autism Practice, 7(2), 78-86.

Appendix 9: Pictures used in sorting activity

[The pictures are redacted from the e-copy of the thesis, in order to protect copyright.]

Pictures including searches terms used: Mental health difficulties

Mental health difficulties and boys

Mental health issues and boys

Teenage boy's mental health

Behavioural difficulties

Teenage boys behavioural difficulties

Teenage boys challenging behaviour

Teenage boys behaviour problems

Boys bad behaviour

Boy behaviour problems in school

Boys behavioural difficulties in schools

Teenage boys disruptive behaviour

Following terms taken from the dfe document 'mental health and behaviour in schools'

Conduct disorder

Oppositional defiant disorder

Anti-social behaviour

Adhd

Appendix 10: Highlighted transcription from teacher interviews

Example of stage one of the analysis in which any implicit or explicit references to the objects 'behaviour' or 'mental health' were highlighted on the transcriptions

R – yeah, erm, ok so, you talked a little bit there about behaviour management being part of your role, erm, which brings me on to sort of the next question which was in your role as a teacher, erm, what kind of behavioural difficulties have you observed, I'm thinking particularly from boys here

B – yeah, erm, mostly it's been, erm, through my entire career it's been, sort of like your low level disruption, so, off task, talking, messing around on, particularly now we've got the chrome books, messing around on chromebooks, erm, previous years it was trying to mess around with their phone under the table

R – right, yeah

B – erm [pause], even to the point of doodling I suppose, that you would see where, the you know, it's just anything that's

R – kind of distraction

B – yeah, not really what you want them to do

R – yeah

B – erm, a lot of the, really sort of bad behaviours you don't, well I don't personally in my own classroom see a lot of

R – ok

B – erm,

R – why do you think that might be

B – I think it's 'cos I've been quite clear, with my instructions

R – ok

B – I did do a lot of work in my early career looking at, boys learning it was one of my, sort of roles which is why I offered this

R – ok, yeah

B – 'cos we looked at how boys learn, erm, and the sort of differences between, boys and girls learning

R – oh ok

B- erm, and quite often, I'm sort of good at identifying, who the naughty boys could be

R – yeah

B – and splitting them all up, erm

R – how do you, identify who those naughty boys could be then, what are the signs

B- er generally the sec, how I get them into my classroom on the first lesson I just ask them all to come in, stand at the back

R – [laughs]

B – don't give them any instruction as to how to stand, where to stand, and then I start sitting them in their seating plan which I do sort of literally off the cuff

R – ok

B when they first come in, the only rules I sort of have with that are boy girl

R – right

B – and you can see the ones that can't stand quietly, that, sort of messing around, fidgeting, and I just try and split them up and I also try and split groups up as well

R – mhmm

B – so if they're stood in a group with their friends, and it's boys and girls, erm I do the same too and I just sort of then start splitting up those friendship groups

R – yeah

B – erm, so I think that's one thing is that, you know I try and identify early on, erm, but I give them a fair chance as well 'cos I think quite often, particularly boys, you know, I must admit I've looked at my class list for next year and you start thinking, yep that could be a problem, so, you know, it's already starting to think of well how can I stop that being an issue

R – yeah, and that's just from your knowledge of them through the school?

B- yeah

R – yeah, hearing their name and things

B – yeah that's a, but yeah generally I just try and, give them a fair chance 'cos I think that's, with a lot of students when they come into your classroom for the first time they don't know you, or, they only knowledge they've got of you if from when you've gone in to deal with things, particularly for me, they know me because I've been in and told them off in another setting

R – right yeah

B – so I try to make sure that they, you know, they've got a very clear set of guidelines as to what I allow, what I don't allow,

R – mhmm

B- and then just sticking to that rigidly

R – yeah

B- erm, and I think as well, the tasks I try and do, I think they perceive me as being, you know I try and make it fun, where I can, I try to include practicals, 'cos, that helps with their engagement

R –yeah

B – erm, but yeah I think just being consistent with them

R – yeah, and you talked a bit about there, about, erm, was it some research you did, or something you do

B – yeah

R - around boys and girls learning

B- yeah

R – what was your sort of outcome from that, I'd be interested to know

B- erm, we looked at, erm raising boys achievement

R – right

B – erm, we had a focus group of, I think it was year 10 boys, erm but it was a TLR that I had with someone else, I worked across both of the TLRs and I worked with someone else and it was just looking at the strategies, erm, for how boys learn, er, and to improve their attainment and it basically came out of, very kinaesthetic, very hands on, erm shorter tasks for them to do but many of them

R – yeah

B – erm odd numbers as well for group work

R – oh ok

B- was a strange one, I, I've never really thought of that you know, but they said that boys tend to work best if you put them into a group that's got an odd number of people

R – oh ok

B- so like threes, fives wouldn't go above five but you know

R – yeah, yeah, yeah

B – erm, so yeah, it was looking at things like that but, I was only doing it for a year so we really needed longer to get greater proof really

R – but I'm guessing those are things that you've, stuck with you've

B – yeah

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R - and you've tried to embed within your own practice

B – yeah, definitely, I mean it was very much the sort of boy girl seating, group sizes, the activities as well. Erm, you know, I've already got a class in year 11 next year that I'm thinking, that's gonna be the one where it's going to pull on every bit of, sort of, experience that I've gained

R – yeah

B – so, could be a fun one that one

R – good luck with that one [laughs]

B – laughs

R – erm, so you've talked a little bit about the kinds of behavioural difficulties you see and you sort of talked, I think, what you're saying is it's more, erm, off task, low level disruption that you see in the classroom

B – mm

R – erm, you said you don't see many of the, erm, I'm not sure what your exact words but you're sort of more serious behaviours in the classrooms

B –mm, yeah

R- do you see them, do those go on around school

B – yeah they do, erm, I mean, in, well my first school, it was quite common to have fights, erm, there was you know big full on fight in the classroom just over something completely random

R – oh ok

B – erm, but, touch wood, don't see that very often now

R – here

B – no that was at previous school whereas, well, first school I worked at that was where the fights were

R – yeah

B – last school, most of the behaviours I saw, were, little incidents that had happened in previous lessons

R –right

B – that they sort of brought them in with them, carried on arguments, or you know, they're in a bad mood,

R – yeah

B - and very much here, that's what I tend to get, the current year 10 class that I'm not actually teaching their teacher but I've been doing the coursework with them, and quite often there's one lad in there who will come in, sit down and you can instantly see you know, headphones go straight in even without asking

R – yeah

B – headphones are in, and he's, he's doing what he's asked, been told to do which is his coursework, but you can tell that he's got this big wall up around him that just says just leave me alone

R – yeah

B – erm, and I think for me I just tend to go with that, you know, I go and sit down next to him, have a little chat and just say right what's going on, how you getting on with your coursework,

R – yeah

B- why have you come in so upset, and I try and calm him down

R – yeah

B – whereas I think if he was to do that in other classrooms, teacher would probably just, shout, don't come in here, put your headphones in and all of that and then escalate it again, and I just think for me personally I've always found that with boys, trying to give them that space

R – yep

B – clearly if, if you know it was a normal lesson a coursework lesson where he could come in, get his work, sit down and get on, that's ok, but in a normal lesson you know I would have had to of said, just take one earphone out, and even then I still try and

R – it's that compromise

B – yeah 'cos I just, I don't want that confrontation, 'cos otherwise the entire lesson is disrupted for everyone, whereas if he's happy to come in and will meet me halfway

R – yeah

B – so he's actually listening to what I'm saying and then, understands that as soon as I've finished headphone can go in, and he can just get on, with that calm

R – yeah

B – and I tend to get more out of them that way

R – yeah yeah, sounds good. I'm just wondering, you talked about there being differences in your, in previous schools where they've been fighting sort of in the classroom, not so much here. What do you think might be the differences between

B – erm, demographic does, play a big part. First school, was, erm, trying to think of a nice way of putting it, erm predominantly council estates, with, high free school meals, erm as was then now it's all really complicated but as that point it was based on free school meals

R – yeah

B- parents generally unemployed or, in very low pay employment

R – yeah

B – and, you know there was a lot of, not not quite gang but it was on their way to being a gang culture

R – right, yeah

B – it wasn't like, sort of the demographic we've got here where we do take in from, quite a, you know, cohesive communities where gangs are present, erm, we didn't have that back then

R – mhmm

B – erm whereas here, I think you've got a very big balance between two very opposing demographics

R – oh really, ok

B – yeah, we've got very affluent,

R – right

B – erm, which in itself I think brings a lot of problems

R – yeah

B – 'cos they don't want for much

R – yeah

B- erm to very low economic

R – yeah

B – unemployment, you know that have very challenging upbringings

R – yeah

B – so there's, there's, very much the two polar opposites here

R – yeah, that's interesting

B – compared to my last school which again, very similar despite being [location], very similar, demographic

R – to here?

B – to here, just that, slightly more affluent perhaps

R – oh, oh right ok

B – erm, you know, to the point of, you know, named brand bags, had to be done, you weren't allowed to wear coats 'cos coats weren't fashionable

R – oh right [laughs]

B – you know it was very very

R – stressful in itself

B – oh, I'd have hated to have been a child there

R – yeah, yeah

B – erm, but I think that does play a big part, but I think generally, certainly in my classroom I don't get, much grief from the students and I think again it's because when they do say something I can usually come back with something that, either undermines them or, kind of, you know, diffuses what the, what the situation is

R – before it gets too heightened

B – yeah

R – ok, and erm, you talked a little bit there about the differences in the schools demographic etc, which leads quite nicely on to the next question

B- laughs, cleverly done

R – yeah [laughs], so the next question was erm, kind of just getting you to think about and there are obviously no clear cut answers with this but, what do you think are the main reasons that boys misbehave in schools from your previous experiences or whatever knowledge you know, you feel you have

B – I think, one of the biggest parts will be, parental influence

R – right

B – I don't think there's enough sort of, said about it and I think that sort of encouragement that irrelevant of, you know where the parents work or don't work and what they do, I think it's really important that at a young age it's instilled in them that school is a place to go and work

R – yeah

B – erm and to do well

R – mhmm

B – erm, I think a lot of it probably comes from my parents and how they brought me up. I mean, my dad, his father was, erm, a miner, erm, my nan didn't work and it was very poor, there was like five of them living in a council house, and, my dad always strove to make sure that we didn't have that worry

R – yeah

B – and that we also got a good education because he knew the importance of that. Erm, and I think that to me shows that it doesn't matter where you live, that you can do well, but you've got to push yourself

R – yeah

B – erm so I think that's what a lot of students are lacking is that, that, guidance from home, and I think that's a really important thing

R – mm

B – erm, I think quite a lot of the problem children that I've taught, boys that I've taught have been, given too much freedom

R – at home?

B – at home

R – yeah

B – so you know they go home, they don't have a routine where they, you know, go home, do their homework and then go out or you know have to be in at a certain time, things like that

R – so it's sort of lack of supervision

B – yeah, you know they're just, left to their own devices as long as they're not under my nose and causing me any problems, it's fine

R – yeah

B – erm, whereas the ones who've got a bit more structure and a bit more parental input tend to do, better

R – yeah

B – er again, very generalising

R – yeah

B- but you know, I just think that's really important. Erm, and then in terms of being in school, I think most boys will respect people if they treat them well,

R – yeah

B – and I think that's, that's lacking in some classrooms certainly

R – so we talking staff or other students?

B – well, I think both with staff and pupils, you know I've been into some classrooms, where, the kids been sent out 'cos they're causing problems, and they have been rude, they have caused problems, but it's escalated as a result of the member of staff not, being calmer perhaps

R – right so it's the way it's managed

B – yeah,

R –yeah, yeah

B- you know I've done it, I've, you know I've had bad days where you know, they've pushed every single button and I've bit, you know, and when you look back and reflect on it, you think, yeah, it was the right thing they did need to leave the room, they did need to go away but it would have been a lot easier if they'd of, well if I'd of just kept my temper a little bit better

R – ok

B – and I think that's really, you know, especially when dealing with boys,

R – yeah

B- particularly ones who probably get a lot of that at home, you know that most of the time it's just dealt with with shouting

R – yeah

B – erm, that that's what they get

R – yeah, ok

B – erm, I think their age as well, year 9 tends to be, for me, you know when I look at a year 9 boy that generally, is the sort of hit or miss year

R – right, that's interesting

B – erm, I duno how that is, you know whether it is that, but for me you know I've always found that, that's the year that determines whether they're gonna go on and do well or gonna go down the wrong path

R – yeah, and it's often, it's, we know it's year 8s and year 9s who are, erm, most likely to be excluded

B –yeah

R – they're excluded at that age boys are more than any other year group, so that's interesting that you've sort of, observed that

B – yeah

R – as well in your own practice that

S- yeah year 9s always tend to be one of those years where you look and think ah, this could be a tough one

R –yeah

B – 'cos they will start out ok, and then they could either go up or down and it's very much dependent on how you set it up I think

R – mm

B – but again you know it's being aware of that, and I think many staff aren't aware of, you know, particular year groups being problems

R –yeah

B – I think behaviours gone downhill, erm, I mean even when I think to like this current academic year, you know, year 7s, I don't have much to do with, but I know there's been some quite naughty boys there

R – oh ok

B – erm, we've had an exclusion, at least once, you know

R –yeah, is that permanent or shorter

B – no at the moment it's been short, I think there is one that could go permanent

R – right

B – erm and I

R – so you mean, you're talking behaviour generally has just got worse

B – yeah, yeah

R – oh ok

B – there seems to be a, I jus think there's been a decline, particularly since I started teaching,

R – yeah

B- you know I mean, I had incidents where, I always remember it's , you might not wanna include this one but [laughs]

R – [laughs]

B – you know the first, er, was i, oh it was when I was training, so I wasn't even a qualified teacher at the time and it was my first experience of a year 10 group, and I'd, you know, going through teaching and, my first lesson I'd decided I'd do this cut and stick activity, thought that will be alright you know, give them something to do, keep them busy, they've just got to cut out and match them all up, and it will prompt some thoughts and discussion. So I did that, and er one of the boys, year 10 boy, hands down trousers, thinking what's he doing, was like [name] get your hands out you trousers! Two hands come out, one with a pair of scissors, one with a handful of his pubic hair

R – ohh noo

B – and I was just like, I duno how to deal with this

R – yeah what do you do, how do you manage that

B- so I just sent him out, told him to put it in the bin

R – yeah, wash your hands [laughs]

B –went and stood outside and I just called for classroom support, and, they came in and said, is he telling the truth, and I was like, yeah

R – yes, wow

B – but you know, it's just, yeah, why I don't know, but it was just, you know, bizarre and that was probably the naughtiest behaviour bar the fights that I'd had to deal with

R – mm

B – compared to nowadays, there is a lot more, you know, gang mentality

R – right

B – I did a duty in the year 8 social space, and the attitude that you got from boys, it was raining, there were sort of charging outside and then charging back in so I was trying to put a sort of stop to it, erm and the looks that you get it was as if to say and what you gonna do?

R – right

B – and I was like, never had that before

R – yeah, and again, what do you think that comes back to, do you think it's the same thing you were talking about before or

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B – I think it's just that whole, you know clearly year 8 I think they need to run off their energy,

R – yeah

B – and it was very obvious to me who I knew and who I taught because they'd got involved, realised I was on duty and told them not to be doing it, and they went away and did what I asked. Whereas the ones I didn't teach, don't know me, you know and it ended up with myself and three members of staff, calming them down and in the end we just kicked them out the social space

R – yeah

B – so we had to clear the whole social space just because, you know 10 or 15 boys

R – right, mm

B – couldn't cope with that

R – erm, ok, and you've talked about, from what I understand, some influence from home and the lack of supervision and how that can affect behaviour and then in school, kind of the, management of behaviour

B – mm

R – and the interaction with, erm, staff members, erm. Are there, just before we move on do you think there are any other reasons that underpin boys behaviour, or those sort of the main two for you that you

B – think they're the main two, I think probably the only other one would be the whole, I mean it's just appeared on one of my year 7, my new year 7 tutor groups, where teacher has put 'jack the lad' and, I don't like that phrase and I don't think it should ever be associated to a child, certainly when describing how their behaviour is, but you know that sort of attention, wanting to be the centre of attention

R – ok

B- I think that, that can cause a lot of behaviour problems in the classroom

R – yes, yeah

B – but again, I think, I mean I've got a lad that I teach in year 8, who has got, erm medical conditions and you know, he's on Ritalin and all those kind of things, so, again he could be perceived, and I've taught him for two years, and he's got this sort of working relationship now with me that he knows that, he is a bit of a jack the lad I spose, but, it's more to do with his medical conditions

R – right

B- and he likes that he gets that attention

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R- right

B – and he like's sort of winding up people, but, we have banter with it now

R – yeah

B- and I've learnt over the last two years the easiest way is just to have a little bit of a laugh with him and say right, ok, we've done that, now let's get on, and he does do that

R – ok

B – and I know he's worried next year about the fact that he's going to a new teacher for science, that hasn't taught him

R – yeah

B- and he loves science, so for him it's a really nice subject

R – yeah

B – erm, so I think things like that, again can be misperceived but I think if you sort of play with it, they eventually realise that, what they're doing to get attention, and disrupt lessons sometimes, you know, they do do it deliberately. If they realise that actually, you're gonna join in, and take their attention 'cos you know generally a member of staff taking the attention off him is enough just to go, yeah I'm not gonna win this battle so

R – yeah [laughs]

B – I'll just, I'll just move on and get on with the lesson

R – and you mentioned medical conditions there, can you just clarify what sort of things you're referring to

B – erm, that one is, erm, ADHD, erm that tends to be the most challenging

R – ok

B – erm, autistic students as well, particularly boys tend to be quite childish

R – right

B – I've had boys that have had autism in my tutor group in the past who've hid under desks

R – yeah

B – you know, played hide and seek with me

R – yeah

B – you know, doing the register and I'd call his name and I'd be like,

R – laughs

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B - just seen him walk in, and he'd, you could hear this little giggle you know and it's just things like that and we just oh ok, morning ritual over, good morning, come on, up you sit, erm but again that could be misinterpreted by people you know, whereas you know it's just how they are almost

R – yeah, and when you referred to, jack the lad, how, how does that differ to those boys who have the more medical, is that the same sort of behaviour

B – same kind of behaviours, I think some of it is just, especially with like the kids who've got ADHD it is very much part of their condition that they want that attention, erm, whereas for other boys I think it is just they know that it will cause disruption

R – yeah

B – erm, you know by trying to gain that attention and things like that

R – mm

B- erm, and they know that, I suppose it's, I suppose some people could argue that it's lack of attention at home or in other aspects of their life, and they know that if they mess around in school, that, someone will give them some attention

R – yeah

B- irrelevant of the type of attention

R – yeah

B- they're happy for that and I think, you know, quite often, you do have to be mindful that there might be something going on that's, you know, especially when it's out of character

R – mm mm

B – there might be something going on that they're actually just saying someone just , give me some attention for a bit

R – yeah

B – yeah

R – so, erm, I think what we're sort of saying is that there can be the same sorts of behaviours but can be underpinned by different factors

B – yeah

R – whether it's medical or something to do with at home maybe

B- yeah

R – yeah, ok, moving on from, behaviours now, I just wanted to think a little bit around, erm, how behaviour is managed or supported within this school for example, or in your previous

B – yeah, yeah, erm, here, err we've got the sort of [name] system

R – mhmm

B – so, if you go down the sort of negative routes on it, erm you know if they don't do something that they should be doing, so if they're messing around you would issue a [name]. Erm, you can issue as many as those as you like in a lesson, I mean, generally if they get to, sort of two or three, that's the point where realistically they should be removed. Erm, you can call for classroom support, erm who will remove them and take them either to another classroom. Erm we did used to have a rota, within our department as to, who would accept students within, you know if you've got year 12 or 13 for example, you would say yep I'll accept students from lower school in

R – yeah

B – erm, whereas other lessons, you would sort of say no I've got year 7 at that point so I'm not having my lesson ruined by year 10 coming in

R – yeah yeah yeah

B – erm, so classroom support could do that. Erm, within the blocks as well we tend to look out for each other, erm, because I'm the most senior in this, sort of, block of 4, if there's a problem generally the idea is that they come and get me or send a student for me and I go and deal with that. Erm, and I can either just keep them in my classroom with me, or, if I think it's serious, like we had, it was actually a girl but we had an incident last week and because it was so severe I was like, not coming in my room

R mm

B – that's when we'd get leadership down for classroom support

R – yeah

B – erm, so it's very different for different sort of situations really

R – ok, so you've kind of got like a tiered response

B – yeah

R – kind of consequences

B – definitely yeah, and then obviously going in with that you've got the detentions system as well so, if they get a negative it's 15 minutes that evening, or if someone's already given one then it's the next evening, and so on. Erm, and then you've got the detention system where subject teachers would give 30 minute detention

R – right

S -, erm and then we can escalate that further to go to like subject, erm detention, or even leadership or head of year detentions can be issued

R – ok, so it's sort of like erm, kind of your consequences, discipline system for behaviour. Erm, and my next question was in your own experience, have you found other ways to be, er, other successful ways of dealing with behaviour and you talked a little bit before about kind of establishing that relationship

B – yeah

R – you were talking about and compromise

B – yeah I think that's to me, I think, you could just go straight in and go, do you know what you're messing around, negative, and not have any tolerance on it. I tend to go with the system we used at my first school, yeah it was my first school, erm, where they had literally they called them C1, C2,

R – oh yeah

B – and it was like a sort of scaling up of system and literally a c1 was just a warning

R – yeah

B- so all I tend to do now is, I drop that in at the first level and say right, you get a warning, if your name goes on the board, that me saying to you next time it's a negative so I give them little way of, you know just saying, and even the I probably do that a couple of times before their name goes on the board

R – yeah

B – erm, you know, especially if it's out of character

R – yeah

B – erm and I think as the year goes on you tend to be, not, I don't not give them, but I tend to sort of, have more of an understanding about the student and know whether I need to go in, straight way, negative, or whether you do the warning and then, the negative. Erm, but I think you, you know you do need to give them that opportunity to understand, this is what you're doing, this is why it's wrong

R – mmhmm

B – this is what happens if you carry on

R – yeah

B – because, especially boys, you know if you go in and you go, you know, that's a negative, and they can't see it, they can't see the justification behind it

R – yeah yeah

B – whereas if I've fully explained it and said, this is what you've done, this is why it's not acceptable, this is what will happen

R – mhmm

B – then they can't go, you didn't tell me that, cus, yeah I did

R – yeah

B – erm, but yeah I think that, again, most of the situations I've had to deal with, sort of departmentally in this block, most of them are because, the member of staff, hasn't explained it

R –yeah

B – and they perfectly within, you know, they've done the warning, they've gone through and given the negative, but it's that whole sort of, explanation as to why,

R – yeah, yeah yeah yeah

B- erm, and I think, that, that's a bit problem that we've got

R – mm, and you said before, erm, when you understand the pupil, particularly as the year goes on, you know how to respond, erm which I thought was really interesting, and I, I was just wondering coming back to erm, the points we were talking earlier about different reasons for different reasons for different behaviours, home or medical or various different things, do you feel those different needs require different responses or

B – yeah, yeah definitely. I think, and, part of the big problem is you know, if someone has got something going on at home that you don't always find out about it

R – yeah

B –erm you know I've always tended to sort of drop an email out to subject teachers for anyone in my tutor group, who I know, something's happened. Erm, I had a lad in my tutor group who, you know little things like, had a new sibling, er with mum and step-dad, and it completely threw him

R – yeah

B – erm, but just dropping that email out to staff, just saying, this is what's going on at home, feeling a little bit unsure of himself, can you just be mindful that he's gonna be a bit unusual and, you know, not, not treat him any differently but, be aware that this could be causing problems

R – yeah

B – and I think quite often, boys especially do tend to, to bottle things up

R – yeah

B – that are going on at home

R – right

B – erm, but even little things like, you know, from one lesson to the next, you know if something's just gone wrong in one of the lessons they turn up to yours, you know, generally what I tend to do is if they're not prepared to talk I'll just go to one of the girls, what's going on you know

R – yeah

B or if they've gone into the classroom already, might, you know and I've spotted it I might stop one of them before they go in and just say, what's going on with so and so

R – mm

B –why are they upset, what happened, and if they were in the lesson they will tell you most of the time as well but again, it's about that relationship with the class

R – yeah yeah

B – erm, but it helps I think, knowledge is power with boys, that if you know what's going on, if they do things that are unusual at least you can think, mm, yeah that's why

R – so, if, I think what I'm hearing you saying is if there are sort of more emotional type things going on at home that are affecting them emotionally, you'd try to, erm, be aware of that and respond, sensitively

B – yeah

R – erm, how about if you deem the behaviour to be down to the more medical issues

B- I think with those ones, you, you know, I don't, I don't really change per se, but I think quite often with those it's about reporting it back

R – right

B – erm and just saying you know there's been a change in the behaviour, particularly if it's a change, you know I think that's really important

R – yeah

B – erm, so like sending it back to the SEN or the medical teams and just saying, the behaving really bizarre, is there a change in medication or things like that

R – ok

B – quite often, you know, if it's an ongoing thing, and it's down to their condition, there's not much you can do other than just keep following the pathways

R – yeah yeah

B- erm, and quite often, in my experience when it has been a recurring thing, it's mainly because they're not coping in the school setting

R –yes

B – and then, at that point really, it should be looking at alternative provision like the special schools, but they're, you know, especially with the more serious conditions, that's quite often the best thing for them

R –mm

B – yeah

R – and finally, erm, for this question, what about those boys who you deem it's more to be due to home factors in terms of the lack of supervision, what sort of er approach to

B- er, with those generally, there's very little as a teacher I can do in terms of that subject teacher, other than just pass it back, and again that one head of year, erm when we record the negatives on the system you can put a comment on there, erm, it can be seen by parents that one if they request it so you have to be very careful about what you say.

R – how about in terms of your management though, in the classroom

B – erm, in terms of the classroom [pause]

R – would it require a different response or just

B – yeah sometimes it can do, I think a gentle touch, but I do, I have sort of two personas almost, sort of the September persona, which is very much you know this is how it works in here, this is the line you don't cross it, and then once I've got them almost trained into my routines, I'm quite routine orientated in my classroom

R – right

B – so you know there's very clear expectations that they come in, get their folders out or their chrome books if they're working on those, erm, task is always on the board when they walk in so they know they come in, date title, get on with the task

R – yeah

B – erm and then at the end of the lesson it's the pack up routine

R- yeah

B – so putting everything back where it should be, stand up chair under. Erm, and putting any equipment away that they've borrowed, and because I've set those routines up, generally it means everything's a lot smoother

R – ok, yeah

B- erm and I think it helps with having something on the board, if there has been previous problems, it helps, erm, but yeah if they don't, if they don't respond, I think most of the time it's easier sometimes to get them out of the classroom, erm, we've got respite areas, erm, they can go to both key stage three and key stage four

R – mhmm

B- and sometimes I think it's better for them to be in there

R – yeah

B – just so that they can have some, you know, even just a bit of counselling almost from the staff that run them, just to calm them down and give them an outlet to talk to

R – yeah

B – or at least, you know, look at getting an outlet for them, you know we can get the counsellors to come in and speak to them

R – right, ok. Quite a wide range of support then and interventions in school

B – yeah, I think this is probably the most supportive school I've worked in

R – oh brilliant

B – just for having those areas where they can go

R – yeah

B- erm, first school we had an isolation booth system, which is very similar to the key stage four one here, but it didn't have that supportive system as well to try and do the intervention and get them back into the classroom, it was just they went there, they were punished, they came back

R –yeah

B – you know, didn't really fix anything

R – yeah, ok. Erm, the last few questions now, just mindful of time, erm, is going on to think a little bit more around mental health difficulties because, erm, schools are being, you're probably aware, increasingly encouraged to respond to mental health and be aware of young people's mental health. Erm, so I just wondered whether, in your opinion, do you think there's a difference between behavioural difficulties and erm, mental health difficulties in boys [pause] I know it's a hard question

B- yeah, er [pause] I think quite often, mental health issues are not recognised

R – right

B – and are misinterpreted as being behavioural problems, yeah they are just bad behaved boys you know, erm, but yeah I think it's that awareness, I don't think there is that awareness out there of, of dealing with mental health and I think that just goes

R – generally

B – generally

R –yeah, ok

B – erm, I don't think I would know how to recognise it

R – well that's interesting because my next question would be, could you tell, and if so how, if a boy had behavioural difficulties, mental health difficulties or both [pause] which again I know is hard

B – yeah, behaviour you would spot, I don't think you would be able to very easily [pause], determine mental health issues, erm [pause] I don't think I'd be able to do that

R – ok [pause]

B – yeah it would probably just get misinterpreted. I think the only thing you would probably do, and that I would probably do is just sort of, keep reporting it

R – yeah

B – and I would hope that someone in the school

R –would pick it up

B – would pick that up and I think if there were concerns, like here, I would send them to [staff member]

R – right

B – so [pause] she would probably recognise them

R – yeah, and, do you think, erm, pupils these different pupils behaviour or mental health, require different types of intervention, or management or support

B – I think it probably goes hand in hand, dependent on how severe the sort of mental issue it was, but generally I think it is that very much routine response, that calm response, which I the same across both, but I think an awareness of knowing like the triggers of mental health for that student would probably be better. Erm, as oppose to just poor behaviour, poor behaviour is just poor behaviour, they're choosing to do it

R – right

B- as oppose to you know the mental health issues which, they can't always help, you know. In my experience, I've only ever seen one student who was mental health issues, erm, but that was also collaborative with poor behaviour

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R – mm, so something such as ADHD, or autism, where would you put that under the behaviour or mental health

B- I think there's a crossover, personally,

R – yeah

B – I think that, as they get older, boys originally sort of initiates as mental health

R – mm

B – but, quite often, the attention they get from it makes them choose more to do it which I think is more of that behavioural side of it

R – a choice element

B – yeah

R – ok

B – but yeah certainly the one boy at my last school was in my tutor group, and a lot of his issues were down to home life, erm but he had, mental health issues but then exacerbated with like using weed and things like that, so you know sort of life was very very complicated mess

R- complex isn't it, can't always tease out what's one thing what's another

B – no, with him it was very, and he, he was great with me, erm, we had a good relationship and again I think it was down to the fact that he had respect for me, that helped, and he'd got zero respect for his parents, erm, particularly his mum

R – mhmm

B – erm, whereas with me he was, he was always fair

R – yeah

B – and you know, even to the point of in the morning the first job we had to do in the morning was ask him to empty pockets, bags, and confiscate anything that he shouldn't have on him. Erm, whereas for me you know I'd just be like [name] you know the deal, whereas with others, it wasn't

R – yeah

B- you know it was very challenging

R – so it's that relationship again I'm picking up that kind of seems to be key to

B – I think it is key with boys, erm, girls you respond different with, you know, and I think again, you know having that working relationship is important with all children, but I think with boys, life's easier if they do get on with you

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R – yeah

B – but, likewise you've got to make sure that it's not, you know like, yeah she's safe, she's a mate

R – yeah yeah

B –we don't have to do work and things like that you know

R- yeah

B – I think that's, where some staff go wrong

R – yeah, so the boundaries

B- you've gotta have those boundaries but at the same time, you know, just having a laugh with them. I think it helps that, you know I used to play football, I was a football coach so

R – oh ok, can engage with them

B- I can engage with them in that way, erm, so that helps. So yeah I think just finding some way in

R – yeah

B – that gives you that personal touch, is crucial

R - ok, and this is, I promise the final [laughs]

B- that's alright don't worry [laughs]

R – question [laughs]. Erm, again this should have been a prompt for the focus group but we can still have a go at it

B – yeah

R – erm, it's around special educational needs so SEN, and I realise when I read this back it sounds a little bit like an interview question and it's not meant to be [laughs]

B- [laughs]

R – erm but before we do this I wanted to just clarify what sort of you understand to be SEN, like how would you define that for example

B – erm, [pause] oh [pause] that is a good one isn't it yeah

R [laughs]

B – erm I think for me, it would be, erm a student who requires a different point in to their education

R – yeah

B – than what everyone else would have

R – that's in line with what our, sort of code of practice, would say so that's good. Erm, so now we've covered that I just wanted to, it should have been a group discussion but whether you agree or sort of disagree with these statements, or you don't know, again you know there are no right or wrong answers but, behavioural difficulties are a special educational need and then mental health difficulties are a special educational need, would you say either of them are

B – I would say both

R both of them are

B – yeah

R – ok

B I think obviously, mental health one is probably the easier of the two, because, of them they will need some form of personal programme, with you know, specialist ways of, of accessing curricular and erm, managing their needs, and staff would need to be aware of all of that, so I think, with that one you know I think it's pretty much, cut and dry that it should be classed as a special educational need with a, not necessarily a statement, you know I don't know if they'd need to go that far, some might

R – yeah

B – but certainly, a care plan that just sort of indicates it's triggers, you know, just little things that are going to make your life easier

R – yeah yeah yeah

B- you know, if you don't do this, life's good. Erm, behavioural, again, I think, different, to most of the special educational needs that we would see. Erm , I think mainly it is, it kind of ties in in that it is a choice, and I always think poor behaviour is a choice, you know, they had a choice to make, do I do this or do I not do this

R – yeah

B – but it's about that level of can they make that choice, you know, and most students generally, don't understand what they're doing is wrong, and as a result, triggers poor behaviour, so I think with them it would be a little bit different to others, erm and it's about understanding that what behaviours are right and what aren't

R –yeah

B- and giving them coping strategies, I mean, we've had, never had to deal with it here but at my last school, erm, we had anger management team that used to come in and work with the students, erm, just for those that, you know, could literally be in your classroom, someone would say something and they'd just flip

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R – yeah

B- erm, and for them it was about giving them techniques to help keep them calm

R –yeah

B – and I think, again, we were made aware of those, erm, and if you were aware of what their triggers are and how the best way of them dealing with it is, it's better and you know if a student need that, well then that's a special educational need

R – yeah yeah

B- by definition

R – ok

B- so yeah

R – fab, well, that was the last question

B- yeah

R – and erm, is there anything you wanted, any other points which you wanted to add, or any questions before we

B – don't think so

R – well I'll stop it for now

Appendix 11: Teacher analysis – reviewing discourses

A) Process of identifying, checking and reviewing teacher discourses for discursive object 'behaviour'

Initial discourses identified through highlighting and annotating text:

Selection of key discourses initially identified
• A choice • A difficulty • Can be permanent or temporary • Influenced by parents • A medical need • Needs to be controlled, tamed, extinguished • Needs assessment exploration, expert opinion • Needs support, tolerance • A battle or a game • Affects or is affected by achievement

After re-reading of transcripts and assessing discourses against quotes, discourses were grouped and redefined, removed if they were not dominant and any new discourses were noted:

Discourses that remained
• A choice • Influenced by parents • A medical need • A sign of masculinity

Discourses that changed focus		
Discourses:	Changed focus by:	Outcome
• A difficulty • Can be permanent or temporary • Affects or is affected by achievement	These discourses were grouped together and deemed to reflect an overarching construction of behaviour as a 'need' that can reflect a difficulty (e.g. learning difficulty) that can affect achievement and can be a permanent or temporary (e.g. emotional need)	• New discourse = A need

• Needs to be controlled, tamed, extinguished • Needs assessment exploration, expert opinion • Needs support, tolerance	These discourses were grouped together as they were deemed to reflect constructions of the influence of the teacher on boys behaviour	• New discourse = Influenced by teachers
• Battle or a game	Constructions of behaviour as a 'battle' (pupil and teacher in opposition) was deemed to overlap with constructions of behaviour as a choice, constructions of behaviour as a game (emphasising compromise / tolerance) was deemed to overlap with constructions of behaviour as a need	• Renamed = A choice, a need

New discourses to emerge:
• A sign of masculinity – re-reading of texts indicated that boys behaviour was often constructed in relation to masculinity

B) Process of identifying, checking and reviewing teacher discourses for discursive object 'mental health'

Initial discourses identified through highlighting and annotating text:

Selection of key discourses initially identified
• Not a choice • A difficulty within the young person that is difficult to change • Affects capacity to learn • Needs medical, specialist, expert knowledge • Requires additional support in school, a person centred approach • Less common in boys • Withdrawn • Unrecognised or misinterpreted

After re-reading of transcripts and assessing discourses against quotes, discourses were grouped and redefined, removed if they were not dominant and any new discourses were noted:

Discourses that remained
• Not a choice

Discourses that changed focus		
Discourses:	Changed focus by:	Outcome
• A difficulty within the young person that is difficult to change • Needs medical, specialist, expert knowledge • Withdrawn	These discourses were grouped together and deemed to reflect an internalised difficulty. Re-reading of the transcripts identified that constructions that associated mental health with withdrawn behaviours referred to psychological and clinical terminology such as 'depression'	New discourse: A psychological state or condition
• Less common in boys • Withdrawn • Unrecognised or misinterpreted	Through re-reading of transcripts, it was recognised that these discourses overlapped and portrayed mental health difficulties as unidentifiable	New discourse: Hidden in boys

	or hidden in boys	
• Affects capacity to learn • Requires additional support in school, a person centred approach	It was noted that constructions of mental health as affecting pupils capacity was not specific to learning but also their general engagement in education. This was associated with constructions of mental health as requiring additional support, reflecting a disability or illness discourse.	New discourse: An illness

Appendix 12: Pupil analysis – reviewing discourses

A) Process of identifying, checking and reviewing pupil discourses for discursive object 'behaviour'

Initial discourses identified through highlighting and annotating text:

Selection of key discourses initially identified
• A medical difficulty • Uncontrollable and impulsive • Influenced by peers • Unintentional • Unwanted and disliked • Influenced by family life • Intentional • Linked to loss and troubles

After re-reading of transcripts and assessing discourses against quotes, discourses were grouped and redefined, removed if they were not dominant and any new discourses were noted:

Discourses that remained
• A medical difficulty • Influenced by peers • Unwanted and disliked • Release of emotions

Discourses that changed focus		
Discourses:	Changed focus by:	Outcome
• Uncontrollable and impulsive • Release of emotions	Re-reading of transcripts indicate that these discourses overlapped, and when emotions were referred they were often constructed as an uncontrollable and impulsive	• Refined: Release of emotions
• Unintentional • Intentional	These discourses were deemed to contradict but appeared to reflect a binary construction of behaviour as accidental versus intentional and were therefore grouped in this way	• New discourse: Accidental versus intentional
• Linked to loss and troubles	These discursive constructions were mainly of	• Removal from findings

	significance to one interview and were therefore removed	
• Linked to family life		

B) Process of identifying, checking and reviewing pupil discourses for discursive object 'mental health'

Initial discourses identified through highlighting and annotating text:

Selection of key discourses initially identified
• Extreme
• Not something that I have
• A psychological state or condition
• Unstable
• Internal
• External

After re-reading of transcripts and assessing discourses against quotes, discourses were grouped and redefined, removed if they were not dominant and any new discourses were noted:

Discourses that remained
• A psychological state or condition

Discourses that changed focus		
Discourses:	Changed focus by:	Outcome
• Extreme • Unstable • Not something that I have	These constructions referred to mental health as indicative of insanity and madness and were therefore grouped in this way. 'Not something that I have' was only significant to one interview but did fit with the construction of madness, which reflected a dominant discourse.	• New discourse: A sign of madness
• Internal • External	These discourses were deemed to contradict but appeared to reflect binary constructions of mental health and were therefore grouped in this way.	• New discourse: Internal versus external