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Use of a Reference Group in Researching Children’s Views of Psychotherapy

Authors
Daniel Mercieca and Phil Jones

Abstract
This paper explores the process and outcomes of a children’s reference group within the context of child psychotherapy research in out of home, residential care. The reference group was set-up to consult children about the design of a research project which seeks to evoke, represent and understand children’s views of psychotherapy. No work to date has explored the experience of reference groups in the context of child psychotherapy in residential out of home care in Malta. The paper contextualises the research within the literature on reference groups in child research, which identifies the potential of reference groups as a participative and co-reflexive activity which can inform research design. The paper critically examines the nature and conduct of the reference group by acknowledging the specific context of this work rather than essentialising it as a given ‘good’. It does so by specifying and evaluating the outcomes of the reference group in line with its aims. The paper draws on the recordings of the reference group meetings and reference group field notes taken by the researcher as key data which were thematically analysed. The main outcomes of the reference group include children’s contribution to the design of data collection methods especially in terms of not relying only on words during data collection. Children also identified key ethical issues from the point of view of young psychotherapy service users, especially in relation to issues of
trust within an out of home care context. Children also reviewed and appraised research information material.

Keywords: reference groups, child psychotherapy research, child participation, children’s views of psychotherapy, out of home care

Introduction

*Views of Psychotherapy* is a practitioner research project which seeks to identify, represent and understand children’s perspectives of their engagement in psychotherapy interventions within a residential out of home care setting for boys in Malta (UCL, 2015). The research includes a variety of perspectives connected to service provision including therapists and adult carers and thus aims to contextualise children’s views. This enquiry also seeks to address how an understanding of children’s perspectives of psychotherapy interventions can contribute to service development in the multidisciplinary team providing psychotherapy interventions at a specific residential care setting in Malta. The project also aims to gain and represent children’s feedback about the methods used to engage them in this research. The multidisciplinary team’s therapeutic approach focuses on the child’s attachment needs whilst adopting a systemic perspective in understanding how different sub-systems within the child’s life influence each other, thus foregrounding collaborative co-working and interventions with the different parts of the system (Service provision document, 2007).

The reference group was set up within the *Views of Psychotherapy* project to consult children about the design of the research. Children living in residential care were consulted regarding the research aims, data collection methods and approach to analysis. Five children aged between twelve and eighteen participated in the group. They were all living within a residential care setting in Malta and were either in
psychotherapy or had had psychotherapy in the past. It was made clear that the reference group was distinct from the research project itself.

Simone, a young man participating in the reference group, explained the task of the group as ‘it is like we are helping you how to make therapy better’. The researcher added ‘how to do research better?’. Simone replied, ‘at the same time it is also for therapy’. Reference group participants used their own language to interpret the reference group task and were assertive about the potential impact of such a task on psychotherapeutic practice.

The reference group was facilitated by one of the researchers who works as a dramatherapist and supervisor within the same residential setting. The same researcher has also worked therapeutically with some of the participants in the reference group. The ethos of practitioner-research (Shaw & Lunt, 2012) introduces particular relational dynamics and potential areas of enquiry in terms of particular transference and counter-transference phenomena within the reference group’s process. These elements will be expanded upon within this paper, specifically in terms of research methodology, researcher positioning and reflexivity.

Data for the reference group aspect of the research involved recordings of the reference groups and reference group field notes taken by the researcher. The reference group has yielded outcomes which relate to the intended aims alongside other less expected outcomes which developed inductively and emerged following a thematic analysis (Braun & Clarke, 2006) of the reference group data. For the purposes of this article we are selecting themes which relate to the three main aims of this reference group, though attention will also be given to unexpected outcomes.

Literature Review

Research and Children
Recent literature on research involving children has highlighted a particular phase of theory and related research, often described as being informed by the ‘new sociology of childhood’ (Jones, 2008; Prout, 2011). This phase challenged traditional approaches to research concerning children, which tended to see children purely through adult lenses and agendas, rather than trying to understand and value children’s own perspectives (Komulainen, 2007). This approach positions childhood as socially constructed and considers children as ‘active social agents in the construction of their own childhoods’ (James, 2010, p. 486). Authors have emphasised the importance of children’s perspectives or ‘voice’, while also challenging negative stereotypes about children’s competency, and recognising children as rights holders (Welch & Jones, 2010). Jones, (2008) and Kellett (2010), for example, have identified the ways in which traditional approaches to researching children’s services would focus on adult worker or parent perspectives rather than on the children using services. Within child psychotherapy research, Rustin (in Midgley, Anderson, Grainger, Nesic-Vuckovic, & Urwin, 2009) critically considers the extent to which the psychotherapist is positioned as the site and agent of knowledge creation and development, with children being positioned as the object of study.

**Developments regarding how Children are Seen and Treated in Research**

Recent years have seen shifts in the ways researchers have embraced ideas about seeing children as capable, as rights holders and holding valuable views about their experiences of social or health care. Authors such as Pérez-Expósito, (2015) and Ehlers and Frank (2016) have indicated the ways in which some domains have responded to such ideas positively by, for example, asking children themselves about the service provision they use and consulting children about the design of research.
McCarry (2012) notes that this is still an emerging area within some disciplines. Within child psychotherapy research, recent literature notes the paucity of research on children’s perspectives on their experience of therapy (Dittmann & Jensen, 2014; Henriksen, 2014). Aslam (2012) reports that research which includes looked after children’s views of mental health services in evaluating provision, is very limited. According to Day, Michelson and Hassan (2011) the perception of mental health child clients as unreliable has particularly limited research on children’s views of mental health services. From a wider perspective, Henriksen (2014) frames his motivation to research adolescents’ experiences of mental health treatment as a reaction to a scenario where the author claims that an over-emphasis on evidence based practices has condensed therapy to a diagnostic exercise resulting in the marginalization of the young clients’ views.

**Reference groups as a form of participation**

The setting up of reference groups can be viewed as one such expression of children’s participation in research which potentially responds to some of the problems related to adult research agendas and can be seen as promoting children’s active role in research (Diaz, Liehr, Curnan, Brown, & Wall, 2012). Within reference groups, children are consulted about various elements of the research process. Moore, Noble-Carr, and McArthur (2015) perceive the use of reference groups as subscribing to the belief that researchers need to refer to research participants who are thought of as having access to different knowledge from adult researchers. Moore et al. (2015) argue that when children are involved in this way, their views may render a more meaningful impact on the research process. The value of engaging with others is also seen as a unique opportunity to explore one’s own assumptions as a researcher and thus develop a
deeper understanding of the process. Concurrently Moore et al. (2015) comment on the lack of debate around how children may participate meaningfully in such participative activities.

**Children’s participation in research about young people living in out of home care and attending mental health services.**

There are particular complexities in conceptualising and undertaking research in relation to children’s participation in the field of mental health services and out of home care. A review of literature allowed us to critically consider how power issues within the helping relationships (Aubrey & Dahl, 2006; Polvere, 2014), alongside the epistemological and ontological assumptions of child psychotherapy research (Midgley, Ansaldo, & Target, 2014), shape children’s voices and agency. Such a critical review informed our choice to use a reference group as a participatory research activity.

A review of literature also informed us regarding key challenges when representing children’s experience of mental health provision in out of home research. The extent of mental health needs amongst children in out of home care has been identified by the Mental Health Foundation (Richardson, 2003) as a potential difficulty in terms of obtaining these children's views on mental health services received. Research in Malta (Abela, Abdilla, Abela, Camilleri, Mercieca & Mercieca, 2012) mirrors findings in other countries (Vostanis, 2007) which indicate that children living in out-of-home care present with a higher rate of mental health difficulties which fall in the clinical range when compared to the general population. Within a recent national survey (Robinson, Luyten, & Midgley, 2017), UK child psychotherapists reported an extensive range of externalising and internalising difficulties amongst looked after and adopted child clients and highlighted attachment-related issues (72.1%), with the
impact of trauma or maltreatment (70.2%) as the most common presentations. Within the same survey psychotherapists suggested a link between the children’s complex and challenging lived histories and the difficulties professionals face in engaging children in therapy. Within this survey children were spoken about as “testing the limits of the therapists’ resilience and ability to form a workable therapeutic relationship with them” (p. 265). Such complex mental health issues need to be taken into consideration when proposing an adequate research methodology (Davies, Wright, Drake and Bunting, 2009) especially in terms of thinking about the relationship between child and researcher. Yet, whilst child psychotherapy literature about work with looked after children foregrounds complex mental health issues, Holland (2009) raises concerns about the extensive pathology laden language and warns us that the preponderance of such a clinical language tends to categorise children living in out of home care as a “pathologised other” (p.231). Similarly authors such as Polvere (2014) critique the tendency to position children as objects rather than participants in research with institutionalised young people receiving mental health services. Within research on young children’s perspectives on their circumstances in out of home care, Winter (2012) maintains that despite the purpose of research in terms of listening to children, children are still construed and treated as passive.

Such positioning and representation relates to particular adult-child dynamics within the specific context of children living in out of home care. Recent research with children in residential care (Azzopardi, 2014) and in foster care (DeBono & Muscat Azzopardi, 2016) in Malta draws attention to a system which some children felt was ‘difficult to navigate and did not sufficiently empower their participation in decision making’ (DeBono & Muscat Azzopardi, 2016, p. 14). This invites a consideration of how a context described as one where children also experience lack of control, power
and influence (Holland, 2009; Polvere, 2014) impacts research specifically in terms of participation, engagement and representation.

Within the context of research with children transiting from out of home care to adulthood, Lushey and Munro (2015) refer to previously researched barriers to children’s participation in research and how these negatively impact research results and their credibility. They maintain that power differences, coupled with low self-esteem and motivation, negatively affect the willingness of looked after children to participate in research. Even when children assent to participation, barriers related to power dynamics may have an impact upon children’s responses, such as the honesty of expressions of dissatisfaction. Securing children’s participation is perceived by Lushey and Munro (2015) as a potential way in which to minimise power differentials, gain access to insider knowledge, thus enhancing the quality of collected data and the credibility of research whilst potentially reducing bias.

This article responds to such literature in a number of ways. It aims to advance understanding on children’s participation in research by offering insights into the context of a reference group connected to children’s perspectives of psychotherapy interventions in residential out of home care in Malta. The analysis aims to respond to the concerns of Tisdall and Punch (2012) and of Bühler-Niederberger (2010) by critically examining the nature and conduct of the reference group rather than essentialising it as a given ‘good’ and by acknowledging the specific context of the work, rather than generalising our findings. Such critiques call for a much needed effort to specify and evaluate the outcomes, benefits and limitations of reference groups rather than merely assuming them as inherently beneficial (McCarry, 2012). Whilst this article seeks to evaluate the outcomes of a reference group, it also aims to differentiate between different outcomes and potential benefits.
Aims of Reference Group

The aims of the reference group were to:

- develop research methods that take into consideration (though are not necessarily dependent on) children’s reflections about what they would like to be asked and how they would like to be asked about their experience
- consult children in terms of nature and clarity of research methods and information
- create a reflexive space for adult researcher and children to consider the research process in terms of its design and implementation in the context of adult-child power differentials

These aims were communicated to potential participants via a research information leaflet in the Maltese language distributed through the key care worker system. In the first reference group children discussed how these aims could be met and suggested ideas regarding the format of the reference group including the use of drama as a tool for exploration and for prompting further discussion.

Participants

Six young males aged between 12 and 18 assented to participate. Five young people participated for all the four reference group meetings. The sixth child was unable to attend the group meetings due to other commitments. The group met for a total of six hours.

Ethics

Since all prospective reference group participants were protected by a care order, prior to children being invited to participate, legal guardians’ consent was obtained via the
Children’s and Young People’s Advisory Group in Malta. Following interest shown by prospective participants, children’s consent was also sought. Ethical approval for the *Views of Psychotherapy* project was obtained from research ethics committees at the University of Malta and at the Institute of Education, University College London.

**Methodology and Data Collection**

The *Views of Psychotherapy* project seeks to represent children’s views and foregrounds the ontological significance of children’s realities. Whilst researching and trusting what children say, we seek to understand how the same voices are situated in, influenced by and maintained within a system of immediate and contextual practices and beliefs (Mannion, 2007). The immediate practices, beliefs and theories of psychotherapy interventions and the contextual practice of out of home care are perceived as structures, practices and relationships which impact on the way children and adults think, see and also learn to talk about themselves (Lobatto, 2002).

We are aware that our own knowing and the research participants’ knowing are interdependent, hence prompting the need to remain critically aware of our beliefs. Moreover, within this context, the researcher’s identities as researcher, dramatherapist and supervisor are also interdependent. Yet in terms of epistemology we seek to separate researcher’s knowing from the research participant’s independent being and knowing, whilst fully aware that a full separation is impossible. Yet this does not render it less desirable.

In terms of data collection, the researcher who facilitated the reference group, recorded the meetings and kept field notes on his own perceptions of the sessions. All meetings were subsequently transcribed. Transcriptions and field notes were then thematically analysed using NVIVO 10 software. Braun and Clarke (2006) present
thematic analysis as an analytic method which aims at finding ‘repeated patterns of meaning’ (p.15). They argue that thematic analysis is not traditionally linked to any particular epistemological position and fits both constructionist and essentialist paradigms (p.5). The approach to reference group facilitation reflected the languages and processes used within the therapy service provision in that there was a combination of verbal communication and participatory processes such as role play or mind mapping.

**Presentation and Analysis of Data**

The thematic analysis of the reference group data resulted in three main themes which will be analysed in this section. Tables 1, 2 & 3 communicate each theme in terms of its subthemes and categories. Within this section we will be selecting illustrative subthemes / categories and presenting them in relation to the evaluation of the three reference group aims.

*Aim 1: To develop research methods that take into consideration children’s reflections about what they would like to be asked and how they would like to be asked about their experience.*

One of the emergent subthemes within the theme ‘Practice-Research Spaces: boundaries, intersections & liminality’ (Table 1) highlights the reference group participants’ feedback about psychotherapy practice.
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<thead>
<tr>
<th>Main Theme</th>
<th>Practice-Research Spaces: Boundaries, Intersections and Liminality</th>
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<td><strong>Sub-themes</strong></td>
<td>Therapy / Practice / Research boundary</td>
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<td><strong>Categories</strong></td>
<td>Ever-present out of home care context</td>
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<td>Feedback regarding psychotherapy practice</td>
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<td>• Age as an important boundary</td>
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<td>• Features of Out of Home Care setting</td>
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<td>• Recalling good memories of therapy</td>
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<td>• Issues around starting therapy</td>
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<td>• Therapeutic relationship</td>
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Table 1  Practice-Research Spaces: Boundaries, Intersections and Liminality

**Feedback Regarding Psychotherapy Practice**

Within the reference group, participants were invited to brainstorm a list of questions that the researcher should be asking children who experienced psychotherapy interventions at a residential setting. As one can appreciate by referring to the emergent categories within the sub-theme ‘Feedback regarding psychotherapy practice’ (see Table 1), for child participants, questions about the psychotherapeutic process needed to also support a wider focus and consider contextual elements related to psychotherapy. This process sensitised the researcher to areas which were particularly important for the participants and highlighted new areas of inquiry, which had not featured in the researcher’s original list of interview questions.

Jonas adds: ‘There are people who say that they prefer talking to their parents or their relatives rather than speaking to their therapist. So what makes you want to speak to some friends rather than to your therapist?’
Simone adds: ‘You could ask: do you think therapy is good for you and then ask them a general question, do you think it is good for everyone? Because it could be that I think it is helpful for me but not for everyone’.

As the discussion progressed various facets were explored even in terms of different modalities within child psychotherapy.

Simone: ‘For example if there is therapy which you don’t agree with but then there might be a different therapy that you could open up with.’

Some of the generated questions which participants thought the researcher needs to ask, communicated an intention to enquire about the orthodox boundaries of psychotherapy.

‘Do you think therapy should happen in the same place, in the same room all the time?’ asks Simone.

From an orthodox perspective this enquiry about the traditional boundaries of psychotherapy can be understood as Simone’s need to challenge boundaries hence expressing his reparative need for containment (Hunter, 2001). At the same time it can sensitise us to the need for modifications to traditional child psychotherapy practice when such practice occurs within residential care settings. Within her proposal of ‘joined-up psychotherapy’ Cant (2002) suggests some modifications to child psychotherapy practice in therapeutic communities. Modifications in terms of traditional notions around confidentiality and boundaries, emanate from an acknowledgment of the extent and nature of child adult interactions and the complex web of communication between adults within this context.

The above discussion regarding different levels of meaning within Simone’s words introduces important considerations in terms of how children’s voices will be interpreted within this research. This highlights the need within child psychotherapy research for a theoretical conceptualisation of child’s voice and agency which takes into
consideration how research, practice and researcher’s positioning impact and mediate children’s voices whilst not necessarily reducing what children say.

*Children’s Suggestions Regarding Research*

As reference group participants generated questions which the researcher needs to ask, they expressed concern about how comfortable children felt to speak about therapy. When referring to Table 2 which communicates the main theme ‘Informing Research Practice and Researcher Reflexivity’, one notes that categories within the subtheme ‘Children’s suggestions regarding research’ included ‘Child participant’s process: how comfortable is it?’ and ‘Ethical sensitivity: what is it like to be asked those questions?’

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<td><strong>Categories</strong></td>
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<td>• Child participant’s process: how comfortable is it?</td>
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<td>• Formal / informal nature of research</td>
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<td>• Participants’ mode of expression: Not Only Words</td>
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<td>• Researcher - Child Relationship: who are you?</td>
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<td></td>
<td>• Researcher’s stance and actions: What to ask and how to do so?</td>
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<td>• Consent and informing children</td>
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Table 2  Informing Research Practice and Researcher Reflexivity
This concern regarding children’s feelings during the interviewing process informed the researcher’s way of facilitating the second reference group meeting. Following the brainstorming of different questions, in the second meeting, participants were invited to role play the process of asking these questions. This excerpt represents spontaneous reflections which emerged during the role play activity.

Simone: ‘In my opinion, your family should not be asked about or involved with the researcher’s actions and questions. (He addresses Jonas) Because in situations where someone in your family may be going through tough times, you won’t tell him (the researcher) so and so and explain ... you will feel it!’

The group engaged with the complexity of this issue. This discussion highlighted the complexity and hence sensitivity implied or called for in the act of enquiry and analysis. Simone’s comment about not wanting to share personal issues with the researcher but still feeling discomfort when asked about them, not only sheds light on the issue of researcher sensitivity within the here and now of the interview, but also foregrounds what Midgley, Ansaldo, et al. (2014) refer to as methodological sensitivity within child psychotherapy research. The authors invite researchers to transcend what they define as the ‘word centric’ bias of qualitative research by paying attention to how young people spoke alongside what they said and the importance of context in making sense of particular utterances.

Mick added that the issue of comfort is different for different children. Everyone would feel uncomfortable with ‘different stuff’. Simone explored the connection with his suggestion about using other media and not just talk and added that ‘if the child does not feel comfortable to talk he will be able to draw’. Thematically this is represented through the category ‘Participant’s mode of expression: not only
words’ within the sub theme ‘Children’s suggestions regarding research’ (see Table 2). This feature will be explored further in the next section which also relates to the second reference group aim.

**Aim 2: Consult children in terms of nature and clarity of research methods and information.**

Within the reference group participants reviewed the research information material which included leaflets and age appropriate power-point presentations. Reference group participants thought that the research information material was clear and understandable.

A consideration for the child’s comfort levels during the research interview shifted attention to how questions need to be asked. Participants highlighted two aspects. On one hand they spoke about the quality of the researcher’s engagement with the child. On the other hand they suggested attention to the data collection methods. Within the sub-theme ‘Children’s suggestions regarding research’ (see Table 2), this is highlighted within the categories ‘Researcher-child relationship: who are you?’ and ‘Researcher’s stance and actions: What to ask and how to do so?’

**Researcher’s Stance and Actions: What to ask and how to do so?**

Reference group participants stressed the importance of the researcher’s sensitivity towards the interviewee’s comfort at the time of the interview, as illustrated in the following interaction:

Simone: ‘Be mindful about how you’re going to ask questions, pay attention not to use words that may hurt someone.’

Jonas: ‘If you’re going to ask me, first ask a bit about how I am doing, so that before you come to ask me, you’d know whether he is going through a tough
Researcher: ‘So I need to look at what kind of time the children are going through?’
Jonas: ‘Yes, because you may not know, for example you ask me and I am going through a rough time and you ask me a question without the intention to hurt me, you end up hurting me. Ask about the child.’
Simone, ‘For example ask about me. Ask because (referred to circumstances in his life) I will be stressed. I am already tired and stressed.’

On one hand, this excerpt highlights the children’s call for the researcher’s sensitivity towards the child participants. On the other hand, it foregrounds the sensitive nature of such research with children within vulnerable situations related to early deprivation, adverse attachment experiences and the impact of trauma (Cairns & Cairns, 2016). At the same time children within the reference group wanted their own vulnerability and ‘tough times’ to be respected and acknowledged.

The tension between the risk of pathologising and the need to acknowledge vulnerability, supported us as researchers to remain mindful about how our knowledge of mental health needs will influence the research encounters and our eventual analysis. Jonas’ comment about the researcher asking, ‘me a question without the intention to hurt me, you end up hurting me’ brings to the fore how children will make sense of the researcher, in terms of their own internal working models (Bowlby, 1969) and may enact particular transferences within the research encounter. In terms of implications regarding data analysis, this suggests a sensitivity towards multiple, conscious, pre-conscious and unconscious levels of meaning making.

Such multiple levels of meaning making feature in Midgley, Holmes, et al.’s (2014) exploration of the hopes and expectations for therapy among a clinical
population of depressed adolescents. In analysing the use of ‘dunno’ as a response to questions about their pre-therapy expectations, the authors communicate different levels of meaning including ‘dunno’ as related to the difficulty of imagining an event in the future as symptomatic of depression; ‘dunno’ as representing the difficulties adolescents face in talking to unknown adults within research; and ‘dunno’ as an expression of one’s own hostility towards a psychotherapy intervention. Being mindful and representing such multiple levels of meaning making within the interviewing process and within analysis, emerged as an important methodological consideration, informed and substantiated by the reference group process.

*Researcher-Child Relationship*

In exploring how this vulnerability and potential discomfort could be addressed, children within the reference group highlighted the importance of the adult researcher-child relationship and stressed the relevance of knowing the researcher and his intentions. This is significant and pertinent to the field of out of home care; a context where children’s trust in adult could have been tarnished thus also resulting in unconscious transference processes which impact the research relationship. Upon analysis of the reference group field notes it became increasingly apparent how the children drew on their own experiences in the residential care context in order to both make sense of the reference group experience and to contribute within it.

Jonas: ‘I think it’s how it is asked that will make an impact on the individual. For example, let's assume I am stranger to Daniel (researcher) and he came to ask me that question. If he came to ask me that question in a manner that I would feel comfortable with it, I will answer it. But if he asks me in a way that makes me uncomfortable I will tell him no, excuse me, I will not answer you. I
believe that the tonality and the manner in which it is thrown at me; that determines how I will answer him if I were the person (being interviewed).’

Mick: ‘But if you don’t know him at all, you won’t tell him anything.’ Here Mick is referring to a situation where the child would not know the interviewer.

Jonas: ‘It’s obvious, if a person like Daniel tells me ‘I am a researcher, this is my study’ and then asks me questions, I’ll ask him before he starts asking questions, ‘What are your intentions?’, ‘Why are you asking me?’. I’ll ask him questions so that I’d know where he’s taking it. If the person, if Daniel doesn’t answer me I’ll tell him, I am sorry you did not answer my questions and I won’t take part, I won’t reply.’

In line with the multiple levels of meaning making suggested above, on one level this can be interpreted in terms of Jonas’s desire to seek clarity and make choices within the research process. On another level it reflects the child’s need to feel in control within a research process where he fears being hurt again thus reacting to a powerful transference dynamic within the research interview, whilst potentially echoing and drawing from experiences within therapy and extending these towards the research encounter.

As reference group participants explored the researcher-child relationship, trust emerged as an important concern. During the group debate about the child’s comfort within the interview situation, the following conversation ensued.

Researcher: ‘If a child’s therapist does not keep stuff private, do you think the child in an interview would be able to say that?’

Jonas: ‘No, they wouldn’t tell you because they wouldn’t trust’.

Simone: ‘It would be very difficult.’

Mick: ‘They might not tell you everything.’
Researcher: ‘So if there is something happening in therapy which is not good, when I ask questions, do you think children will tell me the truth?’

Jonas: ‘It’s difficult because they don’t trust you. If they don’t trust their therapist they won’t trust you. I’m telling you from my own experience: if I don’t trust a person, I will then not trust anyone else.’

Mick: ‘There might be some who will be able to speak.’

This echoes the critical significance of trust within the context of residential out of home care. When triangulating looked after children and carers’ views about mental health services, Beck (2006) links young people’s ‘defensive position’ (p. 60) with the degree to which young people trusted their adult carers and the extent to which they felt safe to explore their own behaviour with their carers. The reference group conversations highlight the possibility of such defensive positioning in research and the need for foregrounding trust as a seminal dynamic throughout the various research phases.

*Participants’ Mode of Expression*

In debating how questions need to be asked, children suggested attention to the data collection methods. They spoke about the need for the researcher not to rely exclusively on the spoken word. Mick expressed concern regarding children feeling annoyed and frustrated if one relies only on the spoken word, thus risking disengagement. This is relevant when considering literature on barriers to children's participation in research within the context of out of home care. Lushey and Munro (2015) comment on how the lack of motivation negatively impacted the willingness of looked after children to participate in research.

Reference group participants spoke about the use of play as a facilitative medium akin to the basic function of play as ‘greasing the wheels’ (Levy, 2008, p. 281)
in child psychotherapy. Yet Steve moves beyond this basic function and showed an awareness of how the use of play is related to the issue of access and maintains that ‘if only spoken words are used, not everyone will be able to say something’. Children presented spoken words on one hand and play on the other, as distinct modes of expression foregrounding a dichotomy where one mode risks being privileged over the other. This sense of dichotomy echoes Levy’s concern (2008) that as highly verbal adults, in our work as psychotherapists ‘play may tend to be subordinated to talking as a means of therapeutic communication’ (p.281). Perhaps this is a concern which also applies to the field of psychotherapy research with children. At the same time, one wonders about the extent to which children in the act of proposing the use of play for data collection, were drawing from their own experience of being psychotherapy clients. When proposing play techniques as data collection tools within psychotherapy research, their simultaneous use in the children’s therapy, calls for a critical and ethical consideration of the relationship and the negotiation of boundaries between the two areas of practice.

Reference group participants suggested the use of different media which could possibly support this move beyond words such as using photos, drawing and drama. Simone links the use of a creative medium as a means of facilitating the child’s expression in a research context which he describes as ‘having to sit down and being expected to speak even if he feels embarrassed. ... But if he uses his talent he may be able to say what he wants to say’. We wonder about the meaning Simone attributes to embarrassment and the extent to which this is related to the interplay between the modulation of shame (Kaufman, 1992) and attachment difficulties experienced by children in residential care.

Whilst participants alluded to the complexity of using non-verbal means of data
collection rather than merely highlighting the assumed benefits, they saw value in proposing different media in terms of the significance of offering choices. Simone spoke directly about offering choices and maintained:

‘If children have the opportunity to make a choice, there’s a higher probability of children opening up’.

At the same time, Glenn associated being offered choices with the risk of an ensuing chaos as he feared everyone doing whatever they wanted. Interestingly, Glenn was a participant who acted defiantly during the last group meeting and sought to challenge the group boundaries. One wonders to what extent he sought to communicate his own fear of collapsing into chaos, as he sought an adult who could take in his own projections, and emotionally contain his fears and fantasies without acting them out (Hunter, 2001). Perhaps this is related to the fact that soon after one of the groups Glenn contacted the researcher and asked whether he could start therapy with the researcher practitioner. This was followed up through the setting’s procedure for referral to psychotherapy.

From a more interpersonal rather than intrapsychic perspective, one wonders about the extent to which this debate about choice relates to the out of home care context where children live in small groups and where one’s individual choices need to be counterbalanced by the needs of the group. Maltese children protected by a care order and living in residential care described their living context as one where important decisions about their lives are taken by adults without much consultation (Abela et al., 2012) and who do not provide them with consistent information (Azzopardi, 2014). Perhaps the significance of choice is enhanced in a context where the child may feel that choices are restricted.

Dynamics within an out of home care context are represented within the theme
‘Roles, Power & Relationships’ (see Table 3) and its subthemes ‘Child-adult dynamics’ and ‘Reference group dynamics and facilitation’. The next section will explore these subthemes in order to evaluate the attainment of the third reference group aim.

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<th>Main Theme</th>
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<td>Reference group dynamics and facilitation</td>
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<td>• Being mature</td>
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Table 3  Roles, Power and Relationships

Aim 3: Create a reflexive space for adult researcher and children to consider the research process in terms of its design and implementation in the context of adult-child power differentials reported by literature

Child-Adult Dynamics

Whilst the researcher sought to remain mindful of adult-child power differentials, thematic analysis results highlight how adult-child dynamics around choice, control and power were consciously and unconsciously re-enacted within the reference group. It is
interesting to note instances when the researcher decided to follow the children’s suggestions in contrast with other instances when the researcher decided not to follow suggestions. For example participants were not very enthusiastic regarding the use of puppets yet the researcher decided to draw on literature (Jager & Ryan, 2007) which documented the use of puppets in order to research children’s views of play therapy. Participants also suggested the use of feeling cards as a data collection tool. In designing data collection tools for ethics submission, the researcher had discarded the use of feelings cards, used in psychotherapy within the setting, in line with literature (Hutchfield & Coren, 2011) which suggests the ethical principle of creating a distinction between research and therapeutic interventions. Yet reference group participants actually referred to their positive experience of using feeling cards in therapy and based their suggestion on such an experience. The researcher decided to accept this suggestion and explored with the group what kind of cards would be helpful, ultimately resulting in designing a set of cards together with the group.

The following extract from the researcher’s field notes foregrounds the researcher’s adult power in highlighting or relegating children’s suggestions within his facilitation of the reference group.

Simone says that another format would be to conduct interviews with children outside near the sea. He explains that he likes media a lot so if you go out with a child and ask him to take some photos outside. He suggests that that would be helpful even in a research project. He gives the example of taking photos of the sea. Cautioned by how unorthodox this suggestion seemed, I tell him that I would need to think more about that and need to come back on this next time. Yet in fact the researcher did not come back on this. Upon reflecting on this, the researcher acknowledged how he heard this statement as completely different to the
orthodox boundaries of child psychotherapy within which he practised. This seemed to explain both the feelings of hesitation and the researcher’s unconscious dismissal of the child’s suggestion. The children’s exploration of the boundaries of the research relationship, linked to their feelings about the boundaries of psychotherapy, challenged the researcher’s role in terms of managing the balance between involving children in the decision-making process and preserving boundaries that make the research ‘environment’ not only methodologically robust but also emotionally safe. Reflecting on the here and now of the reference group supported a renewed sense of researcher’s reflexivity regarding the shared context with children, his positioning as an adult and a mental health practitioner and his own power in authorising children’s voices. In a sense the ‘here and now’ within the reference group reflected and related to the ‘there and then’ contexts within which both researcher and participants were situated.

Reference Group Dynamics and Facilitation

The following quotations are taken from the last session when the researcher invited participants to reflect on their engagement in the reference group process.

Jonas: ‘I will say both what was positive and negative about this. I think I learnt from my friends and from what they thought but I expected a bit more maturity in the group. There was a bit, this was about research, not about fun, it is about something serious. I expected more of a serious attitude.’

Glenn: ‘I agree with what Jonas said because at times there are some people who act like clowns, for example myself and it doesn’t make sense to do so when you are recording and stuff and doing your research because you need it ... we need it as well ... They (referring to Simone and Jonas) had a lot of ideas that made sense, they talked like mature men.’
Researcher: ‘In fact I am recalling moments such as when you talked about the type of questions that I should be asking in the research. I felt that that was really helpful. For me it was an experience, when the group worked, it was like a pot of gold (translation of a Maltese expression meaning very precious and important). And I really enjoyed hearing you having interesting, mature conversations.’

It is interesting to note the group dynamics around ‘behaving like mature men’ and how the researcher was also drawn into the appraisal of children’s contributions in terms of their maturity, implying a sense of positively framing behaviour which is perceived as more adult like. Whilst this reflects the researcher’s positioning, it also helps us wonder about the child participants’ wish or need for the group and the facilitator to contain the group’s responses and behaviour, as they move on towards adulthood whilst perhaps still in contact with their unmet needs as children. Whilst making sense of such expressed reflections, wishes and needs about the recollected therapy space and the research space, it is important to acknowledge the complexity of the experience. Being part of a reflective space, for example, which also invited participants to reflect on their own therapeutic journey, might have elicited powerful feelings for them. Such a consideration foregrounds once again the children’s call for an acknowledgment of their vulnerability and a sensitive, informed and reflexive adult response within the act of research.

These results point towards an acknowledgment of how both participants and researcher worked hard at making sense of a reference group space that does not quite sit within the dynamics of either data collection or psychotherapy practice. This tension featured in the researcher’s thinking about the roles he was taking in facilitating this group and in
the participants’ need to make sense of a space for thinking about research as a different space from participating in research. This is represented within the sub-themes “Therapy-Practice-Research Boundary” and “the Researcher’s Reflexive Process”. This last sub-theme includes the following categories: “Dealing with Therapy Practice Research Boundaries” and “Tensions as a Facilitator”. Within this tension, the researcher became aware of his need for clear distinctions and sought to communicate such clarity to the group participants whilst reminding them of the nature of the group’s boundaries. Yet as he reflected on how, despite his best efforts, the group remained “clearly unsure”, the researcher learnt to appreciate the extent to which the reference group presented an opportunity to engage with uncertainty within this particular practitioner research scenario. Such results highlight the significance of the reference group as a reflexive space for the researcher. This will be explored as a specific outcome in the next section.

Outcomes

The above discussion identified the following outcomes:

(1) Children identified questions which they thought needed to be asked. In response to this the researcher emended the ‘Views of Psychotherapy’ interview schedules and informed the reference groups about these changes.

(2) Children raised and discussed ethical issues around vulnerability specifically regarding how some questions can be asked to participant children. The researcher took this into consideration when designing the research interviews with children, especially in terms of asking for the child’s ongoing consent in proceeding with further questions within the actual interview.
(3) Children suggested not relying only on words in research but offering participants access to creative processes and a choice in terms of expressive media. Children linked the issue of choice and creativity to issues of access and ease of expression. The children’s input contributed to the development of a ‘flexible multiple methods’ approach to data collection in the actual research project wherein children could decide between different modes of expression.

(4) Children suggested the use of feeling cards as an additional data collection tool. The set of feeling cards designed by the reference group was used during actual data collection.

(5) Children identified the researcher-child relationship as a key feature within the project as it relates to issues of trust, especially in terms of the researcher’s responsibilities towards fostering such trust through, for example, providing clear information and being sensitive to the children’s circumstances at the time of their involvement in the research. This informed the researcher’s protocol for engaging research participants and asking for their consent.

(6) Children reviewed and positively appraised all the research information material which was sent to other prospective participants.

Some of these outcomes relate to the implicit values of participatory research whilst others relate to children making a meaningful impact on the research process thus potentially enhancing the quality of collected data and hence research credibility (Moore et al., 2015). Yet the reference group also yielded unintended outcomes which emerged from the inductive analysis of the data as represented through the themes ‘Roles, Power & Relationships’ and ‘Practice-Research Spaces: boundaries, intersections & liminality’ (see Tables 1& 3).

These outcomes support Moore et al.’s (2015) description of reference groups
not only as spaces for the implementation of participatory research but also as co-reflexive activities where both researcher and participants can reflect on their assumptions and on the research methodology.

Within the *Views of Psychotherapy* context, such a reflexive stance also meant an acknowledgement of uncertainty which can be understood in terms of the ongoing, dialogic negotiation of boundaries when as practitioner researchers we strive to foreground children’s participation in research. Such ongoing, dialogic negotiation challenges us to question the safety of tried and tested ‘either/or’ research boundaries. This is especially relevant as we engage with a healthy, creative uncertainty in foregrounding children’s participation in psychotherapy research. This uncertainty is represented in this research scenario by the liminal quality of reference groups which we propose as a third participative space alongside research and practice spaces.

**Conclusion**

By specifying and evaluating the outcomes and benefits of a reference group within the context of child psychotherapy research, the article engaged with:

- the extent to which reference groups can be conceptualised as pockets of participation (Franks, 2011)
- how such pockets of participation can also develop as liminal spaces of co-reflexivity (Moore et al., 2015)
- how children may participate meaningfully in such participative activities

The main limitations of this investigation are related to the nature of practitioner research, especially in terms of the relationships individual participants of the reference group have developed with the researcher-practitioner outside the research space. This is especially significant within a practice context that has the potential to elicit...
powerful child-adult relational issues around care, belonging and identity where the researcher is positioned as a powerful adult and where the children participating in the group may have previously worked with the researcher in a therapeutic setting. Being sensitive to and mindful of the manner in which this may have influenced the children’s participation and responses, is a seminal element in terms of making sense of the powerful unconscious processes rather than being organised by them, or reacting to them within the research space.

On the other hand, the main strengths of this study lie in its aspiration to conceptualise reference groups as participatory pathways towards conceiving areas of attention within research in terms of the choice of subjects and ways of approaching them in research. Moreover, it draws attention towards ways of engaging children in research that try to consider, within inevitable power differentials, maximising opportunities for children to be active agents in the conduct of research and to consider how children see the research relationship in terms of looking at what they think might help and hinder it. Eventually the aspiration is that such an exercise would enable us to consider ways to maximise children’s capacity to communicate their ideas and minimise mitigating factors.

References


