Abstract

This mixed method study is made up of a narrative study carried out with children and an interview study with practitioner psychologists. The narrative study examined the effects of narrative types, namely a picture book story, a first person narrative and a third person narrative, and age, 7, 9 and 11, on children's use of emotion descriptive words. The lengths of the three story types were used as covariates. A 3*3 ANCOVA was carried out showing that neither the tasks, nor the children's age, have an effect on children's performance. However, the results show a significant, though small, interaction between age and story type effects when the covariates were jointly controlled for. The limited nature of significant findings is explained.

A thematic analysis was carried out with the interview study data. This part of the study inquired about the experience and expectations of practitioner psychologists working therapeutically with children. The focus was mainly on the emotional expression of their young clients. Three main themes emerged including an adultomorphic tendency, developmental uniformity and the importance of a therapeutic relationship.

Key words: children, expression of emotions, counselling psychology, expectation of expression.
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EMOTIONS IN CHILDREN’S NARRATIVES AND THEIR PRESENCE IN THERAPY

Chapter 1: The development and therapeutic overview of the use of emotion descriptive words in children’s speech

This review attempts to provide the reader with an overview of the present literature on the subject of the use of emotion words, including ideas on the relationship between language and emotions, children's development of emotional language and the importance of expressing emotions. It also addresses the use of narratives in therapy to elicit the expression of emotion words. The final part gives an overview of the available literature on working with children, including which media are beneficial for the use of emotion descriptive words. This review sets the scene for the two pieces of research that follow. The first one focuses on the value of different narrative types in eliciting the voluntary use of emotion descriptive words by children of different ages (7, 9 and 11). The second part concentrates on practitioners' view of children's expression of emotions in therapy and how this may impact on the therapeutic process.

The following section introduces the concept of “emotion” and deals with how language and emotions are related from a linguistic, theoretical and therapeutic point of view.

1.1. Emotions and the Relationship between language and emotions.

Emotions are a crucial aspect of human nature, as they represent a considerable part of
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human’s evolutionary, biological and cultural heritage (Hamburg, 1963; Izard, 1971). More importantly emotions are part of humans’ adaptation to the physical and social environment (Ekman & Friesen, 1971). Furthermore, emotions play a critical role in the evolution, ontogeny, and functioning of consciousness (Cacioppo & Gardner, 1999; Damasio, 1999). They form the basis for conscience and moral behaviour through their role in empathy, sympathy, and caring (Eisenberg & Fabes, 1998; Hoffman, 2000). A healthy emotional balance facilitates pro-social behaviour and creative problem solving (Isen, Daubmen, & Nowicki, 1987). Kennedy-More and Watson (1999) also argue that emotional behaviour (expression and nonexpression) plays a key role in individual adjustment, social interaction, and therapeutic process. Besides emotions also form the basis for temperament and personality (Izard, Libero, Putnam, & Haynes, 1993; Watson & Clark, 1992). Emotions are experienced in terms of the cognitive, physiological, and behavioural components, reflecting the personal significance of a thing, an event, or a state of affairs (Sternberg, 2004).

Generally speaking, emotions can be expressed in four fundamental ways: verbally, behaviourally, nonverbally (through body or facial expressions) and finally through physiological arousal (Brody, 1993). Both scientists and nonscientists consider smiles, chuckles, screams and the rest to be “expressions of emotion”, but some researches have questioned the assumptions in the key word: expression (Cowie, Douglas-Cowie Schröder, 2000). Rather than an expression, the above mentioned vocal and facial manifestations are said to represent, symbolise, manifest, display, or signal emotions. The domain of facial expression of emotions is one of the most widely studied one in psychology, mainly by the Ekman group. Universal patterns of facial expressions have been found, which are understood to represent basic emotions that are common to most
cultures in the world (Ekman, Friesen, O’Sullivan, Chan, Diacoyanni-Tarlatzos, Heider, Krause, LeCompte, Pitcairn & Tzavaras 1987). This similarity across cultures exemplifies the communicative function of emotion (Sternberg, 2004). Goffman (1959) argues that vocal and facial manifestations of emotions are side-effects of movements produced for other purposes, whereas the expression of emotion is produced for the purpose of communication (Montagu, 1994).

Expressing emotions enables individuals to communicate feelings to other people and also to regulate how other people respond to them (Izard, 1993). This research specifically looks at the verbal expression, the expression of emotion descriptive words. Emotional expression is often regarded as an integral aspect of the emotion process as it underlies the experience of emotion, including the felt quality of emotion (Hillman, 1960). Bamberg (1997) calls it emotion talk. He explains its importance with the recognition that an account of a happy or sad event does not directly mean that happiness or sadness has been experienced. So the emotion talk and the use of emotion-descriptive words play a considerable role in understanding an experience. Language is then used to represent a feeling (Pavlenko, 2006) and words to describe what the speaker is feeling or what emotion the speaker projects into his story’s protagonist’s experience (Bühler, 1990).

In short, language is a powerful tool for organising emotional experience (Bruner, 1986). Through its integral and internal relationship with thinking, communicating and action, language provides its users with a capacity to internalize the external (Davitz, 1969). Social constructionists, like Burr (1995), would add the clause that experiences in turn, also influence and shape language.
The relationship between language and emotions starts with the causal role language plays in aiding children's comprehension of the mind, including their own and others' (Milligan, Astington & Dack, 2007). Children progress through different landmarks to obtain this understanding of the mind (Wellman & Liu, 2004) which is at the root of the development of the expression and understanding of emotion descriptive words. Research, which examined language (syntax and semantics) as a correlate of theory of mind with 3-5 year-olds, found that children with superior language skills (particularly in the domain of syntax) make greater progress than other children in their conceptualization of mental states. They also observed that syntax measures were related to emotion recognition (Ruffman, Slade, Rowlandson, Rumsey & Garnham, 2003). Cutting and Dunn (1999) investigated the relationship between language ability and the understanding of the expression and causes of emotions. In a sample of 128 children (mean age 4.16 years), they found a significant relationship between the variables assessed by the BPVS (British Picture Vocabulary Scale) and the Bus Story test of expressive narrative, which indicates a strong link between earlier language competence and emotional understanding. Similarly, Rosnay and Harris (2002) found that the language ability of three to six-year-old children (also assessed by the BPVS) was a significant predictor of their emotion understanding (assessed by the understanding of the influence of beliefs on emotions). However, there is often considerable variation in the size of the correlation reported and the other tests used for comparison, in the different studies mentioned. There is also great variability across the studies, including aspects of language ability assessed and type of task used for assessment (Milligan, Astington & Dack, 2007). Clear individual differences in emotion understanding and language ability also contribute to the variability observed (Pons,
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Lawson, Harris & Rosnay, 2003). In short, there seems to be a link between language ability and the expression of emotion, but this had to be further investigated in to make clear and strong claims about their relationship.

From a more theoretical perspective, the relationship between language and emotions has been conceptualised differently by various individuals. Wierzbicka (1994, 1995) is known for perceiving emotions as a semantic and conceptual domain that rules the patterns of discourse. Harré (1986) on the other hand views emotions as part of the realm of statements. The relationship between language and emotion is then performed as a discursive act that aims at positioning the person within social encounters. Finally, Stein’s (1988) approach attempts to integrate both aforementioned ideas and perceives the relationship between language and emotions in a reciprocal way. She argues that emotions are part of the linguistic representational system, for which the linguistic schemata are activated in response to events including an emotional component.

This research project sides rather with Bamberg’s (1997) position, that the relationship between language and emotions can be viewed from two angles. On one hand language can be done “emotively” (p.309). Language and emotion then function side-by-side with emotions being experienced internally and driving the use of language for communicating such a feeling. In his second approach, Bamberg (1997) perceives language as having the power to reflect or represent emotions. In other words, language is conceptualised as a means for understanding emotions. In this rather social-constructionist perspective, the relationship between language and emotions is played out in different ways and on different levels in the human mind, depending on its sociocultural environment.
Similarly, in the domain of counselling psychology various theoretical approaches tend to conceptualise the relationship between language and emotions differently. Most therapeutic approaches though, share a belief that this relationship is particularly important in the context of counselling psychology (Woolfe, Dryden & Strawbridge, 2003). Additionally, Bennett (2009) claims that it has been widely accepted that the expression of emotions is an undeniably important aspect leading to therapeutic change. Consequently, most therapies require clients to express and sometimes name their feelings during therapeutic sessions. This is assumed to help them recognise and understand the emotions that underlie their psychological state and emotional experiencing (Safran & Greenberg, 1991). Moreover, talking about emotions is meant to reflect and reduce anxiety around an emotion-laden experience. The discursive expression of emotions implies a recognition of the presence of emotions in experience, their understanding and ultimately acceptance (Pennebaker & Francis, 1996). Meta-analyses of therapy outcomes show that most “talking therapies”, irrespective of their theoretical orientation, result in improvement in health, both psychological and physiological (Pennebaker, 1995). To gain a more comprehensive understanding of how this relationship plays itself out in therapy, the main therapeutic orientations are presented: the experiential approaches, psychoanalysis and cognitive behavioural therapy.

The experiential forms of therapy, including for example client-centred therapy and gestalt therapy, appreciate the benefits of symbolising emotional experience in verbal expression and use that experience as a guide to adaptive coping (Bohart and Tallman,
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1998). Rogers (1951) also emphasizes the release of personal feelings as a key element to change, as it develops insight into the nature of the client's difficulties. This in turn is understood to allow the client to start resolving the difficulties that are at the root of their problem. Following this awareness the client is often understood to experience a sense of acceptance for emotion-laden events and is then encouraged to explore emotional experiences in order to gain some form of control over them (Nevis, 2000). This holds true for therapy with children as well, although experiential forms of therapy with children can often include additional elements. For example, in researching the applicability of the person-centred model for therapy with children, Giles and Mendelson (1999) found that children were most ready to communicate about their emotions when doing art or playing.

In his work with hysterical patients, Freud discovered the strong therapeutic value of emotional discharge, expression and understanding (Freud, 1890). He saw a strong relationship between language and emotions and so, he made emotions the basis of psychoanalytic therapy, Freud explains that “psychoanalysis unhesitatingly ascribes the primacy in mental life to affective processes, and it reveals an unexpected amount of affective disturbance and blinding of the intellect in normal no less than sick people” (p:175). Freud and Breuer (1895) argued that neurotic symptoms can be the result of a failure to express emotions one feels in relation to an event. In short, it is clear that the psychodynamic approach to therapy also emphasizes the importance of emotions and their expression, particularly with its notion of ‘catharsis’ and the usefulness of working through emotional experience to reach emotional well-being (Freud, 1921). Similar to adult therapy, in therapy with children, this expression of emotions can happen indirectly. Rather than being expressed through direct language, the psychoanalytic approach argues that children can express their emotions towards people and situations
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more tacitly and unconsciously through behaviour and resistance for example (Horne & Lanyado, 1999).

The cognitive behavioural approach to therapy (CBT) sees the relationship between language and emotions as crucial. It focuses on the expression of emotions to elicit ‘hot cognitions”, which are emotion-laden beliefs (Beck, 1983; Safran & Segal, 1990). The CBT approach to therapy stresses that emotions play an adaptive role in human functioning by motivating adaptive thought and behaviour. In addition, CBT advocates the importance of naming specific emotions when experiencing them, as it is believed that the act of labelling emotions in association with the event that seems to have brought that emotion forward, presents an opportunity to change a learnt emotional response (Sheldon, 1995). By isolating the emotion through verbal expression, the client is conceived to have more control over the linked thoughts and behaviours resulting from experiencing a particular emotion (Stallard, 2002). Furthermore, CBT emphasizes the importance of communication training to help clients to efficiently express and convey their emotions to others through language (O'Donohue, Fisher, & Hayes, 2003). CBT opines the belief that for children and adults alike, where children are approached in a more child appropriate and child friendly way.

In short, psychologists from different theoretical backgrounds tend to struggle to settle on an agreed definition of the relationship between language and emotions, but they do mostly agree that expressing emotions is beneficial for both adults and children in the therapeutic process. Herein lays, in the eyes of the researcher, the importance of looking at how emotion words are used by individuals.

Also, given the place of emotions in child therapy, it is important to have an
understanding of the development of emotional talk. The following section looks at how this type of speech develops in children.

1.2. **Language, cognition and emotional language in children.**

On the relationship between language and cognition, theorists agree that both are tightly and causally connected but they seem to take different perspectives on the direction of causality. Some argue that language acquisition depends on conceptual development, which it reflects rather precisely. This implies that the rate at which the different linguistic expressions emerge in child language, indicates the degree of their conceptual complexity (Huttenlocher, Smiley, & Charney, 1983). Others suggest that language itself has the power to shape non-linguistic categories (Whorf, 1956). From a learning perspective, this involves that language-specific encoding patterns can affect the prominence of certain conceptual distinctions in the child's mind (Papafragou, Li, Choi, Han, 2007). The researcher suggests, as have Bowerman and Choi (2003), that both positions can be true of different aspects of development, especially in the broad domains of language, cognition and emotional development.

On the relationship between emotional language and cognition, early studies revealed that emotion-descriptive language is first observed at around 20 months (Bretherton, McNew, and Beeghly, 1981; Bretherton and Beeghly, 1982; Bretherton, Fritz, Zahnwexler, & Ridgeway 1986; Thompson, 1989). Once the primary emotions are in place (happiness, sadness, fear, anger), with age, further intricacy in understanding and use of emotion descriptive words will develop. Primary emotions are unthinking, instinctive responses to situations, events or experiences. Secondary emotions appear
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after the primary ones and are the result of more complex chains of thinking (Santor, 2003). Saarni, Mumme and Campos (1998) explain that following the early development of emotional language, the progress of emotion descriptive words in young adolescents will rather revolve around “greater ability to add variety, subtlety, nuance and complexity in their expression” (p.273). From their observations, there seems to be a greater qualitative than quantitative development.

Aspects contributing to the development of emotion language are presented in the following. Studies looking at the impact of the social environment, including family, school and culture, have often shown a link between emotion understanding and expression, and these variables. Families have repeatedly been identified as important contexts in which children learn about emotions and their expression (Lewis & Saami, 1985). It was found that parents' emotion expressions influence both behavioural and emotional responses of infants as young as 8 and a half months in different contexts (Boccia & Campos, 1989). It is hypothesised that parents' emotional displays tell children about the emotional significance of different events, behaviours and experiences. It also gives the infant an indication of what behaviours may accompany differing emotions, and of others' likely reactions (Jones, Abbey & Cumberland, 1998). However, it is not clear if these observations emerge from parent-child interaction and/or parental modelling (Chaplin, Cole & Zahn-Waxler, 2005). Families are also an important source of individual differences in the expression of emotions. Dunn, Brown and Beardsall (1991) examined 36-month-old children’s conversations about emotions with family members. They found that some children made more than 25 emotional utterances per hour, whereas others produced no such utterances at all. They observed that these individual differences were quite stable between the ages of 3 to 6 years.
However, the effects of socialisation on a child’s emotional expression skills, is a matter of many interacting influences, including as mentioned the family, but also peers, neighborhood, culture, and society (Halberstadt, 1986).

Indeed, cultural values and norms play a role in this process (Saarni, 1999). The importance of knowing and recognising the social and cultural norms of the environment are embodied in the experience of emotions like shame and pride. Shame and pride are the emotions par excellence that require a consideration of the social environment for their experience (Harris, 1989). Both are linked to the recognition of the impact on an audience. Harter and Whitesell (1989) argue that these emotions are only convincingly produced by children around the age of 8 and above, indicating a need for repeated and consistent exposure to social norms for their internalisation, usually by the family environment. This could consequently imply that parents who convey little about social norms and whose expressiveness is generally limited could communicate little information about the emotions of pride and shame to their children (Denham, Zoller, and Couchoud 1994).

Growing up in an environment in which a parent suffers with mental health problems can also have an impact on a child's emotional development and expression. Research carried out with infants of mothers with high levels of depressive symptoms shows that the infants exhibit a lot of negative emotions and fewer positive emotions during learning tasks compared to infants from households with parents not exhibiting depressive symptoms (Lundy, Field, & Pickens, 1996). Also, studies show that maltreated children demonstrate a lack of ability to express their emotions, as do their mothers (During & McMahon, 1991). Although deficits in emotional expression are
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apparent in maltreated children, the reasons and the ramifications remain unclear, and
outside the realm and purpose of this research, though explanations like fear of reprisal,
the need to be tough and the understanding that such expression will be ignored have
been suggested (Alessandri & Lewis, 1996).

In short, sociolinguistic experiences at home and the child's cultural environment play a
considerable role in the development of an emotion words lexicon and knowledge of
the appropriateness of contexts for their expression. It is also important to consider the
concept of emotional competence and its role in socialisation.

Emotional competence includes several components, comprising emotional expression
and experience, understanding the emotions of self and others, and emotion regulation,
which develop and become more sophisticated with age. Emotional competence is
central to socialisation from early childhood onwards, as it contributes to an individual's
ability to interact and form relationships with others (Campos, Mumme, Kermoian, &
Campos, 1994). It presents with a plethora of valuable social skills as it helps the child
to reach goals, cope with challenges and engage effectively in social interaction (Saarni,
1999). Denham (1998) adds that the set of emotional competence built in childhood,
contributes to mental health throughout the lifespan. In fact, Denham, Blair, DeMulder,
Levitas, Sawyer, Auerbach-Major and Queenan (2003) have reported in a study looking
at skills for emotion expression in preschool children, that emotionally competent
children who experience the full range of positive and negative emotions are more
likely to express these emotions in ways that are appropriate to their context and culture,
thus entertaining and forming stronger relationship with their environments. However,
the measures used in most emotional competence research, were not designed to
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actually measure emotional competence, but rather they assess some of the skills associated with emotional competence, so these findings have to be looked at with caution (Brett, Smith, Price & Huitt, 2003).

It is important here to explain a differentiation often made by researchers studying emotions. They distinguish between ego focused emotions (as in for example anger, frustration and pride) which have the individual's internal attributes as primary referent and other focused emotions (sympathy, shame) which have another person's internal attributes as primary referents (Markus and Kitayama, 1991). Through their development, children are being taught that socially expressing the second category of emotions tends to enhance cooperative social behaviour and social inclusion, whereas the first type tends to lead to social exclusion.

After establishing children's linguistic competencies related to emotions, the impact of social environment on emotional understanding and the role of emotional competence, the following paragraphs look at the physical and psychological advantages of expressing emotions and what conditions favour these.

1.3. **Importance of expressing emotions.**

The expression of emotions serves a regulatory purpose by signalling to others (and self) the experienced emotional state, often leading to efforts by others to offer assistance in regulation and coping (Souhtam-Gerow & Kendall, 2002). In the therapeutic environment, individuals often talk about past emotional experiences. They use language to communicate about emotions that they are not experiencing at the time.
of the conversation, or at least not with the same intensity as during the original event (Fussell & Moss, 1998). When people talk about others’ emotional experiences, they engage in a similar type of communication of emotion; emotions that they are not personally experiencing at the time (Rime, Corsini & Herbette, 2002). Hess and Blairy (2001) argue that to recognise emotions in others the interlocutor has to base his/her understanding on lived emotional experience. The observer uses his internal sensation, based on the person’s display of emotion, to recognise and label the emotion being seen (Wallbott, 1991).

Early laboratory research by Pennebaker (1989) showed long-term health benefits of disclosing emotions and difficult events. Pennebaker and Seagal (1999) report that expressing oneself through writing about important personal experiences in an emotional way over a few days leads to positive changes in mental and physical health. These findings have been replicated across age, gender, culture, social class, and personality type, but (1995) found that these improvements were only apparent if individuals were encouraged to express their emotions as opposed to simply provide a factual account of their upheavals. In fact, those who benefited the least from writing about difficult events used more abstract language with little emotional resonance and a tendency to intellectualise their experiences, whereas narratives with considerable emotional tone were linked to health improvements. In short, the act of consciously giving meaning to emotions, by using descriptions, metaphors, adjectives and so forth is related to better health outcomes (Bucci, 1997). Following these findings, Bucci developed the multiple code theory and the referential activity concept. The multiple code theory is related to cognitive psychology, affective neuroscience and psycholinguistics. It is based on schemas and includes two basic formats of these: the symbolic (which are familiar to individuals as images and words) and the subsymbolic
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(which are variation on continuous dimensions, occurring in motoric, visceral, and sensory forms). In the emotional domain, subsymbolic processing accounts for knowing one’s own bodily states and responding to the expressions of others (facial and bodily), without being able to measure them in discrete units or to categorize them in symbolic form (Bucci, 2001). Subsymbolic communication is said to provide a guide to bodily and emotional exploration and integration, which can potentially open new connections to the symbolic mode, in order to deepen the subsymbolic explorations (Bucci, 2011).

This research project, concentrates on the middle phase involving the symbolic form of emotional expression, in other words, the use of emotion descriptive words. However, it has to be added that the concept of symbol is here used both to represent an emotion and as something that can engender emotion in the speaker (Geertz, 1973). Indeed, the speaker experiences the representation of emotion through the words present in language (the classification systems), that is in terms of the representations that are seen to determine emotional expressive and active forms (Lyon, 1995).

With referential activity, Bucci (1997) refers to a cycle where nonverbal experience is organised and connected to words. She describes it as the capacity certain people have, to express nonverbal experience, especially emotional ones, in a verbal way. Bucci describes the referential activity process as the increasing integration of affective experiences into narrative form. She argues that if experiences are repeatedly rehearsed without such integration and so, affect is continually evoked during the narration but not integrated into a new, more functional narrative (Bucci, 2001).

Looking at the literature revolving around emotional disclosure and health benefits in children, only three published studies were found. All used written emotional disclosure (Brewin & Saxton, 2000; Soliday, Garofalo & Rogers, 2004; Fivush, Marin, Crawford,
Brewin and Saxton (2000) and Soliday and colleagues (2004) divided their participants into two groups, those who wrote about unpleasant events they had previously experienced and a group who wrote about a neutral topic. Consistent with previous research in adult populations (Pennebaker, 1993), the young people in the disclosure groups reported emotional benefits from writing emotionally about difficult events, compared to those in the control group. However, improvements in other dimensions of psychological and physical functioning observed in adult samples were not found in either study. Some methodological issues may account for this divergence, including relying on self-reported data with the younger population, which were not validated by parent reports or clinical data. Fivush and colleagues (2007) recruited 9 to 13 years old children. As in the previous studies, they engaged in three days of narrative writing under emotional and non-emotional instructions. Findings showed that children in the emotional writing group wrote more about negative evaluations, rationalisations, emotions and events than did children in the non-emotional writing group. However, those children who wrote more about negative topics showed higher levels of anxiety, depression and difficulties than the control group. They concluded that due to limited narrative skills or emotional regulation ability, expressive writing may not benefit some children. On the other hand, as benefits were reported in the two aforementioned studies, there is no real clear picture about this subject.

It has to be specified that, neither too much nor not enough expression is beneficial for the child. Children with an abundant emotional expression have been observed to also exhibit some behavioural difficulties and can be rated hard to manage (Hughes, Dunn, & White, 1998). This over-expression may induce distress and a lack of self-other
These results show an interesting insight into the importance and possibly dangers of writing about events emotionally for children, young adolescents and adults. Although, the researcher is aware that language is neither the only nor always the optimal mode of expression for emotions, given the aforementioned literature, it is of importance to research if and when emotional words are used, to provide the practitioner with a baseline to work from. Moreover, guidelines advising on working with CBT for many presenting problems (for example NICE guidelines) show the reliance on using emotion words to proceed through therapy.

1.4. Child therapy.

It is important to look at where child therapy positions itself in relation to the main therapeutic approaches to the expression of emotions mentioned earlier. Generally speaking, child therapy is an extremely complex field of counselling psychology, as it deals with and requires knowledge of developmental change, individual differences, problem co-morbidity, diversity of parent and family factors and is situated in wide cultural variation. Additionally, unlike in therapy with most adults, Berg and Steiner (2003) explain that language can sometimes stand in the way of negotiating and determining the meaning of children's problem and their feelings in counselling. In child therapy, other media, which include stories, games, art and play are often used. However, those techniques mainly depend on subjective interpretations of the child's actions by the therapist. This can lead to the substitution of the children's understanding of their own experience with the therapist's subjective understanding of the child's
experience (Hurn, 2006). So, although language is not the most optimal mode of communication when working with children, it is the basic objective mode of communication between individuals and so it remains an integral part of therapy with both adults and children. Findings on the benefits and dangers of emotional expression through written narratives indicate the importance of not disregarding this form of communication. Additionally, Hurwitz, Greenhalgh and Skultans (2004) argue that, besides in the therapeutic context, it is also a very natural thing to tell experiences and work through emotions in the form of a narrative in social encounters, as Rosaldo (1984) says “feelings are not substances to be discovered in our blood but social practices organised by stories (narratives) that we both enact and tell” (p.143).

The role of stories in the expression of emotions will be explored further in the following with specific focus on three different genres of narration, namely picture book stories, personal narratives and third person narratives.

1.5. Stories and narratives.

In general most school-age children are familiar with the concept of stories through exposure to books, television, and children's stories (Shanks & Rippon, 2003). Appleby (1978) explains that children have some notion of “what a story is” by age 3. Also, given the frequency of their occurrence, narratives provide a good measure of children's spontaneous language, and can reflect developmental linguistic changes (Peterson & McCabe, 1983; Bamberg, 1987; Reilly, 1992; Berman & Slobin, 1994; Bamberg & Reilly, 1996). Additionally, research has shown that children from a fairly young age onwards have the intellectual capabilities to recount a story (Shapiro & Hudson, 1991).
Through the organisation of language into narratives, individuals from a young age onwards are able to organise, structure and also assimilate both their emotional experiences and the events that may have provoked the emotions (Stiles, 1995). Coherent narratives can increase perceived self-mastery, enabling young clients to understand their experiences as more controllable (Paez, Velasco & Gonzales, 1999). Moreover, translating experiences into words forces some kind of structure onto the experience itself. In counselling children, different narrative types, sharing the above-mentioned benefits, can be used for diverse purposes.

Before looking at the different types in greater depth, it is important here to mention the narrative approach to psychotherapy. Generally speaking, narrative therapy focuses on autobiographical discourse (Mishler, 1986; Bruner, 2001), where the expression of emotions is welcomed, but is not the central focus of the approach, whereas the narratives referred to in this research are rather used as a platform to elicit children's use of emotion descriptive words.

Children's narrative skills and their use of evaluative language can be expected to be different in particular narrative types. The function of emotion language is expected to be dissimilar because of the fundamental differences in perspective building and perspective taking in the different types (Shiro, 2003). It would be of interest, knowing that narratives can help some children to deal with emotion-laden events, to look at the elicitation strength of the distinct narrative types for the verbal expression of emotions.

Three types of narrative will be looked at next. First, information about children's
emotional functioning can be elicited through techniques such as projective story-telling
tasks involving pictures or stories of situations and characters with whom children can
readily identify (Feshbach & Roe, 1968). This research is interested in the production of
emotion language in a more natural setting, so picture book stories as an elicitation tool
is more relevant. The presentation of pictures in a story can lead children to identify
with aspects of a fictional character, which the child would usually judge or believe to
be unacceptable or bad (Coulacoglou, 1988). Crompton (1992) sees the strength of such
stories in the recognition through the character's emotional response (that they
themselves attribute to them) of their own, so far unexpressed, feelings. The interest of
this story type lies in the investigation power it presents for the child's perspective
talking abilities. The child is required to infer the emotions experienced by the
protagonist from the ready-given storyline offered by the pictures, as they provide
explicitly depicted facial expression of emotion.

On the other hand narratives, unlike picture book stories, do not offer a ready-made
plot, but require children to organise experience in their own meaningful way and can
be told from different perspectives, by either recounting personal emotional experiences
or observed emotions in others. Telling the narrative of one's past or a past event, at any
developmental stage, provides the imperative for putting together a story that makes
sense (Schiff & Noy, 2006). The child engages his memory of the past in an attempt to
give the listener an account with unity and purpose in the present (McAdams &
Bowman, 2001). Hermans (1999) observes that personal narratives are not explored
from a detached place but rather focus on those parts that arouse affect. Generally
speaking, in therapy, personal narratives have been shown to be emotionally laden
stories, which allow personal and emotional experience to be contextualised
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(Andoutsopoulou, 2001). The potential quantity of voluntary use of emotion-descriptive words that they may entail is little researched.

Narratives focused on observed emotions reveal the child's ability to consider the unique perspective of the other when trying to understand the other person's feelings (Chandler & Greenspan, 1972). Third person narratives show the narrators' ability to recognise emotions of others in their environment, as in the picture book story, but this time in the context of a personal narrative. Given that its occurrence may be less relevant for the therapeutic context, its value lies more in its potential for comparison with first person narratives and picture book story, as the third person narrative shares aspects with both genres.

The final section introduces the present knowledge that professionals working with children can base their practice on, particularly when looking at the expression of emotions.

1.6. Professionals.

There has been little research on the knowledge of professional counselling psychologists of children's level of emotional expressiveness and its impact on their practice. Different sources of knowledge, like scholarly books or guidelines, are available for professional therapists. Fonagy, Target, Cottrell, Phillips and Kurtz' (2002) book for example; help professionals to understanding evidence-based therapies for childhood mental disorders. Similarly to the NICE guidelines, the National Institute for Health and Clinical Excellence, they present practitioners with broad suggestions for
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working with children. The NICE guidelines, for example, propose CBT for conduct problems, group treatment (CBT and/or social skills training) for ADHD and CBT, interpersonal therapy or shorter-term family therapy for depression. When looking through the NICE guidelines, the reliance on CBT for therapy with children and young people is apparent.

These guidelines provide helpful advice for practitioner psychologists, but in practice, children often attend therapy through the will of others (i.e. parents, school etc.), which can contribute to the child having little investment in the delicate nature of the process of therapy. This in turn makes the promotion of engagement in the therapeutic process all the more important. Consequently, practitioners working with children can find it difficult to blindly follow the guidelines and are often pushed to adopt an approach that will promote engagement from their young clients, rather than the approaches suggested by guidelines (Hutchby, 2005).

Furthermore practitioner psychologists working with children often experience difficulty to get them to talk about emotions. In fact, children rarely volunteer to talk about emotions in therapy, in the way the professional would like them to or in a manner that would enhance therapy (Hutchby, 2007). Pain (2003) also explains that children seldom openly discuss their worries in the therapeutic context, so the professional's role is to work on the assumption that worries or concerns do exist in the child and direct the talk towards these assumed issues (Peräkylä, 1995). This in association with little emotional expression can make working with children and young people difficult. This is why, when working with children, therapists often interpret children's talk and use other strategies (drawing, building, playing) to help figure out
the links between different events or circumstances and emotions that can contribute to the child's problem. From their extensive clinical work, Geldard and Geldard (1997) suggest different media to promote the expression of emotions.

Table 1.1.: suitability of activity to encourage expressions of emotions by Geldard and Geldard (1997), p. 174

<table>
<thead>
<tr>
<th>Expression of emotion</th>
<th>Most Suitable</th>
<th>Suitable</th>
<th>Least Suitable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book/stories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drawing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger Painting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Games</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imaginary Journey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imaginative Pretend Play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miniature Animals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Painting/Collage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puppet/Soft Toys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sand Tray</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symbols/Figurines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worksheets</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to Geldard and Geldard (1997), drawing, generally speaking, allows children to get in touch with their feelings. Also painting and making a collage can contribute to the child connecting texture with emotional feelings. They also found that clay tends to promote the expression of anger, sadness, fear and worry in the children they investigated, whereas finger painting usually generate the positive spectrum of emotions (joy, celebration and happiness). These media seem valuable for the
expression of emotions, but none of them mention the verbal expression of emotion and so are of less of interest here, because recognising the link between language and emotions, and the importance of adequately expressing emotions, this research wants to explore how children can be given the opportunity to use their literal emotional lexicon. Additionally, given that the capacity to express emotions is part of a developmental process, it wanted to also look at how age impacts on the frequency and quality of children's expression of emotions. For this purpose, three narrative genres and three different age groups have been chosen. Evaluating the elicitation strength of the three suggested genres will help inform therapeutic approaches to working with children and young adolescents. Moreover, it provides practitioners with a baseline to derive their expectation. Given the relatively small literature on the knowledge of practitioner psychologists of children's level of emotional expressiveness, it is also important to interview professional psychologists' on their views, expectations and anticipation of children's expression of emotion descriptive words in the therapeutic context.
Chapter 2: Introduction to the Research Report

Developmental findings showing clear landmarks in the child’s maturity of emotional expression are contrasted with more recent studies. These suggest that children do not always perform at the level expected. Due to numerous differences in design, it is difficult to compare these conflicting findings. However, establishing which emotions are expressed in common situations are important to inform and guide practitioner psychologists’ expectations of emotional expression in the therapeutic environment. Additionally, understanding practitioner psychologists' experience and expectations will enrich the present knowledge available to those working therapeutically with children.

2.1. The development of emotion descriptive words.

Early longitudinal studies based on maternal reports, on the development of emotion descriptive language in normally developing young children established that emotion descriptive words emerge in children's discourse at around 20 months of age and increases during the infant’s third year of life (Bretherton et al., 1981; Bretherton and Beeghly, 1982). With age, children further develop their abilities, which become more elaborate and complex (Bretherton et al., 1986; Dunn et al., 1987; Harter & Whitesell, 1989; Dunn & Brown, 1991).

Miller, Manhal and Mee (1991), explain that there are inherent dangers in studies relying on maternal reports, as they contain mother’s subjective assessments of what their child says and might mean with their emotional utterances. It does not
truly provide the researcher and reader with any insight about the child’s actual understanding of the terms used. This can be flawed and inaccurate, because, as Wellman et al. (1995) report, mothers tend to over-estimate their children’s ability. On the other hand though, Harris and Jones (1997) note that parents are the only ones who can sample a child’s emotion-descriptive language in a variety of different settings whereas researchers are usually limited to the single assessment in the cadre of their research.

Further studies took past methodological criticism into account and used systematic sampling of children’s naturalistic speech. Brown and Dunn (1991) recruited six children (from 24 to 36 months) and observed them in interaction with their mothers and older siblings. Their findings confirm and to a certain extent expand on prior findings (Brown & Dunn, 1991). They observed a developmental change in the content and context of their talk with more frequent references to others’ inner states and of inner state turns in reflective discussions. There was also an increased effort to manipulate the feelings and behaviour of others, and developmentally more frequent references to the causes and consequences of inner states. Additionally, Ridgeway, Waters and Kuczaj (1985) looking at both receptive and productive vocabulary of children aged 18-71 months, on each of the quadrants of the bipolar semantic space (pleasure-unpleasure and arousal-unarousal), found that children's emotion vocabulary understanding and production become more elaborate with age.

Research in the field of Theory of Mind, including eighty normally developing children ranging in age from 4 to 11 years, has shown that there were clear
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developmental improvements in the level of emotion understanding, but also that children as young as aged 5-6 years realise that people’s emotions are influenced by their own beliefs (Pons, Lawson, Harris, & de Rosnay, 2003). It is around the same age that children understand that people may express emotions that do not correspond to the emotions that they actually feel (Harris, Rosnay & Pons, 2005). Moreover, between 7 and 11 years of age, children are expanding their vocabulary to include more complex emotional concepts relating to loneliness, anxiety and embarrassment (Aldridge and Wood, 1997). Around the same ages, children start fully understanding self-conscious emotions, such as guilt, shame and pride (Harter & Whitesell, 1989; Harris, 1989). These emotions require the capacity to consider the social environment for their experience, indicating the necessity for the presence of a variety of cognitive abilities and of a notion of self (Lewis, 1993).

On the other hand, research carried out by Dunn and colleagues (1987), Aldridge and Wood (1997, 1998) shows that in spite of the reported early competences, some young children and adolescents do not really use emotion words when speaking, at least not as frequently as some research has claimed. Dunn et al. (1987) gathered two hours long conversations, taken at two time points with children aged 18-32 months and their primary caretaker. They observed that the participants used at best 5 to 10 emotion descriptive words in the four hours recorded. Aldridge and Wood (1998) examined police-child witness video-interview transcripts, and found that questions put to children in relation to their feelings bring forth very few satisfactory responses. In a follow-up study, Aldridge and Wood (1997) presented fifty-six normally developing children
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(aged 5 to 11 years) with a set of plastic play-people. They used the toys to enact scenarios in order to elicit emotion descriptive words in response to the interviewer’s question: “How do you think s/he feels about that?”. Their data suggest that children’s emotion vocabulary is restricted, showing that children’s vocabulary at 5 years of age consists of “happy”, to describe positive emotions and ”sad”, to refer to negative emotions, without differentiations or subtleties. The majority of the sample group could only express concepts like fear, anger and anxiety by the age of 8. Aldridge and Wood (1997) argue that brief questions aimed at eliciting emotions and asked in an artificial situation may be fruitless with children under the age of 8. When intimate topics are discussed, even the 14-year-old children in this sample presented difficulties in expressing their emotions. Wellman et al. (1995) also conclude that children fail to utilize their emotion vocabulary in particular contexts, like interview format, but even in the most naturalistic ones.

It has to be made clear that the reported lack of expression of emotions in some children is not to be confused with alexithymia. Indeed alexithymia is a state involving both a lack of emotional insight and diminished emotional expression, which extends to individuals themselves and to other people as well (Taylor, 2000). Also, the lack of expression of emotions in the reported results, excludes problems such as a lack of defensiveness (act of pushing feelings out of awareness), cognitive deconstruction (deadening of emotional response) and repressive coping style (unwillingness to acknowledge the experience of negative emotions) (Kennedy-Moore & Watson, 1999).
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Research has tried to explain the naturally occurring difficulties that children seem to encounter in trying to express emotions. The first suggestion was put forward by Aldridge and Wood (1997) following their above-mentioned research. They propose that a linguistic incompetence is at the root of children’s lack of expression in interview situations with professionals. The results indicate that children seem to lack the required linguistic repertoire to describe their emotions.

Aldridge and Wood’s (1997) suggestion of a linguistic incompetence has been criticized by Harris and Jones (1997). They argue that Aldridge and Wood’s (1997) findings should undergo a more careful interpretation. What Aldridge and Wood (1997) call an apparent linguistic incompetence is to be explained differently. They point out that the wording of the questions asked during the research was not aimed at eliciting more than one emotion-descriptive word. Peng, Johnson, Pollock, Glasspool and Harris (1992) clarify that it is important to invite the child not just to focus on one aspect of an emotionally-charged event (“How do you think she feels about that?”), but to encourage the child to focus on one aspect then another one (“How do you think she feels about the person who grabbed her hair?”; Harris & Jones, 1997, p.1219). This methodological change of wording could have enabled the child to consider two aspects of an emotion and it would have made the questions more linguistically appropriate. As such, Aldridge and Wood’s (1997) attempt to palliate the discrepancy with a linguistic incompetence in the child, was dismissed by Harris and Jones (1997) on the grounds of methodological issues.
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The second suggested possibility in the literature for a lack of emotional expression is conceptual incompetence. Harris (1989) asserts that young children show an important ability to match events with the typical emotions that they elicit, such as happiness, sadness, fear and anger. This indicates the possession of a situationist understanding of emotions in young children (Borke, 1971). In this context, situationist refers to the children’s refined notion that certain situations simply bring forth a set of corresponding emotional reactions in self and others. In a more generalized way, from this perspective, they do not exhibit a full conceptual understanding of emotions, as they do not comprehend that emotions can be a separate experience from the actions that they may inspire. Adults on the other hand, use emotion terms to refer to internal, mental, and subjective states, which is called the mentalistic understanding of emotions (Wellman et al., 1995). Children though, see emotional reactions as objective, with certain situations eliciting similar emotions for everyone. Some say that a situationist-mentalistic shift needs to occur for individuals to acquire a full conceptual understanding of emotions (O’Kearny & Dadds, 2004), whereas others argue that this shift never actually needs to happen (Bartsch & Wellman, 1995). Indeed, Harris et al. (1987) found that even as early as at 4 years of age, children do not just base their judgement on a mere situation-emotion link. At 6 years, children manage to effectively associate predictions of emotions of others with their belief and desire about somebody, something or an event. This occurs even when or if children themselves hold different beliefs and desires than their interlocutor. This means that in conversations, children are able to tell the difference between an emotion and the action it produces or inspires. This ability to differentiate clearly illustrates, according to Wellman et al. (1995), that
children understand the personal dimension of the experience of emotions, and can express themselves adequately.

In short, the evidence thus far has failed to provide a satisfactory explanation for the aforementioned hiatus. This may result from a difficulty to compare the conflicting findings, as they are based on distinct designs, samples, age range and foci. In fact, the samples range from 5 participants to around a hundred, using ages from 18 months to 13 years of age, and use longitudinal, naturalistic and experimental designs. This wide range of differences across the methodologies makes a satisfactory comparison and thus explanation difficult.

2.2. Methodological choice for the narrative study.

The significance of the pragmatics of expressing emotion words ought to be considered when inquiring about the expression of emotions (Bishop & Baird, 2001). In fact, the communication of meaning is not only determined by the speaker's linguistic knowledge, but also by the whole discursive context, which includes a plethora of elements like the context of the utterance, knowledge about others involved, the intent of the speaker and so forth (Rintell, 1984; Fraser, 1978). Narratives allow communication and discursive context to naturally occur, and could assist the expression of emotions.

A methodology was thought of, to research the expression of emotions in children, where the pragmatics, this communication and discursive context, naturally occur. It was considered that the tasks chosen would have to sustain the
interest of the different age groups being investigated, as well as to generate enough data. For the purpose of this study, narratives have been chosen as an elicitation tool as they provide the young participants with a context for their emotional expression. The research did not aim at specifically prompting children to use emotion words, but it was rather interested in the child’s natural speech and voluntary expression of emotions in narratives. As motivational factors may impact on the child’s performance, narratives based on the child’s own experience were chosen (first person narratives and third person narratives) plus a narrative based on a picture book story.

The picture book story is an elicitation tool, which presents the researcher with a higher degree of control over what the child will say (Berman & Slobin, 1994). The efforts usually put into structuring the story line and organising the events in personal stories can be recycled in making the narrative richer when narrating a ready-made plot. Moreover, it is similar to experimental designs in which the child’s ability to express emotions is independent of their ability to recognise the context in which the emotion is observed.

On the other hand, the first person narrative focuses on children’s personal experience. Peterson and McCabe (1983) explain that children are more inclined to be spontaneous and rich in their narration when they engage in telling something that happened to them in the past. Additionally narratives revolving around personal experience are more likely to prevent the interference of motivational problems (Berman, 2001). First person narratives are also of great interest in the present study, as they place the child in a similar position to a
therapeutic situation, where children are asked to discuss events that have
happened to them in the presence of an adult interlocutor.

The use of the third person narrative is two-fold. Third person narratives require
children to recount an event that they have witnessed happening to someone else
in the past. Much like the fictional stories, this tool instructs children to infer the
emotions of a third party, but this time without the restrictions of a ready-made
plot-line. Therefore, it is important to use this type of story as a point of
comparison between emotions that the narrator experienced and emotions
observed. On a different level, unlike with the picture book story, children need
to provide organisation and structure themselves in the third person narrative,
which may impact on the richness of the narrative.

2.3. The current study.

Given that the idea for the research arose from a personal experience of
misunderstanding children, it is likely that other practitioners also have
unrealistic expectations of children's abilities to verbally express emotions in the
therapeutic process. This may lead to a misunderstanding of children as
struggling to express emotions, instead of accepting the lack of expression as
stemming from the elicitation tools used by the psychologist, the therapeutic
context or children's natural lack of expression of emotion in different contexts.
Consequently the researcher thought that it was important to use the findings on
the narrative styles to inform an interview schedule, which inquired about
counselling psychologists' views and expectations on, if and how much they
Amélie Zeimet anticipate their young clients to express emotions and how this informed their practice.

Also, evaluating the elicitation strength of the above narrative styles offers an opportunity to inform therapeutic approaches to working with children and young adolescents. Looking at the emphasis on emotional expression in therapy, it seems relevant for therapeutic work to investigate whether and when children and young adolescents express their emotions. Moreover, the researcher was interested in inquiring about a developmental trend. A substantial body of research has established that emotion understanding and expression develops across childhood (Pons et al., 2003). The ages of 7, 9 and 11, were chosen for this study, as children at those ages start developing an increasingly diverse emotional lexicon, to include concepts like loneliness, anxiety and embarrassment (Wellman, Phillips & Rodrigues, 2000). The ages chosen also help inform our understanding of possible developmental trends. At school, children have the opportunity to meet a wider range of people, and to observe and experience a wider range of emotions. These new experiences and social encounters could diminish the impact of variation in the children’s family background.

The research focused on explaining the discrepancy reported in research with regards to children’s and young adolescents’ ability to express emotion by using a range of elicitation methods. It then looked into how practising psychologists’ work with their young clients is informed by their expectations of their young client’s emotional expression.
The main objectives of this research were:

- To study the developmental trends in school children and young adolescents’ ability to express emotions.
- To study the effects of varied narrative styles on their performance.
- To explore counselling psychologists’ views and expectations of young clients’ ability to express emotions.

A mixed method design was favoured as the first two research questions focused on investigating larger scale patterns and trends, and sought to pose structural explanations, which lent itself better to a quantitative mode of investigation. On the other hand, the final research question aimed at generating an understanding at the micro level, emphasising the agency of the practitioner psychologists through an emphasis upon studying their subjective interpretations and perspectives on children's expression of emotions in therapeutic contexts. This was better served by a more qualitative method of analysis. It was important for the researcher to consider both aspects, as they complement each other. The narrative study informed the interview schedule in that it offered a clearer image of children’s patterns in their use of emotion descriptive words; a lack of developmental trend, low expression etc. and the narrative study informed the practitioners on possible levels of expectation for children's use of emotion descriptive words.

The following chapter introduces then discusses the narrative study.
Chapter 3: The narrative study report

The aim of the narrative study was to investigate how children could be given the opportunity to express emotions, knowing that they had the necessary linguistic and conceptual understanding of emotion words. Three narrative styles, which included a picture book story, a first person narrative and a third person narrative, and three age groups, children aged 7, 9 and 11, were selected for that purpose. The picture book story was selected for its investigation power in children's perspective taking ability. The first person narratives allowed for emotions to be contextualised in personal experience and place children in a similar position to a therapeutic situation. The third person narratives on the other hand, were chosen as they show children's ability to recognise emotions of others in their environment in the context of a personal narrative. Prompts were in place to help children start their first person and third person narratives, although they did not aim at excluding any other theme that the child may want to share in their narrative. The research tested the following three hypotheses. The first hypothesis said that there would be a significant difference in the expression of emotions according to the participants’ age, with the youngest group (7 years old) expressing significantly less emotions than the nine years old group, which in turn would express significantly less emotions than the eldest group (11 years old). The second hypothesis affirmed that there would be a significant effect of the task on children's performance, with the children expressing more in the settings allowing for contextualisation, starting with the narrative revolving around lived emotions, naming the first person narrative, followed by the third person narrative and finally the picture book story resulting in the least use of emotion descriptive words. Lastly, the third hypothesis stated that there would be an effect of the interaction of age and task on children's performance, improving it. A 3x3
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ANCOVA, controlling for the number of words in each narrative, was carried out. The covariates were added in order to contextualise the expression of emotions within the whole story that the participant told.

3.1. Method

3.1.1. Participants.

A total of 53 children aged 7 (n=17), 9 (n=17) and 11 (n=19) were recruited from primary and junior schools in the West Midlands. 30 young girls and 23 young boys participated in this study. One participant in the 11-year-old age group was excluded from the analysis for being an extreme outlier. All children were proficient in English and had no known special educational needs.

3.1.2. Materials.

A voice recorder was used to tape the children’s stories and narratives. A story book, 'Frog where are you', by Mayer (1969) was used (see Appendix 3.4. for sample). According to Pennebaker’s (2003) basic point that words reveal their users worlds (and her development of a computer-based, text analysis program to count words), a list of “emotional words”, comprising 383 emotion words was put together from different sources, including the internet, synonym sites, Harp’s emotional list (Appendix 3.5.). In case of emotional upset, therapeutic games, like drawing and breathing exercises, for distraction and relaxation were in place, but fortunately the researcher did not have to make use of them (see appendix 3.6.). Stickers and certificates of participation were given to the children participating in the study (see appendix 3.7. for examples).
3.1.3. Design.

The design of this study was a cross-sectional one in order to collect developmental data from different age groups within a limited time span. A mixed design with a 3x3 analysis of covariance (ANCOVA) was used with the age of participants as between participant variable, the three narrative styles as within participant variable and the lengths of stories were controlled for as covariates.

3.1.4. Procedures.

Ethical approval was gained from Wolverhampton University (see appendix 3.1.). Parental consent was sought before children could take part in the study (Appendices 3.2 & 3.3. for information sheets and informed consent). It was made clear to parents and children that they could withdraw from the study at any time. Confidentiality and anonymity were ensured throughout. The participants’ stories and narratives were audio recorded and later transcribed. The audio recordings and the transcriptions are being held in a secure place for two years before being destroyed. Information that might lead to identification of an individual was removed from transcripts.

For those families of the participating children who wished to receive a summary of the results, they were given the researcher’s professional email address.

Local schools were approached first through a phone call, those that expressed interest were sent a letter (Appendix 3.8. for recruitment letter) and an appointment was made for the researcher to meet with the head teacher.
In the literature, children’s narratives are usually elicited by a range of different methods: pre-set scenarios (Peterson & McCabe, 1983), indicative photos (Drummond, Dritschel, Astell, O’Carroll, & Dalgleish, 2006) or structured prompts (Shapiro & Hudson, 1991). Despite being valuable prompts, they do not provide the contextual value the researcher wanted to aim for. Additionally, the research was not aimed at specifically prompting children to use emotion words, but it was rather directed towards inquiring about the child’s natural speech and voluntary expression of emotions.

In recent research, the usual topics to elicit children’s narratives include, attending a party or receiving a gift (Zeman and Shipman, 1996) or being around a dinner table (Drummond et al. 2006). Shapiro (2003) found that the most frequently used topic by far in narratives, were injuries. In the current study, the interviewer offered a series of different situational topics that children commonly talk about in their everyday conversations (see Appendices 3.9. and 3.10. for examples). The topics suggested, such as an injury, Christmas or a holiday trip, were not mandatory, but rather offered something for the participants to talk about, as a single given prompt was not expected to be successful with all the children. These topics were not mandatory, but rather they offered something to talk about. Only open prompts were used as they provided an open space for the child to create their own picture of the experience being told, independent from the researcher’s conceptual expectations (Nelson & Quintana, 2005). Children were not asked directly to narrate something scary or happy so as not to restrict the diversity of possible emotional expressions of their narrative.

Prior to the data collection, the researcher spent some acquaintance time in the different
schools and classrooms in order to help the children feel more comfortable with the researcher. Before the individual interview started, the researcher and the child had a small introductory chat that aimed at putting the child at ease with the researcher. The researcher then explained the child's rights as clearly as possible, including their rights to withdraw from the research at any time. It was made clear to the child that if they did not wish to participate they did not have to.

In addition, the researcher established procedures for assisting participants who might respond negatively to the study process. Given that the researcher has had more than two years of therapeutic experience with children, she was particularly careful and sensitive to the child's reactions to the interviewing process. She was aware of the importance of helping to empower the child to exercise their right to withdraw or discontinue participation when feeling vulnerable. If at any point the researcher became aware of any upsets or extreme emotional response in the child, a precautionary measure, which included stopping the process and giving the child some time and support to calm down and relax, were in place. Luckily the researcher did not have to make use of these precautionary measures. When there were little upsets, the children were given the option to continue their story or stop. No child was forced or pressurised into completing the story. In the rare case of a small upset, the child was given time and support to return to a more secure emotional state before being let back into the classroom.

Disclosure of such an incident was only made if the event indicated potential harm or risk to the child or someone else, which was not the case with the 53 participants recruited. Even in the case of no emotional upsets, the researcher continuously asked if
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the child felt comfortable, wanted to continue, or preferred to stop. Considering the harmless nature of the questions related to this research, if there had been major emotional upsets and the child could not have been calmed down, the researcher would have suggested making a referral, fortunately this did not happen. In short, as a competent interviewer, the researcher applied the same skills that are necessary for good listening and assessment in therapy and applied the same respect for the participant (in line with Nelson & Quintana's, 2005 critique and Morrow and Richards', 1996 guidelines).

All children were seen individually by the female researcher in a quiet room away from the classroom, but still within the child's familiar environment. The research interview happened in a quiet open space.

Each participant was encouraged to narrate a fictional story (based on a story book), first person narrative and third person narrative. The data for each participant were collected over two days, as it was considered that requiring young participants to fully perform in each of the three tasks in one day was too demanding. One day the interview focused on the story and the other concentrated on the personal narratives (both styles). The order of inquiry between the story and narratives was counterbalanced to ensure validity.

In short, following ethical approval, the 53 children were recruited from, and met in their schools. They were asked to tell their three stories in two separate meetings. Parental consent was sought and rights to withdraw were respected.
3.1.5. Coding.

The stories and narratives were recorded and then transcribed. The occurrence of emotion-descriptive words was recorded using the CLAN (Computerized Language Analysis) programme. CLAN is a child language data exchange system (MacWhinney, 2000). It was used to analyse the data using mainly these three codes:

a) freq +t%cod +s"$EM*" +d0 +s@emotion.cut @, for the frequency of emotion descriptive words

b) mlt +t*CHI @, for the total number of words used in the different types of narratives

c) freq +t*CHI @, to look at the diversity of the language used by the children in their narratives

The frequency of emotion-descriptive words, per story and per age, as well as the total words included in each narrative, was recorded. The emotion descriptive words scores per story ranged from 0 to 10, with only two participants using more than 5 emotion words. As some have argued there seems to be a greater qualitative than quantitative development (Saarni, Mumme and Campos,1998) in children's emotional talk.

3.2. Results.

The descriptive data are reported in table 3.1. It can be seen that both the skewness and
kurtosis scores were very high for the expression of emotions in all narrative style.

Table 3.1: The means, standard deviation, skewness and kurtosis of the emotion descriptive words in the different narrative tasks.

<table>
<thead>
<tr>
<th></th>
<th>Mean (range) of emotion descriptive words expressed</th>
<th>Standard deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Picture book story (N=53)</td>
<td>1.0 (0-6)</td>
<td>1.27</td>
<td>1.64</td>
<td>3.47</td>
</tr>
<tr>
<td>1st person narrative (N=53)</td>
<td>2.11 (0-10)</td>
<td>1.64</td>
<td>2.71</td>
<td>10.48</td>
</tr>
<tr>
<td>3rd person narrative (N=53)</td>
<td>0.17 (0-2)</td>
<td>0.43</td>
<td>2.55</td>
<td>6.31</td>
</tr>
</tbody>
</table>

Additionally, examination of the raw data (Rasmussen, 1985) revealed that there were outliers, including two extreme outliers with high scores (the results of participant 40 and 47). Transformation procedures were undertaken to improve the raw data's distribution, but such efforts did not ameliorate the overall outlook of the analysis. The researcher used a Log Transformation, in the aim of reducing the positive skew of the data. To transform the zero score in the data, the researcher used the log(Xi + 1) formula.

Given the large number of outliers, excluding all of them from analyses would considerably reduce the sample size and be of no benefit to the improvement of further analysis. So a decision was made to focus on managing the two extreme outliers. The homogeneity and sphericity assumptions were further tested with the two extreme outliers excluded in turn.

It appeared that by taking out both extreme outliers the Levene's test value for the third person narrative dropped to 0.001 (Appendix 3.11. for summary table). By removing
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participant 40, the assumptions of analysis were better met in that the assumption of sphericity was being respected (Mauchley's test of sphericity was now non-significant (refer to Appendix 3.12. for more details and a summary table). The Levene's test results showed that homogeneity was by and large upheld for the total of emotion words in the picture book story (p > .05), the first person narrative (p > .05), but not for the third person narrative (p < .05). A decision was made to only remove participant 40 from the data set, as the removal of participant 47 did not improve the overall trend but showed a significant value for the Mauchley's test of Sphericity.

The following table 3.2. shows the new means, standard deviation, skewness and kurtosis for the data without participant 40. The trends reported here are similar to those observed in table 3.1. With the removal of participant 40, there were still problems with skewness and kurtosis indicating issues with normality as seen in the results of the Kolmogorov-Smirnov test (see appendix 3.13.)

<table>
<thead>
<tr>
<th></th>
<th>Mean (range) of emotion descriptive words expressed</th>
<th>Standard deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Picture book story (N=52)</td>
<td>0.98 (0-6)</td>
<td>1.28</td>
<td>1.69</td>
<td>3.61</td>
</tr>
<tr>
<td>First person narrative (N=52)</td>
<td>1.96 (0-7)</td>
<td>1.22</td>
<td>1.56</td>
<td>4.23</td>
</tr>
<tr>
<td>Third person narrative (N=52)</td>
<td>0.13 (0-1)</td>
<td>0.35</td>
<td>2.21</td>
<td>2.98</td>
</tr>
</tbody>
</table>

Nevertheless, although the normality assumption was still not met with the exclusion of participant 40, such a violation did not substantially increase the chances of drawing false conclusions from this study for the following reasons. ANOVA remains a robust
choice of test (Howell, 2009), particularly with the current sample size (>15 participants) and the nearly equal numbers of participants in each cell in the current mixed design. This is especially the case when the skewness for each mean in the data is in the same direction. In this study, the skewness was towards the number 0 in all narrative styles (see table 3.2.). Moreover, p-p plots were carried out to test normality through regressional slopes. Despite not being on a perfectly straight line, the data fit the line approximately and the residuals did not venture too far from the regressional lines. Furthermore, the lines were symmetrical (see appendix 3.14. for graphs).

The decision was taken to overlook the observation that homogeneity is being violated in the third person narrative task, given that the results showed that children rarely express emotion words when narrating a story about someone else. As a point for comparison between emotions experienced and emotions observed, this observation is already of considerable value. However, there is a necessity to suggest that the results obtained from this study may need to be treated with caution.

An Analysis of covariance (ANCOVA) with an Age (between-subject) X Style (within-variable) design was carried out with the total number of words used in the three narratives tasks as covariates. An ANCOVA controlling for the length of narratives was favoured over an ANOVA as it was important to contextualise the expression of emotion within the whole story and its length.

The results showed that there was no main effect of narrative task (F(2, 86)=0.87, p>0.05). Age had no effect on children's expression of emotions with F(2, 43)=2.21, p>0.05. The three covariates did not affect the participants’ performance across the three
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styles independently (words in Frog: $F(2,1)=1.40$, $p>0.05$; words in Self: $F(2,1)=1.10$, $p>0.05$; words in Other: $F(2,1)=0.53$, $p>0.05$) or jointly ($F(2,1,1,1)=0.2$, $p>0.05$)

(Appendix 3.15. for tables showing the results).

However, with the three covariates combined, the interaction between age and narrative style significantly affected the overall performance with $F(2,2,1,1,1)=3.78$, $p<0.05$.

Figure 3.1.: Line Graph showing the participants' performance in the three narrative genres (ANCOVA)

The more or less flat lines across the three age groups in all three styles, in Figure 3.1., indicate little age differences, except for the third person narrative, where there was a
very small increase at age 9 and then a drop for the 11-year-old. The first person narrative showed the highest means for the amount of words used, followed by the picture book story and finally the third person narrative task (with results mostly touching on 0). However, the differences among the three tasks were small. There is a noticeable decrease in 11 year-olds’ performance in the third person narrative task,

For contrasting purposes an ANOVA (Age x Style) was carried out (Appendix 3.16.). The results revealed that there was a highly significant Narrative style effect (F(2, 98)=54.72, p<0.001) but the effect of Age was not significant (F(2, 49)=0.54, p>0.05), nor was there a significant interaction between the two main variables (F(2,2)=0.58, p>0.05 (Appendix 3.15. for detailed results). As clearly shown in Figure 3.2., the differences between the three styles are more marked without accounting for the lengths of the three narratives. Compared to the results of the ANCOVA, it is therefore the case that the observed significant narrative style differences in the ANOVA test were an artefact of children’s talkativeness in the personal narratives. Since children were more willing to talk when accounting for their personal experiences, they were more likely to produce emotion words in such narratives.
Moreover, the need to control for the length of the narrative was highlighted when comparing the unexplained variance ($SS_R$) between the ANOVA and ANCOVA results. The unexplained variance ($SS_R$) has been reduced from 84.03 in the ANOVA test to 42.18 units in the ANCOVA model (see Appendix 3.17. for more detailed results). This reduction indicates more robust results when controlling for the length of the stories in the ANCOVA analysis.

Further analysis of the data was carried out, looking at the positive and negative divide...
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in the expression of emotion descriptive words (Table 3.3.), then at the cause and consequence divide (Table 3.4.) and finally at the type/token ration (Table 3.5.)

Table 3.3.: Means for the Positive and Negative expression of emotional descriptive words in the 3 narrative genres by age.

<table>
<thead>
<tr>
<th></th>
<th>FROG</th>
<th>SELF</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>7</td>
<td>0.6 (0 - 1)</td>
<td>0.76 (0 - 5)</td>
<td>0.94 (0 - 3)</td>
<td>0.76 (0 - 3)</td>
</tr>
<tr>
<td>9</td>
<td>0.24 (0 - 2)</td>
<td>0.71 (0 - 3)</td>
<td>0.65 (0 - 3)</td>
<td>1.29 (0 - 3)</td>
</tr>
<tr>
<td>11</td>
<td>0.05 (0 - 1)</td>
<td>1.16 (0 - 4)</td>
<td>0.79 (0 - 4)</td>
<td>1.84 (0 - 6)</td>
</tr>
</tbody>
</table>

A Pearson’s chi-square was carried out to determine whether there was a difference among the three age groups in their use of positive emotion words and then age and the occurrence of negative emotion words. There was no significant association between and the occurrence of positive emotional words with X² (8)=9.03, p>.05. There was also no significant association between age and the occurrence of negative emotional words X² (16)=11.97, p>.05.

The data underwent similar analysis for the cause consequence divide (Table 3.4.).

Table 3.4. : Means of the emotion descriptive words expressing a consequence or a cause to an action for the three genre and ages.
A Pearson’s chi square was carried out to inquire if age was related to the use of emotion descriptive words as a cause or consequence to an act. There was no significant association between age and the occurrence of emotional words as cause of an action $X^2(6) = 5.64$, $p > .05$. There was no significant association between age and the occurrence of emotional words as consequence of an action $X^2(14) = 19.34$, $p > .05$ (See Appendix 3.18 for details and Chi-Square Tables).

Finally this section presents the means and type/token ratio, looking at the diversity of language used by the children in the different story types.

Table 3.5.: Frequency means, total number of words used means and typo/token ration means.

<table>
<thead>
<tr>
<th></th>
<th>Frequency (mean) (min - max)</th>
<th>Length of narratives in words (mean) (min - max)</th>
<th>Diversity of language in narratives: Type/Token (mean) (min - max)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Picture Book Story</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=52)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 (N=17)</td>
<td>0.82 (0 - 6)</td>
<td>288.24 (76 - 420)</td>
<td>0.39 (0.30 - 0.59)</td>
</tr>
<tr>
<td>9 (N=17)</td>
<td>0.94 (0 - 3)</td>
<td>264.12 (163 - 359)</td>
<td>0.41 (0.34 – 0.50)</td>
</tr>
<tr>
<td>11 (N=18)</td>
<td>1.21 (0 - 4)</td>
<td>277.11 (56 - 500)</td>
<td>0.43 (0.31 – 0.66)</td>
</tr>
<tr>
<td><strong>First Person Narrative</strong> (N=52)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 (N=17)</td>
<td>1.71 (1 - 4)</td>
<td>194.94 (37 - 590)</td>
<td>0.52 (0.35 – 0.76)</td>
</tr>
<tr>
<td>9 (N=17)</td>
<td>1.94 (1 - 3)</td>
<td>197.06 (71 - 422)</td>
<td>0.51 (0.38 – 0.63)</td>
</tr>
<tr>
<td>11 (N=18)</td>
<td>2.63 (0 - 10)</td>
<td>255.47 (94 - 1004)</td>
<td>0.48 (0.30 – 0.63)</td>
</tr>
<tr>
<td><strong>Third person narrative</strong> (N=52)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 (N=17)</td>
<td>0.12 (0 - 1)</td>
<td>110.47 (40 - 228)</td>
<td>0.63 (0.45 – 0.90)</td>
</tr>
<tr>
<td>9 (N=17)</td>
<td>0.24 (0 - 1)</td>
<td>111.18 (50 - 273)</td>
<td>0.61 (0.46 – 0.70)</td>
</tr>
<tr>
<td>11 (N=18)</td>
<td>0.16 (0 - 2)</td>
<td>120.53 (51 - 235)</td>
<td>0.60 (0.45 – 0.84)</td>
</tr>
</tbody>
</table>
3.3. Discussion.

Past research has shown that children's emotional vocabulary increases (Ridgeway & Kuczaj, 1985) and becomes more complex with age (Campos, Mumme, Kermoian, & Campos, 1994), but does not specify with what frequency emotion words occur in narratives. The study looked at school children's (7-11) ability to express emotion descriptive words in three narrative styles while controlling for the length of the stories. The purpose of this study was to help practitioners working with children gain a better understanding of the level of emotional words content that they can expect from their young clients at different developmental stages. Moreover, the results have implications for how therapists can best approach their young clients in the therapeutic environment in order to elicit emotion descriptive words.

The results indicated no straightforward age change nor task effect in the expression of emotion words in the chosen age range, when the length of stories was controlled for. Instead, the results showed significant interaction, though a very small one, between age and task effects on the expression of emotions when the lengths of the three stories combined were amalgamated. The three hypotheses will be looked at in turn in the followings for a more in-depth discussion.

**First Hypothesis: there would be a significant increase in the expression of emotion according to the participants’ age. The amount of expression would be greater in the 11 years old group, then would follow the 9 years old group and finally the 7 years old group would have the smallest amount of expression.**

The results of the ANCOVA did not support the first hypothesis, as the frequency did
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not significantly increase with age when the lengths of stories were controlled for. Overall, the means for the expression of emotions in the three story styles in all the ages were fairly low, especially in the third person narrative.

Logan and Graham-Bermann (1999), who looked at the expression of emotion descriptive words elicited by projective stories with participants aged between 7 and 11, did not find either that age affected the overall quantity of emotion words used. They noticed a sophistication of the words employed but not an increase in the quantity of words utilised overall. This is also consistent with the findings of the current study in that the participants did not significantly increase the overall quantity of emotion words used but the three age groups differed in the types of emotions they expressed. Therefore, there may be a subtle developmental trend that should be further explored in future research.

According to Geldard and Geldard (2002), picture books are particularly helpful at eliciting expressions of emotion in therapeutic contexts with children that are younger than the ones recruited for this research (see Table 3.3.), which might mean that for the 11-year-olds, the story becomes only a moderately suitable medium to help them express emotions. As Geldard and Geldard (2002) indicate, after a certain age, stories, like the picture book story used in the present study, are less appropriate to elicit emotions in the therapeutic context. This observation might partly explain the non-significant developmental trend observed in the picture story task.

It can be observed that there was a growing subtlety in the words used, particularly in the first person narrative. The 7-year-old's choice of vocabulary appeared to be more
basic, revolving around the primary emotions of ‘scared, excited and happy’ without further distinction in, or intensity of, the emotion. On the other hand, in addition to the prominent use of ‘scared’ in their first person narrative, the 9-year-olds were more specific in distinguishing between feelings of ‘panicked, terrified or shocked’. It seems that by the age of 9, the children who participated in this study moved away from the four basic emotions of happy, sad, scared and angry, by using synonyms of the primary emotions in the recalled event. The 11-year-olds added a further dimension to their choice of words, which included words like ‘embarrassed, proud, relieved and disappointed’. These types of secondary emotions, which develop after the primary ones (happy, scared, sad and angry), depend on a degree of understanding of how others perceive the speaker and the situation. The use of ‘self-conscious emotions’ (p.185; Lewis, Sullivan and Barone, 1991) indicates a shift in the quality of emotion descriptive words used by the 11 years olds. This could demonstrate that they start taking their environment into consideration for the perception of their emotions. Furthermore, this action leads to socialising of their emotions showing a new dimension in the experience and expression of emotions.

Table 3.6. : Suitability of media and activity for various age groups from Geldard K. & Geldard D. (2002). Counselling Children: A Practical Introduction (2nd Ed.)

<table>
<thead>
<tr>
<th></th>
<th>Pre-school 2 to 5 years</th>
<th>Primary school 6 to 10 years</th>
<th>Early adolescence 11 to 13 years</th>
<th>Late adolescence 14 to 17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book/Stories</td>
<td>Most suitable</td>
<td>Suitable</td>
<td>Least suitable</td>
<td>Most suitable</td>
</tr>
</tbody>
</table>

It is also likely that the ages chosen (7, 9 and 11) may be developmentally too close to
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allow for the occurrence of developmental changes to transpire in this design. When looking at the results between the 7 and 11 years old, there already seems to be a clearer trend, especially in the first-person narrative, where at 7 years of age the absolute frequency value equated (1.71) and at 11 it was (2.22). This shows a more noticeable increase. Using more disparate ages may have helped to observe a stronger developmental trend in the use of emotion descriptive words in children's narratives.

On the other hand, Kendall (2002) argues that age may be a poor marker of important developmental changes anyway. He argues that social, emotional, physical and cognitive developments do not all occur at the same time, thus to use age as a marker for development may not be sufficiently sensitive to the complexity of child development.

**Second Hypothesis: There would be an effect of the narrative style on the number of emotion descriptive words used. The expression would be higher in the contextualising prompts, starting with the narrative revolving around lived emotions, naming the first person narrative, followed by the third person narrative and finally the picture book story resulting in the least use of emotion descriptive words**

There was no effect of narrative style on the children's performance in the expression of emotions when the lengths of the narratives were controlled for in the ANCOVA analysis. The significant main Narrative Style effect observed in the ANOVA may stem from an artefact that those who talked more allowed for the occurrence of emotion descriptive words to grow proportionally. As children were keener to talk in the personal experience narratives, their performance was significantly better than the
picture book story or the third person narrative tasks. However, contextualising the expression of emotion descriptive words by including the lengths of the narratives as covariates homogenises the task effect in the ANCOVA test.

Contrary to Hermans' (1999) and Androutsopoulou's (2001) statement that, being able to tell a narrative from a personal perspective would enable the teller to contextualise the expressed emotions (which facilitates the expression of more emotions), these findings showed that the expression of emotion in the first person narrative was still proportionate to children's general narrative ability to recount their personal experience. The non-significant narrative style effect showed that the participants were not more likely to express emotion in the first person task than they were in the other two tasks. So, while keeping in mind that, when the lengths of the stories were taken into account, the expression flattened (see Graph 3.1. in results section), the first person narrative still elicits the most emotion descriptive words. For the therapeutic context, this might indicate the importance of using media of expression, which are relevant to the child, their personal experience and their interests (here their personal life).

In therapy, the importance of contextualising emotions may be manifested by refraining from using closed questions when approaching children of the ages studied in this study, as these decontextualise children's answers. As shown in most child counselling textbooks, closed questions often lead to short answers and if the children expand on their reply, their answer is likely to be limited by the closed question asked. In addition, the professional working with children will often be faced with resistance when asking closed questions (Hutchby, 2007), as children (like most clients) often try to avoid emotional pain during therapy (Geldard & Geldard, 1997). Using closed questions
merely provides them with an opportunity to deflect the subject being discussed, whereas an open question may offer an opportunity to contextualise the answer. The current results suggest that when given the option to contextualise a personal experience within a narrative, the children were more talkative. Additional research investigating the importance for contextualisation in the expression of emotions is needed to further investigate this hypothesis.

The overall lack of expression in the two narratives revolving around the telling of events outside the narrator's field of direct experience, namely the picture book story and the third person narrative, may be explained through functionalist theorisation. As Frijda (2007) argues, functionalists believe that expressing emotions is often seen as an engagement with the world. It occurs in the dynamic interaction between two individuals and the social contexts the speaker finds him or herself in. As such, it is a goal orientated action (Mesquita, 2002; Kagan, 1994; Saarni et al., 1997). Solomon (2003) adds that through the action of expressing emotions the speaker, here the child telling the narrative, aims at changing or maintaining the relationship with the interlocutor. This phenomenon usually happens in a context where the interlocutor can respond to the interaction by showing an understanding of and support for the emotions being exposed as conveyed through verbal and non-verbal cues. Doing so, the interlocutor then indicates an engagement with the speaker and meets the speaker with the required emotional response, like for example empathy or support. The humanistic approaches to psychotherapy, especially the person-centred one, have recognised this phenomenon. Accordingly, expressing emotions then aims at securing an understanding of the utterance as an attempt to act through communication (Bishop & Baird, 2001). This way of interaction occurs more easily in the context of therapy, than in a research
format. Further research, probably based in a more qualitative methodology could aim at observing this phenomenon directly in the therapeutic room with children.

However, in this research, this communicative element has involuntarily been removed from the interaction between the researcher and the child telling the narrative for two reasons. The researcher tried to engage in the conversation with minimal prompts by encouraging the narrative with expressions like “Uh-uhm”, “okay” and head nodding so as not to influence the child’s performance. Moreover, the child narrator's personal emotions in the picture story and the third person narrative were not as involved, but someone external to them. The potential wish for an impact on the relationship, by narrating something, was reduced in these two tasks, as the child was not revealing a personal emotional experience, but was just following instructions. This may have turned the picture book story and the third person narrative into an exercise rather than a moment of communication. In short, if there is no discursive context for the child’s expression of emotion and especially if there is no space for the expression to act upon the recipient, the child seems to be more restricted in the degree and frequency of emotional expression.

Close examination of children's expression of emotions in the picture book story shows that these expressions were appropriate to the context of the pictures being shown and the story they tell. In fact, the participants of all ages mainly expressed positive emotions at the beginning or the end of the story (when discussing pictures 1, 26, 27 and 28) and negative emotions when the context and picture call for them. This can be seen as an indicator that the performance of the children of all ages, though limited, is adequate.
It could be explained by Berman and Slobin's (1994) observation that the picture book story's wordless presentation of a readily understood plot enables adequate expression. The given structure makes for a better narrative with sufficient complexity to allow for the expression of the emotions portrayed on the pictures. The data set presented here seems to only partly reflect Berman and Slobin's thoughts about the strength of such stories, as even though the children's expression is appropriate to the structure given, it is still lower than in the first person narrative.

Moving over to the 3rd person narrative, it is interesting to observe that the results for that narrative style are very weak (see table 3.2.). Although this story was mainly used as a contrast to the first person narrative and more precisely as a comparison point to look at differences in expression between experienced and observed emotions, it is important to analyse its results further. It was observed that the response time was much longer for this task. This prolonged silence was usually followed by questions such as “who can I talk about?” or “can I talk about X?”. This could indicate a decrease of spontaneity in the production of the narrative and a need to think and go through a selection process for a protagonist prior to even starting the narrative. Such an influence might have a stronger impact on the oldest children as a trade-off for their growing awareness of what constitute as a successful narrative, which might be reflected in the drop of the 11 years old performance in the third person narrative (see graph 3.1.).

It is worth noting that despite the very low means of emotional expression in the third person narrative, this does not mean that third person narratives have no value in therapy, their use may just be limited to voluntary expression of emotion descriptive
To sum up, prompting the story vaguely by asking the children to talk about someone else seemed to have complicated the task for the participants. Given that they were not the protagonist of the third person narrative, they were recounting a lived experience that was not directly their own. As a consequence the children seemed to have struggled to tell long or emotion-laden stories, whereas the self-narrative was about them and most children knew directly what they wanted to talk about with seemingly higher levels of motivation and enthusiasm. On the other hand though, giving a more specific instruction, like for instance asking for a story about a parent, would have been insensitive and unethical, as the researcher had no prior knowledge of the participants' family structure.

According to Berman and Slobin (1994), the efforts that the children would usually put into structuring the story line and organising the events (as needs to be done in the third person narrative) can be used to make the narrative richer in the picture story task, hence more likelihood of depicting emotions observed in the story. However, despite the given structure, the picture book story elicited lower means than the first person narrative. Moreover, despite being given a possibility for contextualising past experiences in the third person narrative (as in the first person narrative), the children performed poorly. The third person narrative seemed to have suffered from the negative aspects of both the first person narrative and the picture book story, namely, the lack of structure and the fact that the experience did not happen to them directly.
Third hypothesis: There would be an interaction between age and narrative style, significantly improving the participant’s expression of emotion descriptive words.

It is difficult to conclude that a specific type of story is definitely better for the expression of emotions. On the other hand, the results of ANCOVA show a significant interaction between the Age and Narrative Style effects when the three covariates were jointly controlled for in the analysis. It is not the narrative length per se, nor the story style or age that seemed to impact on the child’s abilities to express emotions. Independent of their ability to produce narratives, the contrasts between the three tasks were most observable in the oldest children’s much reduced performance in the third person narrative task (see graph 3.1.).

The interaction results seem to show that one common pitfall in past research was to isolate the analysis of expressions of emotion words and not to realise that the development of such expressions results from a broader number of different interacting elements (here: age, narrative style and narrative length). This is echoed in meta-analyses looking at the benefits of therapeutic input for children (Casey & Berman, 1985; Weisz, Weiss, Alicke and Klotz, 1987; Kazdin, Bass, Ayers, Rodgers, 1990; Weiss and Weisz, 1995). It is not a specific approach but rather a combination of therapeutic approach, skills, client-therapist collaboration and relationship, that have an impact on outcomes. These studies on treatment outcome involving children averaging age 12 or younger reveal that effects did not differ as a function of the therapeutic format. More importantly, the length of treatment in isolation did not show either to be related to the effects of therapy on the well-being of the child, but a well organised amalgamation of the important elements is more relevant to useful and successful therapy.

Further look at the data
This section starts by taking a closer look at the positive and negative divide in children's choice of emotion words. Then, the different functions (cause or consequence) in the use of emotion words is analysed. Finally it will look at the diversity of language used by the participants in the different story genres.

Watson and Clark (1992) highlight that emotion descriptive words can carry either a positive valence (e.g., happy) or a negative one (e.g., sad). The two types of valence have been found to trigger distinct styles of cognitive processing with negative emotional expression being associated with a more elaborate and detailed style of cognitive processing (Cacioppo & Gardner, 1999). Furthermore, in recent studies, Schrauf and Sanchez (2004) explain that positive experiences are associated with a more general, script-based, less-specific style of cognitive processing. Gordon (1989) explains that children tend to use emotions that have been shown to be valued by those around them, particularly their family and social context. So, children can be socialized not to express certain emotions, if they have learned that they are less valued or to receive less response in their personal or cultural environment. More specifically, in past research on the social-regulatory aspect of emotion expression in general (not verbal expression), children viewed their mothers as supportive of expressions of sadness and fear because of expectations of support and sympathy (Zeman and Garber, 1996). These findings suggest that the expression of negative emotion has an adaptive function. Children's decisions to express sadness and fear appear to be based on the expectation of receiving a positive interpersonal reaction. These findings are consistent with research demonstrating that the primary reason children report negative affect is to receive emotional support (Casey & Fuller, 1994; Zeman & Garber, 1996). Table 3.3.
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(in results section) reports the means for positive and negative emotion descriptive words utilised in the different narrative tasks followed by the Pearson's Chi-Square results, which show no significant association between age and the use of positive or negative emotion descriptive words.

It has to be noted, that in this study, children were offered different ideas and themes for their personal narratives, including a fight or injury, playing outside with friends and a New Year's or Christmas story. Looking at the thematic chosen by the participants of all ages, there was a predominance for the narratives revolving around an injury. Also adventures and trips to various countries and theme parks were chosen on many occasions, but rather than narrating the exciting aspects of these events, most children would explain the fears they experienced on the plane and rides for example. Bohanek, Fivush and Walker (2004) report that narratives with more negative emotional tones were more successful at eliciting uses of more negative emotion words than positive words elicited by those with a positive tone. They suggest that the use of more negative emotion words indicates greater efforts at meaning making in negative narratives. Similarly, Habermas, Ott, Schubert, Schneider, and Pate (2008; confirmed by Habermas, Meier and Mukhtar, 2009) investigating the idea that negative events evoke more efforts at understanding and evaluating emotions in narratives, report that children's narratives revolving around a negative event involve more emotion words than positive narratives. The participants' overall subject selection though, in combination with the theory introduced above may point towards an effort of the participants for meaning making, as there seems to be a higher percentage of negative narratives. Additional research, which may be more focused on the positive and negative division in emotional expression, could aim at further investigating and understanding
Secondly, emotions can function as either a cause or consequence to the environment. Beckwith (1991) explains that both uses involve linking internal feelings (emotions) to situations, but that there is a qualitative difference between the two applications. As Cervantes and Callanan (1998) say, using emotion words to link emotion experience with its causal effects on self and others requires the child to possess developed skills. These abilities include insight and an understanding of the self, and additionally an appreciation of the impact of emotions on behaviour, thinking and environment. On the other hand, using emotion descriptive words to illustrate a consequence of an act rather displays a statement of fact with less self-awareness, and thus denotes less sophistication on the part of the child concerning their impact on their environment. The function of the emotion expressed either as a cause or consequence to the environment was examined (see results section, Table 3.4. and the following paragraphs). The chi-square results show that there is no significant association between age and the occurrence of emotion descriptive words as cause or consequence.

Past research has shown that children as young as 2 years old can give emotion-related explanations in everyday conversations (Dunn & Brown, 1991), whereas the link of experienced emotions causing events and behaviours only happens later in development (Tracy, Robins, & Tangney, 2007). The awareness of emotions causing a specific line of events is a relatively complex process which includes self-awareness, a sense of social identity and perspective taking (Stipek, 1998). The relative paucity of such use and the absence of developmental change may indicate a lack of this self-consciousness in the ages studied in this research. Research revolving around self-conscious emotions has
Amélie Zeimet inquired about this tendency to attribute an event to internal causes (Lewis, 2000; Tangney & Dearing, 2002), with internal attributions for failure tending to generate guilt or shame, whereas internal attributions for success lead to pride (Tracy & Robins, 2007).

In the therapeutic context, both functions of emotion descriptive words, be it cause or consequence, are welcomed, as both show at least emotional awareness to a certain extent. Often therapy focuses more on emotions as consequence by requiring the child to recognize what emotion was brought forward by an event. It may however be over-ambitious to expect young clients of the ages between 7 and 11 to be able to see their own emotions as causing a specific line of events. In the light of the results presented here, it may be interesting to further investigate this use of emotion words to go beyond self-conscious emotion words to include all emotion words.

Finally, in order to further look at the quality of the participants' narratives, Table 3.5. in the results section presented the mean of emotion words, the mean lengths of the narratives produces (indicated by the total words used in the narrative) and the diversity of the language used by the children in their narratives (measured by the type/token) in the three age groups across the three tasks.

When looking at the length of stories, it can be observed that there is not a considerable difference between the picture book story and the first person narrative. The third person narrative on the other hand, shows smaller means. It seems that the ready-made plot in the picture book story and opportunity for contextualisation in the first person narrative allowed for more and longer overall narratives. Interestingly, the oldest children showed a more improved performance than their younger counterparts, when
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the story length was concerned in the first and third person narratives.

On the other hand, even though the third person narrative has shown the worst results in most measures discussed thus far, here it presents the highest scores in the diversity of speech as measured by the type/token ratio. This could be due to its shortest length in comparison.

In short, this chapter discussed the various findings resulting from the data collected. The lack of developmental trend was discussed. Despite the lack of statistical significance of the task, the discussion analyses the different narrative genres and their potential role in the amount of emotion word expression in this design. Finally, further aspects of the findings were approached, including the positive and negative proportion of emotion words expression, the quality of speech noted and the cause and consequence use of emotion word. Some findings presented here, make it difficult to draw any firm conclusions. They rather offer and show some interesting observations, which would need to be replicated with more extensive measures to gain stronger evidence. The following section will present the reader with some concluding comments.

**Conclusion.**

The most striking pattern across this study is the relative paucity of significant findings for a developmental trend. Further research could aim at recruiting a bigger sample for each age group to increase the opportunity to catch subtle changes in development when the ability to express emotions is concerned. On the other hand, Kendall (2002) explains
that age may not be the best marker for developmental changes, so further research could aim at matching participants for cognitive, linguistic and emotional development level when carrying out a similar research. Finally, a qualitative difference was observed: with age the complexity and sophistication of the words used increased. A different approach to data analysis may be more productive instead of focusing on quantitative changes in future research.

Finally, another possible explanation for the results could also stem from the research procedure: a child is asked to tell a story to an adult while being audio-recorded. This configuration could have potentially made the participants feel a certain degree of pressure to perform. Studies investigating the impact of stress on the use of internal state language, including the use of emotion descriptive words in children's narratives, show that when children experience high levels of stress, they include fewer emotion words in their recall of events in narratives (Fivush & Baker-Ward, 2005; Sales, Fivush, Parker & Bahrick, 2005). The researcher only met the participants a couple of times before the interviews were carried out, so even though her approach to the children was soft and understanding and the interviews were happening in a safe environment, there was an intrinsically stressful aspect in being asked to carry out tasks in front of an adult while being recorded. Further research could aim to look at how long practitioners might have to wait until they can expect to have reduced this inherent anxiety before they will be able to access the emotional content of their young clients’ narratives.

Indeed, taking individual differences into consideration, it would be interesting to investigate the average amount of sessions needed for the child to start feeling at ease with revealing emotions in the context of therapy.
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Upon reflection, the researcher also believes that the schools the children were recruited from may have played a role in the results. The children were recruited from three separate establishments, which may have constrained the results, as there may be a lack of variation in the experiences leading to development changes in the expression of emotions in children. In fact the children probably had a similar academic experience and input. Thus, further research could try to recruit from a larger number of schools, from more diverse backgrounds. Some more confounding variables may need to be taken into account for further research. For example, gender was taken as a demographic detail, but not used in the statistical analysis. Ethnicity could also potentially be an important confounding variable.

Furthermore, it has to be acknowledged that some words that were of emotional valence have been left out of the analyses. They were not part of the extensive list used for the purpose of the research. Words like “nice, fun or cool”, which do entail an emotional evaluation of a situation or event and an expression of appreciation or rejection, were not included in the analysis. This informed decision reduced the potential frequency.

Also, the relative absence of expression may have stemmed from moderating factors that were not assessed in the current study. As Kazdin (1990) explains, those factors are often difficult to measure and to incorporate into a study without making it considerably more complicated. As the scope of this research focuses on the naturally occurring expressions of emotion descriptive words, different demographic factors (social economic status, family structure and size, history of mental health, etc.) were not accounted for. It is possible though, that for any particular child, any one of a number of different factors may have led to expression or non-expression. Further research could aim at controlling for these potentially confounding variables.
The observed, yet not statistical significance of the task effect on the amount of emotion descriptive words indicates the importance of offering children an opportunity to contextualise the expression of their emotions within a narrative. The picture book story presented its own useful aspects, as it provided the narrator with a ready given structure allowing for emotion words to occur in the discourse, but it still showed fewer emotion words than the first person narrative. Finally the third person narrative, despite presenting the narrator with an opportunity for contextualising the emotions, seems to have suffered the disadvantages of both previously mentioned narrative styles discussed thus far.

This leads the report to consider some implications of this research for counselling practitioners themselves. Given that there is little literature telling professionals what to expect when working with children, this research tried to establish a baseline for expectations of emotional expression in children and young adolescents' speech. This can direct professionals in their approach and expectations of emotional expression in therapeutic contexts with children. The means of emotional expression per story, show that overall there are few emotional expressions volunteered in children's narratives when interviewing children from 7, 9 and 11. The first person narrative is shown in this research to elicit the most emotion words. The low frequency noted, however, suggests that irrespective of age or story type, children do not voluntarily use many emotion words in their speech. It can cautiously be inferred that counselling psychologists working with children can expect low expression and as a consequence should not try to base their main intervention on the use of direct expression of emotion words. On the other hand, the results show that a well thought through combination of the different
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elements that make up the child in therapy, namely the age, the narrative style and ability to produce narratives, do have an effect on the children's expression. However, supplementary exploration is still needed to further investigate the comments made above.

As a final thought, the researcher hopes that this research has sparked future researchers' curiosity on this subject and it would inspire more larger-scale research projects.
Chapter 4: The interview study

The aim of the interview study was to investigate the experience and expectations of professionals working therapeutically with children. Feeding into the idea of this part of the research is an observation from my personal clinical experience with children. There seemed to be a hiatus between what professionals (me included) were told and expected to do and the reality of carrying out therapy with children. The researcher decided to focus on and recruit psychology practitioners, including counselling and clinical psychologists who have worked professionally (training not included) with children for a period of at least six months. These criteria ensure that the psychology practitioner has been in contact and has worked therapeutically with a diversity of children. The mode of analysis, thematic analysis, was chosen for its flexibility in analysing qualitative data. Furthermore, thematic analysis seeks to explain the how and why questions of the phenomenon under study (Chamberlain, 2000). Given the broad overall research question and the lack of information in the literature, thematic analysis stood out as the most appropriate methodology. The objective was to explore counselling psychologists’ views and expectations of young clients’ ability to express emotions.

Method.

4.1.1. Pilot study overview.

A pilot study with colleagues was carried out to examine the general flow of the interviews and the validity of the methodological procedure. Also the researcher used the pilot study to familiarise herself with interview procedures and to gain confidence in carrying out the interviews. Ethical procedures were respected as explained below. The
data collected in the pilot study were not included in the five interviews neither presented nor analysed for the final report. Through participants' feedback and by listening back to the tapes, questions that appeared to be too direct or leading were either taken out or reformulated.

4.1.2. Participants.

Participants from different child and adolescent mental health services were invited to participate anonymously in the research. A voluntary sample of 5 practitioner psychologists, who worked with children, was recruited, comprising 4 counselling psychologists and 1 clinical psychologist. All participants were females. The main inclusion criteria for the research were to be presently working with children therapeutically and to have done so for a minimum of 6 months. Additionally, participants had to be working at least on a part-time basis with children. The participants' post training working experience with children ranged from 2 to 12 years, with most having 3-4 years of experience. With the aim of preserving anonymity, details that would lead to the identification of participants were removed or changed.

Pseudonyms were chosen for all participants:

- Julie: 35 years old, chartered counselling psychologist, has been working with children for 5 years within a school. She initially worked with adults, but throughout her training she developed an interest in working with children.
- Marie: 38 years old, chartered counselling psychologist, has been working with children for 4 years within a multidisciplinary CAHMS team. Her placements were initially with adults. In her third year, Marie decided to broaden her
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horizon and decided to enter a placement working with children.

- Mel: 29 years old, chartered counselling psychologist, has been working for 2 years with LAC, looked after children.

- Jo: 31 years old, chartered counselling psychologist, has been working with children for 3 years as part of a multidisciplinary CAHMS team.

- Kate: 40 years old, chartered clinical psychologist who has been working with children for 12 years within a multidisciplinary child and adolescence service. She is currently the principal clinical psychologist of the service.

4.1.3. Ethics.

At the beginning of the research process, ethical approval was sought and gained from the University of Wolverhampton’s Ethics Committee. NHS ethics approval was not sought, as participants were not approached as NHS representatives but as individuals. Participants were approached through recruitment letters (see appendix 4.1.). The interviews were carried out outside participants’ working hours. Prior to taking the interviews, participants were presented with a consent from, informing them of their right to withdraw at any point (see appendix 4.2.). It also ensured that confidentiality and anonymity were and would be respected throughout. Furthermore, participants’ consent to audio-record the interviews was sought.

The audio recordings and the transcriptions are being held in a secure place for two years before being destroyed. The researcher made sure that information that might lead to identification of an individual was removed from transcripts.
4.1.4. Material.

A voice recorder was used to record the semi-structured interview with the practitioners. An interview schedule was designed and used for the semi-structured interviews (Appendix 4.3.)

4.1.5. Design.

The aim of this exploratory research was best served by a qualitative approach. Thematic analysis was chosen as most appropriate, as it aims at exploring data by identifying organising features of the text. Given that the research question is quite broad, a bottom-up or inductive analysis led by the data was more appropriate. Additionally there is no sufficient information in the literature to draw up a coding schedule. Thematic analysis is a method for “identifying, analysing and reporting” themes within data (Braun & Clarke, 2006; p.79) and interprets various aspects of the themes (Boyatzis, 1998). Furthermore, it was privileged for its accessible and theoretically flexible approach to analysing qualitative data, which allowed uncovering novel aspects around the topic being investigated.

Additionally the focus of the analysis is to extract explicit themes from the data in order to gain a better understanding of the underlying ideas driving them. In short the following part is based on an essentialist and realist framework.

The semi-structured interview schedule was designed to investigate some practitioner psychologists’ knowledge of children’s ability in expressing emotion. The questions
were designed so that they were open and non-leading. Furthermore they aimed at allowing participants to freely express their perspectives. The participants were asked about their expectations of children’s and young adolescents’ emotional talk and about their opinion on the level of difficulty/easiness for children and young adolescents to discuss their emotion, as these were the domains I struggled most with. Additionally, the interview inquired about the participants’ use of questions and techniques to help the children express emotion descriptive words. The responses to such questions could be of help to practitioners experiencing a lack of emotional talk during therapy with their young clients. Finally, the interview included a question aimed at eliciting information on the way in which the participants’ beliefs about children and young adolescents’ emotional expression informed their practice. These questions emerged from discussions with colleagues, supervisors and personal experience. They aim at getting to information possibly helping practitioners working with young clients, but not yet available to them.

4.1.6. Procedure.

The participants were recruited from different child and adolescent mental health services. They were approached through a recruitment letter. A time was arranged and the interviews carried out. The interviews were held at a location convenient to the participants outside their working environment. Before starting the interview the participants read and signed the informed sheet and consent form. The researcher made sure that the participants had a full understanding of their rights throughout the research interview.
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Each participant individually took part in an audio-taped, semi-structured interview with the researcher (see Appendix 4.3. for interview questions). The interview lasted for approximately 15 to 30 minutes and consisted of their expectations and perceptions of children’s emotional expression.

On completion of the interviews, all participants were asked whether any issues had arisen from participating in the interview. De-briefing was offered directly afterwards to ensure any possible feelings of uneasiness were alleviated.

The interviews were transcribed by the researcher (see confidential attachment). Information that might lead to identification of an individual was removed from transcripts, so that confidentiality and anonymity was ensured throughout.

### 4.1.7. Analytic strategy.

Thematic analysis of the transcripts was undertaken. This entailed reading and re-reading of the transcripts individually and in relation to each other. The researcher initially aimed at looking for similarities between the different participants' transcripts, but due to the personal nature of the questions in the interviews, some participants converged in their answers, while others argued different positions. The themes focused on representing mainly similarities between the transcripts, while respecting the divergence between some of them. The themes began to emerge by organising items relating to similar topics into bigger categories. Information was combined by cataloguing related patterns into sub-themes and ultimately, into main themes. After developing these, the researcher then went back through the data and re-examined the
original data (axial coding), to ensure that information was relevant and contradictory information had not been overlooked. In short, the themes emerged from both inductive and deductive processes. In fact the themes were first derived from particular expressions and facts given by the participants into general themes. Then the researcher went back to the transcripts to further feed the general themes.

For the validity and reliability of the themes chosen by the researcher, and the transparency of the process, extracts of the transcripts were shown to a trusted colleague with experience in thematic analysis to check whether he/she observed the emergence of similar themes. Discussions and ideas shared led to the restructuring of the last theme, namely “the importance of the therapeutic relationship”. Initially, the researcher framed it as “skills needed to work with children”, but realised that a broader theme was more appropriate.

4.1.8. The researcher.

As a final point, it should be noted that despite following a bottom-up approach, the qualitative analysis inevitably carries an interpretative aspect. It is important that I position myself so that the reader may judge the extent to which my experience may have influenced my analysis and the themes chosen. My experience previous to entering the counselling profession was in a day care centre with adolescents up to 18 years of age with learning difficulties. The placements I entered at the beginning of the course were within child and adolescent services. I myself struggled with engaging young clients in emotional talk, which sparked the idea for this research.
The interview analysis.

Thematic Analysis Grid

(Showing a quick overview of where in the transcripts themes can be found)

<table>
<thead>
<tr>
<th>Participants' main themes</th>
<th>Participants' sub-themes</th>
<th>Julie</th>
<th>Marie</th>
<th>Mel</th>
<th>Jo</th>
<th>Kate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adultomorphic tendency</td>
<td>Low expectations</td>
<td>L.21: Adults are fairly good at this</td>
<td>L.15,16: I know it's much harder for them in general, but in particular, it depends</td>
<td>L.3,4: I think that for adults this would be the whole spectrum of emotions with differing levels of severity.</td>
<td>L.4,5: I would expect them to use basic emotional words to express their feelings</td>
<td>L.18-21: we underestimate how well children can... err... children can talk about their emotions. Some people often assume that they do not have the language to express how they feel, but I disagree.</td>
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<td></td>
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<td>L.23: it's not always as clear with children</td>
<td>L.18,19: expect them [children] to be able to err express emotions, but they often don't</td>
<td></td>
<td>L.6: [express] without really reaching articulation</td>
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<td></td>
<td></td>
<td>L.24: [children] use less words for emotions</td>
<td></td>
<td></td>
<td>L.15: I expect them to have poor emotional talk</td>
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<td></td>
<td></td>
<td>L.34,35: not the easiest thing to do</td>
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<td></td>
<td>L.24: they [children] find it even more difficult</td>
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<tr>
<td></td>
<td></td>
<td>L.35: factual in their descriptions</td>
<td></td>
<td></td>
<td>L.30: [children] need more time to express emotions</td>
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<tr>
<td>Rationales for lack of emotional verbal expression in children's speech</td>
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</tbody>
</table>
| **L81,82:** her Wittiness and children's general capacity to see the positive in everything  
**L115,116:** I would guess there may be a lack of vocabulary or a | **L25-28:** I am not sure why they don't, probably a mixture of not knowing for some, stress for others and a lack of vocab for others again...if they do, I | **L12-13:** I think they [children] do not always have the vocabulary to express their exact feelings  
**L15,16:** they are confused by their feelings | **L15,16:** they are confused by their feelings  
**L18,19:** difficult to identify what they are actually experiencing  
**L22-25:** difficult to identify their emotional state and as a result of that I guess, they find  
**L49:** [expression depends on] the skills their parents have taught them  
**L51-55:** for young boys who have been taught that big boys | **L92-95:** As with adults, I need to figure out if they have the vocabulary or not, like with the adults, or I try to find out if...if they...if they just felt threatened and kinda blocked as a response. |
<table>
<thead>
<tr>
<th>Adulomorphic tendency</th>
<th>Confusion</th>
<th>feeling of being uncomfortable using these words</th>
<th>suppose they manage the elements better...stress and that</th>
<th>and I don't think they're even sure what it is they are feeling L36: lack of vocabulary</th>
<th>even it more difficult to communicate them to us therapists. L31,32: can be confusing and overwhelming for a child to understand and express feelings L37,38: I am still not sure as to how children conceptualise these moments in their heads L38,39: with abusive parents and stuff</th>
<th>don't cry, you know, expressing emotions will be difficult and get even more difficult as they grow up in a masculine culture where showing emotions is associated with femininity. L102-103: they just feel intimidated and struggle to get beyond that</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>L56-58: especially when I try to find the emotional value of an experience. It's quite silly actually...what a paradox L115,116: I've just realised the confusion in what I am saying. L123: confusion L124,125: say and do different things at times</td>
<td>L31-33: Obviously I know that kids aren't grown adults, but I still asked fairly straightforward questions as you would do with adult clients. L48,49: still my default position is to ask to kind of establish where the kid's at</td>
<td></td>
<td></td>
<td></td>
<td>L113-115: some things work with adults and children alike, some with neither and...and I suppose some with both.</td>
</tr>
<tr>
<td>Developmental Uniformity</td>
<td>L62: children in general</td>
<td>L15: I think it depends on the child really</td>
<td>L21: For children, very basic</td>
<td>L29,30: children and adolescents will need more time to express their emotions</td>
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<td>L76,77: depending on the age of the child</td>
<td>L22-24: adolescents, they usually will have built up an understanding of what it is they are feeling and usually have more complex vocabulary</td>
<td>L43: the developmental stage plays a role</td>
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<tr>
<td></td>
<td></td>
<td>L77,78: “sentence termination” with older ones</td>
<td>L27: adolescence is an extremely confusing time</td>
<td>L46,47: This seems to decrease with age.</td>
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<td></td>
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<td>L78,79: “puppets” with the younger ones</td>
<td>L64,65: never with children. I may use it with adolescents</td>
<td>L47,48: the ease at which children or people can discuss emotions depends a lot on their age</td>
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<td></td>
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<td>L28: I try to be more cautious</td>
<td>L55: approaches them in an equal manner</td>
<td>L119,121: learn to approach different client ages differently, but even within an age group you will have individual differences</td>
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<tr>
<td></td>
<td></td>
<td>L39: advanced empathy</td>
<td>L66: try and connect with their inner child to</td>
<td>L131,132: And my job is to find a way that suits and their developmental stage and help them to access that knowledge</td>
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<td></td>
<td></td>
<td>L88: play therapy and</td>
<td>L63-66: try and connect with their inner child to</td>
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<td></td>
<td></td>
<td>L62: receive them with acceptance no matter</td>
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<td></td>
<td></td>
<td>L55: approaches them in an equal manner</td>
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<td></td>
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<td>L63-66: try and connect with their inner child to</td>
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<td></td>
<td></td>
<td>L68,69: need more encouragement to talk about their feelings</td>
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<td></td>
<td></td>
<td>L70: stories, drawings,</td>
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<td></td>
<td></td>
<td>L105,106: So you move on to your more child way of approaching them</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Importance of therapeutic relationship</td>
<td>children</td>
<td>drawing</td>
<td>be able to communicate in a way that makes the child or young adolescent feel comfortable to share emotions, you connect with them and accept them.</td>
<td>games</td>
<td></td>
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<tr>
<td>[L92,93]: play therapy and drawing have been really good tools</td>
<td>[L50]: flexible</td>
<td>[L125]: something that will catch the child's attention and suit their style</td>
<td>[L66,67]: find a more appropriate way of working with that particular child</td>
<td>[L72]: stories, drawings, games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[L127,128]: something that will catch the child's attention and suit their style</td>
<td>[L76,77]: more appropriate ways of working with that particular child</td>
<td>[L79,80]: It really depends on what I observe the child seems interested in</td>
<td>[L74,75]: elicit emotions in a less direct and err and maybe even threatening.</td>
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<tr>
<td>[L137]: flexible</td>
<td>[L80]: in tune with the child</td>
<td>[L80]: in tune with the child</td>
<td>[L94]: creative</td>
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<tr>
<td>[L86]: drawing very insightful</td>
<td>[L86]: drawing very insightful</td>
<td>[L87,88]: sentence termination, puppets</td>
<td>[L113]: very open</td>
<td></td>
<td></td>
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<tr>
<td>[L91]: collage</td>
<td>[L91]: collage</td>
<td>[L110,111]: flexible and creative</td>
<td>[L122,123]: use appropriate means to enhance expression</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>[L110,111]: flexible and creative</td>
<td></td>
<td></td>
<td>and you go back to the art techniques</td>
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<td>[L116]: reflection</td>
<td>L116,117: we need to stay with the client and see what they connect with</td>
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<td>Reasons for alternative ways of approaching the child</td>
<td>L10,11: the emotional content is absolutely crucial to therapy</td>
<td>L4: for me therapy is all about emotions</td>
<td>L78,79: less straightforward and threatening</td>
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<td>L12,13: make sense of experiences that are high in emotional content.</td>
<td>L56-58: much of therapy with children is in the relationship and the understanding of the child</td>
<td>L102: gain respect from the child</td>
<td>L106,107: out of the box and on the spot when working with children</td>
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<td>L94, 95: their defences kind of go.</td>
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<td>L105-108: through play we can recognise patterns of behaviours and feelings that are important to the child and help them to take meaning out of the play...or you know make meaning out of experiences in a different way.</td>
<td>L117,118: promote emotional development and expression</td>
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| | L3,4: feelings which most clients refer to them as, mm, I think make up the majority of therapy | L6-9: That's why I think that therapy can either be about discussing the feelings that...the...the feelings that are causing the client problems or trying to uncover the emotions at the root | L116,117: we need to stay with the client and see what they connect with. |
4.3. The interview study analysis discussion.

The discussion looks at each main theme including its sub-themes in turn. It starts with the adultomorphic tendency theme. In this main theme, the seemingly low expectations that the professionals interviewed had for the emotional expression in children's discourse were identified as the first sub-theme. Secondly it illustrates, that even though their expectations are low they were not initially so. Their expectations evolved with their advancing professional experience and practice with children and young people. Finally the last sub-theme presents the different rationales professionals hold for their beliefs and expectations about children's emotional expression.

The second main theme revolves around the idea of a developmental uniformity in the participants' perception of their young clients. This theme shows whether or not interviewees adhere to this tendency. To different degrees, most participants present with a lack of developmental discrimination when talking about emotions in therapy. Some refer to the broad client population of “children” whereas others take individual and cultural differences into consideration. Examples from participants' interviews representing or contradicting this tendency are introduced.

The last theme identified deals with the realisation and recognition of the importance of the therapeutic relationship. In fact, despite the professional issues around adultomorphism and developmental uniformity, the interviewees seem to realise that extra skills and a privileged relationship are needed for working with children. More than through theoretical knowledge, the practitioners interviewed seem to recognise that substantial change can be achieved through a strong therapeutic relationship and
appropriate adaptation from the practitioner to their young clients, their needs and
developmental stage. They seem to express that above all, the therapeutic relationship
prevails.

The following section introduces the terminology of the first theme, adultomorphism,
and explains how it emerges through the different sub-themes within the diverse
interviews.

4.3.1. Adultomorphic tendency.

The adultomorphic tendency refers to some clinicians' readiness to assume that
childhood distress and dysfunction are the same in their origin and experience for the
child as they are for adults (Downey, 2003). It has been shown, that apart from
personality disorders, which are considered inappropriate diagnoses for children in the
DSM-IV, most adult disorders also occur in children but are infrequent before
adolescence (Werry, 1992). Also the pioneering and influential work on child
developmental psychology by Piaget (1926) has long encouraged a view of
development as a set of predetermined “stages”. According to this school of thought, the
child is understood to have to pass through the different developmental “stages” to
reach full competence, which may often be equated with “adulthood”. As a
consequence, children's capacities are often viewed by comparison to those of adults.
Wenar and Kerig (2000), for example, report that only in the second half of the
twentieth century was childhood depression recognized as separate and legitimate in
children. Many differences between adult and child depression were observed,
including the presence of increased restlessness and irritability in children, more
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behavioural problems in younger children versus more cognitive difficulties in older children.

This observation and criticism is not to deny that children do develop, but rather aims at questioning a position in which children are only viewed as 'becoming' rather than 'being'. White (2002) argues that as a result children can be seen as unfinished products that are interesting not so much for what they actually are, but for the adults they will become. In child research projects, she found that often, even if adults are not mentioned explicitly, they are the implicit reference point.

Three sub-themes, that may explain and lead to this tendency, contributed to the generation of this main explanatory theme. The report starts by showing the level of expectations the participants have, which seem fairly low. In addition the expectations do not to stand alone, but in comparison to adults. Furthermore, in the second sub-theme, it is then observed that these low expectations seem to have developed as a result of professional experience with young clients. The participants reported having higher expectations prior to starting work with children. Finally, the discussion focusses on the rationales the participants hold for children's lack of emotional expression in the therapeutic context. This sub-theme was put under the umbrella of an adultomorphic tendency as most rationales seem to involve a comparison to adult capacities in emotional expression.

The following section introduces and discusses the idea and presence of low expectations for children's emotional expression.
4.3.1.1. Low expectations.

Throughout the transcripts there is a sense that most participants seemed to take their experience of working with adults or adult capacities as a baseline for their practice. There was a division in the participants' discourse, with some of them adhering more clearly to an adultomorphic tendency, others doing so more tacitly and finally Kate showing an inclination not to conform to this tendency. It was interesting to observe that some participants lacked a clear sense of consistency in the content of their discourse, as they could vacillate between the different positions mentioned above within one and the same interview.

The idea that adults were used as a reference point when children and young people's ability to express emotions is considered, emerged early on in the participants' interviews, despite being aware of the target population for this research (children and young adolescents).

*Mel:* “*I think that for adults this would be the whole spectrum of emotions with differing levels of severity. So for example you may get elation as a high state of happiness or depression as a low state of unhappiness (L3-6)*”

There was no objection to the validity of Mel's response, but her referring to adults early in her discourse can show an inclination to thinking in terms of adult capacities, when looking at the expression of emotions by children.

*Julie* slightly later in her interview also brought adults into the discussion “*Adults are*
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"fairly good at this (L21)” followed by saying “well it's not always as clear with children (L23).”

There was a sense of the adult being a point of reference in Mel and Julie’s practice. They both had had previous experience with adults at the beginning of their training and career, which may explain their initial tendency to theorize children in adult terms. Despite having only worked with children, Jo also entered a similar discourse when she said “they find it even more difficult (L24)”, or she believed that children will need “more time to express their emotions (L30)”. It was observed that words like “more” and “less” than adults reoccurred regularly in nearly all interviews. Mel volunteered that for children it was “more difficult (L12)” to talk about emotions as “with adults it is much easier to get into their worlds (L84, 85)”, whereas with children it is “much more difficult (L88)”. Finally, Julie thought that children “use less words for emotions (L24)”. Despite reflecting a similar trend of expectations, Marie showed some flexibility in her views accounting for individual differences when expressing “I know it's harder for them in general, but in particular, it depends. (L15-16)”. It should also be noted that in Mel's discourse, the adult-child comparison was made more explicitly, whereas with the other three participants the comparison was made more implicitly.

It has been discussed though, that the presence of individual differences in experience and use of language makes children as different from each other at times, as adults from children (Brown and Beardsall, 1991). The experience and expression of emotions, despite being almost universal, still present endless and immeasurable differences. This said, there is an additional difference occurring between the adult population and child population, especially considering the differences in brain structure between the two
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populations. Some important insight from current neurological research indicates that an individual's frontal lobe, humans' emotional and linguistic centre (Kolb & Wishaw, 1990), is the last area in the brain to mature. In fact it has been repeatedly found that this area can mature around as late as 21 years of age and for some individuals it may only reach maturation at 30 (Sowell, Thompson, Holmes, Batths, Jernigan & Toga, 1999; Sowell, Thompson, Holmes & Jernigan, 2000). Therefore, it seems rather unrealistic to expect children to refer to emotion in an adult way.

Moreover, the low expectations were reflected in most participants' shared belief that their young clients expressed limited emotions in therapy. Most participants mentioned that it seemed difficult for children to express their emotions verbally. Julie explained that verbal expression was “not the easiest thing to do (L34,35)” for children. Mel stated that it was probably “extremely hard (L35)” for children to express themselves and finally Jo said that “I expect them to have poor emotional talk (L15)”. She added that when they did express themselves it was “without really reaching articulation (L6)”. Marie showed a more moderate, yet paradoxical side of the argument, as she admitted that she seemed “to expect them to be able to err express emotions, but they often don't (L18,19)”. She added that if the children did not express themselves she “wouldn't impose it on them to have to say how they feel about something (L20, 21)”. Marie seemed to show an awareness of a lack of expression, but a will to refrain from imposing expectations on them.

Marie's lack of clarity about her expectations may indicate her difficulties at making up her mind. On one hand she seemed to “expect them to be able to express emotions (L18)” but on the other “they often don't (L19)”. Furthermore, later in the interviews
Marie offered that her approach to working with children often led to responses like “I don't know’s (L46)” which she seemed to regard as unhelpful responses. Moston (1987) started researching the “I don't know” utterance and found that it often indicated uncertainty about the question asked. Waterman, Blades and Spencer (2001) and Hutchby (2007) explain that rather than being evidence of a non-cooperative child or a lack of knowledge or self-awareness, the words “I don't know” represent an elaborate resistance strategy to the therapeutic agenda of the professionals. Similarly, Silverman, Baker and Keogh (1998) describe “I don't know” as an interactional competence allowing the child to minimize their implication in the discourse privileged by the professional.

It appears to be important not to interpret certain words and expression young clients use (or do not use) as equivalent to their meaning when used by adults in general conversations, as in this example “I don't know” does not refer to a cognitive inability that disclaims knowledge. Rather than a literal indication that the child “does not know”, it may simply show the child's intricate and skilful way of resistance. This reflection seems also relevant for emotion words, for example when what adults have come to name ‘love’, ‘anger or ‘fear’ is interpreted as the same experience if present or absent in the child’s experience or that of the adult.

On the other hand, most participants agreed that there were more “primary” emotions that children and young adolescents mastered. These included happy, sad and angry, for a couple of participants also fear. This notion of first possessing a range of primary emotions is reflected in the literature on the development of emotional language in children (Saarni, Mumme & Campos, 1997)
The following section introduces the reader to the idea that prior to working with children, the participants seemed to have different expectations to the ones presented above. Through placement and work experience, most participants seemed to have adapted their expectations to their growing familiarity with the young client group.

4.3.1.2. The rise of interviewees' low expectations.

Throughout the different transcripts, it was generally observed that some participants appeared to use their previous experience with adults as a baseline for their understanding of children's presentation in therapy overall, but in this context also for their lowered expectations of their emotional expression. Additionally, it was noticed that the presented expectations were derived from the participants' practice with children. The importance of this sub-theme was represented in the ironic situation of using present experience with children to inform therapeutic expectations, but still retaining a level of comparison with adults in developing these.

A possible explanation for the presence of the adultomorphic tendency may be linked to some participants (not all) having started their practice as counselling psychologists in training with adults. Jo clearly stated, referring to direct questioning aiming at eliciting emotions (‘so how did you feel about that’), that “in the early years of my practice with children I often used that question. I did most of my training around adults and initial jobs as well, so the question came naturally. But the response I used to be getting from the kids was “I don't know”, so I quickly grew out of it (L55-59)”.

The experience of carrying out therapy with adults, previous to working with children may have had an
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impact on their original expectations of the emotional content of therapy with adults and children alike.

Some participants, while not mentioning their previous training, explained how initially in their practice, they tried to engage the child by using more straightforward ways of inquiring about the young clients’ emotions. Julie explained that she used the question “so how did that make you feel (L56)” with her young clients even though she knew that compared to adults, it usually led to very little expression from the child being asked. Marie similarly said that “Obviously I know that kids aren't grown adults, but I still asked fairly straightforward questions as you would do with adult clients (L41-43)”. Mel on the other hand seemed to have used her experience to get a clearer picture for her practice “in my experience straight asking will rarely lead to an emotion word...the opposite, you get silence, so I moved away from that style (L90-92)”. Jo kept her opinion simpler and stated that “from my work I've learned...they don't say much (L16, 17)”.

The participants themselves mentioned some reasons for their disposition. Marie explained that a lack of input from her training was a reason for her unrealistic expectations and consequently partly unhelpful initial practice. She recognised that she “can't say that these expectations grew from my training, well did I have any expectations for work with children from my training really? I remember having an average of maybe one day's worth of input on how to work with children. Plus at the time my placements had only been with adults, so I didn't realise at all what was expecting me when I decided to have my third year placement with CAHMS (L33-41)”.

The other participants did not mention their previous training directly during the
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interview, but it is possible that the courses provided are based on adults more than children. This can successfully lead to the development of future counselling psychologists, but on the other hand, it may contribute to professionals trying to build a relationship with children based on an adult model. However, further exploration is needed to get a better picture of the attitude shown by Marie.

The following sub-theme illustrated the different reasons and explanations the participants had for their observed lack of emotional expression in their young clients' speech. These rationales had been selected as part of the adultomorphic theme, as they seemed to include the notion that children were not seen as beings with abilities of their own, but rather as individual in becoming in respect to their ability to communicate emotions. Also these rationales appeared to result from the two themes discussed earlier.

4.3.1.3. Rationales for the lack of emotional verbal expression in children's speech.

Throughout the different interviews it became clear that the participants had made their own assumptions about the reasons for the children's lack of expression of emotions in therapy. Some were based on empirical knowledge, but most were rather personal assumptions. The most popular explanations for the children's lack of use of emotion descriptive words in therapy were a lack of vocabulary which both Mel and Julie cited. Mel actually repeated this on a couple of occasions: “I think they [children] do not always have the vocabulary to express their exact feelings (L12, 13)”, and then again when specifically talking about children's lack of emotional expression, she reiterated that a “lack of vocabulary (L36)” may be at the root. Julie was more tentative in her statement and said that “I would guess there may be a lack of vocabulary or a feeling of
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*being uncomfortable using these words (L115, 116)*. Marie mentioned vocabulary but used that rationale as part of a bigger picture “I am not sure why they don’t, probably a mixture of not knowing for some, stress for others and a lack of vocab for others again (L25-28)”.

Generally speaking, even though not formulated as such, the idea of lack of vocabulary may imply a comparison with the adult population, who generally does not lack vocabulary. However, from the literature reviewed earlier, a lack of linguistic means might not adequately explain the phenomenon. In fact, looking at the developmental literature, it is known that these are not empirical answers to the lack of verbal emotional expression in children, as children have been found to have the conceptual and linguistic understandings of emotions for self and others (Bretherton, McNew, & Beeghly, 1981; Bretherton & Beeghly, 1982; Bretherton, Fritz, Zahnwexler, & Ridgeway 1986; Dunn, Brown & Beardsall., 1987; Harter & Whitesell, 1989; Dunn & Brown, 1991; Aldridge and Wood, 1997). Additionally Kate mentioned in her interview, adults as well as children can have problems to verbalise and so “like adults who struggle to verbalise emotions some children will (L127, 128)”.

The researcher is aware that this extract is the first one emanating from Kate's transcripts. Kate's interview and ideas have contributed less to the emergence of this specific theme, but the value of her input will become clearer in the second and third main theme.

Jo explained that children may find it “difficult to identify what they are actually experiencing (L18, 19)” and also they may struggle “to identify their emotional state (L19, 20)”. Jo added that it “can be confusing and overwhelming for a child to understand (31, 32)” feelings, which could stand in the way of their expression.

However, regarding a 'lack' of expression of emotion as an issue may be a
misconception. According to Ellis and Cromby (2004, 2009), the benefits of talking about emotions depend on how that expression is done. Sometimes not talking about emotions could be more helpful, as there seem to be larger health costs in intellectualising emotional events or staying indifferent as opposed to not expressing them. By using abstract language with little emotional tone to narrate experiences the speaker distances the self from the experience. Similarly, Bucci (1995) suggests that repeatedly rehearsing experiences and narrating event in a static manner can increase the misrepresentation of the actual experience. In such cases, affect is continually evoked but not integrated into a new, more functional narrative, resulting in negative health outcomes, produced by an increase in ANS activity.

On the other hand, Kate mentioned some valid explanations for the children's lack of emotional expression. Kate referred to the importance of the social and familial environment in developing adequate language and permission to express emotions. She explained that the expression of emotions would depend on the “the skills their parents have taught them (L49)”. She added that for young boys being told that “big boys don't cry, you know, expressing emotions will be difficult and get even more difficult as they grow up in a masculine culture where showing emotions is associated with femininity (51-55)”. In this extract Kate elegantly combined the impact of society (when mentioning a masculine culture) and the importance of the family environment in promoting (or exhibit) emotional expression. In fact, within families the process of discussion is often didactic rather than dialectical and that in itself, as Kate recognized, could restrict the child's capacity to express emotions. Alternatively, it could model the way in which emotion are communicated according to societal expectations. Kate moved the rationale away from the adultomorphic tendency and accounted for the
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strong impact of the environment on emotional expression in children. Mel also referred to the context of the expression in her explanation for the lack of expression. She believed that the child may express more emotions when interacting with peers, “because friends live similar things like and understand them better. Often children don't really believe that grown-ups can understand them (L50-52)”. It has been found that the interlocutor plays a role in the expression itself (Bishop & Baird, 2001). Further research would be necessary to explore this in greater scientific depth. The other participants did not refer to the social context in great depth.

Jo discussed children's experience of conflicting emotions and how such an expression contradicted the adultomorphic tendency. Accordingly, research has shown that children need more sophistication to conceptualise conflicting emotions (Aldridge & Wood, 1997). Jo recognised that this may be a problem for children as for example “with abusive parents and stuff (L40, 41)”. Prior to this recognition she did not venture into an adult like explanation for this behaviour, but rather admitted that “I am still not sure as to how children conceptualise these moments in their heads (L37, 38)

Beside Kate’s, Mel’s and Jo’s alternative explanations, most participants' rationales for the children's lack of expression as due to missing vocabulary may be an unwarranted assumption that were not based in theory, but were rather seen from an adult perspective. As explained above, given that major developmental psychology theories, as in for example Piaget, and the main manuals used in diagnosis, namely the DSM-IV, rely on a similar way of thinking, it is understandable that some of the participants were holding adultomorphic beliefs. On the other hand, as Marcovitch and Lewkowicz (2004) explain, using a developmental endpoint does not necessarily mean holding an
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adultomorphic perspective. They argue the importance of recognizing an endpoint to development towards which human beings aim. Additionally, they believe that this endpoint serves as a useful ideal ultimate model.

Overall, this adultomorphic tendency in explaining the lack of expression, emerge from idea that psychological theories and understanding of children have been developed by adults. Often in research it is difficult not to look at things from one's own point of view. This has been particularly well recognised in psychodynamic theorisation. A fairly old but not out-dated piece of research by Stem (1985) points out that the problem in clinical psychoanalytic-developmental theory is that it constructs the child from the psychoanalytic narratives of adult patients. This retrospective look into childhood experience, also used as a basis for other major psychological theories, may be contributing to the adultomorphic tendency expressed by most of the participants in this research.

Finally, this adultomorphic bias could have its roots in the nature of counselling psychology's penchant for acknowledging the importance of childhood experiences in adult work. In practice, independently from their therapeutic approach, psychologists often tend to look at early relationships and experiences. Psychologists are taught that these experiences influence relationships and experiences throughout the lifespan. In fact, many therapeutic approaches describe the importance of early childhood development, experiences, emotions and behaviours for the on-going programming of psychological functioning in adulthood (Kaplow & Widom 2007). The experience of being in regular contact with the retold childhood experiences of their adult clients may give some professionals the illusion that they “understand” what it feels like for
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children to experience certain events as they are unfolding.

4.3.1.4. Confusion.

Despite showing the above-mentioned awareness in her practice, at times, Julie presented with a paradoxical approach, as she felt compelled to go back to an “unhelpful” type of questioning. This contradiction came to the fore when she laughingly said that actually she still did use the direct questioning “especially when I try to find the emotional value of an experience. It’s quite silly actually (L56-58)”. Similarly, even though she had learned not to expect a valuable response, Marie admitted that asking the child for emotions in a “straightforward” manner was “still my default position to ask to kind of establish where the kid’s at (L48, 49)”. So Julie’s sense of confusion and the realisation of a “paradox (L58)” were also present in Marie’s transcript. Interestingly, for both Marie and Julie, there appeared to be an element of awareness of this hiatus. Furthermore, Julie seemed to realise “the confusion (L123)” in what she was saying, as she seemed “to say and do different things at times (L124, 125)”. To a certain extent, it seemed that the interviews had helped some of the participants to reflect on their practice in a different way. This seemed particularly to apply to Julie, who when discussing the link between knowledge and expectations, said that she might “have to reflect on this (L146)”. As she explained earlier on in her interview, practitioners can sometimes get “caught up in the approach that we’re using and consequently forget about our experiences working with a specific age group...but I guess more importantly forget what we know works and doesn’t work (L130-134)”. It appeared to have been of use for Julie to verbalise her position in the interview and thus became more aware of it.
Kate on the other hand disagreed with her colleagues, “we underestimate how well children can... err... children can talk about their emotions. Some people often assume that they do not have the language to express how they feel, but I disagree (L18-21)”. She expressed a personal opinion which reflected the literature on children's linguistic capacities to express emotions. Later in her interview she further explained that she knew “that overall children from a young age can express emotions verbally like adults I suppose, and again like adults who struggle to verbalise emotions some children will (L126-129)”. Kate made an adult comparison, but differently to the other participants, as she recognised that the lack of expression did not stem from a lack of linguistic capacity, but rather a struggle to verbalise which defined her job as trying to find out “a way that suits [the clients] and their developmental stage and help them to access that knowledge (L131, 132)”. With this expression, Kate moves the lack of expression from client's incapacity to an additional effort asked of the therapist to help expression. This position appears to be even more relevant when looking at Harris and Jones' (1997) observation. They point out that young children will sometimes “arrive at a different appraisal of a particular emotionally-charged situation from an adult” (p.1219). Children’s perceptions, understanding and interpretation of events do often differ from adults’.

To sum up, the discussion so far, shows that the professionals interviewed seem to try to build a relationship with children based on an adult model, which could be to the detriment of the child. This may be especially true, given the realisation that adults also do sometimes struggle with the expression of their emotions and by no means represent a flawless comparison group.
The following section looks at the second main theme: the developmental uniformity.

4.3.2. Developmental uniformity.

This section first gives an explanation of the terminology of developmental uniformity. The theme is then discussed. Compared to the first main theme, the participants were more divided with their take on this issue with some who alternated between positions.

The expression “developmental uniformity myth” was first proposed by Kendall (1984) to indicate the inappropriate amalgamation of different developmentally diverse groups under a single label. The word “myth” was linked to the expression as children and adolescents are not uniform groups. Despite findings regularly showing that a variety of psychosocial stressors and adaptive demands impact on individuals differentially across conditions and stages of ill health (Silverman & Ollendick, 1999), the belief in uniformity still prevails in some instances (Kendall, 2002). There is however, an apparent agreement that when working with children, it is vital to assess their capacity for expression and engagement (both developmental capacities maturing with biological changes, social experience and cognitive ability) (Downey, 2003). Kendall (2002) adds that age is not the best criterion to determine development changes as social, emotional, physical and cognitive development do not all occur at the same time or age, but there is a necessity to recognise that events will be experienced differently at separate developmental stages. Furthermore, research on language acquisition in children with learning difficulties has shown that variation can be larger and more important within-group than between groups (Rutter, 1987; Rutter, Mawhood, & Howlin, 1992). This
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indicates that despite the usefulness of being able to predict overall group change, a practitioner ought to remain aware of intra-group differences.

The analysis looks at three trends in the participants' transcripts. Firstly, some made a distinction between childhood and adolescence. However, it was not explicitly made clear within those interviews as to how to differentiate between the two developmental stages. Finally, even when such a distinction was made, individual differences seemed to be overlooked with respect to ability to express and discuss emotional experience.

Most participants made a general division between childhood, adolescence and adulthood with regards to expectations of emotional expression. When talking about emotional expression Mel described her expectations for children's expression as “very basic (L21)” and for adolescents as usually having “built up an understanding of what it is they are feeling (L22, 23)”. When discussing certain prompts for the expression of emotions, Julie also referred to “children in general (L62)”. Marie went into further abstraction when she explained the different techniques she might use with her young clients, “sentence termination with older ones (L77, 78)” and “puppets with younger ones (L78, 79)”. Marie did not clearly distinguish the ages of her clients and referred to “older ones (L87)” or “younger ones (L87, 88)”. Jo seemed even vaguer in the way she subdivided her clinical population. In the beginning of the interview she categorised her expectations for children and adolescents in one group by saying that “children and adolescents will need more time to express their emotions (L29, 30)”. Kate on the other hand did not seem to make those gross subdivisions, and tried to remain quite specific during her interview.

This kind of view is echoed in the DSM-IV, in that the impact and presentation of
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mental ill health is seen as fairly universal, constant across conditions and independent of developmental changes throughout the lifespan (Devins, 1993). Moreover, it fails to explicitly provide professionals with a definition of a child for most diagnostic labels (Kendall, Hedtke & Aschenbrand, 2006), which seemed to be reflected in the present interviews. The participants seemed to struggle to be specific and concrete when describing the different age groups. This appeared to indicate a wish to use categories in a manner that homogenises clients within specifically defined developmental stages. However, it also resulted in vague age categories, which could be argued to have served the purpose of helping the ease of flow of the interviews. Indeed, having to constantly be precise about the exact age being talked about may have hindered the conversation.

On the other hand, some participants did refer to the role that development plays. Jo mentioned that “the developmental stage plays a role...from observation I have noticed this. It is very difficult for my very young children clients to find the language to express their experience and to describe complex feelings. This seems to decrease with age (L43-47)”

So there is a certain recognition that there were different needs to be met and expectations to be had with different age groups but no clear explanation as to how age may affect this, except maybe that problems seemed to “decrease with age”. At times age differences and individual differences were left out in most participants’ discourse. On the other hand, Kate said that she had “to learn to approach different client ages differently, but even within an age group you will have individual differences (L119-121)”. Additionally, she believed that children were indeed capable of emotional understanding and expression in their own way and that her job “is to find a way that
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*suits them and their developmental stage and help them to access that knowledge (L131, 132)*”.

Furthermore, this tendency toward a developmental uniformity in the participants' answer may reflect subdivisions apparent in the child services in which practitioner psychologists work. In services like CAMHS for instance, support is offered to children from a very young age until late adolescence. Working with this client group requires an in depth knowledge of the developmental complexity of the different age groups. At times this may result in a necessity to develop expertise around a specific age group, leading to the practitioner perhaps having less overall specific knowledge and refraining from thinking in a more connected way.

In short, there are both developmental and individual differences in the client group a child and adolescent practitioner psychologist would therapeutically work with. Both aspects should be looked at in training in order for the professionals to be able to establish where on the developmental spectrum their young clients are. This will have practical implications for the way therapy will be administered. The gained professional understanding of the child will help the therapist to select appropriate interventions that are accessible to the child and that will help the child through its difficult times.

The following paragraphs illustrate the last theme, which revolves around the strategies that the professionals have developed for working with children. Despite perhaps adhering to an adultomorphic tendency and not really recognising the uniqueness of each developmental stage, the participants of this study saw that specific skills were required of them to successfully work with young clients.
4.3.3. Importance of therapeutic relationship.

Paradoxically, considering the interviewees’ view of their young clients at times as “becoming adults” and their potential lack of recognition between different age groups, they all showed awareness for a necessity to approach work with children differently to other work. As Hutchby (2007) acknowledges, the reasons for young client’s presence in therapy rarely emanate from them, but rather are results of the wider systems (i.e. family, the schools etc.) worrying about them. Indeed, they often get referred to psychological services rather than referring themselves. This can at times make the child unwilling, unsuspecting or unmotivated to engage in the therapeutic process. The child’s tendency to struggle to engage is reflected in most of the transcripts. The interviews indicated that the referral process in combination with the lack of emotional expression in therapy, have led therapists to apply a plethora of different skills to try to engage their young clients and to get emotional content from their input.

This theme arose from two sub-themes, the first being the different qualities that the participants believed were vital to working with children in a collaborative and constructive way and the second being their reasons for adopting these qualities in their practice. In fact, the practitioners interviewed seem to say that besides their theoretical knowledge or the skills they use, they need to adapt to their young clients in order to strengthen the therapeutic relationship as this will be the engine leading to change.

It seemed that for a number of participants, the low expectations appeared to arise with and through experience. They realised that the techniques, which were earlier termed
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*straightforward* did not seem to be working as well with their young clients as they did with adults. As a consequence, some participants explained that they saw a necessity to adapt and be flexible in their approach when working with children. Marie talked about the necessity to find “*more appropriate ways of working with that particular child (76-77)*”, whereas Julie mentioned being “*more cautious about how [she asks] questions (L28, 29)*”. Furthermore Jo believed that rather than using direct questions, she preferred to opt for “*more encouragement to talk (L68)*”.

4.3.3.1. **Qualities of practitioner psychologists working with children.**

Many participants mentioned the therapeutic qualities that they had developed and that they required in their toolbox for working with young clients. Julie pointed out that she used skills like “*advanced empathy (L39)*”. Marie emphasized the importance of the child feeling “*comfortable*” (L44) and Mel further developed this idea by saying that in her experience, when the therapist was in touch “*with their inner child (L63)*” the therapeutic process was enhanced. Marie aimed at a similar condition; for the therapist to be “*in tune with the child (L80)*”. Kate also believed in a “*child way of approaching (L105)*” her young clients. Jo further enriched her practice by being “*creative (L94)*” and “*very open (L113)*” when working with her young clients. Finally, a crucial skill mentioned by Mel which is probably relevant for any relationship, but particularly for the therapeutic relationship with young clients was honesty as she believed “*Children are very instinctive and they can spot a fake a mile off so there is no point in pretending that you are doing one thing when you are actually doing another. For me personally, the key is to gain respect from the child by really trying to understand them and when text book techniques don’t work to not keep carrying on with them because a child will...*
When reading through the different transcripts, being flexible appeared to be one of the most valued skills for working with young clients. Julie (L125, 137) and Marie (L111) referred directly to the word “flexible” during their interview. Julie also represented this flexibility in her decisions when she aimed to choose “something that will catch the child’s attention and suit their style (L127, 128)”. The other participants also implied that such a skill was vital for being and working with young clients. Jo used greater elaboration on that principle of flexibility and adaptability when she said that as a practitioner one “should be aware of (L120)” the client's capacity for emotional expression and so to “use appropriate means to enhance the expression (L122, 123)”. Kate explained that the strongest tool a counselling psychologist can have is “reflection (L116)” and that her role was to “to stay with the client and see what they connect with (L116-117)”. Marie also referred back to one of the key concepts in therapy “receive them with acceptance no matter what (L62)” and in L112 again “accept them”. Mel agreed when she said that most importantly, the therapist should “connect and accept them [the young clients] (L65)”. It can be said that most of the previously mentioned qualities fit under the umbrella of this one essential aspect of therapy: acceptance. Since Rogers (1951) “acceptance” has become part of the three most required qualities for a therapist. Rogers saw acceptance as respect and liking for the client as a separate person, an active willingness to help clients to possess their own feelings in their own way.

The participants all mentioned many different techniques. The skills being used were usually more projective techniques. Those were believed to enable the child to be
Amélie Zeimet understood without having to express any concrete beliefs, emotions or experiences. All participants suggested ways in which they approached their young clients and often had their own rationale as to why they believed such techniques were beneficial for a positive outcome in therapy. Julie explained that “play therapy and drawing have been really good tools in general” (L92, 93) as they helped to take some of her young clients’ defences down. Marie also found “drawing very insightful” (L86), but she would also use “sentence termination” (L87, 88), “puppets” (L88) and “collage” (L91). Mel mentioned the necessity to use alternative ways which in her eyes included “drawing techniques or play with dolls” (L76, 77). Jo similarly believed that “stories, drawings, games can be more beneficial or rather useful with children” (L72, 73) and that she could “help children to identify emotions through different games and activities” (L77,78). Kate did not mention any specific techniques and remained more abstract in explaining how she approached her young clients, but stated that adapting to the client was crucial.

Most of the participants seemed to appreciate that these techniques “can help as they can give you a lot of information on the child’s inner world” (Marie; L91, 92). There was a feeling amongst most participants that due to the lack of potential emotional expression, they needed to use tools that would help the child reach emotional expression in a different way. Jo said “through play we can recognise patterns of behaviours and feelings that are important to the child and help them to take meaning out of the play...or you know make meaning out of experiences in a different way (L105-108)”. The role of the therapist with younger participants seemed to revolve more around making sense and finding meaning in what the child says. Marie illustrated that she used those techniques to infer meaning “from the projections of the child, you know,
from the colours, the shapes, the positioning of people, the choice of things they represent, err...so yeah, basically you can get some insight in the child’s self-image, the interpersonal relationships or other things (L100-104)’’.

In short, looking at the different extracts, through the plethora of techniques mentioned by the participants there seemed to be a common denominator which was to provide a context for the emotions to be expressed, even though it was acknowledged that this was not easy for the young clients.

4.3.3.2. Reasons for alternative ways of approaching the child.

As shown above, most participants used different tools to interact and help their young clients to engage with the therapeutic process. These included qualities like using less direct methods, giving information about the young client’s internal states or helping to reduce defences. When looking at the transcripts, though, a more specific reason transpired and emerged. There seemed to be a sense of direct questioning being “threatening” for some children and this was not an emotion that practitioner psychologists working with children wanted to project. Many seemed to think that there was a “threatening” dimension to asking children for their emotions directly and used this as an explanation for the child’s aversion to engage in answering with emotion descriptive words. A small number of participants appeared to believe that with some children the direct approach was not particularly threatening and that some children did grasp the opportunity and express emotions, so they persisted with more straightforward methods of emotional words elicitation. As Kate explained, individual differences resulting from education, upbringing and social background may explain that
phenomenon. Mel however described how she had experienced the alternative and more creative tools as being “less straightforward and threatening (L78, 79)”. Marie also disagreed with using direct questioning, as she believed there may be an element of “pressure (L59)” for the child in interacting with young clients in such a way. Marie wanted to move away from such a therapeutic atmosphere as she conceived “much of therapy with children is in the relationship and the understanding of the child (L57, 58)”.

To conclude, this section has discussed the three main themes that arose from their separate sub-themes, showing different trends in the participants approach to therapy with young clients and how emotional expression occurs.

4.3.4. Conclusion.

The aim of this interview study was neither to evaluate the process nor the outcomes of child counselling as a professional practice, but rather to offer the reader and the profession an insight into the practice of working with children.

Overall, the themes described gave an overview of the beliefs the sample recruited had about working with young clients, about how to approach them and work with them, but also some pitfalls. These included trying to explain a child's experience with an adult eye, or overlooking the rich developmental and individual differences between age groups. The transcripts also showed the level of awareness that the participants had about the limitations and difficulties of engaging children and the qualities they employed to counter-act these.
The adultomorphic tendency indicated that the participants tended to see children as 'becoming' rather than 'being', so that their competencies were not seen as significant in their own right, but rather in comparison to adults'. Most participants showed an adherence to this thought pattern, but sometimes also moved away from it by adapting to the child. For the benefit of therapy it may be more appropriate to aim at recognising that a capacity for emotional expression is something that children work to have in their own terms. In that sense, it is possible to respect a changing approach to child development, while refraining from seeing the child as trying to catch up with adults' capacities.

Going back to the thought that children “lack” an ability, Van Lennep (1951) explains how this tendency to “underestimate” or think a quality in the client is absent may affect therapy. On reflection, he observes that for him, when he recognises and notes characteristics that the client does not possess, he exits the communicative relationship with the client and isolates himself from the client. Rather than accepting the client, one then enters a judgemental process of evaluation in which one loses the client. Van Lennep makes it clear that when this occurs, the therapist is mainly in communication with the self rather than with the other. Looking at the transcripts, this disconnection resulting from believing that there is a lack of expression, may be a danger that counselling psychologists working with children face. In looking upon the child as “lacking” expression, the therapist distances himself from the child and loses the repairing therapeutic relationship. A mixture of patience and warmth offered to the child allows them to either take the opportunity to express emotions or to leave it without judgement on the therapist's part. Most participants recognised that a different form of
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communication may be more helpful for children, as their verbal mastery of extensive conversational exchange is restricted (compared to some adults). So they described many of the strategies, techniques, tools and media they might use in therapy.

The researcher is aware that the way the questions were formulated made an adult-child comparison possible for some participants. In fact the researcher did not specify that the client group was children, constantly throughout the interview, but just referred to the children as “your clients”. It might have changed the theme if the researcher had regularly reminded the participants of the client group being investigated. On the other hand, approaching the interviews in such a manner, might have interfered their natural flow. Additionally, some of the participants explained in the debriefing sessions, even though they were working mainly with children they still had regular contact with parents and other adults within the service which may have contributed to their confusion at times.

The second theme of developmental uniformity explained that despite the previous theme, it cannot be denied that children do develop. It is necessary to be aware of the different developmental capacities of the child. In order to let children possess capacities in their own terms, it is important to know what to be able to expect at what age. From the transcripts, it seemed that the participants saw general division between child, adolescent and adult. The implications of this view could mean a lack of appropriate approach to the specific age of the child and individual differences, resulting either in frustration for the child or the therapist.

The researcher is aware that the lack of recognition of a clear distinction between ages
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and developmental stages may stem from the interview context and setting. In fact the questions only mentioned two big overarching categories, being a child and an adolescent. No question actually specifically required the participants to subdivide these two groups. Further clarification of different developmental changes might have helped the participants to avoid falling into the developmental uniformity myth. On the other hand, this tendency is a common pitfall and the questions might not have made a difference.

Additional research could look into whether or not this lack of subdivision is a widespread phenomenon or a result of this research context. If so, there may be a need to educate professionals in the potentially detrimental nature of a lack of knowledge or consideration of those developmental and individual differences.

The final main theme revolved around the idea of the importance of the therapeutic relationship and the adaptability of the therapist when working with children. In fact despite the adultomorphic tendency and the lack of developmental division when talking about working with children, all participants mentioned the necessity to work differently with children. They discussed additional skills and particular ways of approaching children that enhance the therapeutic relationship. It seemed that the lack of individuality reflected in the first theme and the lack of theoretical knowledge underlining the second themes, is palliated by the recognitions of the third theme.

It would be pertinent to observe that there seemed to be a degree of paradox in the themes chosen, especially between the first overarching theme (adultomorphic tendency) and the last theme (importance of therapeutic relationship). In fact despite an
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inclination to understand their young clients from an adult point of view, there is a clear recognition from most participants that there was a need to approach young clients differently from adults. According to the participants, distinctive methods were being used, therapeutic qualities were being enhanced and meaning was sought differently when working with young clients. Nevertheless, there is a possible threat to the understanding of the child, if professionals see their differences as a “lack” of something that adults possess rather than a “normal” position for the child.

Lastly, the confusion experienced by two of the participants, x and y as reflected my their use of the word paradox and “confused”, may mirror some of Hutchy's (2005) reflections on the hiatus between Child counselling Handbooks like Geldard and Geldard's (1998) who portray an ideal model of counselling, where applying certain skills seems straightforward. They recommend not using questions, but rather relying on minimal expressions such as “Ah-ha” or “uh-hum” which are thought to be very useful at helping the child to continue telling their story. The real-world counselling psychologist is then potentially encouraged to evaluate their experience of unfolding sessions and interactions against the ideal model, which may leave them feeling inadequate. This particularly stands out when the researcher asked the interviewees about question-answer sequences. Most participants are quick to answer that they refrain from asking too many questions as there is a sense that as a result, their clients fear having to disclose information which they do not feel like sharing. Some though, report initiating question-answer sequences when in the therapeutic context. This tendency has also been found to occur in a study by Hutchby (2005). He carried out conversation analysis on various diverse therapeutic sessions, to find that due to children's reluctance to engage in topics relevant to therapy, the counsellors start asking
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more questions to gain some control over the topical direction of the sessions. So Hutchby underlines that his findings also show that, despite repeated recommendations from therapeutic manuals not to engage in question-answer sequences, these do recur routinely. Somehow this observation moves away from the assumption put forward by Geldard and Geldard (1998) that the child is in possession of its story and that the role of the therapist is to allow the child's story to emerge in its authenticity. Participants seem to imply that their young clients actually often refrain from engaging in discussions about therapeutic matters and their emotions.

It might have been of benefit for the research, if the interviewer had enlightened the participants about the present literature around emotional expression in children, as she started doing with Julie (L41-45). Sharing this knowledge might have led to revealing conversations and more data to analyse in these transcripts. As the researcher did not realise this at the time, it may be interesting to carry out further research expanding on this point.
Chapter 5: Overall Conclusion

To establish a baseline of emotion expression in children's narratives, for professionals to work from while inquiring about their expectations of emotional expression, a mixed method was appropriate. Despite being from different populations, the findings indicate important implications for therapeutic practice and the understanding of children's emotional speech. Generally speaking, the results of both research projects indicate that children do not use emotion descriptive words frequently, and that practitioner psychologists need to use a variety of tools to encourage them to talk about emotions. This may be due to the nature of child counselling sessions, which involve young clients who may not fully understand the purpose of the sessions nor accept the adult in the interaction. As a result, children rarely volunteer the kinds of concerns or feelings-talk that the professionals desire to elicit.

The results in the quantitative narrative study showed that children do not voluntarily express emotions. The findings indicate that neither age nor narrative task had an effect on the expression of emotion in children's narratives. On the other hand, the combination of age, task and narrative lengths played a significant role in the expression of emotions in this design. As mentioned earlier, further research could aim at recruiting children from different ages, as the ages selected here may have been too close from each other. Also a bigger sample could potentially catch the subtle changes observed in this setting. Further research could also look at how the different elements need to be associated and put together to gain most emotional expression.

Practitioner psychologists interviewed indicated that they sometimes referred to ways of
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working with adults as a gauge for working with children. Given that there is little
literature telling professionals what to expect when working with children, the narrative
report looking at the impact of different narrative styles, tried to establish a baseline for
expectations of emotional expression in children and young adolescents' speech.

The findings of the narrative study can be used to direct professionals in their approach
to and expectations of emotional expression in therapeutic contexts with children. The
means of emotional expression per story, show that overall there is little use of emotion
words when interviewing children from 7, 9 and 11. The mean frequency is generally
quite low, potentially indicating that irrespective of age or story type, children do not
voluntarily use many emotion words in their speech. It can cautiously be inferred that
counselling psychologists working with children of these ages, can expect low
expression. The narrative study suggested some explanations for the low expression,
such as stress, confounding variables, appropriateness of narrative styles. The
practitioner psychologists interviewed added their personal rationales, not based on the
literature, which included a lack of vocabulary and difficulties to identify emotions for
example, but further research could investigate this observed lack of expression in
greater depth.

Additionally, the interview study showed that rather than seeing children as “little
adults” in their development, the professional should seek to treat children's behaviour
as significant in its own right. This leads to developing an effort to understand children's
emotional expression competencies without referring to adult competencies. This is not
to deny that children do develop, but rather the argument is to observe that professionals
should try to refrain from reducing the child's actions to attainment of developmental
stages, which deflects from their present, lived and collective experience. Also there is a
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necessity to move away from a model that sees children mainly as learning to become competent in adult terms. In short the goal that these research projects tried to reach was to move away from the question of whether children are competent enough (as shown in the qualitative report, from the point of view of the professionals) and present practitioners with a baseline of the abilities in expressing emotions that children do demonstrate.

Looking at the children's potential resistance to their therapeutic involvement, this research has shown that the role of the therapist is to refer issues back to the child in terms of their subjective experience, allowing them to share their experience and emotions in their own terms. In doing so, the professional can move away from the adult-driven context and allow the child to display their competencies in their narratives.

The interview study also discussed the different tools the participants used, showing a necessity for context rather than straightforward asking. This relates back to the initial rationale of the research, which was to give context through narratives to the emotional expression of children. Further research could aim at investigating the diverse themes that emerged from this research and observe how they may impact on professionals' way of working to gain a more in depth understanding of the dynamics happening between young clients and their therapists.
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Appendices
Chapter 3
Appendices

Appendix 3.1. RES 20B
(October 2003)

- School of Applied Sciences
- Behavioural Sciences Ethics Committee:
  - submission of project for approval

This form must be word processed – no handwritten forms can be considered
ALL sections of this form must be completed
No project may commence without authorisation from the School Ethics Committee

CATEGORY B PROJECTS:

There is identifiable risk to the participant’s wellbeing, such as:

• significant physical intervention or physical stress.
• use of research materials which may bring about a degree of psychological stress or
  upset.
• use of instruments or tests involving sensitive issues.
• participants are recruited from vulnerable populations, such as those with a recognised
  clinical or psychological or similar condition. Vulnerability is partly determined in
  relation to the methods and content of the research project as well as an a priori
  assessment.

All Category B projects are assessed first at subcommittee level and once approved are
forwarded to the School Ethics Committee for individual consideration.
Undergraduates are not permitted to carry out Category B projects.
<table>
<thead>
<tr>
<th>Title of Project:</th>
<th>The expression of emotions in school children and young adolescents</th>
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<tbody>
<tr>
<td>Name of Supervisor:</td>
<td>Dr. Josephine Chen-Wilson</td>
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<tr>
<td>(for all student projects)</td>
<td></td>
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<tr>
<td>Name of Investigator(s):</td>
<td>Amelie Zeimet</td>
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<tr>
<td>Level of Research:</td>
<td>Professional Doctorate</td>
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<td>(Module code, MPhil/PhD, Staff)</td>
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<tr>
<td>Qualifications/Expertise of the investigator relevant to the submission:</td>
<td>Ba (hons) Psychology and Applied Social Sciences</td>
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<td></td>
<td>Postgraduate Diploma in Psychology</td>
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<tr>
<td>Participants: Please indicate the population and number of participants, the nature of the participant group and how they will be recruited.</td>
<td>The first part of the research will include 60 (20 in each age group) participants from three different age groups: 7, 9, and 11. There will be a balanced percentage of boys and girls. Every child will be given a number for the transcription. The 60 participants will be recruited through their school (Appendix 1). It is aimed to recruit the children from more than one school in order to have a more representative sample. The children’s parents will be asked for their informed consent (Appendices 2 / 3). The second part of the research will consist of 6 or 7 counselling psychologists who are experienced in counselling school children and young adolescents. They will be participating in a semi-structured interview. There will be a random selection for age, sex and ethnicity of the participants. For the analysis of the transcripts each participant will be given a pseudonym. Confidentiality and anonymity will be ensured throughout.</td>
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Rationale:

Most therapeutic approaches share a belief that the expression of emotions is intrinsic to therapeutic work. In fact clients are often asked to express their feelings in therapy. It is assumed that this will help them to recognise and understand the emotions that they are experiencing (Safran & Greenberg, 1991). The centrality of emotions in therapy is recognised in adult therapy as much as it is in child and adolescent therapy.

Past research on children’s expression of emotion has relied on maternal reports (Bretherton, McNew, and Beeghly, 1981; Bretherton and Beeghly, 1982; Bretherton, Fritz, Zahnwexler, & Ridgeway 1986), systematic sampling of natural language (Bretherton et al., 1981; Dunn, Bretherton & Munn, 1987; Smiley & Huttenlocher, 1989; Brown & Dunn, 1991), or vignettes (Strayer, 1993; O’Kearny and Dadds, 2004). It has been found that from 20 months of age children start using emotion-descriptive words. The occurrence of these terms increases during the child’s third year. However, the early emergence of emotion-descriptive words reported in young children’s speech is in stark contrast to some studies on school children and young adolescents. Aldridge and Wood (1997; 1998), Wellman, Harris, Banerjee and Sinclair (1995) all report that, even when encouraged to express their emotions, children and young adolescents seriously struggle to word their feelings.

Aldridge and Wood (1997) position a linguistic incompetence at the root of children’s and young adolescent’s lack of expression. Others such as Borke (1971), Trabasso et al. (1981), Harris, Olthof, Meerum & Hardman (1987) have suggested a conceptual incompetence to explain the hiatus. Neither explanation proves to be satisfactory (Harris et al., 1987; Wellman, 1995; Harris and Jones, 1997). More importantly, both explanations fail to account for the early emergence reported in naturalistic studies. Besides methodological limitations, most of past research has looked at the expression
of emotion devoid of context. Children were asked to determine other people’s emotions from pictures, books or vignettes. Research rarely elicits children’s appraisal of their own emotions previously experienced. Rintell’s (1984) research on bilingual participants clearly shows the importance of the discursive context for the expression of emotions. It was concluded that pragmatics and context, provided to the participants through narratives, greatly contribute to the expression of emotion (Fraser, 1978; Rintell, 1984).

Looking at the emphasis on emotional expression in therapy, it seems relevant for therapeutic work to investigate whether and when children and young adolescents express their emotions. Given that the capacity to express emotions is part of a developmental process, it is firstly interesting to explore how age impacts on the frequency and intent of children’s expression of emotions. The ages chosen for this research are: 7, 9 and 11. The proposed research will also aim at palliating the discrepancy reported in research with regards to children’s and young adolescents’ ability to express emotion by using a range of elicitation methods.

It is important that a discursive context is provided when emotion terms are to be elicited from children and young adolescents. This study will use narratives as an elicitation tool. It will not aim at specifically prompting children to use emotion-descriptive words. Rather, it is interested in the child’s natural speech and voluntary expressions of emotion in narratives. Given that most research has been limited to one type of methodology (maternal reports, systematic sampling or vignettes/pictures) it will be of importance and interest to cross-examine the effects of different elicitation tools on school children and young adolescents’ performance. The research aims to cross-examine children’s performance in three narrative genres: fictional stories (based on vignettes), third person narratives and first person narratives. The three tasks will be performed by each child. Third person narratives require children to recount an event that they have witnessed happening to someone else in the past. Much like the fictional stories, this tool instructs children to infer emotions of a third party without the restrictions of a readymade plotline (as in fictional stories). First person narratives focus on children’s personal experience. This genre was selected as it enables children to contextually express their own emotions, which is rarely investigated by research. First
person narratives are also of great interest as they place the child in a similar position to a therapeutic situation, where children are asked to discuss an event that has happened to them.

Evaluating the elicitation strength of the three suggested genres will help inform therapeutic approaches to working with school children and young adolescents. Moreover, it is also important to research counselling psychologists’ views and expectations on, if and how much they anticipate the school children and young adolescents to express emotions. This research will also look into how these expectations shape and inform counselling psychologists’ work with their young clients. It is likely that unrealistic expectations may lead to a misunderstanding of children as struggling to express emotions, instead of accepting the lack of expression as stemming from the elicitation tool used by the psychologist. Aspects observed in the study on counselling psychologists’ current state of knowledge and expectations will be further discussed in light of the findings of the developmental narrative study. Findings from this research will be valuable in improving counselling psychologists’ practice with young clients.

The main objectives of this research are:
1. To study the developmental trends in school children and young adolescents’ ability to express emotions
2. To study the effects of varied narrative genres on their performance
3. To explore counselling psychologists’ views and expectations of young clients’ ability to express emotions.

Method

Participants
Children aged 7, 9 and 11 will be recruited from local schools for this study (Appendix 1). It is aimed to recruit 20 children for each age group. Parental consent will be sought before children take part in the study (Appendices 2 & 3). It will be made clear to parents and children that they can withdraw from the study at any time. Confidentiality
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and anonymity will be ensured throughout. The participants’ stories and narratives will be audio recorded and later transcribed. The audio recordings and the transcriptions will be held in a locked cabinet and kept secure for five years before being destroyed. Information that might lead to identification of an individual will be removed from transcripts and materials that could identify an individual will be removed from records.

6-7 psychologists will be recruited for the second part of the project. The same ethic considerations will also be applied to the psychologists. Informed consent will be sought and the participants will be informed of their right to withdraw from the study at any time (Appendices 4 & 5).

Materials

A voice recorder will be used to tape the children’s stories and narratives, and to record the semi-structured interview with the practitioners. An approved story book (‘Frog where are you’ by Mayer 1969). In case of emotional upset, therapeutic games for distraction will be used.

Design

This research consists of two studies: the narrative study and the interview. For the narrative study, each child participant will be encouraged to narrate a fictional story, third person narratives and first person narratives. The range of elicitation tools will be used in a cross-sectional study with school aged children and young adolescents. The use of a cross-section design will allow the investigation of developmental trends. The fictional stories will be elicited by an approved methodology based on images (‘Frog where are you’). The stories and narratives will be recorded and then transcribed. The occurrence of emotion-descriptive words will be analysed using the programme CLAN (Computerized Language Analysis). A 3(age)*3(task) mixed ANOVA will be employed to test the differences between age groups and genres.

The interview study will include 6/7 counselling psychologists working with young clients, using semi-structured interviews. Their transcripts will be analysed using
Procedures

In the literature, children’s narratives are usually elicited by a range of different methods: preset scenarios (Peterson & McCabe, 1983), indicative photos (Drummond et al., 2006) or structured prompts (Shapiro, 2003). These prompts are in place to help the child start their narrative although they will not aim at excluding any other theme that the child may want to share in their narrative.

In the current study, the interviewer will offer a series of different situational examples (Appendices 5 and 6). These topics are not mandatory, but rather they offer something to talk about as a single given prompt is not expected to be successful with all the children. The usual topics include, attending a party or receiving a gift (Zeman and Shipman, 1996) or being around a dinner table (Drummond et al. 2006). This research will also include topics that children commonly talk about in their everyday conversations. Shapiro (2003) found that the most frequently used topic by far in narratives, were injuries. Only open prompts will be used as they provide an open space for the child to create their own picture of experience being told, independent from the researcher’s conceptual expectations (Nelson & Quintana, 2005). Children will not be asked directly to narrate something scary or happy so as not to restrict the diversity of possible emotional expressions of their narrative.

Before the research interview starts, the researcher and the child will have a small introductory chat that aims at making the child at ease with the researcher (see Appendices 6, 7 & 8 for details). The researcher will then clarify the child’s rights as clearly as possible, including their rights to withdraw from the research at any time. The researcher will make sure that the children understand that they have every right to refuse to participate in the story telling and to say no to the elicitation protocol. It will be made clear to the child that if they do not wish to participate they do not have to.

In addition, the researcher will establish procedures for assisting participants who may respond negatively to the study participation. Given that the researcher has had more
than two years of therapeutic experience with children, she will be particularly careful and sensitive to the child's reactions to the interviewing process. She is aware of the importance of, and competent to work to empower the child to exercise their right to withdraw or discontinue participation when feeling vulnerable. If at any point, the researcher becomes aware of any upsets or extreme emotional response in the child, a precautionary measure will be in place. The precautionary measure includes stopping the process and giving the child some time and support to calm down. Depending on the level of emotional upset, some distractions will be used (for example, therapeutic games). When the child seems to be better they will be given the option to continue their story or stop. No child will be forced or pressurised into completing the story. The child will be given time and support to return to a more secure emotional state before being let back into the classroom.

Disclosure of such an incident will only be made if the event indicates potential harm or risk to the child or someone else. Even in the case of no emotional upsets, the researcher will need to continue to ask if the child feels comfortable, wants to continue, or prefers to discontinue. Considering the harmless nature of the questions related to this research, in case of major emotional upsets in children, that do not seem to calm down, the researcher will suggest making a referral to the class teacher. Given that for the majority of past participants in similar research, questions relating to similar topics did not result in major emotional upsets, this procedure aims at making sure that a child in need of deeper emotional support will have the opportunity to see a professional for help. In short, as a competent interviewer, the researcher will apply the same skills that are necessary for good listening and assessment in therapy and apply the same respect for the participant (in line with Nelson & Quintana, 2005 critique and Morrow and Richards, 1996 guidelines).

All children will be seen individually by a female researcher in a quiet room away from the classroom. To ensure the child a sense of security and comfort during the research process, the child will not be seen in an enclosed environment. The research interview will happen in a quiet open space, as for example the school library, so the child can be in contact with a familiar environment and familiar faces.
The data for each school child and young adolescent participant will be collected over two days, as it is feared that requiring young participants to fully perform in each of the three tasks in one day is too demanding. To ensure validity the research will counterbalance the order of inquiry between the story and narratives. Half of the participant will start by recounting the story and then the narratives (both genres) and the other half will begin with the narratives followed by the story.

The interview with the counselling psychologist professionals will be held in their working environment. Before starting the interview the participants will have read and signed the informed consent sheet. The researcher will make sure that the participants have a full understanding of their rights throughout the research interview. The participants will then be asked to comment on their view and expectations on children’s ability to express emotions, in a semi-structured interview (Appendix 9). The interviews will later be transcribed and the audio-tapes destroyed. The transcripts will be held in a secure place for five years. Information that might lead to identification of an individual will be removed from transcripts, so that confidentiality and anonymity will be ensured throughout.

If the family of the participating children or the counselling psychologists wish to receive a summary of the results, they will be given the researcher’s professional email address.
Appendix 3.2. **Parent/Carer Information Sheet**

Dear Parent/Carer

I am a trainee on the Practitioner Doctorate in Counselling Psychology at the University of Wolverhampton. My research project is looking at how 7-, 9- and 11-year-old children express emotions in three different story styles. The aim of the study is to gain a better understanding of whether the story style will have an effect on how children express emotion in order to develop better interview techniques for children.

Children will be asked to tell three stories, a fictional one based on a picture book, one about things they did before and one about other people. The stories will be collected in two 15-minute sessions over two days. The stories will be audio recorded for analysis. Children will not be prompted to use emotion-descriptive words. They are invited to tell some stories as they see fit.

The children’s personal information, results and audio recording will be kept confidential and secured throughout the study. Personal information will be removed when the stories are transcribed. At the end of the research, the audio recordings will be destroyed and the transcripts will be stored securely and anonymously. It will be made clear to the children that they do not have to tell any story if they do not feel comfortable to do so. They are free to withdraw from the study at any time without any further implications.

I would be very grateful if you could consent for your child to take part in my study. Please feel free to contact me at amelie.zeimet@wlv.ac.uk if you need any further information about this project. If you wish to give your consent, please complete the consent form enclosed and return it to your child’s teacher as soon as possible.

If you wish to receive a summary of the results, please feel free to e-mail me at amelie.zeimet@wlv.ac.uk, for a copy of the abstract in October, 2011.

Your help is greatly appreciated.

Yours faithfully

Amelie Zeimet
Appendix 3.3. Parent Consent Form

The expression of emotions in children’s different styles of stories

Researcher: Amelie Zeimet
Supervisors: Dr. Yvette Lewis
            Dr. Josephine Chen-Wilson

Aim of study: to look at children’s voluntary use of emotion-descriptive words when telling different styles of stories.

Children aged 7-, 9- and 11-years will be recruited to tell three different stories: a fictional story, their own personal experience and events about other people. It will take about two 15-minute sessions to complete the stories for each child.

Stories will be audio recorded and transcribed to see if the type of the story affects the way children talk about emotions.

Please read and complete the Consent Form

I understand that all individual research results will be kept confidential. No individual will be identified in any publication of the results and only the researcher and her supervisors will have access to the data. I understand that I am free to withdraw my child from the study at any time.

I understand that the recordings, transcripts and consent forms will be stored separately, securely and anonymously.

I __________________ (please print) consent for my child ____________________ (please print) to take part in Ms Zeimet’s study on children’s story telling.

__________________________
Signature of parent/carer

__________________________
Date
Appendix 3.4. : Example of “Frog! Where are you?”
Frog, where are you?
Appendix 3.5. **List of emotion words**

<table>
<thead>
<tr>
<th>Adored</th>
<th>Aggravated</th>
<th>Agonized</th>
</tr>
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<tbody>
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<td>Exasperated</td>
<td>Exhausted</td>
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<tr>
<td>Fatigued</td>
<td>Fearful</td>
<td>Fed Up</td>
</tr>
<tr>
<td>Ferocious</td>
<td>Fidgety</td>
<td>Fond</td>
</tr>
</tbody>
</table>
Amélie Zeimet

frightened  frustrated  funny
furious  gloomy  glad
gleeful  greedy  griefstricken
grouchy  grumpy  guilty
happy  hassled  hateful
helpless  hesitant  homesick
hopeful  hopeless  hysterical
horrible  hostile  humiliated
hurt  impatient  indifferent
infatuated  inferior  insecure
insulted  irate  irritated
isolated  jealous  jittery
jolly  joyous  lazy
loathe  lonely  liked
loved  loving  mad
mean  melancholical  mischievous
miserable  moody  mortified
neglected  nervous  nice
numb  optimistic  outraged
overwhelmed  panicky  passionate
patient  pessimistic  pleased
proud  puzzled  rageful
raptured  regretful  rejected
relieved  reluctant  remorseful
resentful  restless  repulsed
revulsed  ridiculous  riled  
rushed  sad  safe  
satisfied  scared  secure  
sensitive  shaky  shocked  
shy  silly  sleepy  
sorry  stressed  surprised  
suspicious  sympathetic  tender  
tense  terrified  thrilled  
tired  tormented  triumphant  
troubled  uncomfortable  uneasy  
unhappy  unsafe  unsettled  
upset  vengeful  vicious  
victorious  warm  woeful  
wonderful  worried  yucky  
zealous  zestless
Introduction

Today we're going to practice some special kinds of exercises called relaxation exercises. These exercises help you to learn how to relax when you're feeling up-tight and help you get rid of those butterflies-in-your-stomach kinds of feelings. They're also kind of neat because you can learn how to do some of them without anyone really noticing.

In order for you to get the best feelings from these exercises, there are some rules you must follow. First, you must do exactly what I say, even if it seems kind of silly. Second, you must try hard to do what I say. Third, you must pay attention to your body. Throughout these exercises, pay attention to how your muscles feel when they are tight and when they are loose and relaxed. And fourth, you must practice. The more you practice, the more relaxed you can get. Do you have any questions?

Are you ready to begin? Okay, first, get as comfortable as you can in your chair. Sit back, get both feet on the floor, and just let your arms hang loose. That's fine. Now close your eyes and don't open them until I say to. Remember to follow my instructions very carefully, try hard, and pay attention to your body. Here we go.

- Hands and Arms

Pretend you have a whole lemon in your left hand. Now squeeze it hard. Try to squeeze all the juice out. Feel the tightness in your hand and arm as you squeeze. Now drop the lemon. Notice how your muscles feel when they are relaxed. Take another lemon and squeeze. Try to squeeze this one harder than you did the first one. That's right. Real hard. Now drop the lemon and relax. See how much better your hand and arm feel when they are relaxed. Once again, take a lemon in your left hand and squeeze all the juice out. Don't leave a single drop. Squeeze hard. Good. Now relax and let the lemon fall from your hand.

(Repeat the process for the right hand and arm.)

- Arms and Shoulders

Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Raise them up high over your head. Way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay, kitten, let's stretch again. Stretch your arms out in front of you. Raise them over your head. Pull them back, way back. Pull hard. Now let them drop quickly. Good. Notice how your shoulders feel more relaxed. This time let's have a great big stretch. Try to touch the ceiling. Stretch your arms way out in front of you. Raise them way up high over your head. Push them way, way back. Notice the tension and pull in your arms and shoulders. Hold tight, now. Great. Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy.
Amélie Zeimet

- **Jaw**

You have a giant jawbreaker bubble gum in your mouth. It's very hard to chew. Bite down on it. Hard! Let your neck muscles help you. Now relax. Just let your jaw hang loose. Notice that how good it feels just to let your jaw drop. Okay, let's tackle that jawbreaker again now. Bite down. Hard! Try to squeeze it out between your teeth. That's good. You're really tearing that gum up. Now relax again. Just let your jaw drop off your face. It feels good just to let go and not have to fight that bubble gum. Okay, one more time. We're really going to tear it up this time. Bite down. Hard as you can. Harder. Oh, you're really working hard. Good. Now relax. Try to relax your whole body. You've beaten that bubble gum. Let yourself go as loose as you can.

- **Face and Nose**

Here comes a pesky old fly. He has landed on your nose. Try to get him off without using your hands. That's right, wrinkle up your nose. Make as many wrinkles in your nose as you can. Scrunch your nose up real hard. Good. You've chased him away. Now you can relax your nose. Oops, here he comes back again. Right back in the middle of your nose. Wrinkle up your nose again. Shoo him off. Wrinkle it up hard. Hold it just as tight as you can. Okay, he flew away. You can relax your face. Notice that when you scrunch up your nose your cheeks and your mouth and your forehead and your eyes all help you, and they get tight too. So when you relax your nose, your whole body relaxes too, and that feels good. Oh-oh. This time that old fly has come back, but this time he's on your forehead. Make lots of wrinkles. Try to catch him between all those wrinkles. Hold it tight, now. Okay, you can let go. He's gone for good. Now you can just relax. Let your face go smooth, no wrinkles anywhere. Your face feels nice and smooth and relaxed.

- **Stomach**

Hey! Here comes a cute baby elephant. But he's not watching where he's going. He doesn't see you lying in the grass, and he's about to step on your stomach. Don't move. You don't have time to get out of the way. Just get ready for him. Make your stomach very hard. Tighten up your stomach muscles real tight. Hold it. It looks like he is going the other way. You can relax now. Let your stomach go soft. Let it be as relaxed as you can. That feels so much better. Oops, he's coming this way again. Get Ready. Tighten up your stomach. Real hard. If he steps on you when your stomach is hard, it won't hurt. Make your stomach into a rock. Okay, he's moving away again. You can relax now. Kind of settle down, get comfortable, and relax. Notice the difference between a tight stomach and a relaxed one. That's how we want to feel---nice and loose and relaxed. You won't believe this, but this time he's coming your way and no turning around. He's headed straight for you. Tighten up. Tighten hard. Here he comes. This is really it. You've got to hold on tight. He's stepping on you. He's stepped over you. Now he's gone for good. You can relax completely. You're safe. Everything is okay, and you can feel
nice and relaxed.
This time imagine that you want to squeeze through a narrow fence and the boards have splinters on them. You'll have to make yourself very skinny if you're going to make it through. Suck your stomach in. Try to squeeze it up against your backbone. Try to be skinny as you can. You've got to be skinny now. Just relax and feel your stomach being warm and loose. Okay, let's try to get through that fence now. Squeeze up your stomach. Make it touch your backbone. Get it real small and tight. Get it as skinny as you can. Hold tight, now. You've got to squeeze through. You got through that narrow little fence and no splinters! You can relax now. Settle back and let your stomach come back out where it belongs. You can feel really good now. You've done fine.

- Legs and Feet

Now pretend that you are standing barefoot in a big, fat mud puddle. Squish your toes down deep into the mud. Try to get your feet down to the bottom of the mud puddle. You'll probably need your legs to help you push. Push down, spread your toes apart, feel the mud squish up between your toes. Now step out of the mud puddle. Relax your feet. Let your toes go loose and feel how nice that it feels to be relaxed. Back into the mud puddle. Squish your toes down. Let your leg muscles help push your feet down. Push your feet. Hard. Try to squeeze that puddle dry. Okay. Come back out now. Relax your feet, relax your legs, relax your toes. It feels so good to be relaxed. No tenseness anywhere. You feel kind of warm and tingly.

- Conclusion

Stay as relaxed as you can. Let your whole body go limp and feel all your muscles relaxed. In a few minutes I will ask you to open your eyes, and that will be the end of this practice session. As you go through the day, remember how good it feels to be relaxed. Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises. Practice these exercises everyday to get more and more relaxed. A good time to practice is at night, after you have gone to bed and the lights are out and you won't be disturbed. It will help you get to sleep. Then, when you are really a good relaxer, you can help yourself relax at school. Just remember the elephant, or the jaw breaker, or the mud puddle, and you can do our exercises and nobody will know. Today is a good day, and you are ready to feel very relaxed. You've worked hard and it feels good to work hard. Very slowly, now, open your eyes and wiggle your muscles around a little. Very good. You've done a good job. You're going to be a super relaxer.
Amélie Zeimet

Appendix 3.7. **Certificate of participation**

![Certificate of participation](image-url)
Amélie Zeimet

Stickers used:
Appendix 3.8. Recruitment letter for the schools

Dear Sir/Madam,

I am a trainee on the Practitioner Doctorate in Counselling Psychology at the University of Wolverhampton. I am currently carrying out a research project as part of my doctorate programme. I am investigating how children talk about emotions in different story styles: fictional picture story book, first-person narratives and third-person narratives. The aim of the study is to gain a better understanding of whether the story style will have an effect on how children express emotion in order to develop better interview techniques for children.

I aim to collect data from 20 children from three different age groups: 7 years, 9 years and 11 years (60 in total). The stories will be collected on two occasions. On one day the child will be asked to tell the picture story and on the other day, both stories of their past experience (first-person and third-person stories). The children will be needed for about 15 minutes per day and the stories will be audio recorded and transcribed for analysis. The tapes will be destroyed and the transcriptions will be kept in a secure place during and after analysis.

This research follows the Ethics Guidance by the British Psychological Society and has been approved by the ethics committee in the School of Applied Sciences. The set up of the research will be fully explained to parents before seeking parental consent. The right to withdraw from the study at any time will be made clear to parents and children. Anonymity and confidentiality will be ensured throughout.

I would be grateful if you could agree for me to recruit participants in your school. Enclosed are letter to parents and consent form for your information. I will telephone the school soon to see if there is any further information needed.

Thank you in anticipation.

Yours faithfully,

Amelie Zeimet
Appendix 3.9. **Procedure to Elicit a Personal Narrative**

The researcher is looking for naturally occurring emotional language so she will refrain from asking any questions aiming at specifically prompting emotion-descriptive words. The researcher will not provide cues for either the content or recall of the memory. The researcher will not evaluate the child’s experience in response to the child’s narration, nor will she request specific details of the event.

- I really enjoyed your story about the frog and the little boy. Now, can you tell me some stories about **yourself**?

(These prompts will be asked in the following order until the child finds the one he/she wants to elaborate upon).

1. **Injury**
   - Have you ever been to the doctor's? Tell me about it (or Why did you go to the doctor’s?)
   - Have you ever hurt yourself? *(say this only when the child does not respond to the prompt about the doctor).*
   - For example, something like falling over, cutting your fingers or bumping your head *(giving some possible events only when the child does not respond to this question)*?
   - How did that happen?
   - Tell me about it (what happened?).

2. **Holiday/Trip**
   - What about going on holidays? Have you ever gone on holidays before?
   - What was it like?
   - Did anything funny/strange happen?
   - Tell me the funny/strange things in your holiday.

3. **Christmas/New Year**
   3. What about Christmas/New Year?
   4. What did you do last Christmas/New Year?
   5. Anything special (different)?
   6. Tell me about your Christmas/New Year holiday.
Amélie Zeimet

Children will be encouraged to continue their narrative using general prompts
- Tell me more about it
- Thank you very much. That was a great story

Appendix 3.10.: **Procedure to Elicit a Personal Narrative (in the third person)**

The researcher is looking for naturally occurring emotional language so she will refrain from asking any questions aiming at specifically prompting emotion-descriptive words. The researcher will not provide cues for either the content or recall of the memory. The researcher will not evaluate the child’s experience in response to the narration, nor will she request specific details of the event.

- You have told me two great stories, you are very good at telling them. Now, can you tell me some stories about **somebody else**?

*(These prompts will be asked in the following order until the child finds the one he/she wants to elaborate upon).*

4. Injury/fighting
5. Have you ever seen someone hurt themselves before?
6. Tell me what happened.
7. What about seeing people fighting or arguing? Have you seen something like that before?
8. Tell me what happened.

5. Playing outside with friends
2. What about going out to play with your friends?
3. Did anything funny/strange/interesting happen to your friends?
4. Tell me the funny/strange things when you played out with your friends.

(3) Christmas/New Year

2. What about Christmas/New Year? Anything special (different)?
3. Did you see some interesting things happen to someone else during Christmas/New Year?
4. Tell me what happened to the person on Christmas/New Year

Children will be encouraged to continue their narrative using general prompts

3. Tell me more about it
4. Thank you very much. That was a great story
Appendix 3.11. Levene's Test from data without participant 40 and 47 in turn, the without both.

<table>
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<tr>
<th></th>
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<th>Levene's Test without 47 (N=52)</th>
<th>Levene's Test without 40 and 47 (N=51)</th>
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Levene's test of the data without participant 40 (in detail)

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<th>Total of emotion descriptive words in the picture book story (N=52)</th>
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<th>df1</th>
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<tr>
<td></td>
<td>0.98</td>
<td>2</td>
<td>49</td>
<td>0.38</td>
</tr>
</tbody>
</table>
Amélie Zeimet

| Total of emotion descriptive words in the first person narrative (N=52) | 1.03 | 2 | 49 | 0.37 |
| Total of emotion descriptive words in the third person narrative (N=52) | 4.85 | 2 | 49 | 0.01 |

Appendix 3.12. Summary table of mauchley's test of sphericity, taking participant 40 and 47 out in turn, then both out.

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Appendix 3.13. **Kolmogorov-Smirnov test (data without participant 40) for the ANCOVA**

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<td>total of emotion descriptive words other</td>
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<td>.000</td>
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a. Lilliefors Significance Correction
Appendix 3.14: P-P plots

P-P Plot of Regression Standardized Residual for the Picture Book Story

Normal P-P Plot of Regression Standardized Residual

Dependent Variable: number of words in narrative
P-P Plot of Regression Standardized Residual for the First Person Narrative

Normal P-P Plot of Regression Standardized Residual

Dependent Variable: number of words in self narratives
P-P Plot of Regression Standardized Residual for the Third Person Narrative

Normal P-P Plot of Regression Standardized Residual

Dependent Variable: number of words in third person narrative
Appendix 3.15. **ANCOVA results**

### Tests of Within-Subjects Contrasts

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### Tests of Between-Subjects Effects

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<th>Transformed Variable:Average</th>
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<tr>
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<td></td>
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</tr>
<tr>
<td></td>
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<tr>
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<tr>
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<td>age * nbwordfrog * nbwordself * nbwordother</td>
<td>20.473</td>
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<tr>
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<td>Error</td>
<td>42.177</td>
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</table>
Appendix 3.16. ANOVA results

### Tests of Within-Subjects Effects

<table>
<thead>
<tr>
<th>Measure: MEASURE_1</th>
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### Tests of Within-Subjects Contrasts

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### Tests of Between-Subjects Effects

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<td>1.715</td>
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### Appendix 3.17.

#### ANOVA results

**Tests of Between-Subjects Effects**

<table>
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<tr>
<th>Source</th>
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<th>Source</th>
<th>Measure:MEASURE_1 Transformed Variable Average</th>
</tr>
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<td>age</td>
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<td>2</td>
<td>.933</td>
</tr>
<tr>
<td>Error</td>
<td>84.031</td>
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<td>1.715</td>
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#### ANCOVA results

**Tests of Between-Subjects Effects**

<table>
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<th>Source</th>
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<th>Source</th>
<th>Measure:MEASURE_1 Transformed Variable Average</th>
</tr>
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<td>Intercept</td>
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<td>age</td>
<td>4.341</td>
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<td>2.171</td>
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<td>nbwordfrog</td>
<td>3.053</td>
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<td>3.053</td>
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<tr>
<td>nbwordself</td>
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<td>2.023</td>
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<tr>
<td>nbwordother</td>
<td>.105</td>
<td>1</td>
<td>.105</td>
</tr>
<tr>
<td>nbwordfrog * nbwordself * nbwordother</td>
<td>.002</td>
<td>1</td>
<td>.002</td>
</tr>
<tr>
<td>age * nbwordfrog * nbwordother</td>
<td>20.473</td>
<td>2</td>
<td>10.237</td>
</tr>
<tr>
<td>Error</td>
<td>42.177</td>
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Appendix 3.18. : Chi-Square Tables

Chi Square Tests looking at age and the expression of positive emotion descriptive words

<table>
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<tr>
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<th>Chi-Square Tests</th>
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<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>9.033a</td>
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<tr>
<td>Likelihood Ratio</td>
<td>11.851</td>
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<td>Linear-by-Linear</td>
<td>1.144</td>
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<tr>
<td>Association</td>
<td>52</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>52</td>
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</tbody>
</table>

a. 9 cells (60.0%) have expected count less than 5. The minimum expected count is .65.

Chi Square Tests looking at age and the expression of negative emotion descriptive words

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>11.971a</td>
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<tr>
<td>Likelihood Ratio</td>
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<td>Linear-by-Linear</td>
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<td>Association</td>
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</tr>
<tr>
<td>N of Valid Cases</td>
<td>52</td>
</tr>
</tbody>
</table>

a. 27 cells (100.0%) have expected count less than 5. The minimum expected count is .33.
Chi Square Tests looking at age and the expression of emotion descriptive words as a cause

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
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</tr>
<tr>
<td>Likelihood Ratio</td>
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<td>Linear-by-Linear</td>
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<tr>
<td>Association</td>
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<td></td>
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<tr>
<td>N of Valid Cases</td>
<td>52</td>
<td></td>
<td></td>
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</tbody>
</table>

a. 9 cells (75.0%) have expected count less than 5. The minimum expected count is .33.

Chi Square Tests looking at age and the expression of emotion descriptive words as a consequence

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
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<td>.139</td>
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<tr>
<td>Likelihood Ratio</td>
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<td>Linear-by-Linear</td>
<td>.355</td>
<td>1</td>
<td>.552</td>
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<tr>
<td>Association</td>
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</tr>
<tr>
<td>N of Valid Cases</td>
<td>52</td>
<td></td>
<td></td>
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</tbody>
</table>

a. 24 cells (100.0%) have expected count less than 5. The minimum expected count is .33.
Appendix 4.1. **Information Sheet for Counselling Psychologist Interview**

**Information sheet**

*The expression of emotions in children’s different styles of stories*

I am a trainee on the Practitioner Doctorate in Counselling Psychology at the University of Wolverhampton. My research project is investigating the expression of emotions in children’s stories, looking at three different story styles: a story based on an image book, first-person narratives and third-person narratives.

As part of the project, I am surveying the view and expectations of Counselling Psychologists on children’s ability to express emotions. This study will inquire about how your expectations shape your practice with children. It should take about 30 minutes for each interview. The purpose of the study is to gain more insight in Counselling Psychologists’ perception of verbal emotional expression in children and their practice with children. The study is conducted by Amelie Zeimet, under the supervision of Dr. Yvette Lewis (email: y.lewis@wlv.ac.uk) and Dr. Josephine Chen-Wilson (email: j.chen-wilson@wlv.ac.uk)

I would be grateful if you could participate in the study. You will be asked to take part in an individual semi-structured interview. This interview will be recorded with an audio recorder. However, anonymity and confidentiality will be ensured throughout the study. Participants are free to withdraw from the study at any time without any further implications.

If you wish to receive a summary of the results, please feel free to e-mail me at amelie.zeimet@wlv.ac.uk, for a copy of the abstract in October 2011.

If you agree to participate in this study, please read and sign the consent sheet.

Thank you for your time.

Amelie Zeimet
Appendix 4.2. Consent form for Counselling Psychologist Interview

Informed Consent

The expression of emotions in children’s different styles of stories

Researcher: Amelie Zeimet
Supervisors: Dr. Yvette Lewis
            Dr. Josephine Chen-Wilson

Aim of study: to explore counselling psychologists’ expectations of children’s emotional expressions in therapeutic settings.

Please read and complete the Consent Form

I understand that all individual research results will be kept confidential. No individual will be identified in any publication of the results and only the researcher and her supervisors will have access to the data. I understand that I am free to withdraw from the study at any time.

I understand that the recordings, transcripts and consent forms will be stored separately, securely and anonymously.

I __________________ (please print) consent to take part in Ms Zeimet’s study on exploring counselling psychologist’s expectations of children’s emotional expression in therapeutic settings.

__________________________
Signature

__________________________
Date
Appendix 4.3. Interview Questions for the Counselling Psychologists

- What is the emotional content of therapy?
- What do you expect children and young adolescents' emotional talk to be like?
- How easy do you think it is for children and young adolescents to discuss their emotions?
- Have you ever used the classic expression “so how did that make you feel?” when working with adults? With children and young adolescents?
- If yes,
  - What do you usually get as a response?
  - What were your expectations of what they would say?
  - Was it useful to help them talk about emotions?
- If no,
  - what tools do you use when trying to find out about young client's emotional position to a problem?
  - Is that useful?
- How do you think your experience of working with children and your beliefs around their ability to express themselves inform your practice?
- What do you think the most important goals should be when working with children?
- Desirable attributes to have when working with children?
Appendix 4.4: Audit, development of themes

- 1st illustration: ideas for themes.

Adults are being referred to regularly: children perform “more” or “less” than adults → reference to adults? Adult presence?

Very little categories in participants’ speech when talking about their young clients → young clients? One group? Lack of subdivision in client group?

A lot of different strategies mentioned → specific knowledge for working with children? Children different to adults? Therapeutic relationship? Respect?

Importance of emotions in therapy → emotions in therapy? What is therapy without emotions?

- 2nd illustration: Table with more elaborate names for the themes

<table>
<thead>
<tr>
<th>Participants' main themes</th>
<th>Participants' sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adultomorphic tendency</td>
<td>Change in expectations through experience</td>
</tr>
<tr>
<td></td>
<td>Adults as point of reference for expectations and low expectations</td>
</tr>
<tr>
<td></td>
<td>Rationales for expression</td>
</tr>
<tr>
<td></td>
<td>Difference</td>
</tr>
<tr>
<td>Developmental Uniformity</td>
<td>No subdivision</td>
</tr>
<tr>
<td></td>
<td>Subdivision</td>
</tr>
<tr>
<td>Importance of relational Aspect</td>
<td>Qualities needed to engage young clients (avoid threat)</td>
</tr>
<tr>
<td></td>
<td>Role of therapist</td>
</tr>
<tr>
<td></td>
<td>Meaning rather than words</td>
</tr>
<tr>
<td>Role of emotions in therapy</td>
<td></td>
</tr>
</tbody>
</table>
3rd illustration, themes and names for themes chosen in the research report. Some themes have changed, the sub-themes in the 2nd theme have disappeared, the last idea of a theme was taken away, because the researcher believed it was not as important and relevant as the other 3 themes.

<table>
<thead>
<tr>
<th>Participants' main themes</th>
<th>Participants' sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adultomorphic tendency</td>
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<td>The rise of interviewees' low expectations</td>
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<td></td>
<td>Rationales for lack of emotional verbal expression in children's speech</td>
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<tr>
<td></td>
<td>Confusion</td>
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<tr>
<td>Developmental Uniformity</td>
<td></td>
</tr>
<tr>
<td>Importance of therapeutic relationship</td>
<td>Qualities of practitioner psychologists working with children</td>
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<tr>
<td></td>
<td>Reasons for alternative ways of approaching the child</td>
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</table>