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A Research Encounter with Self-Harm: Using Pictures and Words. In: Baker, C., Shaw, C., Biley, F. (eds.) Our Encounters with Self-Harm. PCCS Books

### Original Citation

Edmondson, Amanda J., Brennan, C.A. and House, A.O. (2013) A Research Encounter with Self-Harm: Using Pictures and Words. In: Baker, C., Shaw, C., Biley, F. (eds.) Our Encounters with Self-Harm. PCCS Books. In: Our Encounters with Self-Harm. PCCS Books.. ISBN 978-1906254636

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## **A research encounter with self-harm:**

### **Using pictures and words**

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In this chapter we describe our experience of using visual images to change the way we explored the reasons for self-harm, in a research project in which one of us (AE) talked with participants about their own experiences of self-harm.

People with personal experiences of self-harm are sometimes approached by researchers like us whose aims, amongst many, are to increase our understanding of why people are motivated to harm themselves. However, the way researchers have typically approached this question has been shown to be limited in its approach and not always considerate of those being researched, and subsequently our understanding of what motivates some individuals to initiate and maintain self-harm remains incomplete (Himber, 1994, Klonsky, 2009, Klonsky, 2007, NICE, 2004, Rodham, 2004, Suyemoto, 1998, Nock, 2012).

Rather suitably then researchers are urged to consider 'what works' (Creswell, 2011), and when faced with research problems that traditional approaches have failed to address adequately, Latham (2003) suggests pushing at the boundaries of convention to create innovative 'methodological hybrids' (p.1993). This is not a rejection of traditional methods; instead it is recognition of their limitations in certain circumstances and a challenge to

think what, if anything, can be added to current knowledge by using more creative methods.

With this in mind we found choosing a method that would allow us to access people's personal experiences of self-harm particularly thought provoking and resonant of some of the research tensions put forward by Spandler (2001). After exploring young people's experiences of self-harm she too wrote about the limitations associated with conventional approaches. The foreword to her book, written by Bernard Davies, criticised those researchers who withdraw into their professional institutions and develop proposals that employ methods they believe to be most effective in drawing out knowledge they believe to be of relevance. Instead, she encouraged researchers to adopt a more participatory approach, an approach which enables those upon whom the research is focused, to contribute to and advise on 'what works with them', whilst highlighting what does not work and why.

In light of these discussions it was fundamental for us to consider, from the perspective of those who have personal experience of self-harm; 1) what is important to them about their experience of self-harm, and 2) what is the most helpful way to access this knowledge, whilst highlighting any potential barriers. By doing this we hoped to gain a better understanding of self-harm.

### **A different approach**

The value of adopting a visual approach with people who find it difficult to express themselves verbally has been well documented (Pink, 2004, Sweetman, 2009, Bagnoli, 2009, White, 2010, Whitehurst, 2006, Erdner, 2010), as have the reported benefits of adopting a visual approach in other sensitive subject areas such as cancer (Frith,

2007, Radley, 2003, Radley and Taylor, 2003) and mental health (Erdner, 2010).

Adopting a visual approach then was something we considered potentially valuable and something that might 'work'. One of the methods used in visual research is photo elicitation "a method in which photographs (taken by the researcher or by research participants) are used as a stimulus or guide to elicit rich accounts of psychosocial phenomena in subsequent interviews" (Frith, 2007 p.1340). This method was first put to use by John Collier and the Cornell team to look at psychological stress in the 1950's (Harper, 2002) and is said to promote self-understanding, expression, communication and focus during interviews (Drew et al., 2010), as well as being useful in accessing unpredictable information and establishing rapport (Hurworth, 2005).

Using participants' own images in particular enables them to think about why a particular image is important and prompts them to provide explanations for the images (Hurworth, 2005). This reflection encourages a better expression of experiences; the images unlock the stories (Leibenberg, 2009) and may provide a far richer narrative than any questionnaire or focus group response could offer (Hurworth, 2005, Cooper and Yarbrough, 2010).

When using photographs within a research context the technique 'auto driving' can also be employed. This technique places emphasis on enabling the participant to 'drive' the interview, in theory, changing the typical research relationship, and "changing the voice" (Frith, 2005 p.190). Having control over the research interview can be useful in enabling participants to prioritise issues that others might see as irrelevant, and encourages

participants to communicate issues in their own terms (White, 2010).

Auto driving may therefore be a very useful technique to combine with the photo elicitation method, combined they may provide a way for people who self-harm to express themselves differently.

Searching for ways to access people's complex and highly sensitive experiences of self-harm without considering an approach which might work with people who have personal experience of self-harm could simply serve to replicate what we already know. Being creative with research methods to generate new ways of understanding on the other hand may generate thinking away from the usual responses that people report when questioned, allowing a different form of expression for people who self-harm whilst offering us a more effective approach to explore and (re)consider self-harm from a new angle.

## Using pictures and words

The different ways participants experienced using pictures and words to describe their experience of self-harm will now be presented, followed by our own observations and experience of using this approach.

### A positive experience

Most of the participants involved in the study reported having enjoyed using photographs and words to describe their experience of self-harm. They felt able to capture images they felt were representative of their experience of self-harm. Using photos specifically was described as 'helpful', 'a good thing' and 'interesting'; one participant compared the use of images to translation;

*"Yeah it's helped, your experiences you could translate into something that somebody else could understand like, like the volcano how you would explain that whereas you show them the volcano its more obvious than words I suppose people will understand volcanoes" Annie*

*"It's quite a good thing because if like if you were just to say come in and talk about it, I wouldn't know where to start or anything and it's a good like, it's a talking point like the picture you can say I've taken this picture because and then it leads, like, like I did with the picture of my dog like it's a picture of my dog, but it causes this and that you know what I mean" Tori*

Participants seemed prepared in that they had chosen in advance of our meeting what they wanted to disclose, both visually and verbally. They seemed able to take control of the interview through initiating discussion of particular topics and taking the lead on further discussion,

for example, when they wished to move onto another topic area. There was also a sense of ease within the meetings, perhaps because the use of pre prepared images served to minimise any anxiety which might arise through unpredictable questioning.

Using pictures and words combined to describe personal experiences of self-harm seemed easier for some than for others. Some participants seemed to have a very clear idea of the images they wished to take and the places they needed to visit to capture those sorts of images, whilst others had a combination of pictures they had taken in the 'spur of the moment' which they felt reflected their experience, and select pictures. For most of the participants taking the pictures was described as something which gathered momentum over time.

### **A challenging experience**

The biggest challenge for our participants seemed to be the initial question of what to take a picture of, followed by finding the images they wanted. For some this was a practical difficulty in that they were unable to capture specific images such as an image of the sea, a heron, a pressure valve. Others spoke of difficulties associated with capturing the intangible features of their experience, such as different emotional states or memories;

*"Finding images for stuff like emotions and things like being angry, it's like I just, I don't, I don't understand how I can take a picture of anger, like I guess I could take a picture of something that causes the anger which I did it erm but it's not always from there that causes the anger if you know what I mean like it could be like 3 or 4 things in a day have gone wrong" Tori*

*“I wanted like I can’t remember like pictures in my head of memories but I couldn’t like that would like instantly fit the situation like and when we first met and how instantly we clicked and stuff it’s like I can’t take a picture of that and stuff it’s like a memory” Sarah*

Other challenges seemed to relate to embarrassment and uncertainty about the task and it was apparent in some participants’ accounts that certain images were considered but not taken or brought along. For example, Tori spoke of wanting to take a photo of something that would relate to her pre menstrual tension but didn’t feel able to capture this visually and this seemed more due to embarrassment than practicality. She also described thinking about taking a picture of her laptop because anything electric was “*packing up on her*” and causing her frustration, however she didn’t take the picture as she felt she was “*over thinking*” the task.

Similarly Emma, one of the younger participants, was the only participant who failed to present with images and it was possible that she struggled to understand the nature of the task. When asked what sort of images she would like to have taken to best help her describe her experience of self-harm, her examples (place associated with her friend’s murder and her favourite shop) didn’t seem obviously related to her experience of self-harm.

For some, producing images might have been perceived as a test. On several occasions participants apologised for their images or a lack thereof and seemed to lack confidence when showing their images as though they felt under pressure to produce several images of great interest. On those occasions the power imbalance between the researcher and the researched was notable,



which then led to questioning whether or not participants felt in control of the interview, how conscious they were of their personal images being looked at, and what impact if any self consciousness might have had on the data collection process - types of images taken or not taken. In turn, this led to a consideration of whether using images left participants feeling exposed and vulnerable, and consequently not in control of the research process.

Some of the challenges related to what participants did not want to capture. Taking Emma's example of where her friend was murdered, she spoke of how she would have liked to have taken a picture of this place but felt unable to as she found it too distressing. She described not wanting a constant image of that particular place with her (on the camera and accessible to her).

*"It would have upset me even more because I'd looked at the picture and kept looking at it and saying listen delete it because I'd need that I don't want that picture in my head anymore" Emma*

It seemed painful images were missing from other participants collections. For example, Theresa spoke about wanting a picture of a rose which although it wouldn't seem to too difficult to capture, she hadn't. The rose was representative of her grandfather's death, which marked the time "*when her world started to disintegrate*". It's possible of course there were practical difficulties in capturing the exact rose.

Nicola was also reluctant to capture images that represented her daughter. She reported how she did not want to associate her daughter with the topic or the task

yet at the same time she described how her images failed to represent the guilt she felt in relation to her parenting;

*“I’m not gonna have my baby involved in this I’m not gonna have her ((sigh)) but that, that is a big thing because I’m not being a proper mum, you know erm ((cries)) I can’t I can’t, I can’t, I can’t ((Cries)) I’m not a proper mum. It’s not her fault, but I am not a proper mum and I don’t know what the picture is that you could say that” Nicola*

Finally, it is worth noting that none of the participants wanted to keep their images after the meeting, therefore none of the photos had a life beyond the study. We didn’t explore the reason for this choice but wonder, given the topic area, that like the participants in Frith & Harcourt’s (Frith, 2007) study who had taken pictures of their experience of chemotherapy, the participants preferred to render their images of their self-harm experience as “unavailable for future remembering” (Frith, 2011 p.64).

### **The narrative structure**

Participants often spoke of and used images which were representative of both past and present experiences; some described their experience as an order of events spanning from their childhood / youth to present day, and some described their experience as an order of events since the onset of their self-harm. A temporal structure however wasn’t present in all of the participants’ narratives; the experience of two of the participants in particular (Nicola and Emma) seemed to lack any particular structure and their stories moved back and forth between different times. Notably, Emma’s account didn’t use any images so it’s possible that she didn’t approach

the interview prepared with a story to tell and instead focused on detailed specifics of recent incidents of self-harm which triggered discussion of both past and present events. Nicola captured the most images and so for her perhaps having too many images made it difficult for her to structure her story.

Having an abundance of images proved difficult to manage within the interview and the analysis, and in hindsight it might have proved valuable to pose a restriction. Too many images resulted in participants saying less about each image in order to work through them, whereas having fewer images drew out a more detailed narrative. Also, having more images often led to increased interview times which were very challenging for the participant and the researcher, narratives became more difficult to discuss and follow, but equally, stopping the interview might have interrupted the narrative structure. A large number of images also posed problems when moving onto the analysis phase and listening to the audio recordings; it wasn't always obvious which images were being discussed when there was swift movement from one image to another. On occasion the images were used as a substitute for language and subsequently the audio wasn't very indicative of which images were being looked at and commented upon.

## **Content**

In reporting their experiences both individual experiences and experiences involving others were described and several different, difficult topics were raised, such as; sexual abuse; death; relationship difficulties, both familial and relational; violence; religion; homosexuality;

alcoholism and other mental health problems or diagnoses.

For some participants self-harm was described as something which was deeply interwoven into many aspects of their life, whereas for others it was more focused and attached to specific issues such as relationships.

Discussions captured history in relation to self-harm, specific triggers, methods of harm and perceived functions, which featured significance of place and people. For example, participants expressed, both visually and verbally, the significance of certain spaces in relation to their experience of self-harm; two participants specifically took images of their living space to describe different affective states and contextual features of their experience of self-harm. Outdoor spaces were also captured to symbolise different memories and events which were related to self-harm. In terms of people, familial relationships were mainly discussed, followed by social relationships, namely intimate relationships and close friendships. Images used to directly depict family members or significant others however were few. Only one participant clearly captured an image that was representative of a family member (see Richard).



*“it wasn’t really a heron it was my way of replacing the figure of my mother with something else and it was a particularly nasty sort of moment between me and my sort of infant self and my mother and so yeah, so I mean as things start I’ve been I’d felt the urge to self harm or been self harmed on by myself erm for years because of this replacement bird for*

Richard

*erm for, for someone that done me harm  
basically for an incident that was harmful,  
painful and I'd used, I'd used an image of  
a bird to er you know" Richard*

Participants were asked to avoid taking pictures of others, though they were informed that they could take pictures of items / objects to represent others.

### **Use of images**

Participants' images varied immensely and participants' used their images differently. Some participants used

very few images and spoke of them quite literally, some participants took several images and seemed quite reliant on their images to tell their story, and some used their images more



Theresa

metaphorically. For example, one of the participants used an image of a bird to discuss her sense of freedom (see Theresa).

Images were used to capture cognitions, such as memories, thoughts and reasoning, and feelings, such as fear, pain (physical and emotional), sadness and frustration. They were also used as a way of drawing comparisons to describe loss and desires. For example, one participant showed a collection of images which represented agility and fluid movement, something he described as both a loss and a desire (see Oliver).



Oliver

Interestingly none of the participants chose to capture images of their injuries and only two of the participants captured single images of their method of self-harm (see Tori and Nicola).



Tori



Nicola

Images themselves also featured as a pertinent point in some people's experience of self-harm. For example, Nicola, Oliver and Richard expressed the significance of visual images, though in different ways. Nicola spoke of images being a source of upset for her due to the absence of pictures displayed of her in her mother's home, so for her images themselves, or the absence of, represented feelings of sadness. Oliver on the other hand gave the impression of someone who was very involved with images to express himself and his experience of self-

harm. He brought along several images of artwork that he had done himself or had bought and seemed familiar with using images to express his thoughts and feelings. Lastly, Richard gave the impression that his experience of self-harm was very visual in that he used images to literally depict the visual content of the flashbacks he suffered which acted as triggers to his self-harm. For these participants then the visual was shown to be somehow relevant and aligned with their experience of self-harm.

And finally, at the very end of each discussion each participant was asked to if they felt able to choose, out of all their images, one image that best represented their experience of self-harm; half of the participants felt able to do this and selected only one image, however Nicola and Theresa selected more than one image and interestingly both of them had a larger collection of images to choose from, and Richard felt unable to select only one of his images, he felt most of his images were equally important. The images shown in Figure 1 are a collection of those most representative of self-harm for the group of participants involved in this study.

**Figure 1**



Tori

Nicola

Nicola

Nicola



Theresa

Theresa

Annie

Sarah



Oliver

The images shown in Figure 1 captured a range of features, most notably the private and internal experiences associated with self-harm. The theme of communication also featured in the images, Annie and Sarah's images both captured indirect forms of communication and interaction, and a possible shift from private to public.



## **A researchers experience of using pictures and words**

Quite often self-harm is described as private and so to be 'shown' the internal and external aspects of a person's experience of self-harm was a very dear experience. We felt privileged to be given access into people's lives and spaces, including their homes and bedrooms, in this visually enriched and what felt to be sometimes quite an exposing way.

## **A novel approach, but is it for everyone?**

Using images in research with people who self-harm was a novel experience for all of us and we reflected on how we might have engaged with such a method. We wondered whether particular people might be more likely to engage in this sort of task than others - those people that consider themselves more visual or creative. In turn we were prompted to consider what impact this might have had on the sorts of data gathered. Related to this was how different researchers have different stances in relation to pictures. One of the researchers described themselves as '*not very visual*' and it took a while for them to get into the stride of working with and analysing visual data, whilst the others were more '*visual*'. So it's not an approach that comes naturally to everybody, which may seem a little surprising given what a visual world we live in.

## **Using images as data**

Images can have multiple meanings, sometimes referred to as polysemy. The polysemic properties of images are said to be greater than those of words (Penn, 2000 cited in Frith, 2005). Images can be used to represent all

manner of subjects and can be interpreted in so many different ways. There were many occasions where seemingly mundane images unveiled complex narratives relating to self-harm and it proved difficult at times to know quite what was being communicated. For example when we see a bedroom, do we see a refuge or a place of abuse? So, pictures can usually only be understood when accompanied by a commentary if the understanding we are after is of the individual who took them. One of the challenges was therefore to present an analysis of an image which was considerate of a number of different, though not exhaustive, reference points. For example, the participant's interpretation of the image and its communicative intention from their perspective, as well as other cultural and social references, including our own. The complex analysis of data with multiple meanings provoked us to bring order and organisation to the data and present it in a linear and structured way, though this did not necessarily mirror the way in which it was presented to us. Similarly, we noted a tendency to translate or code pictures verbally and then look for themes in a traditional way. This might have led us to miss something of the power of using images, but we aren't confident of a way out of this.

To summarise, using photos and words to discuss experiences of self-harm was both a helpful and challenging experience for the researchers and the researched. Images were reported to aid expression and communication, and were sometimes seen as a substitute for language. Using images enabled participants to prepare and present what they felt was important in describing their experience of self-harm which hopefully in turn enabled them to feel in control of

the research process. Using this unstructured approach with images allowed for the unveiling of complex, unpredictable and detailed narratives which may not have been accessed through interview alone.

Nonetheless, not everything can be captured through images and perhaps not everyone feels able to visually represent their experiences through images, which might result in access to only those people and topics that are. Asking people to provide this sort of data might also result in feelings of embarrassment, which in turn could inhibit communication.

The challenges associated with analysis of this type of data are also ever-present and potentially vulnerable to sceptical scrutiny.

**Some lessons learnt:**

- As well as considering research design in terms of methods and research questions, research design also needs to be considerate of the population being studied. In turn, this might help address potential barriers to recruitment.
- It's important to consider how different research methods might be perceived by participants; tasks which might seem simple and accessible may not always be perceived in the same way by participants.
- Though this is the first study to adopt visual methods in the topic of self-harm, there is a growing number of research employing visual methods in other health related and sensitive topic areas. Nevertheless whilst encouraging others to consider visual methods we would also offer

caution, in particular we would suggest consideration of the following:

- Limit the number of images participants are asked to take, this might help focus the photo generation phase and subsequent interviews.
- Consider how the visual data will be managed and analysed
- Consider some of the ethical challenges when working with visual data. We would strongly recommend reading Kate Gleeson's chapter within 'Visual Methods in Psychology' (Reavey, 2011) and Andrew Clark et al's article on ethical issues in image based research (Clark, 2010) at the very outset.

#### Short biography –

Amanda's background is in Applied Psychology and she has worked in a number of roles with people who self-harm in both a research and clinical capacity. Amanda is currently funded by the Economic and Social Research Council (ESRC) and is completing a PhD focussing on the functions of self-harm, supervised by Dr Cathy Brennan & Professor Allan House.

Cathy is a lecturer in Public Health at the Institute of Health Sciences, University of Leeds. She has an interest in the use of visual and participatory methods in research to explore experiences and understandings of health and illness.

Allan is a Professor of Liaison Psychiatry in the academic unit of psychiatry and behavioural sciences in Leeds. Since 2005 he has been director of the Leeds Institute of Health Sciences. Allan is also a member of a multi-disciplinary research group, which undertakes research into psychosocial aspects of physical illness. Allan has worked with adults who self-harm both as a researcher and as a psychiatrist in general hospital practice. He is interested in developing research partnerships between academics and service users and carers.

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