IDENTITY SEARCH: SPECIAL MEDIA INTEREST IN A CLINICAL LEARNING DISABILITIES POPULATION

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ABSTRACT

The current research investigated the strong interests in media characters or narratives for a group of adults with learning disabilities seen by clinicians for behavioural and mental health problems. These interests were termed "Special Media Interests". Six people with learning disabilities and a special media interest were interviewed (four interviewed once, two interviewed twice). Independently, seven clinicians were interviewed: clinicians (n=5) whose clients had been interviewed and clinicians (n=2) whose clients (n=3) were not interviewed. There were seventeen interviews in total. A grounded theory method was utilised to analyse the interviews and the findings of this analysis were as follows. People with learning disabilities and special media interests made comparisons of themselves to their interest: parallels were drawn, transformational desires expressed and the transition from child to adult focused upon. Comparisons necessitated people with learning disabilities and special media interests reality testing media representations. Indicators of both interest control and indicators of the strength of interest were found. Special media interests were considered to have both positive and negative consequences. There were indications of individual features characteristic of those with special media interests as well as the features of media interests that make them attractive. The findings of the current research are set within a context of special media interests as being of therapeutic utility in clinical work and as informative about the lives of people with learning disabilities: in these interpretations the conceptualisation of self-pluralism was important. A framework of enquiry for clinicians to explore and assess their clients' special media interests is presented.

INTRODUCTION

Terminology, the informative value of media interests, theoretical and methodological positions

Terminology: special media interest and learning disabilities

The current research introduced a new term "Special media interest" into the literature as the first stage in describing and then theorising a clinically noted phenomenon. The term was defined as follows. "Special" denoted that the interest provided a strong focus in the person's life and was of great importance to them. "Media" included the mediums of television, film, radio, recorded music and the printed word. The "interest" included characters or narratives portrayed in the media: a character of interest was either a fictional creation or a real person who was a media celebrity, whilst a narrative was either a specific story or a genre.

The population addressed in the current research were people with learning disabilities with special media interests. A diagnosis of learning disabilities is based upon an assessment with the psychometric tests of the Weschler Adult Intelligence Scales, version three (WAIS-III), (Wechsler, 1997), combined with an assessment of functional ability, via for example the Vineland (Sparrow, Balla & Cicchetti, 1984). A diagnosis of learning disabilities needs performance at levels significantly below the general population with: (a) a score of below 70 on the WAIS-III, ie. two standard deviations below the general population mean, and (b) a substantial impairment in functional and adaptive behaviour (American Psychiatric Association, 1994), and (c) the onset of difficulties demonstrated before adulthood.

The term in the current research "People with learning disabilities" was adopted out of convention; the population defined in the above paragraph are in academic psychology departments and professional health service departments in the United Kingdom most commonly referred to as "People with learning disabilities". However, the terminology used to refer to this population is problematic and open to change[1]. Terms used in the past in academic and professional circles, such as: "moron", "cretin", "idiot", "feeble minded", are no longer acceptable; and the terms of today may be considered unacceptable in the future. Terms suggested by professionals and considered inoffensive may be adopted by both the general population and the population to whom they refer and subsequently the words may be imbued with new meaning.

Terms gain associated meanings that were not intended at their conceptualisation. Both structural linguistics and semiology offer accounts for the process by which meanings of words change. Saussure (1974), the structural linguist, explains that the link between the signifier (the spoken or written word) and the signified (the concept) is arbitrary yet motivated. Therefore, at one level any term could be taken to refer to the population termed here as "people with learning disabilities". However, the meaning of a signifier for a concept is not intrinsic to that signifier but is dependant on it's relationship to other signifiers. As a consequence, and this is the motivated part, care should be taken in the selection of terms used to describe the population of people with learning disabilities as the signifier chosen will relate to already established signifiers in the language which may already carry connotations. Specifically, care should be taken whether the term for the population links to signifiers that have positive or negative connotations. The semiologist, Barthes (1985) stresses that the

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[1] The references for the current research give ample evidence of the range of terms used for this population between 1967 and 1997, they were as follows: "Intellectual Disabilities",   "Learning Difficulties", "Mental Handicap", "Developmental Handicap", "Mental Retardation", "Learning Disabilities".

meanings of words will continue to change and that identity can be thus constructed and manipulated by language. It is therefore important to select terms with care. In addition, it is likely that terms may have to be changed to maintain positive connotations.

The informative value of media interests

The current research argues that there is value in a clinician understanding their client's special media interest. The characters or narratives that form a person's special media interest are informative of how their identity, or personhood, has or has not developed and of how they wish it to develop in the future. The current research goes further to argue that the special media interests of a clinical learning disabilities population may enable an understanding of the wider population of people with learning disabilities. A person's way of life and material signifiers demonstrate their constructs of identity; and this may also give an indication of how life is for others who occupy similar positions in the social fabric. The special media interests of certain people with learning disabilities may be a medium to illuminate what life is like for many more people with learning disabilities.

The mass media offers a series of stories that a person can use to abstract meanings for interpreting their own life. A programme or text offers the possibility of many interpretations; as Lee & Cho state: "*In discussing popular television, we need to regard the television text as 'open' and containing contradictions which some readers may use differently, and therefore offering its viewers a greater variety of meaning.*" (1990). People in general can engage with the media and use the messages it contains to interpret their lives. Although real people and real experiences inform us of who we are, the stories of a culture, its myths, legends and fantasies also play a role in the understanding and interpretation of personhood. McRobbie (1984) suggests that fantasy is contextualised into social relations in the same way

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as real events, therefore the fictional nature of media characters does not make them unimportant for reflecting upon one's life.

The viewer, reader or listener can engage with media materials even when the characters of the stories are set in a different environment to their own. Lee and Cho studied the responses of third world audiences to western soap operas and found that their response was not passive. *"Third world audiences are not simply exposed to the television texts, but are active meaning-producers themselves, rejecting and transforming the text based on their cultures and experiences."*(1990). Audiences in the third world when watching a western soap opera view lives lived in different cultural and social contexts to their own; yet, they can still use these presentations to interpret their own lives. The current research aimed to discover if people with learning disabilities can interpret and transform the texts of soap opera stories, together with other media representations and use them in the meaning making process of interpreting and understanding their own lives. To search for meaning is central to being human. Therefore to search for meaning in media represented stories may be an expression of this search and it would be expected that this would also be the case for people with learning disabilities. The current research sought evidence for people with learning disabilities abstracting meaning from characters and narratives presented in the media to interpret their own lives.

The ability to abstract meanings from media texts and to integrate them into the interpretations of a person's life may be affected by having learning disabilities. There is a question of whether for a person with learning disabilities television viewing is a different, or diminished, experience from that of the general population. As Abelman states, television viewing is *"a learned activity"* with interrelated *"linguistic, cognitive and perceptual skills"*

being necessary for "*accurate television comprehension*" (1991). If a person is significantly

impaired in these abilities it will affect how information is processed and what is learnt.

However, they may still be able to abstract meaning from the text of a television soap opera

or any other media source and be more than passive recipients. The current research sought

evidence for whether people with learning disabilities had difficulties in processing media

materials.

Theoretical and methodological positions

The current research had an interactionist position to explore the relationships between

individual psychology, communication behaviour, and the social world in relation to the

phenomenon of special media interests in a clinical learning disabilities population. Research

literature from these three areas was utilised: (a) individual psychology gave theories of self

and identity, learning disabilities, and therapeutic orientations, (b) communication behaviour

gave theories of media effects and interpersonal relationships and, (c) the social world

literature highlighted social roles and cultural values with power issues emphasised.

The theoretical base of the current research derived from the psychological theories of

therapy and personality of: (a) psychoanalytic theory, (b) family therapy and, (c) the self-

pluralistic conceptualisation of personhood. The psychoanalytic stage theory of identity

formation of E. H. Erickson (1950, 1963, 1968), the family life cycle model of the feminist

family therapists Carter & McGoldrick (1980), and the hermeneutic narrative approach

(Anderson, 1990), were all important; these are explained on pages 23 to 27 and 55 to 59

below. However, as the current research developed and theories of self and identity became

central, the model that offered most to the interpretation of research interviews was the recent

conceptualisation of self-pluralism (Rowan, 1990; Cooper & Rowan, 1999) that will be explained in   "Self, identity and learning disabilities" on pages 14 to 22 below.

The literature reflexively informed the research process: during the interviews it influenced the questions asked and the pre-existing concepts utilised and later, in the analysis of the interviews it was used to explore how the current interviews related to previous research and psychological theory from the literature. It might seem strange to a predominantly quantitative researcher that there are references to literature that was read either during the period of the interviews or after they had been completed. This is standard practice in grounded theory where new literature is contacted as the information from interviews indicates. For example, as the current research developed and an understanding of personal identity became important the conceptualisation of self-pluralism was utilised.

The methodological literature utilised in the current research focused on three areas: (a) the interviewing process, (b) the grounded theory method and, (c) the philosophical issues behind research, particularly in its qualitative form. This literature is currently lively with debate. There is debate over the relative merits of qualitative and quantitative approaches for psychologists, see for example the articles and responses between Morgan (1996,1998) and Sherrard (1997,1998) in "The Psychologist". There is debate between practitioners of different approaches to qualitative research, notably between discourse analysts and grounded theorists (Reicher, 2000). There is debate between grounded theorists, for instance, as to whether this approach is best utilised in a positivist or social constructionist way (Charmaz, 1995). Whilst potentially confusing, these debates help any researcher choose the method they will employ in their research.

Whilst conducting the current study I talked about the special media interests of clinical learning disabilities populations to clinicians who worked in the speciality of learning disabilities, but who were not participants in the research. The immediate response was positive: clients were referred to, their interests outlined, and I was asked what these interests meant: were they superficial hobbies, part of pathology, a reversion to childhood, or something else? The current research aimed to offer clinicians some answers to these questions, and to provide a framework of enquiry to enable them to better understand the special media interests of their clients.

The research area

Self, identity and learning disabilities

As the current research progressed concepts of self and identity emerged as central to the evolving account. There are many conceptualisations of self and identity, examples being the theories and models of G. A. Kelly (1955), Rogers (1959), and Maslow (1970). However, interpretations of the current research findings were developed from a more recent conceptualisation. The main conceptualisation of self and identity adopted in this research was that of self-pluralism (Rowan, 1990; Cooper & Rowan, 1999). This conceptualisation suggests that a person is a collection of distinct selves.

The thorough conceptualisation of self-pluralism presented by Rowan &Cooper (1999) is based upon past research and theory that includes the following: Jung (1968); Gergen (1972,1991); Martindale (1980), Stone & Winkelman (1985); Gazzaniga (1985); and Shotter (1997). Martindale's definition of "subselves" is a good introduction for the reader unfamiliar with the conceptualisation of self-plurality. Martindale states in defining

"subselves" that: "*The basic argument of the cognitive theory to be proposed is that personality is best considered as being ultimately composed of a set of subselves. A subself is defined as a cognitive unit that receives input from a number of sources (e.g. information concerning the situation one is in, one's self concept, and one's emotional state) and sends output to a number of cognitive units coding dispositions for action*" (1980). The current research suggests that one way in which special media interests have their effects is through interactions with what are termed by Martindale "subselves" and by Cooper & Rowan's "subpersonalities".

Rowan (1990,1999) and Cooper & Rowan (1999) offer, through their conceptualisation of self-pluralism, an account that is wide ranging in the experiences of personhood that it seeks to explain. Rowan (1999) states that a person's experiences of their selves can be represented on a continuum of dissociation that is depicted in Table 1 below.

Table 1: The continuum of dissociation, after Rowan (1999).

Altered states of consciousness > Moods > Subpersonalities > Possession > Multiple Personalities

Normal...Abnormal

Rowan's model presents a gradation of normal to abnormal selves for a person. A self is considered abnormal when it reaches the position of possession at which point the person appears to have been taken over by someone else. However, subpersonalities are normal, for example they are created and expressed through different roles. The view that plural selves are not necessarily pathological has been articulated by academic psychologists for some time. For example, the social psychologist Gergen (1972) stated in "Multiple Identity: the

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healthy, happy human being wears many masks." that plurality is healthy. In total Rowan (1999) identifies six originators of subpersonalities: roles, internal conflicts, fantasy images, the personal unconscious, the cultural unconscious and the collective unconscious. All of the six originators of subpersonalities have relevance for the consideration of special media interests in the lives of people with learning disabilities.

The self-pluralistic conceptualisation can be compared to features of the major orientations of psychological theory and therapy. In relation to psychoanalytic theory, self-pluralism links to Freud's model of the ego, id and superego (Freud, 1923) and to Jung's archetypes and complexes (Jung, 1968). In relation to cognitive theories of therapy, self-pluralism links to theories of schemata and script (Markus & Sentis, 1982; Brewin, 1988). In relation to family therapy, self-pluralism resembles the stories and voices of narrative therapy (Smith & Nyman, 1997). Though the conceptualisation of self-pluralism is not identical to the categorisations of these major orientations, there are strong similarities.

The self-pluralistic conceptualisation offers a theoretical base to enable clinicians to explore their clients' special media interests. The continuum of dissociation offers a useful way for a clinician to consider how their client engages with their special media interest. For one person the special media interest could be a way to alter mood, while for another person their media character may have possessed them. The six originators of subpersonalities offer a way for a clinician to consider the origins and functions of special media interests in their client's life: is the special media interest about exploring roles? Is it a way to resolve internal conflicts? Does it relate to the cultural unconscious?

Theorists of self and identity through the social constructionist movement have questioned the degree to which a unified single, or essential self exists. Potter & Wetherell (1987), social constructionists and discourse analysts, take an extreme position to doubt the existence of individual identity outside of language. For others, such as Gergen (1991) a stable coherent self is still a theoretical possibility, as his position is less extreme than Potter & Wetherell. However, he cites the role of the socialisation technologies of the mass media in making a single, coherent and stable self less likely, attributing peoples increased experience of plurality to be a consequence of this influence. This is notable for the current research, with its exploration of both media effects and self-plurality.

Despite their extreme position in relation to identity, Potter & Wetherell had something to offer to the current research. They make the important point that the experience of personhood depends upon the representation of self available to a person within their own culture. Therefore, for a person with learning disabilities how they experience themselves as a person with learning disabilities will be moulded by the representations of the learning disabled self present within their culture.

To return to the self-pluralistic conceptualisation, the cultural representation of a learning disabled self may become a role for the person with learning disabilities. In the United Kingdom the culturally available models of the learning disabled self are limited or have negative connotations. Therefore, the culturally available models of the learning disabled self may impose restrictions on the person that are difficult for the individual to accept. The cultural role of a person with learning disabilities may lead to internal conflict as it challenges other roles that the person desires and as a consequence the person may either assimilate a fantasy self in order to escape from this conflict or explore for an alternative self or selves.

Self-pluralism, as expounded by Cooper & Rowan, does not deny the existence of personhood as there is still an individual with advocacy and agency: *"... a self-pluralistic moves on from modernists' unified self, but it does not go so far as to kill off that subjectivity entirely. Rather, it postulates an individual who encounters his or her world from a plurality of positions, through a plurality of voices, in relation to a plurality of self-concept, yet who still retains a meaningful coherence, both at the level of the constant pluralities and at the level of the total system."* (1999). However, the approach does challenge essentialist accounts of personhood, that there is one true self to be discovered.

Theoretically, essentialism may be possible: there may be one true, unified self; yet, this self can not be truly known by another. If there is one true, unified self its totality could not be represented in words. Therefore, when a person is discussed and evaluated by others in order to form a representation of that person's identity what is assessed are only linguistic representations of certain features of that person. Though this is crucial for all of us, it has added importance for people with learning disabilities whose cognitive and linguistic limitations put them at a disadvantage when attempting to define themselves either as an individual, or as a group based upon the shared feature of learning disabilities.

There is uncertainty about people with learning disabilities' levels of awareness of their own impairments. There is some evidence that people with mild and moderate learning disabilities[2] are aware of their condition and experience distress as a consequence. Reiss & Benson (1982), and Jahoda, Markova & Cattermole (1988) describe the stigma that is associated with, and felt, by those with learning disabilities. A different, though not contradictory, perspective comes from Todd and Shearn (1997). They summarise their

research by stating that: "*The data presented here that 'learning disability' is not so much rendered socially invisible but that it is hidden from people themselves. That is many people with learning disabilities may be invisible to themselves.*" (1997). The issue of disability is avoided by those in the social network of a person with learning disabilities, with the avoidance being justified either as a means of protecting a person with learning disabilities from distress, or because of the belief that the person would not understand the meaning of their own disabilities. This avoidance impacts on the ability of the person with learning disabilities to adjust to their disabilities. The culture and those significant to a person with learning disabilities are crucial to the success or failure of the incorporation of the learning disabled self as part of personhood. This has clinical implications if a person with learning disabilities is aware and distressed by their own disability with the distress compounded by the avoidance of the issue by their social network. This destructive spiral of silence may lead to additional clinical problems.

The taboo needs to be challenged and the concept of personal identity for people with learning disabilities is one that needs to be continually reappraised by people with learning disabilities, their family, carers and professional staff. The current research adds to the discussions that are evolving about what it means to be a person with learning disabilities in the United Kingdom. Recently, the issue of identity for a person with learning disabilities has received some attention from researchers: Davies & Jenkins (1997) explored the incongruity between categorical and self-identity; Zetlin & Turner (1984) explored the different ways people labelled as having learning disabilities adapted to the label; Todd & Shearn (1997) explored coming to terms with the learning disabilities identity. Though the issue of the

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[2] The World Health Organisation in ICD-10 (1992) defined mild mental retardation as being represented by an intelligence quotient of 50 to 69 on a standardised test; and moderate mental retardation as being represented by an IQ of 35 to 49.

meanings of a person having learning disabilities is now being addressed, this area of research is not only in itself a challenge, in addition, it connects with other areas of challenge, for example it questions the operation of power in society.

Part of personhood is the concept of personal power, the degree of perceived self-efficacy. For adults with learning disabilities their social network may hold some of the power that in the more able adult would reside in their personhood. Davies and Jenkins (1997) highlight the power dynamics in the social networks of people with learning disabilities. For example, they noted the power relations around women with learning disabilities that included their permission to have sexual relations and to have children. They found that family and care staff were generally very powerful in the lives of people with learning disabilities. This leads to a question of the degree of personal power retained by a person with learning disabilities. Thus despite being chronologically and legally adults, in terms of power they may remain the child of the parent or the pseudo child of the carer.

The learning disabled self as part of personhood can pose a challenge to people with learning disabilities. Todd & Shearn (1997) found people with learning disabilities sought ways to maintain a positive self-image in the face of stigma. Zetlin & Turner (1984) found that some people dealt with the label of "mental retardation"[3] by rejecting it and developing ways to present a "non-retarded" image of self; a presentation extremely vulnerable to challenge and exposure as a fabrication. Turner (1983a) termed these behaviours normalcy fabrications where the person with learning disabilities makes a great effort to present themselves as normal. From these acts of fabrication it can be inferred that to be perceived as normal was valued as a positive state of being, while to be perceived as a person with

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learning disabilities was negative, as the self that was disabled was considered by the person with disabilities to be socially undesirable. Special media interests can play a role in normalcy fabrication to enhance self-image and boost self-esteem. However, the role of such interests may be more important and substantial than this pretence at normality.

Graffam & Turner (1984) found that for a group of people with learning disabilities who worked in a sheltered workshop there was a relationship between self-esteem, positive social identity and the amount of boredom or eventfulness in their lives. They sought ways to present to their social network an eventful life. In addition, for the participants in Graffam & Turner's study an eventful life was equated with an adult life. Graffam & Turner (1984) found evidence for the use of the media in three ways in order to boost eventfulness, enhance self-identity, boost self-esteem and to present as an adult. Firstly, they found vicarious eventfulness where the person felt that they were taking part in the lives of others, including vicarious participation in the life of a media celebrity. Secondly, fantasy identification where the identity of a character from a movie or television was adopted without admission of pretence. Turner (1983 b), cited in Price-Williams (1989), expounded on the category of fantasy identification with case examples including an account of two men with learning disabilities who together role played two fictional characters for a period of two and a half years. Thirdly, Graffam & Turner defined the category of fantasy entertainment where pretence was usually stated.

The findings of Graffam & Turner's research that people with learning disabilities want eventfulness in their lives is not a surprise as it is a general human need as people need structure and projects to accomplish (Duck, 1999), and events are necessary for people to build the narratives of their lives (Sarbin, 1986; Gergen & Gergen, 1984). In addition, the use

of the media to increase eventfulness, to provide structure and projects to enhance self-esteem is not unique to people with learning disabilities as it is a common feature of adolescents in the general population (Klapp, 1969). Perhaps, because at this stage in their lives they want to be identified as an adult. Special media interests for a person with learning disabilities may relate to their adjustment to the life-stage of being an adult, with the special media interest used to explore issues of adult identity.

Development: life cycles and transitions

Adult identity for people with learning disabilities can be difficult as the movement from the life-stage of child to that of adult can be more of a challenge for people with learning disabilities than the general population and consequently, they may become stuck in their development. The family of a person with learning disabilities may assist this lack of development and as Wolfensburger (1972) pointed out, one unhelpful role that a person with learning disabilities can adopt, or have placed upon them, is that of the eternal child.

Special media interests might be used to interpret and understand the transition from child to adult as it has been suggested that this is so with adolescents from the general population (Klapp, 1969). A person with learning disabilities might also, at this time of transition, select media messages that inform them of what are the socially required criteria for being considered an adult. For a person with learning disabilities these messages might help them to understand important concepts of adulthood, however, they may only serve to highlight their deficiencies and as a consequence lead to problems. For example, Davies and Jenkins (1997) refer to a man with learning disabilities whose behavioural problems were related to his inability to obtain a particular job, a car, and a girlfriend; these being typical markers of adult male status. Alternatively, the media offers images of child-like ways of thinking and

behaving which could support the role of being an eternal child if that role appeals to the person and is supported by their family or carers.

As the current research progressed issues of transition became important for the evolving account and consequently theories of transition from the literature were brought into the research process. These were from two sources: (a) the work of the psychoanalytic psychiatrist E. H. Erickson (1950, 1963, 1968) and, (b) the feminist family therapists Carter & McGoldrick (1980).

E. H. Erickson (1950,1963,1968) proposed an eight-stage model of transitions in life, with each stage having its own specific challenges that the ego has to resolve. The eight stages that a person should pass through in a full life cycle are represented in Table 2 below.

E. H. Erickson's theory is compatible with, and yet a challenge for, a self-pluralistic conceptualisation of personhood. E. H. Erickson states that a person's aim is to achieve ego integration with maturity. However, adulthood brings more roles and so integration becomes increasingly difficult. In its historical context, E. H. Erickson's theory was written in 1950 at the onset of global mass media and predating postmodern theorists. At this time the effects of the mass media on the experience of personhood highlighted subsequently by Gergen (1991) were in their infancy. The postmodern culture has increased the difficulty of the goal of an integrated ego. The development of an integration of self may be possible but is a challenge only achievable for the minority, particularly within a postmodern culture.

Table2: The eight stages of psychosocial development, after E. H. Erickson (1950)

Stage	Age	Psychol-ogical crisis	Description of crisis	Ego strength	Important relationship
1	0-1	Trust vs. mistrust	Learns to feel comfort and trust in parent's care; or develops distrust of the world	Hope	Maternal person
2	1-3	Autonomy vs. shame	Learns sense of competency by learning to feed self, play alone, use toilet; or feels ashamed and doubts own abilities	Will	Parents
3	3-5	Initiative vs. guilt	Learns to use own initiative in planning behaviour; or develops guilt for misbehaviour.	Purpose	Basic family
4	5-11	Industry vs. inferiority	Learns to meet demands imposed by school and home; or believes he or she is inferior to other people	Compe-tence	Family, neighbours, teachers
5	11-18	Identity vs. identity diffusion	Acquires sense of identity in terms of beliefs, vocation; or fails to achieve identity	Fidelity	Peers, in-groups and out-groups
6	18-40	Intimacy vs. isolation	Engages in successful intimate relationship, joins identity with partner; or isolated	Love	Friends, lover
7	40-65	Generative vs. isolation	Helping others, allows independence to children; or self-centred stagnation	Care	Spouse, children
8	65-70	Integrity vs. despair	Reaps benefits of earlier stages, acceptance of life; or despairs over the meaning of life	Wisdom	Spouse, children, grand-children

The other theory of life-stage development utilised in the current research was that of

Carter & McGoldrick (1980). Carter & McGoldrick take a developmental approach to family

therapy with "The changing family life cycle" (1980). This approach explains how a person

at any time in their lives will be part of a series of transitions for themselves, for other family

members and for the family as a whole. As E. H. Erickson's theory of personal development

had tasks for the ego at each stage, so the theory of Carter & McGoldrick suggests that the

family have different tasks at each stage of the family life cycle. The stage transitions they

suggest include stages such as "The launching of the young adult" and "The joining of

families through marriage". Carter & McGoldrick also created a model of stressors that

occur at transitions for an individual or family, which was found to have utility for

understanding transitions for people with learning disabilities and the difficulties that can

occur. The model is presented in Figure 1 below.

Figure 1: Vertical and horizontal stressors, after Carter and McGoldrick (1980).

Systems level:

1 Social, cultural, political
  economic (gender, religion,
  ethnicity etc.)
2 Community, work,
  friends
3 Extended family
4 Nuclear family
5 Individual

Vertical stressors:

family patterns, myths
secrets, legends

Time

Horizontal stressors:
1 Developmental
life cycle transitions
2 Unpredictable
untimely death,
chronic illness, accident
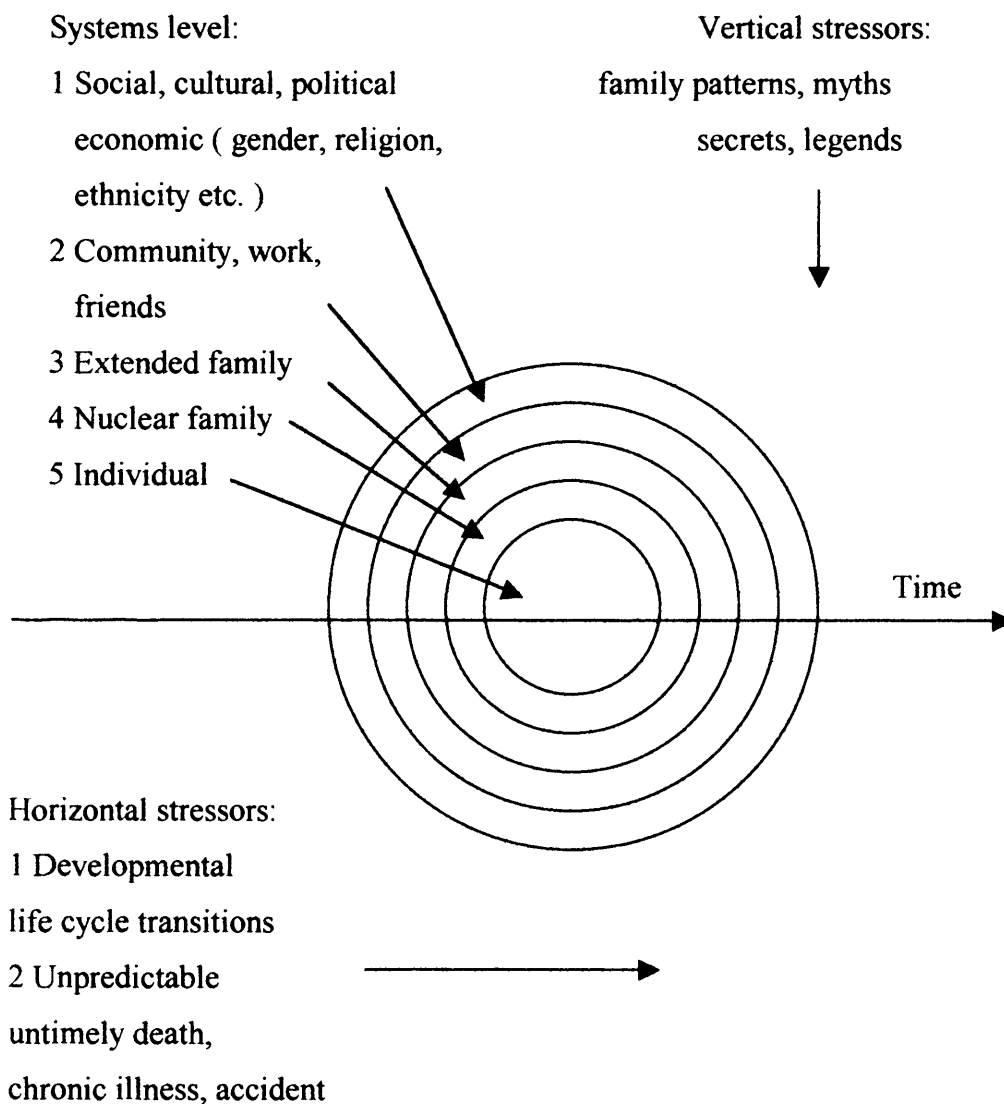
The model of Carter & McGoldrick includes what are termed horizontal stressors, vertical stressors that occur across systems levels. The horizontal stressors consist of both the developmental stage of life cycle transitions and the unpredictable including death, illness and accident. Vertical stressors are comprised of family factors that may have an influence over time, including family patterns, myths, secrets and legacies. The systems levels move outwards from the individual at the centre through the family, the extended family, and the community, to the upper level of the social, cultural, political and economic framework. The model predicts that where there is an interaction between stressors such that those on the horizontal plane are in conflict with those on the vertical plane then problems will occur.

In a learning disabilities context although a person's developmental path may suggest that it would be time for the launching of the young adult from the family base, a family myth or story about the person's learning disabilities may mean that they are not allowed to leave home. This coupled with secrecy about the disability could lead to conflict. The systems levels could either support or be detrimental to the transition being successfully negotiated. For example, at the community level the availability of resources for independent living may assist the person and their family to make the transition.

Carter & McGoldricks' model is compatible with a self-pluralistic conceptualisation of personhood as the periods of interaction between horizontal and vertical stressors are times where different selves may be in conflict. In a learning disabilities context the transition to adulthood may represent a time where the self that is the child and dependent on parents may be in conflict with the self that wants to live independently; and the self that is disabled and needs looking after may be in conflict with the self that is able enough to live in the community. If the transition is not successfully made at the chronological period of

adolescence then these conflicts can continue, perhaps into the person's twenties, thirties and beyond.

Carter & McGoldricks' model is compatible with E. H. Erickson's conceptualisation of self, where as transitions occur there is a necessity for negotiation between different aspects of the ego. How potential conflicts between selves are resolved will depend on the person's ability to regulate the transition, their internal resources, and also the resources available to them from their family.

Significant people and the mediation of media use

The roles that family members have in the lives of people with learning disabilities has been demonstrated in areas related to the current research including the discussion of identity (Todd & Shearn, 1997; Zetlin & Turner, 1984) and the organising of their hobbies and interests (Harris & McHale, 1989). Todd & Shearn state that in the process of constructing meaning the parents of people with learning disabilities play a vital role; and they cite Goffman (1968) in his view that parents act as the gatekeepers of information about difference and disability. This view is supported by Zetlin & Turner (1984) who discovered a striking similarity between people with learning disabilities and their parents in their attitudes towards, and adaptation to, their differences and disabilities. Drawn from these findings was the expectation that parents, and perhaps care staff, would be involved in the meaning-making process and regulation of special media interests.

Before discussing the mediation of special media interests any further it is important to note how human these processes are. Significant people influence us all. It is therefore expected that people significant to a person with learning disabilities would have an influence

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on their lives. Social networks are vital to everyone: they provide support, material aid, and information. Further, they help to tell us who we are as it is through our everyday interactions that we construct our own and others' identity (Mead, 1934), identities that, as Strauss (1959) states, are continually reappraised on the basis of the person's own reactions and the reactions of people with whom they interact. One way in which our social network effects our lives is to influence the conduct of our relationships (Klein & Johnson, 1997). This could include our interactions, or relationships, with characters from the media as those with power in a person's social network can influence how media materials are interacted with (Spafkin, Watkins & Gadow, 1990; Abelman, 1991).

The ways in which significant people in the social network of a person with learning disabilities and a special media interest experience the person's interest may influence their interactions with that person. One possibility is that the person's interaction with their special media interest may be experienced by people in the social network as "challenging behaviour". Challenging behaviour being a generic term for a variety of difficult and sometimes unpleasant behaviours that has become a widely used conceptualisation in the speciality of learning disabilities since it was introduction into the United Kingdom by Blunden & Allen (1987). If people with power in the social network of a person with learning disabilities and a special media interest conceptualise the interest as a form of challenging behaviour they may deal with the interest in a similar manner to other behaviours labelled as challenging; and this may be inappropriate.

An appropriate and accurate conceptualisation of special media interests is important as the conceptualisation that significant people adopt to a person's special media interest will influence how they respond to the special media interest of the person, which will

consequently affect how the interest is experienced and participated with by the person with the interest. This has clinical implications as an appropriate and accurate conceptualisation is necessary if the special media interest is to be worked with as part of therapy; or if there is to be an intervention with the person's social network to affect the process of engagement with and the relationship between the person and their special media interest. The current research aimed to provide clinicians with a framework of enquiry into special media interests to enable an accurate conceptualisation of their clients' special media interests and their implications.

In addition to the importance of an accurate conceptualisation of special media interests, how those significant to the person with learning disabilities and a special media interest communicate will be an important consideration. An application of the work of Abelman (1991) suggests that the style of communication between a person with a special media interest and those significant to them will be important in mediating their media use. Abelman states that there are two styles of communication: firstly, there is inductive, and secondly sensitising. The inductive approach involves explorative questioning as a means of instructing a person so that they learn to control their behaviour. The sensitisation approach involves making the person aware of the exercise of power as a means to control their behaviour. Abelman developed this account of communication styles from studying the parenting research of Aronfreed (1969,1976) and of Hoffman (1975) and subsequently researched the effects of the two styles of communication with children to discover that an inductive style caused the greatest adoption of prosocial behaviour messages from the media. Abelman's work has implications for the current research: the communication style that a person with learning disabilities and a special media interest experienced when a child, or as an adult, from people significant to them, could influence their adoption of positive messages from the media.

The media can be used for positive effects, and therefore people significant in the social network of a person with learning disabilities could use their special media interest for positive outcomes. Friedlander (1993), citing Hearold's (1986) meta-analysis of 1043 media effects, suggests that the potential influence for television to socialise prosocial behaviour outweigh the negative. Spafkin, Watkins & Gadow (1990) state that negative effects can be reduced citing that their training programme for children with emotional or behavioural problems reduced the identification with aggressive characters. How those significant in the social network of people with learning disabilities and a special media interest communicate may be critical for both the use of the media to promote positive attitudes and behaviour and in reducing the adoption of any potential negative attitudes and harmful behaviours presented by the media.

Media effects in people with learning disabilities

The study of media effects is an area of complexity. McQuail states that: *"The entire study of mass communications is based on the premise that there are effects from the media, yet it seems to be an issue on which there is least certainty and least agreement."* (1987). Research and theory in this area is a blend of both media studies and psychology. There are models of media effects that are based in psychological theory. For example, McQuail presents one plausible account of how media effects might occur, with the integration of a revised version of a stimulus response model in combination with McGuire's model (1973) of persuasion. This is a six-stage sequence of persuasion from the media: presentation> attention> comprehension> yielding> retention> overt behaviour. It is a model that has utility for understanding how a media presented message may, or may not be adopted by the person

receiving it. In this account the importance of mediating conditions are stressed, particularly the effects of motivation, involvement and the individual differences of the receiver.

The research area of media effects and people with learning disabilities is a sparse area in the research literature. Media effects in adults with learning disabilities are only referred to in passing (Price-Williams, 1989; Graffam & Turner, 1984). There is, however, research that examines media effects in children with learning disabilities. For example, Gadow, Spafkin, Kelly & Thomas (1988) discovered that children with learning disabilities when compared to mainstream children were more likely to believe fiction was real, were less knowledgeable of special effects in films and television, and were more trusting of advertisements.

Subsequently, these findings were confirmed by Spafkin, Watkins & Gadow (1990). The research into media effects and children with learning disabilities may be considered in relation to people in the current research with learning disabilities and special media interest, for example, in the degree to which they were able to perceive the fictional nature of their special media interest. However, the people in the current research were adults and the generalisation from research findings with children with learning disabilities to adults with learning disabilities is problematic.

The current study utilised research and theoretical literature that included studies of children and adolescents' engagement with media materials. In so doing I took a developmental perspective to learning disabilities. A developmental perspective draws upon some different concepts of development. These can be placed in two groups. Firstly, the cognitive development of people with learning disabilities and secondly, the affective and social development of people with learning disabilities. In the speciality of learning

disabilities what has been termed the developmental approach has been articulated to explain the cognitive impairments of this population. Zigler & Balla (1982) state that adults with learning disabilities can be compared in their cognitive abilities, particularly as measured by tests of intelligence, to the stages of cognitive development from infancy to adulthood in the general population. This approach draws upon the work of Piaget (1954) and considers that the cognitive abilities of an adult with learning disabilities are equivalent to earlier stages of human cognitive development, i.e. that for people with learning disabilities development has been arrested at earlier stages. There is an alternative to the developmental approach which is termed the difference approach, expressed by Das (1984) amongst others, that states that the cognitive abilities of people with learning disabilities are qualitatively different to those of the general population. If this position is the more accurate then comparisons to earlier stages of human development have little utility. This debate between the developmental and difference approaches has centred upon cognitive abilities with limited consideration of affective and social development and change.

The conceptualisation of people with learning disabilities of developmental delay allows the concept of developmental age equivalence and the linked concept of mental age. If the cognitive development of people with learning disabilities does not progress to the forms of cognitive intelligence demonstrated by adults, but instead remains at levels comparable to earlier stages of the development process between infancy and adulthood then it is possible to assess the cognitive abilities of adults with learning disabilities and compare them against norms for people from the general population from infancy to adulthood to find an age equivalent for the adult with learning disabilities. Therefore, a person whose chronological age is thirty-nine may be said to have an age equivalence of cognitive development, or mental age, of eight years. This approach has been popular in the speciality of learning disabilities in

the United Kingdom. However, a thirty-nine year old lives in a world of adults and is expected to behave as one. Adulthood brings opportunities and pressures that are not those for an eight-year-old. Age equivalence takes little account of emotional development and in this respect an eight and a thirty-eight-year-old will be very different. Age equivalence also has the drawback that it could be taken as implicitly supporting the conceptualisation of an adult with learning disabilities as an eternal child. Despite these reservations age equivalence does have something to offer in understanding the cognitive abilities of adults with learning disabilities. This extends to understanding and predicting how the media may effect a person with learning disabilities, particularly in relation to abilities to distinguish between the depiction of reality and fiction in the media.

As well as cognitive change human development also involves affective and social change as the person moves from being a child to being an adult. The current research utilises concepts of affective and social development: Erickson's (1950, 1963, 1968) life-stage model of ego development; Carter & McGoldrick (1980) theory of life-stage transitions; Klapp (1969) and Sayers (1998) accounts of the developmental processes associated with identity formation in adolescence. These developmental perspectives are also utilised to interpret the special media interests of a learning disabilities population.

The current section contains considerations of media effects in adults with learning disabilities and draws upon the developmental literature, adopting both the developmental approach to understanding cognitive processes in adults with learning disabilities and developmental theories of social and affective change. In the roles of heroes and heroines in individuation and how a person explores the operation of power in society the literature of affective and social development is utilised. The consideration of the effects of media

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representations of violence addresses issues of cognitive, affective and social development. The consideration of reality testing media representations has its emphasis on the cognitive abilities of adults with learning disabilities, though social and affective factors are also important here.

As a well as theoretical reasons for utilising research and theoretical literature that is developmental, pragmatics also suggested the utilisation of this literature. Media effects across the developmental processes from infancy to adulthood have been extensively researched. There has been a wealth of research into the effects of the representation of violence in the media on populations between infancy and adulthood that documents the changes with development (Eron, Huessmann, Brice, Fischer & Mermelstein, 1983; Leifer & Roberts, 1972; Melville-Thomas, 1985; Dominick, 1984; Drabman, 1974). There has also been much research into the development of judgements of the real or fictional status of media representations from infancy to adulthood (Morrison & Gardner, 1978; H. Kelly, 1981; Huston & Wright, 1983). Changes in the ability to distinguish between media representations of fiction and reality are a product of cognitive development, emotional experience, socialisation and education. The substantial amount of research from the developmental literature contrasts to the dearth of research into the effects of both the representation of violence in the media on adults with learning disabilities and the ability to reality test media representations in adults with learning disabilities. In addition, the broader research area of the cognitive abilities of adults with learning disabilities is limited in areas such as reality-testing; and the emotional development of adults with learning disabilities has been rarely researched (Bailey, Mathews & Leckie, 1986; Jones & Bonnar, 1996). The developmental literature, if viewed with caution, has something to offer.

<u>Special media interests: (i) Social roles; (ii) Heroes/heroines; (iii) Violence</u>

<u>(i) Social roles</u>

As the current research developed it became clear that a consideration of the value of social roles would be important to the research account that was evolving. Special media interests allow a person to explore socially desirable roles, for instance, being a friend or partner. According to Duck (1999) social roles are intrinsically valued; there is value in being a friend beyond the value that the friend may bring to the person's life. He illustrates his point with the film character Muriel, in "Muriel's wedding", whose desire is to get married rather than a desire to be married to a specific person. Socially desirable roles give a person a clear and positive position in the social fabric, for as Hagan & Smail state (1997), they are a power source and resource for the person. A person can look to their special media interest as a role model for expressing his or her own wishes for socially desirable roles.

As the current research developed a consideration of the relationship between gender roles and special media interests became important. The effects of the media on gender related attitudes and behaviour has received some consideration from researchers, for example in studies of the socialisation of gender attitudes. Within our culture certain behaviours and attitudes have typically been considered as female or male. Some gender correlated attitudes and behaviours may be genetically predisposed, however, others may be learnt. In this learning process the media has been shown to play a part. For example it has been suggested that television is an important source of information about gender roles (Wood, 1993). For example, in one study Larson (1996) discovered that the information adolescents receive from the media about gender roles are powerful stereotypes that influence their attitudes to gender. When gender became a factor in the current research it was a point of interest as to whether stereotyped models of gender would be expressed.

It was a premise of the current research that narratives presented via the media have become part of social reasoning. We compare our relationships against social norms (Simmel, 1950) that give us guidance about the type of relationship we are in and the stage of the relationship: is it beginning, being maintained or coming to an end. Relationships have a narrative structure, and therefore it is easy to compare the narratives of our lives, and the narratives of our relationships, to the narratives presented in the media. As Duck states: *"the media in our culture exposes us to certain relationships that are typically represented as desirable, acceptable, or preferable, compared to other forms of relationship. Soap operas and popular magazines alike depict certain types of relationships rather than others (Duck, 1988) typically give us examples of how this relationship should be conducted, and even serve as models for the relationships in our own lives."*(1999). The mass media is a source for comparison of people's relationships and it was expected that would also be the case for people with learning disabilities in the current research.

The mass media presents its audience with a multitude of potential selves: from contact with it: *"each of us comes to harbour a vast population of hidden potentials- to be a blues singer, a gypsy, an aristocrat, a criminal. All the selves lie latent, and under the right conditions may spring to life."* Gergen, (1991). In this way a person's special media interest becomes clinically relevant. Potential or "possible selves" have utility for the clinician in that they can help them to understand people's motivations and orientations to the future (Markus & Nurius, 1987).

People with learning disabilities through their contact with the mass media will also be presented with a multitude of potential selves, some of which may become hidden potentials

for other ways of being; some of these ways of being may be possible, others not; some may be positive, others negative. Clinicians would also benefit from an understanding of the conditions that prompt a person with learning disabilities to try and bring the media derived self to life. The current research considers both the positive and negative effects of special media interests and the conditions that prompt engagement with them. The current research aimed to produce a framework to enable clinicians who work with people with learning disabilities to explore the special media interests of their clients.

(ii) Heroes/heroines

There is one group of figures in the media who require extra consideration when special media interests are discussed, these are heroes and heroines. Often, though not always, the characters of a person's special media interests, either real or fantasy, possess heroic qualities. Two important areas of hero and heroine function will now be discussed. Firstly, the developmental process of individuation with movement from parents and secondly, the exploration of social roles and the power structures of a society.

In psychoanalytic theories, heroes play vital roles in the development of adolescence. Traditional psychoanalytic theory suggests that in adolescence a young man's separation from his mother produce feelings of isolation and fears of inner division. These are resolved by self-idealisation, identification with his father, his father's heroes, and other men as if they were heroes or gods. Blos (1967) considers that adolescence, as the period of disengagement from parents, has two main consequences. Firstly, affect and object hunger develops that leads to the adolescent searching for group experiences. Secondly, a subconscious search begins for someone who can take the place of parents and this includes hero worship.

Unfortunately, and typically, traditional psychoanalysis is less clear about the development of the female psyche. Horney (1935) developed one psychoanalytic interpretation of the resolution of a young woman's separation from her parents, particularly from her mother. In Horney's view, a young woman is saved by an heroic man, a sadly phallocentric view, yet the role of the hero is again clear. As a psychoanalytic clinical psychologist, Sayers states: "*Today's teenagers still dream of men rescuing them from hatred and danger. Secondary school students imagine T.V characters, celebrities and rock stars saving them. A 12 year old writes a dream of 'Our house burning down and getting stung by a bee. And being rescued by Dr Who!' A14-year-old dreams: 'waves were engulfing me... Tom would be standing there. Then I would turn around but see nobody. Other times Kurt Cobain would be there.'*" (1998).

Media figures have an important role for adolescents in the development of their individuality and in the movement away from parents. This role could form part of the explanation for special media interests for people with learning disabilities. They face the challenges of transition, of individuation from parents and finding adult roles that are acceptable to themselves, to those significant to them and to the wider community. For a person with learning disabilities this process may continue well beyond the chronological period of adolescence.

Another function of heroes and heroines is to help a person to explore the power relationships of their culture and society. Gunter & Harrison (1998) consider that heroes exert a profound influence both on individuals and cultures: that myths and legends feed our dreams and imagination. The appeal and importance of heroes and heroines is a cross cultural phenomena, with the stories and legends often sharing similar themes and narrative

structures; as J. Campbell (1957) expounds in "The hero with a thousand faces" (see also Neumann, 1954). Heroes and heroines produce narratives for a culture and role models for a person's social learning.

Superheroes in role-play offer the participants a way to explore the social world, in particular how power operates. Superhero play is one way in which children can explore hierarchies of power (Elkind, 1981) and their position within them (E. H. Erickson, 1977). Heroes and heroines are people with prestige which is attractive (Bandura & Walters, 1963). Role-playing a superhero can prompt positive feelings in the role players, feelings that they may seek to recreate in the real world by prestigious acts. Superheroes have the ability to exert control over a hostile environment (Sousa & Schneiderman, 1986). Therefore, they offer ways to reason through difficult situations and to experience success when faced with imaginary obstacles and although the situations may be fantasy the skills learnt, for example in organising peers, can be applied to the real world. Further, the experience of success can enhance beliefs of efficacy and belief in success that may be transferred to real world challenges.

There is however a negative side to role-playing superheroes. Firstly, the ways in which the superhero solves problems in their story is important. If they use violence for conflict resolution then there is a danger than violence will be used by anyone who adopts that superhero as their role model. For example, Boyatizis (1995) found that children who viewed the children's programme "The Mighty Morphin Power Rangers", a program that advocates violent solutions, committed seven times more aggressive acts than a control group. It is argued that as a consequence of viewing fictional heroes committing violence: *"at the very least, media violence is influential in modelling the use of deadly force as a first choice to*

solve interpersonal conflict." Thomin (1995). The message from these programmes is that conflict is normal, that there is a good side and a bad side and that providing that you are on the good side violence is acceptable. However, media violence can not be blamed for these attitudes as they are intrinsic to many cultures. If one examines the myths and legends from antiquity to the present, there are few heroes and heroines who are pacifists.

Secondly, the role-play's imaginative or imitative status is important. If the role-play is purely imitative then the benefits of social problem-solving that an imaginative approach can offer are lost (Carlsson-Paige & Levis, 1990). As for the development of skills imitative play is on its own of little value (Piaget, 1951). Therefore, if a person with learning disabilities has a media interest that involves role-playing a superhero its degree of benefit will be related to the role-play's imaginative or imitative status.

When a person has come to an understanding of their place in society the need for these forms of role-play will cease. However, some people with learning disabilities may never understand, or feel happy with, their place in society; and so this type of role-play continues, as its developmental function has not been completed.

(iii) Violence

One area of media that requires further consideration is the effect of violent media representations on behaviour. This is an important consideration as special media interests may contain an aggressive or violent component and in addition, people with learning disabilities, particularly men, are often referred for aggressive behaviours (Flemming & Tosch, 1984). Therefore, the literature on the relationship between violent media and violent

acts needed careful consideration for the insight that it might offer to the interpretation of interviews in the current research.

The possible effects of the media, particularly television, on violent behaviour have been extensively researched and have produced much theory. This is an area of hot debate as it raises issues of censorship, the rights of the individual, the social contract and the rights of the state. It confronts the economic might of the media industry; and it confronts the religious fundamentalists of Christianity and Islam. Both sides in the argument skilfully facilitate discourses around the research to support their positions. In the heat of this debate people seek certainty. However, this is an area without certainty and in its absence moral panic can ensue. Despite the uncertainty some indications can be gained from the available evidence about how to proceed in a clinical context.

There is a strong argument that violence in the media has a detrimental effect on attitudes and behaviour. The U. S. Surgeon General's investigations of 1972 concluded that there was a causal connection between television violence and real world aggression. There is evidence that there is an interaction between a predisposition to violence, the viewing of violence and subsequent aggressive or violent acts (Pearl, Bouthilet & Lazer,1982; Huesmann & Eron, 1986; Boyatizis ,1995). In addition, there is evidence to suggest that violent media materials can desensitise a person to real world violence: the person may accept violence as part of life, and this can lead to 'Mean world syndrome' where the person fears victimisation. The desensitisation effect is highlighted by findings that children who had viewed a violent programme were less likely to intervene or seek help if they saw a violent conflict between their peers than children who had viewed a non-violent programme (Featherstone, 1985). 'Mean world syndrome' is suggested by the surveys and studies of Gerbner and colleagues

(Gerbner, Gross, Jackson-Beeck, Jeffries-Fox, & Signorielli ,1978) who discovered that

heavy viewers of violent television over-estimated their chance of being a victim of violent

crime. It is argued that the high violence content of television means that high frequency

television viewers put their positive attitudes at risk, as Signorielli states: "*In most subgroups*

those who watch more television tend to express a heightened sense of living in a mean world

of danger and mistrust and alienation and gloom." (1990).

The position that there is a relationship between the predisposition of a person and the

media materials with which they choose to interact is supported by research into mood and

television programme selection. Gunter & Harrison (1998) reviewed the psychological

literature and found research that suggests mood is related to the choice of programme genre.

Zillmann (1980) discovered that acutely angered people chose to view violent or sad

programmes. Zillmann & Bryant (1985) found that people who needed to enhance their mood

chose programmes of light entertainment. However, these are effects of transient states

rather than long-standing predisposition of a person. Within the conceptualisation of self-

pluralism these effects are to the left of the continuum of dissociation (see Table 1 on page 15

above) as they represent a transient interaction between the state of consciousness and

programme selection. Nevertheless, it is also conceivable that further to the right of the

continuum, with subpersonalities, a violent self may search out programmes that are violent

and thereby reinforce that violent self.

The counter-view has some strong points to argue that television violence does not have

demonstrable negative effects and that it has instead effects that are positive. For example,

there is evidence to indicate that the viewing of violent media by those with a history of

aggression does not lead them to become violent. Gadow & Spafkin (1993) found that

children with emotional and behavioural problems, who viewed more violent programmes, preferred aggressive characters and were more likely to believe that fiction is real. Yet, they were no more likely to behave violently in naturalistic settings after viewing aggressive material compared to after viewing non-violent material.

The methodologies and the conclusiveness of the findings of research suggesting violent media is harmful is questioned by Rosnow & Rosenthal (1997) who state that the laboratory setting of much of this research resulted in experimental expectancy effects and in a naturalistic setting the findings of the laboratory often do not hold, as Gadow & Spafkin state: "*the findings from the field experiments offer little support for the media aggression hypothesis.*" (1989). In addition, attempts to replicate the desensitisation effects have often been unsuccessful (Drabman & Thomas, 1976). Further, Gerbner has been criticised for both poor control of variables (Hirsch, 1981) as well as the exclusion of other variables, such as participants' neighbourhood and participants' psychological predisposition (Jackson-Beeck & Sobal, 1980; Zillmann & Wakshlag, 1985).

The cathartic effects of television, cinema, or book may link violent representation to positive effects. For example, the watching of horror movies may be a form of positive mood regulation. In watching horror movies the viewer may identify with the victimised protagonist, and this leads to physiological changes as the viewer becomes emotionally engaged. The positive resolution of the story, which is normally the case, brings relief to the viewer. The physiological arousal coupled with the positive emotions as a result of the protagonist survival may remain with the viewer after the film has ended (Zillmann, Johnson, Rolland & Hanrahan, 1973; Zillmann, 1991). Through the message of the narrative linked to

emotional arousal a film can reinforce the positive social norm that violence put to bad, selfish and socially destructive ends is not successful.

There is enough evidence of the negative effects of violent media being related to aggressive attitudes and violent conduct to suggest that if a clinician is aware that their client has a special media interest that includes violence then this should be explored in therapy. However, the strong argument that violent media may not necessarily have negative consequences and that it may, in some circumstances, be beneficial suggests that the clinician should not make hasty conclusions that a special media interest with a violent content will have a negative effect on their client's attitudes and behaviour.

The complexity of assessing if violent media materials would adversely effect a specific person is a complex task. So, what is the clinician to do? In understanding if a specific violent message would persuade their client to violence there would need to be a consideration of a model of media induced attitudinal or behavioural response, for example McQuail's (1989) model of persuasion. The analysis would need to go further with an assessment of the person's socialisation process (Lowery & Defleur, 1985). For example, account would need to be taken of the main parenting communication style that they had experienced, either inductive or sensitising (Abelman, 1991). The current research aimed to produce a framework that would assist clinicians in this task.

If the time were taken by a clinician with their client to explore the meanings of their client's viewing of violent media materials then perhaps both an understanding and a prediction of their behaviour would result. The conceptualisation of self-pluralism would suggest that it would be important to understand the self contacted by the interest. If a subpersonality was contacted, the form of that subpersonality would need to be understood: is

it a personality that is identifying with a fantasy hero or heroine, is it a self that is trying to resolve an internal conflict, or is it a self with a role that needs violence? Again, the current research aimed to utilise the conceptualisation of self-pluralism to build a framework for enquiry.

<center>The therapeutic utility of special media interests</center>

Clinicians may still wonder about the relevance of a client's special media interest to therapeutic work. Are a client's special media interests just a pleasant distraction that may be spoken about as part of general conversation to build therapeutic rapport? For some this may be so. Yet, for some they may form an illuminating part of the therapeutic process. From the clinician's perspective, their theoretical orientation may influence the degree to which they consider a client's special media interest to be relevant to their work. However, from cognitive-behavioural, psychoanalytic and family therapy perspectives a client's special media interest can be a useful part of therapeutic work.

(i) Different theoretical orientations in clinical psychology

Clinical psychologists work with theory to enable change for their clients. The theories used are conveniently grouped into schools of thought, or theoretical orientations, that include the following: psychoanalytic, behaviourism, cognitive, cognitive-behavioural, family therapy, and social and community psychology. Traditionally there has been hostility between some practitioners of different orientations, at the same time others have sought to find common ground.

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In the National Health Service there is currently a movement for evidence based practice; one consequence of this is that orientations are set against each other to discover which ones have utility for various clinical problems. However, research into evidence based practice for clinical psychologists is still in its infancy. A review of evidence based practice in clinical psychology can be found in "What works for whom" by Roth & Fonagy (1996). There is no clear evidence to indicate that one orientation is superior to the others. In fact, one of the most conclusive findings was the importance of non-specific factors (for example, the clinician's interpersonal style) accounting for a positive therapeutic outcome. These are also the conclusions of Miller (1989) and Frank (1989) in "Non-specific aspects of treatment"; and Luborsky, McCleland, Woody, O'Brien & Auerbach (1985) with "The Dodo hypothesis". Luborsky et al. believe that the evidence suggests that psychotherapy works, yet, no single orientation is superior and therefore, like the Dodo said in Alice in Wonderland: "Everyone has won, and they all must have prizes."

In these circumstances it would be unwise to attach a consideration of special media interest to any one theoretical orientation. Further, a central theme of this thesis is plurality, and to advocate one theoretical orientation at the expense of others would be antithetical. To attach a consideration of special media interest to one theoretical orientation is also unnecessary, as special media interests can be considered productively from a number of theoretic positions with each offering a different perspective and each having a different way in which special media interests could be used therapeutically.

To demonstrate how special media interests have therapeutic utility across orientations three broad theoretical groups are now considered: cognitive-behavioural, psychoanalytic and family therapy. For each in turn, it will be highlighted how they can be utilised with people

who have learning disabilities; and how each can incorporate special media interests into therapeutic work.

(ii) The cognitive-behavioural orientation

Cognitive-behavioural approaches to therapy draw upon two academic schools of psychological theory with their allied approaches to therapy: behaviourism with behavioural therapy and cognitivism with cognitive therapy. Cognitive approaches have had a major and positive impact on clinical practice. Central exponents of cognitive therapy are Beck (1976, 1979 with Rush, Shaw & Emery), Ellis (1962,1973), and Meichelbaum (1975,1977). Cognitive approaches stress the importance of a person's thoughts in influencing their emotions and behaviour. It is proposed that from early experiences in childhood a person develops schemata that are internal working models of themselves and others. Basic attitudes for living develop and these influence the roles a person adopts and their social behaviour. When critical incidents, or difficult situations, occur in life if the person's schemata are dysfunctional then this can lead to problems of cognition, for example, negative automatic thoughts, with resultant negative effects on emotion and behaviour.

Cognitive therapies always contained behavioural components, however, with the development of cognitive-behavioural therapy this component was made explicit as cognitions were placed within a context with the recognition of other systems also determining behaviour; systems that include internal physiological processes and external environmental events. The fuller approach of cognitive-behavioural therapy has been applied to a wide range of clinical problems (Hawton, Salkovskis, Kirk & Clark, 1989) and is demonstrated to be clinically effective for a number of these that include: depression, social phobia, panic disorder, obsessive compulsive disorder and eating disorders (Roth & Fonagy,

1996). Therefore, the cognitive behavioural therapy has found favour with clinical psychologists.

Despite the effectiveness of this orientation there are doubts of the applicability of the cognitive aspects of cognitive-behavioural therapy for people with learning disabilities. A reading of Beck (1976) leads to the question of whether any approach that contains a strong component of cognitive therapy is possible with people with learning disabilities. Beck states that for cognitive therapy to work the person needs the ability to contemplate themselves, their life events and future expectations. That a person has learning disabilities could lead to the assumption that they will have limitations in their cognitive capacities which would inhibit their ability to work in the way. Beck indicates is necessary for cognitive therapy to be effective.

Some of the techniques that are used in cognitive-behavioural therapy that are derived from cognitive therapy raise questions of the orientation's applicability to work with people with learning disabilities. Cognitive therapy has been caricatured as the therapy for white middle class intellectuals, and although this is unfair, it has an element of truth. For instance, the Socratic method of questioning involves the clinician continually questioning their client's reasoning to uncover weaknesses in their arguments in a similar manner to that of Socrates and his discussants. For Socrates conversations were competitions, as Gottlieb states: "*Unravelling the accounts of others is how Socrates always played the game of dialectic.*"(1997). Yet, Socrates was in a privileged position of intellectual superiority to those with whom he debated and so he would usually win the argument, only losing when loss was part of the game. The inherent dangers of this approach to therapy are present even

when utilised with clients of at least average intelligence. With a person with learning

disabilities they raise major issues of power and compliance[4].

The challenges to a theoretical orientation in working with people with learning

disabilities are not unique to the cognitive-behavioural therapy, as there are also challenges

for the psychoanalytic and family therapy orientations. These challenges will be considered

in the relevant paragraphs below. Despite the challenges for the cognitivist orientation it has

been usefully adapted for work with people with learning disabilities (see Linsay, Howells &

Pitcaithly, 1987, for work with depression; Black & Novoco , 1993 , for work with anger).

Special media interests can be utilised in cognitive-behavioural therapy. An important

part of cognitive approaches to therapy is to uncover a person's unconscious schemata and

rules for living (Brewin, 1988). The media characters that a person takes an interest in can

highlight the important concerns for that person, aspects of themselves they see in the

character or aspects of a self they would wish for. Therefore, one use of special media

interests would be as a projective test to uncover a person's self-schemata.

Special media interests could be used to explore a person's rules for living. The ways in

which a client's character of interest solved or failed to solve a problem that they faced could

be the basis for the clinician to instruct them in social problem-solving: to consider what

approaches were functional for their character and what approaches would be functional for

the client. Soap operas may provide a useful source for this form of work, as the viewer is

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[4] Criticism is not made of Socratic questioning in itself; the Socratic approach to the discovery of knowledge is
the basis of the inductive method, a central method of grounded theory. The reservations for the use of Socratic
questioning in clinical work with clients who have learning disabilities lead to similar cautions about the power
dynamic of the interaction to those necessary when grounded theory research is conducted with participants with
learning disabilities.

often presented with scenes that depict a character social problem-solving, with the viewer being given more information than is available to the character for generating solutions. Consequently, the viewer is placed in a position to consider the motivation and functionality for a character's actions. In fact, soap opera narratives often invite the viewer to generate alternative courses of action for characters. Cognitive-behavioural therapies using special media interests with people with learning disabilities are indeed possible.

(iii) The psychoanalytic orientation

The psychoanalytic orientation is chiefly associated with Freud (1916-17, 1923), and with Jung (1954,1968). Psychoanalytic theories offer explanations of personality as well as forming the basis for an approach to therapy. They provide a topographical model distinguishing three agents of mind: the ego which is in part in the person's consciousness, the superego and the id, which are both unconscious. They provide a model of psychosexual development which proposes that free floating energy passes through developmental stages: the oral phase from birth to two years; the anal from two to four; the phallic from four to eight, latency from eight to puberty; and the genital from puberty onwards.

The psychoanalytic orientation has seen many divisions and many developments since its origin. In particular, the division between Freud and Jung, which concerned the roles of sexuality and spirituality as drives of the psyche. While Freud stessed the importance of the former, Jung gave them an equal rating. Following Freud and Jung the psychoanalytic orientation has been developed by a series of practitioners. Bowlby (1988) used psychoanalytic theory in the development of attachment theory. E. H. Erickson (1950,1963,1968) from a psychoanalytic base produced a developmental model of identity. M. Kline (1948) reformulated psychoanalytic theory with the object relations school. Despite

the divisions and developments, these practitioners and their followers have a degree of common ground in their conceptualisation of the causes of psychological problems and of approaches to therapy.

As a model of therapy psychoanalytic theory states that certain uncomfortable feelings and impulses become hidden by defence mechanisms. Both the hiding of feelings and the defences themselves can lead to problems. Defences are involuntary coping mechanisms with some more effective than others and therefore they can be arranged hierarchically on the basis of their maturity (Vaillant, 1993). All of these four categories of defence are worth considering for the light they throw on the interpretation of special media interests. In increasing levels of maturity, defences are ordered as follows: (a) psychotic defences that include delusional projection, denial and distortion, (b) immature defences that include projection, fantasy, hypochondriasis, passive aggression, acting out and dissociation, (c) neurotic defences that include displacement, isolation/ intellectualisation, repression and reaction formation, (d) mature defences that include altruism, sublimation, suppression, anticipation and humour. If a special media interest was conceptualised as a defence mechanism the clinician would need to consider at what level of defence it operated. It is difficult, though not impossible, to conceptualise a special media interest as a mature defence, however, all of the other levels are plausible ways in which a special media interest could be operating as a defence mechanism.

The credibility of psychoanalytic theory as a valid theoretical orientation has been, and remains, an area of debate. One important cause for criticism was the arrival in the 1950's of behavioural therapy as an alternative and rival orientation. A leading exponent of the behavioural orientation, Eysenck (1952), produced research that indicated that the success

rate of psychoanalytic therapy was less than that achieved by spontaneous remission. Subsequent research has demonstrated that psychoanalytic therapy can be effective (Bergin & Lambert, 1978; Smith, Glass & Miller, 1980); and the recent work of Roth & Fonagy (1996) suggests a future for this orientation.

Until recently the psychoanalytic orientation had a bad reputation in relation to therapeutic work with people with learning disabilities. This can be traced back to Freud (1904) and his statement that psychoanalytic therapy is not possible with: "*those patients who do not possess a reasonable degree of education and a fairly reasonable character.*" (1953). In its historical context Freud's statement can be considered more sympathetically as at approximately the same time mainstream academic psychology (the home of behaviourism) lead by Galton and Burt was flirting with eugenics (Pilgrim & Treacher, 1992). In our society at the start of the twenty-first century a person with learning disabilities can have a reasonable education and they are of reasonable character, as they probably always were. Further, the work of clinical psychologists of a psychoanalytic orientation has demonstrated that this orientation can be used effectively with people with learning disabilities (Sinason, 1992; Beail, 1995).

A clinical psychologist from a psychoanalytic orientation who makes use of her client's media interests is Sayers (1998). In "Boy Crazy: remembering adolescence, therapies and dreams" she interweaves psychoanalytic theory, clinical material and literature to produce a compelling account of this time of transition. For example, she comments on the interrelationship between the dreams of teenage boys and media figures. "*They recall nightmares of being pursued or trapped by horror movie villains-Freddy Cruger, for instance, from Nightmare on Elm Street- movies that, like recurring dreams, teenagers, particularly teenage boys, often watch repeatedly- over and over again, movies that are both*

informed by and evidently inform their recurring dreams." (1998). Characters from the media

can become part of a person's fantasy and enter their dreams. The psychoanalytically

orientated clinician has six processes in their theoretical framework to account for the

different ways in which this assimilation can occur: incorporation, introjection, imitation,

internalisation, idealisation, and identification (Vaillant, 1993). Therefore, the psychoanalytic

orientated clinician can use their understanding of these processes to explore the meanings

that characters of special media interest hold for their clients.

(iv) The family therapy orientation

The family therapy orientation in clinical work conceptualises that a person's problems

are best understood as being the consequence of their interactions with other people,

predominantly their family. As a consequence their problems are best overcome with the

presence of the family, although work with individuals is possible (Jones, 1993; Swartz,

1999).

There are three main schools of family therapy: structural, strategic and systems. The

structural approach is associated with the work of Minuchin (1974). Strategic family therapy

is associated with the Palo Alto group that includes Watzlawick (Watzlawick, Beavin &

Jackson, 1967); Haley (1964); M. Erickson (Erickson & Rossi, 1976); and Satir (1964). The

systems approach is associated with the Milan Group of Boscolo, Cechin, Prata & Palazzoli

(Palazzoli, Boscolo, Ceccin & Prata, 1980; and Boscolo, Ceccin, Hoffman & Penn, 1987). It

is a form of systems theory, the narrative approach, that may make one of the best uses of

special media interests. But, before considering the use of narrative therapy with special

media interests the effectiveness of family therapy and its use with people with learning

disabilities needs to be addressed.

The effectiveness of the family therapy orientation has yet to be confirmed and there are three reasons for confirmation still being required. Firstly, the orientation has been utilised mostly with children and adolescents and it's use and evaluation with the common and major conditions that present in the adult setting, depression, anxiety and psychosis, has been limited. Secondly, as there are three main schools of family therapy a generalised assessment of family therapy as a whole is difficult. What needs to be assessed is the effectiveness of therapy from each school, however, many family therapists tend to be eclectic and take from all the schools making evaluation difficult. Thirdly, research into the effectiveness of family therapy has posed methodological problems, as it is less amenable to empirical research than the cognitive-behavioural orientation. However, with the expansion of methodologies available to clinical psychologists, including qualitative approaches, the ability to evaluate the family therapy orientation will increase.

Despite the lack of conclusive proof of its effectiveness the family therapy orientation has been increasingly utilised in settings beyond the child and adolescent speciality, to include older adults (Neidhardt & Allen, 1992), and learning disabilities (Vetere, 1993). Its effectiveness in these settings needs evaluation, however, in its original setting with children and adolescents there are now some promising results, for example, with early interventions to treat eating disorders (Roth & Fonagy, 1996).

Working with people with learning disabilities poses challenges to the family therapy orientated clinician. Structural approaches, particularly those derived from the early work of Minuchin (1974), have a problematic use of power and authority where the therapist instructs clients from a position of expertise as to how the person or family should be. The advocacy of models of how any family should be is clearly presumptive of the clinician (McGoldrick,

Anderson & Walsh, 1991). Perhaps, more so when the family has a member who has learning disabilities as Kazak (1984) states, that functioning which may be considered dysfunctional in a "normal" family may be adaptive in a family where one or more members have learning disabilities. Further, the statistical evidence suggests that it is inaccurate to describe the conventional family as normal and instead as Oakley (1988) found, in terms of family structure, diversity was the norm.

The greater subtlety of narrative approaches, where meanings are explored, provides a further, different challenge when working with the whole family where one member or more has learning disabilities. The pace and complexity of the work needs to be at a level where all can understand what has been said, but no one is patronised. The typical patterns of communication where certain members are dominant and others subjugated are likely to be re-enacted in the therapy room. The clinician needs to note this and then enable the subjugated to be heard.

The challenges to a family therapy orientated clinician can be met. Clinical psychologists and family therapists advocate that principles and techniques utilised with families in general are applicable to families where one member or more has learning disabilities and they state that they have successfully utilised family therapy in this way (Goldenberg & Goldenberg, 1985; Cirillo & Sorrentino, 1986; Black, 1987; Vetere, 1993).

Narrative approaches to therapy are an obvious choice for the use of special media interests as part of the therapeutic work with a client. These approaches link to the work of Gergen & Gergen (1984, 1986) and Sarbin (1986) who state that people experience themselves as being in a narrative of their lives, as well as to the work of Duck (1999) that

suggests relationships, like stories, have beginnings, middles and ends with themes that work as if scripted, operating across the life span of the relationship. If lives, relationships and the problems that they contain can be conceptualised as stories, then like stories, lives, relationships and problems can be changed. One book can be put back on the shelf and another one can be written. The clinician, in narrative therapy, can be the person's co-author.

As Smith and Nyland state, the narrative approach is collaborative: *"if clients indicate that they prefer the new, alternative stories of themselves, they can be asked to describe what they like about these directions. This helps ensure that clients are heading in the way that they prefer rather than simply trying to please the therapist. If clients prefer these alternative ways of being, therapists can then help them find ways of making these stories endure in the face of invitations to return to old stories."* (1997). This approach is compatible with the conceptualisation of self-pluralism where different stories of self can be selected in preference to others.

Within narrative approaches two groups have developed. Firstly, reauthoring, an approach associated with White & Epston (1990) where a deconstructive, externalisation framework is taken with the client and the therapist reauthoring problems and relationships. Secondly, hermeneutic dialectic approaches associated with Anderson (Anderson & Goolishian, 1988; H. Anderson, 1997), and T. Anderson (T. Anderson 1987; 1990; 1992). In these approaches, rather than the emphasis being on externalisation, reauthoring and attempts to form a definitive account for the client, the client is invited to explore different internal and external narratives (voices). The hermeneutic dialectic approach emphasises clients having a range of responses and a flexibility that echoes the earlier work of G. A. Kelly whose theory of constructive alternativism states that: *"all of our present interpretations of the world are*

subject to revision and replacement." (1955). According to G. A. Kelly, flexibility of constructs is central to psychological well-being. Flexibility of constructs can be linked to self-pluralism and special media interests may represent an attempt to develop a flexibility of constructs.

The hermeneutic approach is also compatible with a self-pluralistic conceptualisation of personhood as Smith & Nyland state when describing hermeneutic approaches to narrative family therapy: "*The premise here is that many different 'selves' or voices are called forth in different relationships and situations.*" (1997). There is a flexibility of potential selves that a person can access and if limited this flexibility can be developed, perhaps through therapy. The hermeneutic approach to narrative therapy holds the view that therapy is undertaken when a person becomes stuck in their development because of a limited monological perspective. A negative model of the learning disabled self may be one such monological perspective, or single voice, that limits a person with learning disabilities. Therapy may assist in the development of alternative voices and perspectives, and in the process of this therapy special media interests can have a role.

Special media interests can be used with the hermeneutic approach to narrative systems therapy. A character can be a voice, a way of being that can be used as a comparison to other voices of self that are available to the person. Further, the similarities and differences between the character and that of the person may offer ways to understand where the person may be stuck in their development.

Hermeneutic approaches with people with learning disabilities where use is made of their special media interests draws together work from both psychoanalytic and family therapy

orientations. In addition to the systems of the Milan school, the approach draws from the strategic school and the storytelling work of M. Erickson (1964,1976). Gardner (1971) outlines M. Erickson's view of the clinician's role in the storytelling technique where the clinician discovers the meaning of a story for the person and offers a healthier explanation that follows a similar theme. Mills & Crowley (1986) influenced by M. Erickson present an account of how media characters can be used therapeutically with a story's metaphor related to a person's life. They give the example of the film character ET: *"ET is a metaphor which evokes an entire spectrum of responses within the audience members. One person watches with moist and watery eyes as ET and Elliott say farewell; another person sobs uncontrollably; others sit quietly, deep in thought; still others are unmoved. These different responses to the same movie area result from the different levels of meaning evoked within each individual."* (1986). The meaning that a person reads into a story, or the character they identify with, could offer insight for them and their clinician. A story or character does not offer one true meaning for a person to discover, instead it offers multiple meanings. Therefore, a meaning shared with the clinician, because it is only one of many possibilities informs the clinician about the client and may inform the client about themselves. Within a conceptualisation of self-pluralism the shared meaning may inform what selves are present. Within the hermeneutic dialectic conceptualisation the shared meaning may inform of the narratives, or voices, that are important and what they may be telling the person.

Hermeneutic approaches differ to the approach of M. Erickson (1964,1976) in that rather than the powerful clinician replacing the story for the person, in hermeneutics the person is left with options. This takes a helpful position in relation to the issues of power and compliance that challenge other orientations in their work with people with learning disabilities. Though this openness may scare some clinicians as it involves an element of

risk, in that the person may choose a story that the clinician may consider unwise, it avoids

paternalism and treats people with learning disabilities as adults.

Therapy with people with learning disabilities where use of a special media interest is

made would not be totally new. Guided imagery and therapeutic stories have been used in

therapeutic work with people with learning disabilities (Price-Williams, 1989); and as part of

this work special media interests were sometimes used. However, the setting of therapeutic

work with special media interests within the theoretical framework of the current research is

innovative.

Methodological literature review

Choice of method

A piece of research needs a method appropriate for its discovery aims. The current

research is qualitative rather than quantitative or mixed method for the following reasons.

Qualitative approaches are well suited to areas where there is little previous research because

of their ability to explore and define the territory (Barker, Pistrang & Elliot, 1994). A

qualitative approach was therefore appropriate for the current research as the media interest

of people with learning disabilities is a very sparse area in the literature. Further, the

meanings that a person attaches to a media character or narrative and how they relate to that

character or narrative is about the subjective. This recommended qualitative approaches as

they are particularly good at exploring people's subjectivity, i.e. how the world is

experienced by them (Glaser & Strauss, 1967; Corbin & Strauss, 1988).

As the current research was for a dissertation a pure rather than mixed method approach was utilised. Mixed method approaches are better suited to the longer-term project, where the researcher has the time and flexibility to change method to explore new areas of their research field. A mixed method approach conducted from the outset of short-term research project can result in it being inconsistent in its epistemology and being confused in both its methodology and findings.

Grounded theory was chosen as the specific qualitative approach for the following reasons. Grounded theory offers a clinician-researcher the opportunity to use in research skills that they regularly used in a clinical setting: skills of interviewing, interpretation, and the ability to relate new information to the developing concepts that construct their understanding of a phenomenon. Thereby grounded theory bridges the gap between research and clinical work.

The current research was approached from an interactionist position. Again, this recommended grounded theory; specifically, a feature of the grounded theory method as described by Strauss & Corbin (1990) who advocate the consideration of a phenomenon from a number of levels through the use of the conditional matrix. The conditional matrix assists the researcher to consider the phenomenon through eight levels that range from the "Action pertaining to the phenomenon" up to the "International sphere" level and the conditional matrix is depicted in Figure 2 on page 66 below. It was found that this matrix resonated with the vertical and horizontal stressors model of Carter & McGoldrick (1980) presented in Figure 1 on page 25 above.

It is appropriate that grounded theory is utilised in research that studies identity as Strauss, who invented this method with Glaser (1967), researched identity himself. His book "Mirrors and masks, the search for identity" (1959) influenced subsequent identity theorists, notably Gergen's (1972) "Multiple identity: the happy human being wears many masks." Grounded theory is well suited to the study of meanings as well as behaviour. This is no surprise as interpreting meaning in the development of identity was important to Strauss.

Other personal sensibilities made grounded theory appealing. The method necessitates a consideration of the current epistemological debates in psychology. Grounded theory can be used in ways that are close to the traditional scientific approach of psychology, empirical logical positivism, or it can be used in ways that are social constructionist (see Deleuze & Guattari 1994 for an account of constructivist philosophies) and connects with the recent culture of postmodernism.

The more empirical approach links with the grounded theorists Strauss & Corbin (1990) who value highly the experimental method and believe that theory will emerge from the data. They suggest that there is a theory in the data and that the researcher's role is to follow the appropriate steps for its discovery. However, in the last quarter of the last century, some researchers had doubts about such truth seeking exercises as grounded theory and other qualitative approaches were affected by the doubts of postmodern culture. In a response to these doubts, grounded theory was developed in a constructivist direction by researchers that included Pidgeon (1996) and Charmaz (1995). Central to this perspective is the belief that the data and the theory are both co-constructed by the researcher and the participants. The final account, or storyline, comes out of a negotiation between data, theories, researcher, and

participants. The use of grounded theory allowed me the opportunity to consider these debates.

Research interviews

The literature on interviewing for qualitative research is rich and it is important for any clinician-researcher to have a good grounding here. In addition to the literature the clinician should make use of their clinical experience. Whilst clinicians conducting research need to be aware of the difference between a clinical and a research interview they should not be dismissive of their clinical skills as the ability to be empathetic and to build a shared understanding is vital to qualitative interviewing.

To obtain interviews the researcher has first to negotiate with the gatekeepers who give access to the people and information necessary to research the phenomenon studied (Taylor & Bogdan, 1984). In the current research the gatekeepers were the clinicians of people with learning disabilities and special media interests, followed by family members to give consent, and finally the individual themselves. Once an interview has begun a participant acts as a gatekeeper to the information that they are prepared to share with the researcher (Fontana & Frey, 1994).

In qualitative research the researcher needs to be, and seen to be, honest, reliable and empathetic. This is necessary to build rapport between researcher and participant. A qualitative interview needs to develop as a conversation rather than a question and answer session led by the researcher or a monologue from the participant (Fontana & Frey, 1994) so that the account created by researcher and participant is a balanced co-construction. It is important in grounded theory interviews, as in all qualitative approaches, for the researcher

not to dominate the process, as Ely states: "*We do not advise researchers to manipulate the interview flow or to hog the scene*" (1993). It is also important for the interview not to become a cosy chat. What is aimed for is that the researcher is supportive and facilitating for participants to express themselves. Kvale expressed two important aspects of a qualitative interview, that it is: "*A construction site for knowledge*" and "*an inter-change of views*" (1996). It is important for the researcher to discover knowledge with the participant about the area under investigation. To do so the researcher needs awareness of the qualities of interviewees: their social position in relation to the researcher; the power issues involved in the interview; and whether they spoke freely or at the behest of a gatekeeper.

To ask someone with learning disabilities about his or her life has been a taboo subject. As Sinason states: "*Handicapped adults and children are still too rarely seen to have words and thoughts of value inside them and only rarely provided with a means of interpreting them or having them interpreted.*" (1992). In addition to Sinason, pioneers in challenging the taboo were Edgerton with "The cloak of competence" (1967); and Atkinson & Williams (1990) with a collection of poetry, prose and art by people with learning disabilities "Know me as I am". However, the general pattern has been, until recently, silence. I considered that it was important for the current research that concerned people with learning disabilities that they were spoken with directly. The current research explored issues of identity for people with learning disabilities an area where taboo has been strong.

Interviewing people with learning disabilities presents specific challenges (Antaki & Rapley, 1996). The interviewer brings to the process their own assumptions of what a person with learning disabilities may or may not understand and this will affect the questions asked. On the other hand the person with learning disabilities will have their own experiences of

interviews with professionals that will affect their expressed views (Goodley, 1996). Positive results require the interviewer to follow Kvale's (1996) advice and aim for the interview to be a positive experience for both the interviewer and participant.

The grounded theory method

Glaser & Strauss (1967) invented the grounded theory method. First utilised in sociology and social psychology (for examples see Glaser & Strauss, 1968; Strauss, 1985) it has subsequently been adopted as a valid and valuable approach by clinical and health psychologists (for examples see Pilowsky, 1993; Clegg, Standen & Jones, 1996). The method has developed since its inception as a consequence of both the emergence of social constructivist philosophies with postmodern culture, and because of differences of opinions between researchers, notably those between Glaser & Strauss. Rennie (1998) gives a full account of the differences and the similarities of the approaches to grounded theory that Glaser & Strauss took after they ceased to work together. Strauss with new colleague Corbin emphasise the experimental method and hypothetico-deductivism, whereas Glaser believes grounded theory should only be utilised for induction and not for verification.

The current research had its methodological base in the work of Strauss & Corbin (1990). This approach involves procedures for the systematic analysis of interview transcripts and other texts. These include coding procedures: open, axial, selective and theoretical. The initial procedure, open coding, involves the text of interviews being broken down, examined, and compared. Concepts are developed, data categorised and each category's properties and dimensional range are located. The next stage, axial coding, involves the formation of connections between categories. To assist the researcher at this stage Strauss and Corbin

offer "The Coding Paradigm" that is as follows: Conditions > Phenomenon> Context>

Intervening Conditions> Action> Interaction Strategies > Consequences.

Axial coding is a process whereby categories are organised into a hierarchy. Category is

compared against category to discover ways in which they do or do not link together, and to

discover which categories are subsumed by other categories. This procedure links grounded

theory to the work of Saussure (1974) in that conceptual categories only have meaning

through their relationship to other categories.

The following example represents the process of category formation and the organisation

of categories into a hierarchy. If presented with the categories "Apples", "Cats", "Pears"

and "Dogs" a comparison of the properties and dimensions of these four would demonstrate

that "Apples" and "Pears" shared enough properties to be placed together, but "Dogs" and

"Cats" would be excluded. "Dogs" and "Cats" would share enough properties to be placed

together. "Apples" and "Pears" could be subsumed under a higher category of "Fruit".

"Dogs" and "Cats" could be subsumed under a higher category of "Animals". If the process

was taken to its conclusion a core category is located, a category that in this example would

be "Living things".

The third form of coding is selective with the analysis moving from the descriptive to the

conceptual. In moving to an analytic account the conditional matrix advocated by Strauss

and Corbin (1990) can assist the researcher. It is represented in a Figure 2 below. The

phenomenon should be traced across the eight levels from the micro level of the "Action

pertaining to the phenomenon", through each level moving outwards, to the macro level of

the "International sphere"; and from the macro level of the "International sphere", down

through each level moving inwards, to the "Action pertaining to the phenomenon".

Figure2: The conditional matrix, after Strauss and Corbin (1990).

1 International

2 National

3 Community

4 Organisational
& institutional

5 Sub-organisational
Sub-institutional

6 Group,
individual
collective

7 Interaction

8Action pertaining
to the phenomenon
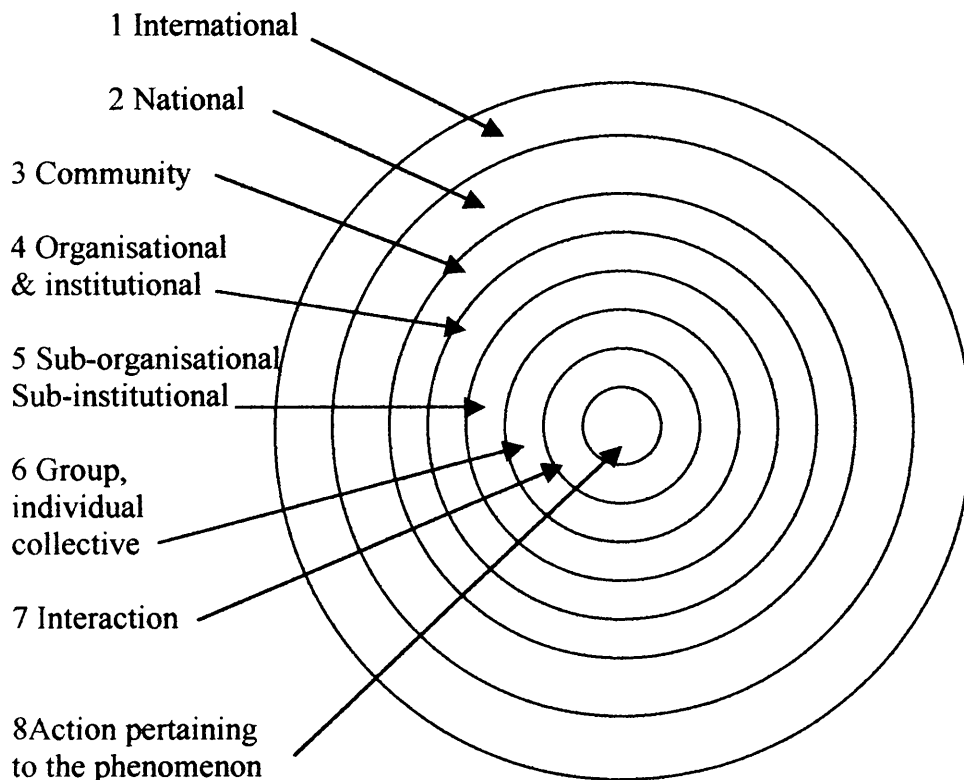
Theoretical sampling develops the analysis further with new data sought on concepts that

have proven theoretical relevance from the research process. At this stage, according to

Strauss & Corbin, a core category is selected that organises the theory. Finally, the report is

written with the emphasis on the conceptual rather than the descriptive to present a clear

analytic story.

A grounded theorist should aim for a reflexive process that works both "bottom up", in being based in the raw data, and "top down" in that higher order theories are tested against the data. The interaction is central to grounded theory, and though difficult to achieve, it is necessary for good theory: if the researcher works in a way that is too data driven a mechanistic approach occurs that produces descriptive and atheoretical results. Alternatively, if the researcher works mainly with theory, an approach based on faith in a favourite theory, or theories, rather than science occurs.

Validity

As Mason states: *"Judgements of validity are, in effect, judgements about whether you are 'measuring' or 'explaining', what you claim to be measuring or explaining."* (1997). Qualitative researchers have considered issues of validity at great length. In the current research the procedures for validity control were as follows: (i) triangulation, (ii) constant comparison, (iii) externalisation and (iv) co-assessment of transcripts.

(i) Triangulation

As well as interviews with people with learning disabilities the current research included interviews with clinicians who discussed their clients. Interviews with the two groups as part of the research process made the technique of triangulation possible where the interviews with people with learning disabilities were compared with those of the clinicians, to locate similarities and differences in their accounts.

Triangulation is an approach derived from surveying where it allows a location to be found by taking a reading from two or more points of reference. The application of approaches across disciplines has benefits. As Jung states: *"For certain new things come to*

light when one transfers the knowledge of one field to another and it is applied in practice."

(1963). Triangulation procedures have been introduced into the social sciences (Robson, 1993; Denzin, 1988); with Denzin (1988) suggesting that triangulation in social science research can be achieved by using different sources of information, research methods and theories.

Triangulation is a way to increase the validity of grounded theory research. The social world is complex and each person has a different perspective on a phenomenon due to his or her position in the social fabric. Therefore, if a group of people were asked about a given phenomenon, for example special media interest as in the current research, they may all give different accounts. However, people in a similar position in the social fabric are likely to have similar experiences in relation to the phenomenon. If people with learning disabilities and a special media interest spoke about their interests they may give accounts that, if analysed systematically, are likely to contain similar features. However, a person with a different position in the social fabric is likely to have a different perspective. Therefore, the perspectives of people with learning disabilities and a special media interest produce only part of the possible account and the overall account's validity is limited. To increase the account's validity people from a different position in the social fabric who have a perspective on the phenomenon can be interviewed. Clinicians who work with people with learning disabilities who have special media interests offer a different perspective. Their position as clinicians is likely to produce accounts that share similarities, but also differ, to those of their clients.

Triangulation involves bringing together accounts from two, or more groups who inhabit different positions in the social fabric but who both have something to say about a

phenomenon. The accounts are compared to discover similarities and differences. The similarities may indicate the strength of this feature of the phenomena by the amplification of the two groups of participants speaking to the same theme, but differences are just as important as they indicate where more enquiry is necessary to discover the causes of the differences. Perspectives from different social positions widen and deepen the overall account and increase its validity.

(ii) Constant comparisons

Constant comparison occurred throughout the analysis of the current research. In constant comparison transcripts are compared with each other; conceptual categories are compared against the data and conceptual categories are compared against each other. In the process of constant comparison similarities and differences are sought and considered for their meanings.

Constant comparison involves a systematic and reflexive approach where data collected influences the theory that develops and the theory that develops influences the data that is collected (Strauss & Corbin, 1990). Glaser & Strauss (1967), when they invented the method aimed to close the gap that they perceived between theory and empirical research. Strauss & Corbin offer the researcher a number of procedures, including ways of coding and sampling, which help maintain the research as systematic and reflexive.

Another form of control, that is a feature of the grounded theory method, is negative case analysis. As transcripts are read, comparisons made, and theory emerges, cases that do not seem to fit are searched for. Negative case analysis acts as a control by reducing the risk of the researcher prematurely making conclusions about their data and then inaccurately

manipulating subsequent data to fit these conclusions. Negative case analysis means being aware of that which does not fit comfortably. Not only does negative case analysis reduce the risk of inaccurately manipulating the data, it can also take the research into new areas, making the findings that much richer.

(iii) Externalisation

Externalisation involves all research stages being written down to make them available for scrutiny. This has been termed a confirmabilty trail by Erlandson, Harris, Skipper & Allen (1993). The written record should be complete, stretching back to the initial aims of the project, continuing through the transcripts, the coding, the memos, and the final stages of analysis with integration, to the final research account.

Memos are part of the externalisation process. They are a way for researchers to record how their thoughts developed and to gain insight into tacit assumptions (Rennie 1998). Through memos a researcher can monitor what interview experience, section of transcript, or analytic procedure led to a new conceptualisation. In grounded theory memos play an important part in the development of conceptual categories (Strauss, 1987). Memos are made and analysed throughout the research process with a researcher periodically gathering the memos together to sort and reflect upon them. For example, memos can be used to trace the validity of conceptual categories: a researcher examines a category and traces back the stages that link that category to the data and if the data and the category can not be clearly and logically demonstrated to be linked then the category is invalid. When the final research account is written memos of a researcher's thinking are integrated with the categorical account derived from participant interviews.

Audit of any piece of grounded theory research, including the current one, can assess that a researcher did not find what he or she expected to find. It is important for a grounded theory researcher not to find what they expected to find because data was inaccurately manipulated to fit their prior assumptions. It is logically possible that what is found could be very close to the researcher's initial assumptions. However, unless the researcher is heavily steeped in the area of research, this is unlikely. Findings too close to initial assumptions are more likely to be the result of inaccurate data manipulation to fit the researcher's pre-existing assumptions, thereby bringing the value of the research findings into question.

(iv) Co-assessment of transcripts

The co-assessment of transcripts formed a major validity control of the current research. Co-assessment of transcripts is a procedure whereby the main researcher can check their interpretations of transcripts with grounded theorist colleagues. During the coding procedures the main researcher will reflect upon their understanding of the transcripts and the categories that are under development. This understanding will form the basis of a discussion with another grounded theorist where the main researcher will compare what they considered important sections of text in the transcripts and the conceptual categories that they formed with the judgements of the co-assessor.

The reason for at least one other grounded theorist being involved in coding procedures is that it should reduce bias. Each researcher brings their individuality to the information analysed and although this individuality has value, it also may be too idiosyncratic thus imposing the researcher's own framework on to the information. The researcher could, therefore, with or without awareness, inaccurately manipulate the information so that it fits the beliefs that he/she held before the research began, or beliefs formed early during the

research process. That coding and theorising has, at each stage to be explained, justified and debated with co-assessors reduces the likelihood of these biases.

In the current research a conversational approach to co-assessment was utilised. In conversational assessment the main researcher conducts the coding procedures relevant to that stage of the research procedure. The co-assessor is provided with copies of the transcripts to read so that they can consider the following: how they would code the transcripts? What sections of text seem relevant to them? and the categories that they would construct. The main researcher and the co-assessor then meet and the main researcher presents their interpretations so that the co-assessor can consider them against their own interpretations. There is then a discussion where the two researchers consider how their decisions were made together with the meanings of the similarities and differences of their interpretations.

Clearly, there are power dynamics in these meetings. Both researchers may believe that their interpretations are the more accurate and will attempt to persuade the other researcher to agree with them. The main researcher, if also the interviewer, will be in the privileged position of having their memory recall of meetings with participants. The co-assessor, if a research supervisor, as in the current research, may be in a position of power in relation to the main researcher and this pre-existing dynamic could influence the meeting in favour of the co-assessor's interpretations. Where there are disputes over interpretations the transcripts and the research literature can be consulted to determine the validity of an interpretation or of a research judgement.

An alternative to conversational co-assessment of transcripts is the blind coding approach. In this approach both co-assessors read the transcripts and code them independently. They then meet and compare their coding to discover where they agree and disagree. They have a pre-set value for inter-rater reliability that their coding need to meet for a category to be accepted. In the current research a conversational approach was adopted in preference to blind coding as the conversational approach allows greater contextual thinking to be incorporated into the research process.

Aims

The research aims

The current research had aims predefined before the research was conducted. Aims (i) to (iii) were presented in the research proposal, a copy of which is contained as Appendix A on pages 230 to 237 below. The research aims involved the exploration of a new area and therefore recommended a qualitative approach; they involved the development of theory and a framework and therefore recommended a grounded theory approach. It is generally accepted that for qualitative research aims are broader than for most quantitative research as grounded theory does not begin with a tight framework of hypotheses under test. The predefined research aims were as follows:

(i) An exploration of the phenomenon of people with learning disabilities with interest in characters or narratives from the media that have been noted by their clinicians as important; with an attempt to organise the parameters of this phenomenon.

(ii) To produce a framework for clinicians so that they might profitably explore their clients' media interests as part of the process of therapy.

(iii) An exploration of the role of special media interests in the lives of people with learning disabilities at the time of a major life event.

(iv) The use of the accounts of participants in conjunction with the research and theoretical literature to discover what the interest in media characters and narratives might inform about the lives of people with learning disabilities beyond a clinical population.

The advantages and disadvantages of pre-defined aims

The production of predefined aims has advantages and disadvantages for both quantitative and qualitative research, although the following advantages and disadvantages could apply to any research, their implications for a piece of grounded theory research are highlighted.

(i) Predefined aims have the following advantages.

(i.i)They make it clear in advance, what the researcher sets out to achieve and therefore they are a measure of whether the aims were achieved. Did the researcher do what they stated they would do?

(i.ii)They focus the researcher on the areas of enquiry necessary to achieve the research aims: in a grounded theory project they would indicate the initial literatures to be consulted and participants to be interviewed.

(ii) Predefined aims have the following disadvantages

(ii.i)They can be too restrictive for grounded theory research where the data should be allowed to direct the project and grounded theory research needs to contact new literatures as appropriate.

(ii.ii)They can lead the researcher to inaccurately manipulate data; in grounded theory research there is a danger of straying away from the data and manipulating interpretations to a predetermined theory or theories of the clinician.

Participants

A clinical population

In the current research participants were from two populations: people with learning

disabilities who had been referred to a clinical psychologist or psychiatrist, and their

clinicians, the psychiatrist or psychologist.

A grounded theory research project needs its participants clearly described and located, or

situated, in their context (Elliot, Fischer & Rennie, 1999). This is necessary so that any

clinician who reads the research can consider the participants and whether they can generalise

the findings to any of their clients.

The most common reason for people with learning disabilities to be referred to professional

learning disabilities services is that they are considered to be presenting with challenging

behaviour (Prosser, 1999). Recently, a strong case has been made for a greater recognition of

the mental health needs of people with learning disabilities (Hatten, Hastings &Vetere, 1999).

An increased effort at recognising this issue is warranted as according to Patel (1993) and

Prosser (1999) problems of mental health have not been adequately detected or accurately

diagnosed in the learning disabilities population.

The seven clinicians who participated provided an account of the issues of referral and

presentation of the nine clients included in the current research. The issues of referral and

presentation are reported in two categories: i) participants with learning disabilities who were

interviewed; ii) people with learning disabilities whose clinicians were interviewed but were not interviewed themselves.

(i) Participants with learning disabilities and a special media interest who were interviewed.

There were six participants with learning disabilities, aged between twenty-one and sixty-seven years of age. One was a woman and the other five were men. Five lived in care staff supported residential accommodation and one lived in the parental home. All lived in a city. Their media interests were as follows: the character "Hopper" from the Dennis Potter television play "Lipstick on your collar"; "The Mighty Morphin Power Rangers" and "Knight-Rider"; soap operas (particularly "London's Burning", "Eastenders" and "Home and Away"); pop stars; action movies (particularly characters played by Arnold Schwarzenegger); Country and Western films (particularly those containing John Wayne); soap operas and cartoons. The issues of referral to the clinician were as follows.

One man was referred to a clinical psychologist by a psychiatrist for his aggressive behaviour when frustrated; there were also problems within the family dynamic and at the time of interview both issues of referral were still features in his life. There was no psychiatric symptomology at the times of referral or interview.

One man was referred to a clinical psychologist by a social worker because of his questionable behaviour towards young girls and inappropriate sexual behaviour and at the time of interview these issues had been addressed. There was no psychiatric symptomology at the times of referral or interview.

One man was referred to a clinical psychologist by a psychiatrist for his aggressive behaviour; his ability to live independently at his current level was also a cause of concern and at the time of interview the issues of concern were focused on his problem-solving ability in social situations. There was no psychiatric symptomology at the time of referral or interview.

One woman participant was referred to a psychiatrist for her "fixations". A media related component to the fixations was mentioned in the referral. At the time of referral there was psychiatric symptomology with psychotic features, but at the most recent review before interview she was considered to have no psychotic symptoms.

One man was referred to a psychiatrist by his G.P. for anxious depression. At the time of referral, eight years before the interview, there was depressive and psychotic symptomology. He was discharged three years prior to the interview when it was considered he was no longer presenting with either depressive or psychotic symptomology.

One man was referred to a psychologist by his General Practitioner for obsessional behaviours. He presented with a lack of self-confidence and anxious depression. At the time of the interview he was taking anti-depressant medication prescribed by his General Practitioner. In the time between the period of the interview for this research and the completion of this thesis he was diagnosed with a psychotic disorder.

In summary, three of the six participants with learning disabilities and special media interests received treatment from a psychiatrist at some stage of their lives. However, at the

time of interview they were considered by their psychiatrist, or clinical psychologist, not to be presenting with major psychiatric problems.

(ii) People with learning disabilities and special media interests whose clinicians were interviewed but were not interviewed themselves.

There were three people whose clinicians were interviewed but who were not interviewed themselves. These individuals were all in their twenties. One was a woman and the other two were men. All lived in a city. One lived in care staff supported accommodation and two lived in the parental home. Their special media interests were as follows: programmes where children were hurt; soap operas and the pop singer Michael Jackson; "The Might Morphin Power Rangers", and gangster movies. The issues of referral to the clinician were as follows.

One woman was referred to a clinical psychologist by a psychiatrist because of her bizarre statements, these had a media component, for example, that she was pregnant by Michael Jackson. She was taking anti-psychotic medication.

One man was referred for counselling with no specific issue highlighted. He had a condition on the autistic spectrum, either autism or Asperger's syndrome. There was no psychiatric symptomology. He presented as emotionally flat.

One man was referred for challenging behaviour. He had Down's syndrome. A psychiatric assessment indicated no psychiatric symptomology. However, his presentation contained psychotic features. He also presented as calm and quiet which bordered on low clinical depression.

In summary one of this group had received a psychiatric diagnosis of a mental health

problem at some stage of their lives. The other two had received medical diagnoses. In one

case for an autistic disorder spectrum and in the other for Down's syndrome.

Post-traumatic stress disorder

One inclusion criterion for the current research was that participants were experiencing a

major life event at the time of participation or, if not currently being seen by a clinician, that

they had experienced a major life event when they were seen. Therefore, there was the

possibility that the major life event could have been traumatic to the degree that the person

could be classified as experiencing post-traumatic stress disorder.

Post-traumatic stress disorder (PTSD) is a psychiatric classification that is defined by The

American Diagnostic Manual version four (DSM IV), (1993) as a condition with the

following salient features. a) The person was exposed to a traumatic event threatening death

or serious injury that causes fear, helplessness or terror. b) The traumatic event is persistently

re-experienced in one of five ways: for example, distressing recollections. c) There is

persistent avoidance of associated stimuli. d) There is persistent increased arousal. e) There is

duration of disturbance for one month or more. f) The disturbance significantly impairs social

or occupational functioning.

If in the current research people with learning disabilities and special media interests had

been experiencing PTSD the findings of the current research could be affected. People

experiencing PTSD may develop fixations and obsessions related to a traumatic event. One

speculation was that special media interests could be part of obsess ional behaviour

associated with PTSD. Although this seemed unlikely it was a conjecture that a special

media interest may be linked to a traumatic event and be recalled obsessively as part of the recollection of that trauma. An alternative conjecture was that the special media interest might be a way for a person to block or avoid the recall of a traumatic event with the special media interest masking the memory of the trauma. To discover if PTSD was a potentially important factor in the current research all of the clinicians were consulted about their clients who participated, or who were discussed, to discover if they had PTSD when they were interviewed or when they were seen by the clinician. The clinicians reported that none of their clients included in the current research had PTSD at the time of referral, when they were seen by the clinician or when they were interviewed.

Clinician participants

The clinician participants were five clinical psychologists and two psychiatrists. Four were women, and three were men. They were members of two learning disabilities departments within the National Health Service. All of the clinicians had substantial experience in the speciality of learning disabilities.

Recruitment of participants

Letter contact with clinicians in two learning disabilities departments yielded seven responses from nine approaches. Clinicians were asked if they knew of clients who met the following inclusion criteria. The client needed to be a user of learning disabilities services, and to have seen, or be currently seeing, a clinician. As part of the research process no psychometric assessment of learning disabilities was conducted. It was accepted that the two departments who participated had been thorough in ascertaining that people had learning disabilities before they were offered a service. The client needed to have a strong interest in a media character or narrative. This was first assessed by the clinician, and was confirmed by

the person with the interest, their family or care staff. They client needed to be experiencing, or had experienced at the time of referral, a major life event; examples being bereavement, a move from home to residential accommodation, a significant change in relations with their family, or a change in employment. The client needed to be able to give informed consent and in the opinion of the clinician they would be able to participate meaningfully in an interview: clinicians were given opportunity to clarify the issues of informed consent and meaningful participation with the types of issue that may be part of the research interviews outlined.

If a clinician knew of a client or clients that met the criteria, they were themselves asked to participate in the project, with the taping, transcribing procedures and confidentiality issues explained. Clinicians made the initial approach to the client, their family and/ or care staff, to ascertain if they would be open to participation. An information sheet and a consent form were provided for clinicians and the person with legal responsibility for the person with learning disabilities; see Appendix B on pages 338 to 339 below.

Clinicians suggested nine potential participants. Four others were considered by their clinician to meet the inclusion criteria, however, they decided that participation would not be psychologically helpful for these four clients. In one of these four cases the clinician agreed to speak to me about their client. Two potential participants were not approached because of time constraints preventing submission to the ethics board of the National Health Service Trust that provided their services. Again, the clinician agreed to be interviewed about their client. One potential participant decided not to take part between initially agreeing to participate and the interview. They explained to their clinician that to talk about their media interest would be to return to an issue that they had outgrown and consigned to the past.

Seven potential participants were approached. Their parents or guardians had signed the consent forms provided. The information sheet was provided to each participant and was the basis for answering any questions that they had, with more care taken to ascertain that they had understood than would be the case with participants from the general population. The client then signed the consent form. Included in the ethics procedure was the possibility for a third person to be present to ascertain that consent was informed. As one interview progressed, communication with the participant became difficult, she fell asleep. Care staff informed me that this was her normal pattern because of the medication she took. She was not interviewed for the current research. Therefore, in the current research, six people with learning disabilities were interviewed, four on one occasion, and two twice.

Seven clinicians were interviewed, once each, about nine of their clients. The clinicians had already received a letter and an information sheet explaining the current research. Before each clinician interview the research aims were outlined and any questions that they had answered. An additional issue of confidentiality for some of this group was that they worked with the supervisor of the current research. As a consequence the transcripts from their interviews were discussed with a colleague from a different National Health Service Trust.

In summary, there were seventeen interviews in total. Eight interviews from six people with learning disabilities and special media interests, two people being interviewed twice; nine interviews from seven clinicians, two clinicians each spoke about two clients, with a separate interview for each client.

Triangulation

Initially, the current research was to contain only the accounts of people with learning disabilities, see the initial ethics and research proposal submissions that is included as Appendix A on pages 230 to 237. This position was taken for two reasons. Firstly, to give people with learning disabilities a voice, as far too often people with learning disabilities are not listened to. Secondly, a good way to find out about the experience of a group of people who share some special commonality is to ask them about their lives, rather than asking some other group how they think the group of interest experiences the world.

In its final form, the current research contained the accounts of both people with learning disabilities and their clinicians. Pragmatics, in part, caused this change. The time span for the interview section of this project meant that potential participants with learning disabilities and special media interests could only come from one National Health Service Trust because of the time required for submission to the second ethics board. The methodological literature on qualitative research, in part, caused this change as the change allowed the procedure of triangulation to be conducted.

Case notes: a complementary source of information

One complementary source of information utilised were client case notes that provided information about the issues of referral, the client's psychological state at the time of referral, when they first saw the clinician and at their most recent appointment prior to the research interviews. Case notes were not as helpful as they could have been, as whilst adequate for clinical records they lacked background information that could have assisted a developmental understanding of special media interests.

Interview procedure

Interviews were not rigidly constrained, as it would have been biased to force participants' responses into predetermined areas. The aim was that interviews would be co-constructed, rather than question and answer sessions. If a participant wanted to speak freely with little comment from me, then I would go with their flow (Kvale, 1996).

As part of the validity control of externalisation a semi-structured interview schedule was developed. This reduced the chances of the biases of finding what I expect to find as this schedule externalised all the areas that I might draw upon for the interviews, to enable comparison of what the interviews produced with what I considered they might produce before they were conducted. The semi-structured interview is included as Appendix C on pages 240 to 244 below.

Participants chose the location of the interviews. All clinician participants chose their place of work. Five participants with learning disabilities chose their homes and one a clinic. The home settings necessitated negotiation with care staff or family over the confidentiality of the interview material and the appropriateness of room choice.

Interviews varied in length from between twenty to forty five minutes. All interviews were audiotaped for later transcription. Before each interview I read the information sheet with the participant, explained the aims of the research and answered any questions. It was at this stage that participants with learning disabilities signed the consent form. The procedure included a period after the interview for the participant to debrief if they so wished. One participant with learning disabilities used this period to disengage from talking about his

special media interest, which he said at times could be overwhelming. Several clinician participants used this time to converse further, in general terms, about the research area.

Interviews were conducted in three rounds. The first two rounds contained three interviews with participants with learning disabilities, and three clinician participants. The last round contained interviews with two participants with learning disabilities from earlier rounds, and three new clinician participant interviews. Transcription and open coding followed each round of interviews. After the first two rounds, the products of the open coding analysis were used to influence the areas of interest for the next round of interviews.

To increase efficiency and reliability an experienced transciber conducted transcription using a sheet of written guidance, a copy of which is included as Appendix D on page 245 below. The transciber transferred each interview in its entirety and in a verbatim manner to enable the assessment of the nuances of the accounts to decipher participants' meanings. The transfer of material from one medium to another involved the loss of part of its richness. This was addressed in a small way, in the second and third round of interviews, by writing impressionistic memos of how I felt the interview had been, see for examples pages 259 to 260 in Appendix E.

The analysis began after the first six transcriptions had been produced. I read the transcripts of the three participants with learning disabilities, looking for potentially emergent themes, with the three transcripts compared against each other to ascertain what was similar and what was different about the accounts. The same procedure was conducted separately with the first three clinician transcripts. Possible conceptual headings were placed in the margins of the transcripts adjacent to the text that illustrated the concept. This procedure was

conducted for the entirety of all transcripts. As a method of control, I met, or spoke by telephone with the co-assessors to discuss my coding. There were two co-assessors. One for the transcripts from people with learning disabilities and special media interests and one for the transcripts of clinicians. This was to maintain confidentiality as the co-assessor of the transcripts from people with learning disabilities and special media interests knew the clinician participants. The co-assessors had read the transcripts and considered whether my understanding made sense in relation to what they had read. I then decided upon the concepts and text that was salient at this stage. After the second and third rounds of interviews transcripts were compared against one another, as with the first round. The new round's concepts and texts were compared with those from the previous round or rounds. Again, the co-assessors were consulted as a control to make sure that interpretations did not stray too far from what was in the transcripts. This process of constant comparison undertaken is a vital part of any grounded theory project, in fact, it is key to the approach.

The concepts derived from each round of interviews influenced the subsequent interviews. There was a danger that the first six interviews would have too great an influence on subsequent interviews. Open ears for new themes to develop were required. After the second round of interviews with participants with learning disabilities I reflected that my ears had not been open enough in round two and that my interest in pursuing the themes highlighted in the first three interviews had been too influential. I decided to interview two of these participants again as the third round. Re-interviewing these two participants was a form of theoretical sampling as the further accounts of these individuals extended and deepened the research account.

General reflections on each round of interviews influenced those that followed. One area that I continued to reflect upon both during and after interviews was my role in the process as the amount of input from me that the interviews required varied between participants. The greatest amount of variability was with participants with learning disabilities and special media interests. Two participants often spoke for over a minute before I would be required to respond, yet, two other interviews gravitated towards a question and answer format, with participants offering short utterances less than ten seconds in length. Unfortunately, it was rare for interviews with participants with learning disabilities to develop into a full interchange of views. Perhaps, I was not enough of an insider, having neither their special media interests nor learning disabilities. Clinician participants generally required only an open statement from me about their client for them to speak at length. Themes from their opening statement were followed up together with prompts from the semi-structured interview schedule. Clinician interviews were a fuller interchange of views; perhaps, because I was an insider sharing the clinician interest in their client's interest, and also a clinician.

Further analysis

After open coding where transcripts were broken down, it was time to build. A series of cards were developed. Upon each was a heading that gave an approximation of the card's contents. Statements from the transcripts that pertained to the same area of meaning were placed together on a card under a heading reflecting their shared meaning. A statement could be placed on more than one card if it contained a number of meanings. At this stage, statements from client and clinician transcripts were pooled together. To help locate a statement's source each was recorded with the line on the transcript from which it came. This approach yielded an initial set of sixty-nine categorical constructs.

The next stage of analysis was through axial coding where categories that pertained to similar themes were grouped together; and this reduced the number of categories to twenty-four. Each category was then processed in two ways. Firstly, each statement in the category was paraphrased, changed into a smaller statement containing the essence of what had been said; this also gave the statement a greater anonymity. These summations of statements in a category are in Appendix F on pages 264 to 300. Secondly, a category was assessed for its properties and dimensions. Properties represented the essential features of a category; and for each property, there was a dimensional range specifying the polarities of the property. The properties and dimensions for all of the categories are in Appendix G on pages 301 to 315.

Two further procedures were conducted to gain alternative perspectives on the conceptual categories, for example, which categories approached saturation, and which could benefit from further enquiry. Firstly, to examine similarities and differences a summary was made of the initial sixty-nine categories mentioned by each client and each clinician and these are included as Appendix H on pages 316 to 320. Secondly, a table was constructed that recorded for each person with learning disabilities and a special media interest which conceptual categories they or their clinician mentioned; see pages 119 to 120 of the results section.

A further stage of axial coding involved the comparison of conceptual categories to discover where they had similarity and where they had difference. Out of this comparison a series of decisions were made on how to fit categories together. The results were the seven major categories that subsumed all of the other conceptual categories.

A hierarchical approach to categorisation was followed. The final stage in this process would be according to Strauss and Corbin (1990), the selection of the core category. This was a difficult task and to select a core category in the current research would have been premature. The restraints imposed by the dissertation status of the research meant that what could be a core category was considered, but there was not the time, or resources, for more theoretical sampling and more interviewing to help discover what was core. The category of "comparison" was selected as the potential core category and placed at the front of the results section. The conditional matrix was utilised in integrating the findings of the interviews with past research and theory from the literature.

Validity controls

Throughout the research process validity controls were conducted that comprised the following: (i) triangulation, (ii) constant comparison, (iii) externalisation, (iv) co-assessment of transcripts. These procedures are explained further in "Methodological literature review", pages 59 to 73 of the introduction. In summary, the four validity controls were as follows:

(i)   Triangulation involved interviewing two groups of participants who could inform on the area of research with their accounts being compared for similarities and differences.

(ii)   Constant comparison involved comparing transcript against transcript, transcript from each group of participants against each other, and category against category. It included the procedure of negative case analysis.

(iii)   Externalisation involved the writing of predefined research aims, the production of a semi-structured interview schedule and the writing of memos to record the progress of ideas and conceptual development.

(iv)   Co-assessment of transcripts involved meetings with two grounded theorist

colleagues to enable the formation of categories and to judge the reasonableness

of my research judgement.

NB: The discussion contains additional methodological explanations

The methodology of the current research is discussed further in "Methodological issues

discussed" that begins the discussion section, on pages 121 to 134 below. I decided that that

these issues would be clearer for the reader if they were first familiar with the results.

RESULTS

The seven major categories

The results section contains the categories developed during the research. It gives an

account of special media interests in a clinical learning disabilities population with

parameters organised in accordance with research aim (i). Figure 3 below is to help the

reader navigate their way through the results.

Figure 3: The seven main categories for understanding special media interests

(i) Comparison   *(ii) Wrestling with reality*

Self and other

Drawing parallels

Transformation

Adulthood compared to childhood

(iii) Control   *(iv) Strength*

Prompts for the behaviour   Strength of interest

Significant people   Obsession

(v) Consequences   *(vi) Personal features*

Prompting feelings   Puzzling people

Making social contact   Emotional problems

Coping assisted   Adverse experiences

Negative consequences   Onset of interest

(vii) *Media interest qualities*

Desirable qualities of special media interest

Other lands are depicted

Important experiences are depicted

Fairness or lack of it

To enable the reader to verify that the results are grounded in the data there are two appendices. Appendix F, on pages 264 to 300 below, contains all of the categories that emerged from both the client and clinician transcripts. In Appendix G, on pages 301 to 315 below, the categories are presented with their properties and dimensions.

Each category begins with a quote from a participant or participants (people with learning disabilities and clinicians). These give the reader a flavour of statements from that category. The results section contains at least one and no more than three quotes from each participant. Each person with a special media interest is represented.

(i)Comparison

(i.i) Self and other

"I recall a while back looking at what he felt he gained out of, of role playing the particular Power Ranger, and he, he was able to articulate feeling good, feeling more powerful, feeling successful, and he was also able to contact those aspects within himself, er, which to me was quite surprising that level of insight, um given how childish it seems to be on the surface."

"And then this was the time when there was all this stuff interwoven with Michael Jackson's mum and she had a black baby and she wasn't too happy having a black baby and somebody wasn't too happy having a handicapped baby."

Central to the storyline was the comparison that a person with learning disabilities made to their special media interest. At the most basic level, this involved an appreciation of the qualities of their interest in relation to themselves. The degree of similarity or difference

between themselves and the character was a feature. One woman saw a similarity between herself and her character of interest as she believed that they were both unwanted babies. This comparison had been made in therapeutic work with their clinician. In two cases, the characters identified with had strong stereotypical male features. Both of these men tried to bring these features into their own lives: one being interested in martial arts and weight training and in the other case, adopting the dress and phrases of a cowboy. For both of these men it was their clinician that told me of the links, neither of these men indicated to me their awareness of the links.

The character's level of competence compared to the person with learning disabilities and a special media interest was noted. One woman spoke of her special character as having a loud voice with which she sang whereas hers was quiet and she was too embarrassed to sing: the ability to sing was highly valued by this woman. She also stated that the characters in the soaps that she followed had no problem maintaining an attractive body weight, whereas she had problems keeping her weight down. One man spoke of his character of interest having a clear idea about where he was going in life whereas he did not. Both of these participants were clear about their deficiency in relation to the characters from the media. One man raised the issue of intellectual competence and stated that if his character attended the day centre they would do their exams whereas he could not. A magical competence valued was the ability to physically transform oneself.

In most cases, the character of interest represented a competent adult of the same gender. There were two exceptions, or negative case examples, to this where the person compared himself or herself to a child. For one man, the status of a child was seen as offering more

potential for fun. Another man considered himself a child rather than an adult with learning disabilities.

Whether the character had a desired social role compared to them was important. Comparisons were made to characters that had features indicating gender-related success: to be a competent and macho male; to be a woman in a relationship with children. A character important to one woman had a relationship where as she did not and spoke of her desire to have a relationship and to have children, but that her mother told her she could not do this. In the same interview she stated that one character she identified with was a strong female character who stood up to others in order to get her children back.

(i.ii) Drawing parallels

"He will sometimes discuss parallels which he sees between his position and the position of characters in the programmes he watches, and how they deal with situations and stuff."

"So there will be bits of Heartbeat I think that have come out in the relationship with one of the female staff, yes, that's another TV interest isn't it, um he's got this idea that if he does various cries for help and parasuicide behaviour at times when she's on duty on her own she will have to do something and the first of those happened after there had been something on Heartbeat or Eastenders or something about that."

"... he can be quite er, aggressive and allow his anger to sort of er, spill out into destructive acts and things like that from time to time and that would fit with the sort of heroes he tends to favour, they're not bad guys but they're pretty tough, and er, er, not unfamiliar with aggression and destruction themselves."

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Some people with learning disabilities and special media interests drew parallels between their lives and that of their special media interests. One man considered how two soap stars would solve a problem that he faced. In this case, his clinician, who was aware that his client did this, mused on how typical or not this type of reflection was for a person with learning disabilities. One man considered how his character of interest would deal with loss. In this case, the method used was extreme violence which links to a theme developed below in the "negative consequences" of special media interests.

A strong form of parallel drawing was copying actions from the media. The most dramatic example was a man who copied a parasuicide in a television serial to draw the attention of a member of care staff whom he doted upon in a similar fashion to a character who committed a parasuicidal act to draw the attention of a character in the serial. The modelling of behaviour was something that one clinician mused about, he believed that it was the more realistic fictional materials that were more likely to be copied.

As well as problem-solving actions there was some evidence for a more reflective meaning making response to the media. In one case, a clinician believed that their client used images from films and television to make sense of his own life. The clinician puzzled about the typicality of this client within the learning disabilities population for being this reflective.

(i.iii) Transformation

"My head just went somewhere else and I was seeing, like seeing things, in my head, in my

eyes and I was seeing them making the film all the way in London. And I was seeing them

making this particular film and I am all the way, when I am all the way in Rothchester[5] at

school, I am seeing with my own eyes them doing the film in London."

Comparison could lead a person with learning disabilities and a special media interest to

feel that they were transformed, or to express a wish to be so changed. Change was to

something or someone that the person felt was better than the person that they believed

themselves to be. Two men spoke of changing into characters that were more physically

powerful than they were. One woman spoke of becoming a person with a more powerful

voice. A desire for change to the body was an important factor. A clinician spoke of their

client, a man with Down's syndrome who wanted to change his eyes so that he looked more

normal. One woman wanted her face to change so that it would be always smiling.

Both people with leaning disabilities and special media interests and clinicians puzzled

over the notion of transformation. One man spoke of his strong feelings of being the character

and of telepathic transportation. Two other men focused their interest on fictional characters

who could physically transform. Clinicians questioned how much the client actually believed

that they became the characters: in one instance the level of belief was related to psychosis; in

two other cases the clinician was sure that the client did not believe they became the

characters, in another case the clinician was left uncertain.

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[5] Place name changed for confidentiality.

(i.iv) Adulthood compared to childhood

"He sort of seems to relate to films a bit like, like a young adolescent, um but he can stand back again and sort of say, you know, there's a wider, there's a wider world out there, so, so he's not totally like adulthood, he has a sort of vulnerability too, maybe it's more like a fifteen year old, fifteen year old, its very hard to pigeon hole him anyway."

"Oh, he also doesn't believe he has a disability. I think he's very aware of it and is as insistent that he's not disabled as that he is a child."

One transformation highlighted was the change from being a child to being an adult. Four people with learning disabilities and special media interests and four of the clinicians spoke of this, and it represented the strongest of the transformational themes. One man spoke of how an adult would deal with a situation that he had been in, the adult would have had a competency in the situation that he said he lacked. For one man adulthood represented the taking of responsibility, and for him that meant being grown up. One woman saw adulthood as being related to the permission for sexual behaviour and the ability to become a mother. All these features of the adult world were seen reflected through their special media interest. One man considered adulthood not to be the preferred state, he believed childhood was the preferable state as it offered more opportunity for fun and he chose to watch children's programmes, in particular "The Mighty Morphin Power Rangers" and "Knight-Rider".

Another man identified himself as a child yet saw childhood as containing negative experiences and sought programmes where children were hurt. Here the special media interest presented offered a comparison of the child or adult qualities the individual would prefer to be associated with. Clinicians commented on the childlike quality of their client's

interest. One clinician spoke of care staff being surprised by the way that the client and his friends would role-play, when at other times they behaved in an adult manner. Two clinicians spoke of their clients having a stronger identification with children than with adults and that their preferred associations would be with children. However, the general theme was of a wanting to be considered adult, with the special media interest showing what qualities may be needed to be adult; it could also highlight the deficiencies that people with learning disabilities and special media interests had in relation to those images of adulthood.

(ii) Wrestling with reality

" ' *Before I started taping you talked about your father (yeah) that he told you about them?'*

' *Yes, he watched a few films and he just told me, he just told me these things don't really happen (right).'*

' *What would it have been like if he hadn't told you?'*

' *Probably like er I thought I believe in that sort of thing.'*"

The process of comparison necessitated a wrestling with reality, as what was fictional and what was real was evaluated. Clinicians spoke of the degree to which their clients could distinguish between reality and fiction. One clinician spoke of their client being previously unable to distinguish between what was real and what was fiction, but that this had changed. It was suggested by another clinician that their client's ability to appreciate fiction as being distinct from reality had a negative relationship with the stress that they were experiencing: an example was given of when the client in a stressful meeting planning his future would state that he was his character of interest. Another clinician echoed this, stating that her

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client's ability to appreciate the fictional nature of soap opera was inversely proportional to her level of psychosis.

When I spoke with people with learning disabilities and special media interests the degree to which they believed that their media character was real varied. Some were clear that their character was fiction and showed insight into the role of an actor. Three participants spoke of the qualities of fiction, how the role of a star was desirable, how fictional roles were transient and how the special effects were created. An assessment of the relative qualities of various media programmes, as works of fiction, was possible for some people with learning disabilities and special media interests. One man told me how his father had been instructive in his ability to appreciate films as works of fiction.

Others were not so sure, and there were instances where there was a strong belief in the fictional character's actual existence. One man spoke of his sense of unreality when seeing a television drama which he believed had been made whilst he had been telepathically present. Another man spoke at length of how he assessed the realism of the depiction of a cartoon. It seemed that rather than suspending disbelief to enjoy the cartoon he would be questioning whether what had been depicted could occur in reality.

Inconsistent views were possible: one woman stated that a character in a television serial was an actor not a real fireman. At another time, in the same interview, she told me that when the programme ended the people she had seen continued to work as firemen. During a further interview, she stated that her character of interest was, not only a fireman, but also a member of her family.

Those around the individual with the special media interest were reported to have different responses to it. Two clinicians reported that care staff could be both convinced that a client had a good grasp of reality, where as another client of another clinician caused concern to his care staff in his ability to distinguish between realty and fiction. The theme with both people with learning disabilities and special media interests and clinicians was of a wrestling with reality.

(iii) Control

(iii.i) Prompts for the behaviour

"It's basically when I'm at day care."

I sought out the prompts for the behaviour; on the assumption that engaging with the media, either by watching, reading, listening, or recalling media related memories would have prompts, either in the environment or the individual's mental state. Evidence for prompts were found: time of day was important for some people with learning disabilities and special media interests, location for others, and level of activity played its part too.

Obviously, there was the environmental constraint of programme scheduling clashing with commitments to be elsewhere, for example, the day centre. Being at the day centre was a constraint for one man whose favoured media related activity was to watch a television programme scheduled at a non-convenient time. However, for another man it was an opportunity, as it was at the day centre that others with a similar interest were present in order to role-play their favoured programme.

The person's mental state could be a prompt for the behaviour. Three clinicians expressed

the belief that when under stress their client was more likely to engage with their chosen

media materials and to do so with a greater level of intensity than at times of low stress.

<u>(iii.ii) Significant people</u>

" ' *Do you talk to your, your family and people here about Power Rangers and Knight-*

Rider and… ?

'*I can only talk to my mum about it (right), staff here won't let me talk to them about it.*'

'*Why do you think that is?*'

' *I don't know.*'

' *When they don't let you talk about it how does that feel?*'

' *It makes me angry they won't let me talk about it.*'

' *You talk to your mum about it.*'

' *Yeah, she understands.*"

The most frequently mentioned regulator or mediator of the person's engagement with

their special media interest was other people. Those significant included the following: the

person's family, their care staff, other people with learning disabilities, and the clinician.

A wide range of response to the special media interest was expressed. A clinician spoke

of their client's mother actively discouraging the client from his interest in the character of

"Hopper" from the Dennis Potter television play "Lipstick on your collar". One man spoke

of his family's positive involvement in his interest. His interest in films was similar to that of

his mother, it facilitated a shared activity with his brother; and his father had been instructive

in explaining to him the difference between reality and fiction in media representations.

Different responses were also reported from care staff. One clinician puzzled over how active the staff had been in maintaining the special media interest, that the client's interest gave the staff a way of relating to them that was easy and also different, perhaps more interesting, from how they related to other clients. Another clinician spoke of the same effect: that the client's interest allowed for light conversation between the client and staff that was considered important for building a positive relationship.

Clinicians spoke of the negative responses that care staff had to the special media interest. In two cases it was considered childish and demeaning, at other times it confused them and the strong emotions prompted in the client were difficult for them to deal with. The special media interest could be considered an obsession that was unhelpful and something the client should be steered away from. Clinicians also spoke of the perceived danger of the interest for the client and others, for example, in two instances it encouraged associations with children.

Other people with learning disabilities were significant people for the person with the special media interest through how they responded to the interest, again, there were positive and negative responses. There were the negative responses of other residents in staff supported accommodation for people with learning disabilities becoming exasperated by the person's constant watching of particular videos. In contrast, with a different client, different peers and a different activity a positive response was achieved. For example, when a group formed to role-play action sequences from a television programme that was one man's special media interest.

The final group of significant people located by the current research were clinicians. Clinicians spoke less of whether they considered the interest to be a good or bad thing than as

to whether they would engage in talk about the interest when working with the client. Clinicians varied in the degree to which they had thought about the interest. Most had given it a degree of thought, though this may have been in response to being asked to participate in this research. They varied in the degree to which they would talk with the client about the interest. Two clinicians spoke with their client about the interest as light conversation. Two others used the interest as part of their therapeutic work, to illuminate issues in the client's life. Another two clinicians spoke of trying to engage in this type of therapeutic conversation, but had not continued with this approach: in one case the client would not move beyond talk of content; in the other the clinician had decided to move to a cognitive-behavioural approach without the use of the special media interest. One clinician had thought deeply about their client's special media interest but had decided not to engage a therapeutic conversation around the interest as they felt it was too risky, believing that such talk might precipitate a psychotic episode.

The regulatory or mediator function of significant people was clear. Families could throw out materials related to media interest where they disapproved, but where they approved, they bought videos, books or funded visits to the cinema. Care staff could offer social approval, and meet with a client as an equal in sharing the gossip about a favourite soap opera and in one case, they took the client to a convention for others with an interest in the Country and Western lifestyle that was his special media interest. Alternatively, they could show disapproval and ignore talk about the interest in an attempt to cause the interest to cease. Care staff could be the gatekeepers of activities related to the special media interest. Where they did not disapprove of the interest, but valued the need for boundaries, they maintained rules about the amount of time that videos could be watched.

Other people with learning disabilities regulated the person's special media interest. If they were positive about the interest they might engage in a shared activity related to the media interest. If negative, they could leave the room, or physical confrontation could occur to stop the individual's activity. Both clients and clinicians reported fights related to the special media interests.

Clinicians, as well as regulating the content of their work with the client, did on occasions, intervene with the client's family, or care staff to try to affect how they responded to the special media interest. For example, one encouraged a client's parents not to throw out all of their client's interest related memorabilia. In another instance, a clinician intervened with care staff to encourage them to steer the client away from the interest when its influence appeared to be too strong.

(iv) Strength

(iv.i) Strength of interest

"I have to try and make my hair look the same as he had his, his hair in the film, I had it brushed down and combed, combed over and I, and I trying, my hair looked like that how he had his hair in the film ... I had to try and make my face look how he had his face in the film, keep using things on my face to make my face like he had his face in the film, but I just couldn't do that, just can't hold my face like that."

The current research located some ways in which the strength of the person's special media interest could be appreciated. There were often strong physical manifestations of the interest: One man turned his room into a shrine to the Country and Western lifestyle; another person's room was packed full of film memorabilia; one woman had plastered her walls with

pictures of her television heroes. In another case, one man had attempted to change his physical appearance, styling his hair and buying clothes to look more like his hero and buying items that the character possessed in the film.

Appreciation of the strength of interest through the amount of time that the person spent engaged with it posed problems. A high amount of time may indicate that the interest was strong. However, this needed consideration in relation to the other activities available to them and the degree to which engagement was constrained by others. Clinicians spoke of these factors, yet were often unclear of the amount of time spent in the activity, or what else the client could be doing. When I spoke with participants with learning disabilities and special media interests it was not possible to ascertain the amount of time that they spent with their interest or what they could be doing instead.

A sense of how active the person was in pursuing their special media interest gave indication of its strength: did the person engage in an active search for material related to their interest by working out the television schedules, so that they saw every episode, or collecting related magazines? How did they respond when they were thwarted in engaging in the activity? Both of these demonstrated the degree of importance that the interest had for them.

When they spoke of their special media interest participants changed the quality of their speech, becoming more lively and animated. Clinicians spoke of this change too: one clinician spoke of how conversation with their client was difficult, but when speaking about his interest they became fluent. Another spoke of the importance their client attached to giving a detailed account of what had occurred in a film, whereas his accounts of his own life

were brief and vague. Some participants were able to tell me how much the interest mattered to them. One man called it an "obsession" and said his interest troubled him as it was too strong and had taken over his life. In comparison, another man stated that his special media interest was his third interest after sport and going out, and felt it posed no problem to him.

(iv.ii) Obsession

"You see it's not all about soap operas, in fact there are running themes around pregnancy and babies and she's particularly fascinated by bits of soap operas that have to do with pregnancy and babies."

"I think he started having lots of obsessional difficulties and withdrew from adolescence."

The term "obsession" was introduced into the current research by four of the clinicians and two others spoke to this theme. One man used the term in reference to himself. Clinicians tended to attempt to understand the media interest using a construct of obsessionality. For example, questioning whether the client's strong media interest fitted within a history of other obsessional behaviours. A clinician pondered whether their client had control over their interest or whether the interest seemed to control them. The general pattern was that the clinicians were uncertain as to the degree to which their client was obsessed.

One theme that emerged was that the clinicians believed that their client had a narrow interest that was highly focussed. It was typical for clinicians to consider their client to be a selective viewer, listener, or reader around their special interest rather than a large consumer

of the media. Though as stated above, when asked, clinicians were often unsure about how much television their client watched.

(v) Consequences

Special media interests had consequences that are grouped into four categories as follows: prompting, making social contact, coping assisted, and negative consequences.

(v.i) Prompting feelings

" ' *How do you feel when you are playing the Power Rangers?* '

' *You know, I feel good inside.* '

' *Is that different to how you feel when you' re not playing or the same?* '

' *I feel bored, I'm not playing.* '"

" ' *I like X files, they had the monst-, the monster, the monster hand on the face. I like all those sort of books.* '

' *These are all books you had were scary books.* '

' *Scary books yeah.* '

' *Do you like books that aren't scary?* '

' *No* '

' *Right. What is it about scary books?* '

' *I like it, I like to get to read them.* '

' *How do you feel when you read them?* '

' *I'm not scared anymore* '"

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"I wish, that I could be like him, or I wish I was him, because when I was, felt that I was playing him I felt really good, not my normal self, I felt good when I was him."

Participants with learning disabilities spoke of the feelings that were prompted by their special media interest: one woman spoke of reading "scary" books that no longer made her feel afraid, or made her feel good; one man spoke of the feelings of suspense that he felt at certain parts of films, a feeling that he enjoyed. The range of feelings prompted comprised the following: happy feelings, sad feelings, anxious feelings, and angry feelings. There were also general feelings of goodness when engaged in activities related to the media character, notably when role-playing. The opposite of this were feelings of boredom when not engaged in these activities: one man stated that there was an absence of the feelings of excitement in his life that he felt in response to films.

Feelings experienced in response to the media could be connected to feelings felt elsewhere in their lives. For example, one man spoke of the feelings of excitement that he had whilst watching a film being similar to those that he felt when working out in the gym. One clinician spoke of using this in her work with her client; feelings of loss when a character left a program were compared to the feelings when someone leaves your life through death. Another clinician stated that in her work with a client a discussion of the death of a fiction character enabled the client to access her feelings of loss after the death of her father.

Feelings prompted by a publicly shared media could facilitate an experience of a shared social feeling. One man spoke of seeing a character in a film die, which made him feel sad and he felt that others shared this feeling in the cinema and was then able to relate this feeling

to his college lecturer who had also seen the film and experienced a similar feeling in response to the character's death. The theme of enabled social contact is developed below.

(v.ii)Making social contact

"I think it probably seems to kind of ease that kind of communication with people. And also it's very interesting for the listener um, and I, you know, I was interested to talk to him about, you know, what he's interested in and, and that kind of thing so it kind of draws you into him and his life."

Social contact was enabled by the media interest. I began the current research with the stereotype of the obsessional, isolated individual and this stereotype was not supported by the findings. Though there was an indication from two clinicians that social contact was normally difficult for their clients, not all of the participants with learning disabilities and special media interests were particularly socially unskilled.

The pursuit of the interest was described as existing in a social context. One clinician stated that their client would not role play scenes from their media interest when alone, it was an interactive social activity. Another clinician spoke of a client being included at a convention of Star Trek fans with the learning disabilities being an irrelevance to their acceptance. A further example came from a clinician who reported how their client had a social worker with a similar interest in Country and Western and that they had successfully attended conventions together. A hypothesis suggested by a clinician was that communication was facilitated by the interest as it offered an easy vehicle for conversation and he developed this idea to suggest that the special media interest made the client more

interesting in some way, then lamented that it perhaps took the interest to make this man appealing.

Participants with learning disabilities and special media interests indicated the social aspect of their interest. One man spoke of how when people saw him role-playing they would come over and join in, or watch appreciatively. For one man going to the cinema helped him feel connected to people, the cinema experience for him was something that was shared with others in the cinema, and it helped his relationship with his brother. The videotaping of Country and Western programmes to share with friends helped one man maintain his friendships. One woman took it further and had contacted her media celebrities of interest who had replied. Care staff, on the instructions of the clinician, regulated subsequent letters to celebrities.

(v.iii) Coping assisted

"I've sat in, in individual planning meetings which is a horrible situation for a lot of people, people standing around and talking about you, talking about how you're getting on and he will suddenly in that sort of situation start telling you about how he is really someone else, and that is clearly a response to that particular situation."

Clinicians often construed the media interest of their client as a coping mechanism. For example, it was described by one clinician as an escape mechanism for her client when life got too tough. Another clinician stated that their client's reality was painful and at times, they had to get away from it through fantasy. A further clinician spoke of the interest as being a stress management strategy: special media interests were considered a way to deal with uncomfortable feelings, the examples given were feelings of worthlessness and

loneliness. One man spoke of this, stating that he had to beat bad feelings down, as his favoured character would. Clinicians spoke of the interest enabling their client to identify with a positive image, usually with a strong gender association, such as the stereotype of a competent macho male. One clinician also described how their client interacted with her special media interest with the terms of "projection" and "dissociation". In this instance the special media interest was described as a way to reframe authority figures to make them helpful as they were in her special media interest, rather than hurtful as they had been in this woman's life.

<u>(v.iv) Negative consequences</u>

"I think it's got something sexual to it which interests him, I think it has something about mind-reading and stalking, so it's quite interesting, and the episode he always describes is a fairly brief one where a man follows a woman down a darkened street, um and them having a conversation."

So far, the positive aspects of special media interests have been reported, however, clinicians were aware of the potential negative effects. One consequence of the interest could be a disruption to their client's daily schedule, having to be home at a certain time to view their favourite programme, or being so tired from late night viewing that they did not function well in the day. Two clinicians speculated that their clients' media interests might be affecting their motivation for other activities and it was reported that this view was common amongst care staff. The interest could lead to disruption for others, where the person reduced the access of fellow residents to the television, or even conflict, with fights over programme selection.

There was a more worrying group of negative consequences where the special media interest was perceived to have a potential risk to the person or to other people. Clinicians spoke of the ongoing process of assessing the risk that their clients' interest might pose. In two cases the clinician considered that the risk was of psychological harm to the client themselves. However, it was more typical that the risk was perceived to be to other people in the community. In one case, the perceived danger was of physical aggression to anyone who made the client angry, by a client who admired macho film heroes. In two cases a risk of harm to children was considered: one man preferred to see himself as a child and his media interest was children's programmes; in the other the man sought television programmes that depicted children being harmed. In another instance there was a risk that the client might stalk women and his clinician expressed her concern that he focused on a section of the film where a woman is followed down a dark alley, and when interviewed for the current research he referred to this scene.

(vi) Personal features

The current research produced some evidence of personal features for having a special media interest. An obvious limit on these findings is that there was no comparison group of people with learning disabilities without special media interests. For example, the finding that several of the people with learning disabilities and special media interests had experienced adversity may have no clear causal relationship to them forming a special media interest if adversity is common for people with learning disabilities. There are also doubts about the value of the finding that people with special media interests were often judged by their clinician to have problems regulating emotions, as the fact that they were seeing a clinician is likely to relate to such problems. With these reservations, the following personal features for people with learning disabilities and special media interests are presented.

(vi.i) Puzzling people

"... he's such a mixed sort of guy and his abilities are quite mixed as well, as you will have noticed."

There was a theme of clinicians puzzling about these clients. Two clinicians wondered if their client had learning disabilities at all and another noted their client's mixed abilities. In three further cases, there was a question about possible autism and in one of these a diagnosis of an autism spectrum disorder was made between the interview for the current research and its write up. For another clinician, the strong media interest was what marked out the client as different for him. There was the general impression from talking with clinicians that this group of people with learning disabilities and special media interests were slightly odd and more memorable than the average client.

(vi.ii) Emotional problems

"... I saw her first, she was psychotic, right, but to me she wasn't schizophrenic, but she's all, I put her on a small dose of Trifluoperazine... if you are going to find a manic model of the process by which you fragment and lose touch with reality and come back, it's something I see quite a lot."

The majority of the clinicians voiced concerns about their client in the following terms: of their emotional fragility; the possibility of fragmentation; the level of emotional distress they exhibited; their delusional beliefs. Two clinicians spoke of the danger of their client fragmenting. Emotional distress was a common theme, with distress reported as the following: self-harm; depression; challenging behaviour; and poor anger management. There

were also references to delusions and fantasy. Not all of the people with learning disabilities and special media interests were described by their clinicians with these terms and the ways in which distress was presented varied. However, there was a general pattern for clinicians to refer to their clients as having problems regulating emotions.

(vi.iii) Adverse experience

"Bullied is just so likely simply in terms of that everybody in our population is, in actual terms being bullied."

"He's been beaten up by groups of kids from time to time, who obviously don't see him as normal and have picked on him in that kind of way."

"And again, emotional abuse, basically her mother's sisters have said before that her mother was unfair to her, pushed her out and away."

Adverse experience was linked to most of the people with learning disabilities and special media interests. The most often cited experience was bullying and both people with learning disabilities and clinicians cited bullying experiences. Three participants with learning disabilities gave me detailed accounts of recent incidents where they had been ridiculed or physically assaulted. As one clinician stated, bullying is a common experience for people with learning disabilities. Therefore, being bullied may not be predictive for the development of special media interests. Aversive family backgrounds were also mentioned, in four cases the client's home environment was described by the clinician as having been abusive. The other adverse experience mentioned was multiple losses.

(vi.iv) Onset of interest

"I think it had been something she'd done for a while, now she's as I recall she was a late teenager, early twenties."

"When I was little I started off as a western. Yea, you see you have to name a cowboy don't you. Ah, how about Tex. Aye that sounds good. You want to name him old Tex do you. What you laughing about, he meant it, he meant it, Daddy means it."

Four people with learning disabilities and special media interests and two clinicians reported when the interest began. If the time the interest began was located, it was in childhood or adolescence, and none of the special interests were thought to have begun in adulthood. The characters of interest may have changed for a person in adult life with altered television schedules, yet the themes remained the same.

However, another issue was how memorable the onset of the interest was, participants were often unable to say when their interest began. One clinician speculated that the interests began at a difficult time for the client. Two men stated that other family members had shared their interest or had encouraged them in their pursuit, and perhaps their role had been important in the onset of a special media interest.

(vii) Media interest qualities

(vii.i) Desired qualities of the special media interest

"... well, not a defence exactly, but kind of an easy grabbable kind of identity which maybe sort of did fend off kind of feelings of, of worthlessness or, or whatever, um, it's interesting you know John Wayne being this image of um, the competent macho, can do kind of male..."

Participants spoke about the qualities of their character of interest. In all but two cases there was congruence between the gender of the character of interest and the gender of the person with the interest. Clinicians noted the gender aspect of the interest. In one case, a negative case example, where the interest did not appear to be gendered, the clinician noted this as significant.

The character of interest typically had positive features. These included the following features of character: confidence, being knowledgeable, being competent, intelligent, being powerful and strong. One man spoke of feeling that in his fantasy he had the character's body with a superb brain, and felt that in this form he was academically able. A clinician spoke of his client gaining a sense of power and control over people through the fantasy. There were physical attributes mentioned: having an attractive body shape, or just a normal appearance. The character of interest could also be described as having desirable social and material resources: being in employment, having their own home, and having a relationship. One man spoke of their wish to have money, bodyguards, and a Rolls Royce like his character; one woman spoke of her wish to have a boyfriend and live on a boathouse like a soap opera character.

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There were instances of special media interests with people portrayed in the media with negative associations. One clinician stated that her client identified with children and sought programmes with a theme of children being hurt. Another example of an interest with a media figure with a negative feature was reported by a clinician, whose client identified with a pop star Michael Jackson because she felt that he too had been an unwanted baby.

(vii.ii) Other lands are depicted

"Sometimes when I watch, sometimes when I watch a bit of T.V. , er I remember watching a film that was shot in Los Vegas and it looked really good. I thought I'd like to go there."

For two men part of the importance of their media interest was that other lands were depicted and there was an expressed wish to go abroad with an awareness of the difference of other lands commented upon. One man told me about his longing to see the four continents of the world, which he had seen in movies, and another spoke of how different America was, his interest being the Country and Western lifestyle.

(vii.iii) Important experiences are depicted

"Bert goes to bed with his girlfriend in London's Burning. Bert goes to bed with his girlfriend, but I'm not ready to go to bed with my boyfriend yet. I'm too young for that got to wait 'till I'm a little bit older."

"They realise, right, some things are happy and some things are sad, which every single program has that storyline, good and bad, happy and tears and smiles, everything connected with marriage collapsing, people dying in accidents, just like they do ..."

The special media interests depicted important experiences. Clinicians commented that this was perhaps the appeal for certain clients. Relationships, sexuality, and marriage were one theme. One man spoke of thinking he was the character in the story that went up and kissed a woman. One woman spoke of characters in soap operas having sexual relationships. Other aspects of life that were highlighted included arguments, violence, and dieting. Overarching themes were mentioned. One man spoke of tragedy occurring in soap operas, as in real life, and that this had to be endured; another man spoke of the battle between good and evil that he saw depicted in his media interest, "The Mighty Morphin Power Rangers", and believed this battle also occurred in the real world.

(vii.iv) Fairness or lack of it

"Well that, well that story about Fiona and Alan, Steve wasn't, wasn't behaving himself, that, he was spoiling Alan's wedding party with Fiona when, when he realised that, he realised that he was in the wrong in the first place. A few days later Fiona told him that, that, that he'd destroyed any chances, any, any, Fiona told Steve that she didn't want him any, any more, wanted him to pack his case and not come back, because he spoilt her wedding with Alan, which was right comment, definitely right comment on that story."

One theme that emerged was of fairness or lack of it in the world. A clinician spoke of their client's attitude to the world, he was angry and felt that the world was unfair. Another clinician spoke of their clients' sense of unfairness, that social rules are difficult enough to understand without people failing to obey them. One man reflected extensively upon how characters in his favourite programmes behaved, how they treated one another, their degree of fairness, and the appropriate responses to misdeeds.

Categories mentioned for each person

Table 3 below records the concepts mentioned either by the person with learning

disabilities and a special media interest or by their clinician, "_"indicates that it was not

referred to, not that this feature was not present for the person.

Table 3: Categories mentioned for each person[6]

	A 1	B 2	C 3	D 5	E 6	F 4	G	H	I
Emotional problems	Yes	_	_	Yes	Yes	Yes	Yes	Yes	Yes
Puzzling people	Yes	Yes	Yes	Yes	Yes	Yes	_	_	Yes
Adverse experiences	Yes	_	Yes	_	Yes	Yes	Yes	Yes	Yes
Onset of interest	Yes	_	Yes	Yes	Yes	Yes	_	_	_
Desired qualities of special media interest	Yes	Yes	_	Yes	Yes	Yes	_	Yes	_
Important experiences are depicted	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Other lands are depicted	_	_	Yes	Yes	_	Yes	_	_	_
Fairness or lack of it	Yes	_	Yes	_	_	_	_	_	Yes
What is missing?	_	_	Yes	Yes	Yes	Yes	_	_	_
Self and other	Yes	Yes	_	Yes	Yes	Yes	Yes	Yes	Yes

	A 1	B 2	C 3	D 5	E 6	F 4	G	H	I
Transformation	Yes	Yes	—	—	Yes	—	—	Yes	—
Drawn parallels	Yes	Yes	Yes	Yes	—	—	Yes	Yes	—
Adulthood compared to childhood	Yes	Yes	—	—	Yes	Yes	—	—	Yes
Wrestling with reality	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—
Qualities of media fiction	—	—	Yes	Yes	Yes	Yes	—	—	—
Prompts for the behaviour	Yes	Yes	—	—	Yes	Yes	—	Yes	—
Significant people	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Strength of interest	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Obsession	Yes	Yes	—	—	—	—	Yes	Yes	Yes
Prompting feelings	Yes	Yes	—	—	Yes	Yes	Yes	Yes	Yes
Making social contact	Yes	Yes	—	Yes	Yes	Yes	—	—	—
Coping assisted	Yes	Yes	—	Yes	Yes	Yes	—	—	—
Memorabilia	—	—	—	—	Yes	Yes	—	—	—
Negative consequences	Yes	Yes	Yes	Yes	Yes	Yes	—	Yes	Yes

The category "what is missing" was not placed in the final account. The category

"memorabilia" was subsumed into the category "strength of interest".

DISCUSSION

Methodological issues discussed

Methodological issues are first discussed to present more of the context of the current

research findings before the presentation of their synthesis with the theoretical and research

literature. "Methodological issues discussed" includes a return to an explanation of the

method of the current research in "Additional method" which was placed in the discussion

rather than in the method as the explanation of these procedures require some familiarity with

the seven major categories of the results. "Methodological issues discussed" also contains an

assessment of the interviewing and analysis procedures of the current research. The current

research presented a series of methodological issues that provided a challenge. In addition,

there were issues of methodology where the research was found lacking. Both of these sets of

issues are discussed in "Research interviews assessed" and "Analysis assessed".

Research interviews assessed: (i) Adjustment; (ii) Timing and preparedness; (iii) Negative procedural effects; (iv) Other interviewees

(i) Adjustment

Research interviews were different types of conversation to those of clinical work. In

clinical work conversations, interviews, or therapeutic sessions with a person with learning

disabilities are usually at the request of another, the referrer, who has set a task to solve a

problem for the client and/or for the client's social network. It is sadly a rare event for people

with learning disabilities to refer themselves. These clinical conversations often focus on

ascertaining the reasons for a problem and the generation of recommendations for how

positive change could be enabled. In the current research interviews adjustment was required

from me and from participants.

Research interviews were conducted from the position advocated by Goodley, that when conducting interviews researchers: "need to confront the clinician-researcher's perceptions of informants" (1996). Any clinician-researcher needs awareness of how their past experience with a client group will influence their contribution to the interviews. In owning my perspective, I had to be constantly vigilant during the interviews not to move into a clinician role. This was particularly difficult in two cases: one man with learning disabilities and a special media interest asked for the solution to why he had, what he termed, these "obsessions"; another man was interviewed after he had returned from the day centre he attended where he had been bullied that day. In addition, my past clinical experience with this client group (one year as an assistant psychologist, and six months as a trainee clinical psychologist) had helped formulate my initial perspective on the phenomenon researched. The current research caused me to change and widened of my views.

In the current research participants also needed to adjust. As Walmsley (1993) states, participants in any research project are likely to place researchers within the ranks of professionals and will respond in ways influenced by their previous experiences of conversations with professionals. Participants were aware that they were to be interviewed by a clinician and therefore it is reasonable to assume that how they approached the research interviews would be influenced by their past clinical conversations with clinical psychologists or psychiatrists. That a process of readjustment occurred was most notable with the participants with learning disabilities who were interviewed twice. Clinician participants also had to adjust and this process was most notable with those with whom I had previously worked in a clinical context.

(ii) Timing and preparedness

The timing of interviews was crucial as there seemed to be an opportune time for interviewing a person about their special media interest: for one potential participant this time had passed, he would not discuss his special media interest as he considered it to be in his past and to talk about it would be unhelpful for him; in another case, the time was achieved, but a few weeks later would have been too late as his mental health had deteriorated.

Preparedness was another important factor in the interviewing procedure. For participants with learning disabilities and a special media interest how their family, care staff, or clinician had prepared them for the interview had an effect: it influenced their understanding of what we were to talk about and their general state of preparedness for the interview. It was notable that the two people interviewed twice were more in tune with the process during the second interview in comparison to the first and clearly the current research would have been improved if every participant had been interviewed on more than one occasion to give them time to adjust to the nature of the process of research conversations

(iii) Negative procedural effects

In the interviewing and the categorisation process there were two negative procedural effects. Firstly, there was a danger of the initial interviews having too great an influence on those that followed because of a primacy effect in the formation of categories and that interviews could vary in their appeal as conversations. The categorical concepts formed after the initial round of interviews had the potential to overly direct subsequent rounds. The first participant with learning disabilities and a special media interest interviewed gave a lengthy and enthralling account of his belief that he had been telepathically transported to the production set whilst his programme of interest was being made. There was a danger that if

an interview in subsequent rounds did not seem as appealing as a previous interview then

useful information for category formation might be lost because less attention was given.

Secondly, coding procedures focus a researcher on what is present in the transcripts.

There is a danger that what is absent might not be considered. In the current research I needed

to remember that under different circumstances a different series of accounts might have been

produced. If the interviews had occurred at a different time or on a different day and if

different events had preceded the interview, both for the participant and for me. However,

the presence of transcripts in front of me fostered, at times, the inaccurate belief that these

accounts were all there could be. One way to address this would have been to interview

participants on more than one occasion to gain an indication of the stability of their accounts

over time.

(iv) Other interviewees

There were other groups of people who could have been interviewed on the basis that they

had an informed perspective on the phenomenon researched: the family and care staff of the

person with learning disabilities and special media interests. Ethical and pragmatic

constraints meant that the people interviewed were limited to the participants with learning

disabilities and clinicians. A number of families had bad relations with the participant and

geography ruled out contact with the majority of the families of participants with learning

disabilities. With more time, care staff could have been part of the current research. By

interviewing other groups who had an informed perspective on the phenomenon the process

of triangulation could have been widened and therefore the validity of the current research

would have been increased.

<u>Additional method: (i) Negative case analysis; (ii) The formation of the seven major</u>

<u>categories; (iii) The levels of explanation offered by the seven major categories</u>

(i) Negative case analysis

Negative or alternative case analysis is an important part of grounded theory research. As Strauss & Corbin state: "*The negative or alternative cases tell us something about this instance is different, and so we move in and take a close look at what this might be. Following through these differences adds density and variation*" (1990). The analysis process of the current research contained many negative or alternative cases that enabled category formation. Two examples of category formation assisted by negative case analysis will now be presented: firstly, the category "adulthood compared to childhood"; secondly, the category "significant people".

The category "adulthood compared to childhood" was built from the following alternative cases. The accounts of four people with learning disabilities and special media interests and four clinicians indicated that special media interests had a role in attempts to form an adult identity. However, the alternative cases of the accounts for two men indicated that they had special media interests that related to their identification with children. These two men also represented alternative cases to each other; though both men expressed interests in being a child, they differed in that for one being a child was a positive state, whilst the other believed it to be negative. Yet, in the latter case his clinician reported that this man had stated that he was a child rather than an adult with learning disabilities. These negative or alternative cases enriched the category: they lead to a consideration of what the transition to adulthood might represent for a person with learning disabilities as not all of the people in the current research were happy to be adults.

The category "significant people" was also built through negative case analysis. However, it was notable that there were no negative cases to significant people being involved in the interest, they were always involved which demonstrated the strength of the social aspect of special media interests. There were cases where the accounts for a person given by themselves and / or their clinician contained a report of the interest being discouraged (n=3), there was one case where the account only reported encouragement. More common (n=5) was that certain significant people encouraged the interest whilst others discouraged it, or a significant person could in certain circumstances be favourable towards, but at other times be against the interest. These alternatives prompted a consideration of the circumstances where an interest would be encouraged and those where it would be discouraged. Central to the interest being encouraged was that it was considered of social benefit for the person with the special media interest. Central to the interest being discouraged was that it was considered to be potentially harmful to the person's mental health or that it could lead to behaviours that presented a risk to other people. What linked these alternative cases was the process of evaluation of the interest for its potential benefit and harm. A process of evaluation of potential benefit or harm also linked the alternative cases of clinicians use or none use of the interest in therapy. Set against the five cases where the clinician had made use of the interest in therapy were four cases where the interest had not been used. A consideration of these alternative cases indicated the strength of the evaluation process of those significant to the person with the special media interest. Hopefully, the framework for enquiry into special media interests contained in the current research will enable this evaluation to be conducted in a more systematic way.

(iii) The formation of the seven major categories

The formation of the seven major categories involved the analysis procedure of axial coding whereby twenty-four categories were placed together into groups to form seven higher order categories. This involved a process of testing and revision: which of the twenty-four categories belonged together and which did not; what could and could not be a higher order category. In this process the properties and dimensions of each category (see Appendix G, pages 301 to 315 below) were instrumental in offering a precise description of categories for comparison to assess goodness of fit within higher order categories. An example of this decision making process is presented, demonstrating some of the difficulties of the process.

The major category "strength" contained the categories "strength of interest", "memorabilia", and "obsession". The category "memorabilia" was joined with the "strength of interaction" category on the basis that the amount of memorabilia collected could be an indictor of the strength of the interest. Alternatively, it could be argued that "memorabilia" could have remained as a category in its own right within the major category "consequences", however, in that major category it would have had a lesser role in the account's development being descriptive rather than evaluative. The category "obsession" could have been placed in the major category "personal features" as a tendency towards obsessional behaviour may be a predisposing feature for the development of special media interests. However, in the current research the evidence for obsessionality as a predisposing feature for the development of special media interests was inconclusive, therefore, it was safer to place "obsession" in the "strength" category and this also gave it an evaluative rather than descriptive role in the account. The guiding principles in the organisation of the lower order into the higher order categories were firstly, that they were logically connected by the concepts contained in their

properties and dimensions and secondly, that they would develop an account that would enable the production of a framework with clinical utility.

(iii) The levels of explanation offered by the seven major categories

The seven major categories offered different levels of explanation. For example, the category "qualities of the interest that attract" offered an interaction between the macro and micro levels of the phenomenon of special media interests in a clinical learning disabilities population. At the macro level were the representations in the media of characters that exemplified certain human qualities that included: the competent, macho male characters portrayed by John Wayne or Arnold Schwarzenegger; the powerful woman and defender of her children, the character "Cindy Beal" of "Eastenders", or the strong voiced singer Barbara Dixon. In the terms of the conditional matrix the attributes of competency, gender and power represent values that can be located at the "national" and "international" levels on the outer layers of the matrix. At the micro level were the people with learning disabilities to whom these characters appealed and the "actions" that that they took to interact with their special media interest. In between on the conditional matrix are the levels of "group", "organisation" and "community"; mapped on to these levels are the "significant people" and their mediation of the person's special media interest. The use of the conditional matrix indicated this interaction between the "qualities of the interest that attract" and the "significant people" categories. It helped to show how values and attributes embodied by characters, that could be located on the outer layers of the matrix, could be mediated by significant people located on the middle layers of the matrix, before they were adopted by the person with the interest and demonstrated by their actions, located on the inner layer of the matrix.

<u>Analysis assessed: (i) Exploration for a core category; (ii) Theory building; (iii) Validity;</u>

<u>(iv) Generalisation</u>

(i) Exploration for a core category

Strauss & Corbin (1990) state that in grounded theory research a final core category should be found under which all other categories are subsumed, by which all other categories are organised. This poses questions of the epistemologies behind the method. Behind the belief in a core category is a further belief that there is one true theory that is grounded in the data, a positivist idea. However, it is possible to conceptualise grounded theory research as possessing the potential to produce a series of core categories, a multiple perspective approach that is constructivist. This would have greater coherence with the conceptualisation of self-pluralism to understand personhood.

In the current research one core category was not located. The category explored to discover if it was the core was the "comparison" a person made of themselves to their special media interest. Therefore, this category is placed first in the results section. However, a case could be made that the wrestling with reality theme was central to this research, "wrestling with reality" is second in the Results section. What would have helped develop either the "comparison" or the "wrestling with reality" theme as core would have been theoretical sampling, followed by further reflection on research and theory from the literature, followed by further interviews and reflection. Out of this continued process, one of these themes could have emerged as core (a positivist account), or a number of co-categories could have co-existed as core (a constructivist account). Unfortunately, the limits of time and resources prevented these further research processes.

(ii) Theory building

A grounded theory project, as the name suggests, aims to build theory that is grounded in the data. The limits imposed by the Doctorate of Clinical Psychology context of the current research, specifically the limited time for interviews, prevented the completion of a full grounded theory account. However, the integration of the products of the analysis of the current research interviews with research and theory from the literature provided a basis for further selective and theoretic sampling which would enable the account presented to be revised so that it would be considered a complete grounded theory project as described by Strauss & Corbin (1990). The framework of enquiry into special media interests presented below on pages 141 to 151 provides a base for this task of completion.

(iii) Validity

One way to enhance the validity of a grounded theory research project is to return with the findings to the participants and ask them whether the findings are in accordance with their opinions about the area of research as a check for interpretative validity. This procedure was not used in the current research because of time and resource constraints. However, the framework of enquiry into special media interests presented would be a way to do so in the future.

The degree to which participants can validate research by reading and assessing the researcher's interpretations poses the following questions: can participants break from their own frame of reference to consider the wider picture; and can they understand the researcher's account? Mason questions the ability of participants to be judges of any researcher's interpretation: *"qualitative researchers are likely to be trading in social science conventions, there is no reason to suppose that research subjects who are unfamiliar with*

these will have either interest in them, or knowledge about how they operate" (1997).

However, maybe this is not what should be asked of participants. What may be asked of them is whether the research account is compatible with their personal account, a feasible and reasonable question, with the researcher having the responsibility to produce a lucid research account.

In the current research there were two participant groups: people with learning disabilities and clinicians. This poses the question: can the findings of the current research be taken back to both groups in the same form, or does the account need to be in a different form for each? It is probable that it would have to be and this poses the additional question: does this reduce the accuracy of this form of validity check? These are questions still to be answered.

(iv) Generalisation

The generalisation of research findings has always posed problems for qualitative researchers. How can an account based upon interviews with small numbers of participants be informative about a wider population? Where is the guarantee that the sample obtained was not, by chance, unrepresentative of the wider population? Empirical generalisability can not be claimed for grounded theory research. The claims for the generalisability of the current research are of its theoretical generalisability. A detailed and rigorous analysis was made of the phenomenon of special media interest in a clinical learning disabilities population. Two sources of data were used; interviews with people with learning disabilities and special media interest and interviews with their clinicians. From this account of one setting, which was detailed and thorough, a series of discoveries were made about process and explanation: comparison, wrestling with reality, control, strength, consequences, features

of the person and features of the interest. These were the basis for the formation of a framework for clinical work and further enquiry.

The findings of the interviews from the current research were tested against past research and theory as a form of triangulation. A goodness of fit was found. For example, the current research resonated with the work of Klapp (1969) and Sayers (1998) and their accounts of the role of media interests in adolescent identity formation. This indicated that the current research resonated with general human processes that have a developmental function.

One test of the generalisability of the current research findings would be to interview different related populations. Two obvious populations would be as follows. Firstly, people with learning disabilities who have a strong media interest but have never seen a clinician. Secondly, people from the general population who have a strong media interest. By these further comparisons it may be discovered what is core to special media interests, what is about learning disabilities and what is about problems of mental health.

(v) What I expected to find, what I was finding, and what was found

The current research began with a conceptualisation of media fascinations, (the term special media interest had not been adopted at that stage) that were either models for living or escapism, see the research proposal on pages contained in Appendix A on pages 230 to 237 below. The models for living concept took the position that the media was a medium for the people with learning disabilities to receive information about social-problem solving at times of major life events to help them negotiate similar changes in their lives. Alternatively, the escape concept was that fascinations with media characters or narratives were a way for the person to dissociate from the reality when it became too difficult for them. Whilst the current

research contains findings to support both of these concepts this dichotomy did not hold and it can not be the basis of a framework that has utility for clinicians. The framework that was developed identified the salient categories to help future researchers and clinicians conceptualise and theorise.

The current research also began with a stereotype of the obsessive, that is a person engaged with their special media interest in social isolation. The current research indicated the social context of special media interests, in particular, the role of significant people as regulators or mediators of the interest. This discovery was important for its implication for clinical interventions: significant people could help people with learning disabilities and special media interests control their interests; reduce any harmful effects; and use the interests for positive effects.

During the process of the current research there were a series of revisions of what were the central meanings of the phenomenon of special media interests in a clinical learning disabilities population. For example, the first round of interviews produced accounts indicating that special media interests were used as a coping mechanism in response to bullying experiences. As a consequence of finding this emergent theme this issue was focused upon, in the interviews and in the study of the literature. However, there were negative case examples where the interest was not demonstrable to be a coping mechanism in response to bullying experiences. Therefore, having been bullied was only part of a wider category, the category that was termed "adverse experience". I considered how might the experience of being bullied link with other adverse experiences, and how all of these experiences linked to special media interests. The analysis of the interviews of the current research indicated that a central feature of the phenomenon of special media interest was the

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comparison that the person made to their character of interest. Features of importance in the

character of interest included positive competencies and characteristics of being an adult. I

hypothesised that special media interests were a way of augmenting what I then termed

"self". A thorough survey of the research literature on self and identity resulted in finding the

conceptualisation of self-pluralism (Rowan, 1990; Cooper & Rowan, 1999). This

conceptualisation assisted the interpretation of the current research's findings and enabled the

development of a framework of enquiry into special media interests. Issues of self and

identity remained central to the account.

The decision making process that lead to issues of identity being central to the account of

special media interests in a clinical learning disabilities population had additional discovery

paths to the one described above. The analysis of the research interviews indicated that the

transition from the life-stage of child to that of adult was an important part of the

phenomenon researched. I explored this path of discovery through the research and

theoretical literature. Both literature that I was familiar with, Carter & McGoldrick (1980);

E.H. Erickson (1950,1963,1968) and literature that was new to me, Klapp (1969); Sayers

(1998). A further discovery path was based upon the findings from the analysis of the current

research interviews, that a number of people with learning disabilities and special media

interests were discontented with themselves and that some sought a transformation. This was

explored through the research literature on self, identity and learning disabilities: Graffam &

Turner (1984); Zetlin & Turner (1984); Davies & Jenkins (1997); Todd & Shearn (1997). All

of these paths of discovery in explaining special media interest in a clinical learning

disabilities population indicted that the phenomenon concerned issues of identity.

Results summary

The current research concerned the comparison that a person with learning disabilities made of themselves to a media character or narrative that was their special media interest. Through comparison parallels could be drawn and a wish for self-transformation could occur, with the transition between childhood and adulthood a highlighted transition. The process of comparison necessitated a wrestling with reality, what was real, what was fictional and this required an understanding of the qualities of fictional representation.

The current research was about a particular group of the learning disabilities population: they had typically experienced notable adversity, they had problems in regulating emotions, and their special media interest had, most likely, begun in childhood or adolescence. The characters or narrative of their interest offered representations of other ways of being, desirable features, of other lands, or representation of important experiences.

The comparison that a person with learning disabilities and a special media interest made of themselves to the media character or narrative did not occur in social isolation. Significant people were a group composed of family, professionals, and other people with learning disabilities who played a major role in the regulation and mediation of the interest: regulating activities related to the interest; and mediating how meanings were interpreted by the person with learning disabilities and the special media interest.

Special media interests ranged between something socially acceptable and helpful to something that was detrimental that could be conceptualised as an obsession. For the

population of the current research it could represent both. It was also possible that for one person their interest could be an enabler on some occasions, yet a handicap at others. A comparison that a person with learning disabilities and a special media interest made of themselves to the media character could prompt cognitions and emotions that could be used therapeutically to add meanings to the interpretation and understanding of a person's life. In many cases the interest enabled social contact. The enabling of emotional expression and social engagement suggested that special media interests could operate as coping mechanisms. However, the process of comparison might lead to attempts to copy actions or qualities of a media character that produced risk of physical and / or psychological harm for the person with the special media interest and/or other people.

<u>Discussion overview: the meanings of special media interests</u>

The current research explored the meanings of special media interest for a clinical learning disabilities population and indicated that the meanings constructed can be considered both for a person in therapy and for an understanding of people with learning disabilities. A summary of the meanings of special media interests is depicted in the Figure 4 below. Part B is in accordance with research aim (iv): The use of accounts of participants in conjunction with the research and theoretical literature to discover what the interest in media characters and narratives might inform about the lives of people with learning disabilities beyond a clinical population with special media interests.

Figure 4: The meanings of special media interests

(A) For the individual working in therapy

Special media interests provide:

(i) Hero and heroine figures to explore power issues.

(ii) Illumination of stuck transitions.

(iii) A transcending of the learning disabled self and a way to explore

alternative selves.

(B) A messenger for the learning disabilities population

Special media interests provide:

(i) Questions about people with learning disabilities' access to power.

(ii) Evidence that child to adult transitions for people with learning disabilities may be

difficult.

(iii) Evidence that the learning disabled self may be difficult for some people with learning

disabilities and that they seek alternatives.

The evidence for the meanings of special media interests is presented in outline to

demonstrate their grounding: that they were produced from a synthesis of research interviews

of the current research with the research and theoretical literature.

(i) Hero and heroine figures to explore issues of power

(i.i) The research interviews

The special media interests of seven of the nine people included in the current research were heroic figures for them; the characters for these people were as follows:

- Arnold Schwarzenegger

- John Wayne

- "Hopper" from the Dennis Potter television play "Lipstick on your collar"

- Michael Jackson

- "Cindy Beal" from "Eastenders"/ Barbara Dixon/ A fireman character, "Billy Ray", from "London's burning".

- A Mighty Morphin Power Ranger

- Mafia gang leaders (no specific character was indicated).

(i.ii) The research and theoretical literature

The literature utilised included the following:

- The use of media characters who are heroes and heroines in the formation of identity in adolescents: Horney (1935); Blos (1967); Klapp (1969); Sayers (1998).

- Role-playing heroes and heroines for the exploration of the social world; power and position: Elkind(1981); E.H. Erickson (1977); Bandura & Walters (1963); Sousa & Schneiderman (1986); Carlson-Paige & Levis(1990) Boyatizis(1995); Thomin(1995).

- The power in having a voice: Gergen (1989); Belenky, Clinchy, Goldberger & Tarule (1986).

Heroes and heroines to explore issues of power are discussed on pages 175 to 177 below.

Voices and power are discussed on pages 183 to 186.

(ii)Stuck transitions and the transition to adulthood

(ii.i)The research interviews

- A woman spoke of wanting a partner and children, but was told she was too young by her mother.

- A woman wanted to have a child with her hero, this wish had precipitated her referral as she was considered delusional.

- A man spoke of how his hero dealt with a situation that he had faced; that his hero would have dealt with it like an adult whereas he had not done so.

- A man spoke of wanting to be a child as it offered the potential for more fun.

- A man wanted to be considered a child rather than an adult with learning disabilities.

(ii.ii) The research and theoretical literature

The sources that were utilised included the following:

- Models of life-stage transitions: E.H. Erickson (1950,1963,1968); Carter & McGoldrick (1980).

- Stuck transitions and people with learning disabilities: Wolfensburger (1972); Black (1987); Goldberg, Magill, Hale, Damaskinidou & Tham (1995); Davis & Jenkins (1997); Todd & Shearn (1997).

(iii) Transformation, transcendence and exploration for alternative selves

(iii.i)The research interviews

- A man spoke of believing he was transported telepathically into the body of his character of interest and of feeling better this way.

- A woman spoke of wanting to have the slim body, powerful singing voice and smiling face of her media characters.

- A man spoke of wanting to change his face so that he looked normal. He also spoke of changing into a Mafia gang leader.

- A man took on the Country and Western life style to a degree that his clinician believed his identity outside of this interest was hidden or had been lost.

(iii.ii)The research and theoretical literature

The sources utilised were as follows:

- People with learning disabilities and the adoption of the identities of media characters: Graffam & Turner (1984); Turner (1983)

- Transformation and self-pluralism : Cooper & Rowan (1999)

- Transcendence through assimilation of media characters: Klapp (1969)

Transcendence, transformation and exploration for alternative selves will be discussed on pages 166 to 168 below.

The clinical utility of special media interests

A framework for enquiry into special media interests

The current research demonstrated that clinical work with people with learning disabilities is potentially rich and complex because people with learning disabilities are cognitively and emotionally complex. Part of this rich and complex process could be an exploration of special media interests.

The current research provides clinicians with a framework for enquiry into a person's special media interest; a framework that can be used whatever the clinician's theoretical orientation. It would not be expected that this would be a standard part of clinical practice. However, if a client introduces special media interests into the therapeutic process, they and their clinician could usefully explore the interests. Special media interests may give insight for the client and the clinician; of the client's degree of obsessionality, their ability to distinguish between what is real and what is fantasy; the proportion of time they spend with their special media interest. However, it is not just the existence of special media interests that are of importance; the issues they highlight are also to be noted.

In the current research, interviews with people with learning disabilities with special media interests and their clinicians were integrated by the reflexive process of grounded theory method to develop a framework for enquiry into special media interests which is presented in Figure 5 below. It is arranged under the seven major headings of the results section: (i) comparison, (ii) wrestling with reality, (iii) control, (iv) strength of interest, (v) consequences, (vi) personal features, and (vii) media interest qualities. This framework

will enable clinicians to generate hypotheses; hypotheses to understand the interest, its benefits and risks, hypotheses to discover useful areas for therapeutic work.

Figure 5: A framework for enquiry into special media interests

(i) Comparison

(i.i)   What self is contacted through the special media interest?

(i.ii)   Does the special media interest offer a self that inhibits or enables?

(i.iii) Does the special media interest offer a self with qualities that the person would wish for himself or herself?

(i.iv)   Does the special media interest offer a self with qualities that the person would not wish for himself or herself?

(i.v)   Does the person find the learning disabled self a difficult part of personhood?

(i.vi)   Does the person wish to transcend the learning disabled self?

(ii) Wrestling with reality

(ii.i)   Does the person maintain reality testing when interacting with their special media interest?

(ii.ii) Who helps with reality testing? How do they help?

(ii) Control

(ii.i)   What brings the special media interest into the person's life and what makes it leave?

(ii.ii) How do other people mediate the interest?

(ii.ii) What style of communication is used by significant people in the person's social network, is it inductive or sensitising, and is it appropriate?

(iv) Strength

(iv.i)   How strong is the interest, and how is this known: the time spent engaged with the interest, a more engaged conversation when the interest is discussed, the amount of memorabilia collected, its rating within the person's other interests?

(iv.ii)   Does the person have a general pattern of obsessive behaviours, or not?

(iv.iii)   Where is the interest on the continuum of dissociation between an altered state of consciousness and multiple personality?

(v) Consequences

(v.i)   Does the special media interest highlight emotionally charged issues for the person? Do they attempt to resolve an issue through the interest?

(v.ii)   Does the interest facilitate social interaction? Does it inhibit interaction?

(v.iii)   Is there role-play? If so is it imitative or imaginative?

(v.iv)   Is the interest a defence mechanism? If so, what level of defence? Is this typical for the person? Can they move on a level?

(v.v)   Does the self contacted by the interest pose a risk to the person or other people?

(vi) Personal features

(vi.i)   Do you puzzle about this person? If so, for what reasons?

(vi.ii)   How emotionally balanced are they?

(vi.iii)   What adversity has this person experienced? How might this relate to the interest?

(vi.iv)   When was the onset of the interest? Are there issues of transition for this person? What might be inhibiting them in their development? What might enable them?

(vi.v)   What roles are available for the person? Are there role conflicts?

(vii) Media interest qualities

(vii.i)   What is it about the special media interest that appeals to the person?

(vii.ii) What cultural values are contacted by the interest?

(vii.iii) What issues does the interest highlight?

(vii.iv) Does the interest contain a hero or heroine that enables an exploration of issues of

power?

(vii.v)   What roles and experiences are important for the person?

The framework for enquiry into special media interests will now be explained to

demonstrate how it was created and to inform clinicians on how it can be used. The

framework has a structure grounded in the accounts of the participants in the current research:

it is formed around the seven major categories. The questions that are offered in each of the

. seven categories draw upon the theoretical and research literature in conjunction with the

lower order categories and the concepts that they suggested were important.

(i)Comparison

Question (i.i) asks clinicians to consider their client from the perspective of self-pluralism.

It asks: "What self is contacted through the special media interest?". Clinicians may want to

consult Rowan (1990)[7] or Cooper & Rowan (1999) to understand the self-pluralistic

conceptualisation of personhood more fully. This approach is compatible with the major

orientations of psychotherapy. For example, a cognitive or cognitive-behavioural therapist

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[7] Rowan (1990), p.198 offers clinicians a series of questions to explore subpersonalities. In case the clinician wishes to use them in conjunction with the framework of enquiry into special media interests they are as follows: What so you look like?; How old are you?; What situations bring you out?; What is your approach to the world?; What is your basic motive for being there?; What do you want?; What do you need?; What have you got to offer?; What are your blocks on full functioning?; Where did you come from?; when did you first meet (name of person)?; What was going on?; What would happen if you took over permanently?; What helps you grow?; How do you relate to women, men, children?

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may find it helpful to consider the question rephrased as: "What self-schemata are contacted through the special media interest?" It has been suggested by Markus & Sentis (1982) that self-schemata are active in seeking information congruent with them, therefore, the choice of special media interest may indicate what self-schemata are being contacted and developed.

Question (i.ii) asks the clinician to consider if the special media interest offers the person a potential or possible self that enables or inhibit them. In enabling, the special media interest may offer a self that facilitates social contact. For example, the role playing of characters from a television programme may be a way in which a friendship is maintained. In inhibiting, the special media interest may offer a self that is a monological perspective that inhibits other potential selves. Alternatively, the potential self may not be a possibility for that person and attempts to bring it to life may be frustrating or harmful.

Questions (i.iii) to (i.iv) focus the clinician on the qualities of the special media interest that do and do not appeal to their client. This is an approach that could draw upon the work of G. A. Kelly (1955) and constructs of the special media interest explored. In a hypothetical instance, Jane has a special media interest of the singer Madonna. An exploration of Jane's constructs of Madonna may demonstrate that it is not every construct of Madonna that appeals to her, some she may definitely not want for herself, however, for Jane there are sufficient positively rated constructs of Madonna that make her appealing enough to be her special media interest.

Questions (i.v) and (i.vi) address the issue of personhood and learning disabilities. It has been suggested that when a person experiences themselves as having learning disabilities it is an experience of being damaged that leads to profound feelings of loss (Sinason, 1992). The

level of awareness of disability is likely to vary amongst the learning disabilities population

as a consequence of both degrees of disability, its form, and the attitudes of significant

people, particularly family (Todd & Shearn, 1997) towards their learning disabilities. The

concept that a person with learning disabilities may wish to transcend the self that is learning

disabled represents more than escapism as it represents the person wanting to contact and

express common human qualities independent of the master status (Hughes, 1945) of learning

disability. As a person's learning disabilities may still be taboo or too painful for some people

with learning disabilities and/or their families or carers, special media interests may be one

way to address the issue.

(ii) Wrestling with reality

It would be important for a clinician to assess their client's understanding of the

distinction between reality and fantasy. This is addressed by question (ii.i). In the current

research the general theme from the analysis of the research interviews was one of

uncertainty. In the clinician's assessment the literature on reality testing and psychosis could

be utilised. For example, Fowler, Garety & Kuipers (1995). This seems a grounded direction

to take as in the current research the psychotic experience was a feature of the lives of four of

the people with learning disabilities and special media interests. If the clinician is familiar

with the conceptualisation of self-pluralism they could consider the position on the

continuum of dissociation (Rowan, 1999) where the person interacts with their special media

interest.

To appreciate the role of the person's learning disabilities in affecting their ability to

reality-test, the literature on the development of reality testing from infancy to adulthood

could be utilised in conjunction with an assessment of the person's developmental age

equivalence. This approach, including its limits and some reservations are considered further on pages 31 to 34 above.

Question (ii.ii) specifically addresses the role of significant people in assisting the person with learning disabilities and special media interests in their ability to distinguish between reality and fiction. The current research indicated the valuable role that they could have. If the person has difficulties in understanding that some media representations are fictional then a structured programme that teaches television viewing skills may be beneficial.

(iii) Control

This section contains questions for the clinician that will help them understand how their client's interest is regulated. Question (iii.i) will enable the clinician to locate the prompts for the behaviour. It is phrased in the terms of a narrative approach to therapy (White & Epston, 1990).

The current research indicated the importance of significant people in the mediation of special media interests. Their role is addressed through questions (iii.ii) and (iii.iii). Question (iii.iii) draws upon the work of Abelman (1991). It asks the clinician to consider the communication style that is used to regulate the person's interest: is it sensitising (based upon making the person aware of the power that the significant person has to use force or the threat of force to regulate the interest); or inductive (based upon exploration and instruction so that the person regulates the interest themselves).

(iv) Strength

This section offers the clinician some questions to enable them to clarify the power that the interest exercises in the person's world. Question (iv.i) is grounded in the indicators of interest strength provided by participants in the current research. Question (iv.ii) prompts the clinician to consider the special media interest within a wider framework of the person's psychological well-being: it asks the clinician to consider if their client has a general pattern of obsessional behaviour; this may have particular relevance if the person is on the continuum of autistic related disorders. Question (iv.iii) returns to the continuum of dissociation (Rowan, 1999); the further to the left on the continuum (see page 15 above) the greater the strength the interest is likely to have in the person's life.

(v) Consequences

This section aims to help the clinician consider the range of consequences that a special media interest might have. Questions (v.i) and (v.ii) asks the clinician to consider if the interest is a coping mechanism; the second question draws upon psychoanalytic theory (Valliant, 1993) to provide a framework of defences. The focus of the interest may give the clinician an indication of what are the important issues in the person's life. This would be predicted by the work of Sayers (1998).

The social aspect of special media interests was highlighted by the current research. One consequence of a special media interest could be that it facilitates social relations: with other people with learning disabilities; with the general population; with family members; with the clinician. It is worthwhile for the clinician to consider if this is what maintains the interest rather than the interest of itself being rewarding. Alternatively, the interest may be a block on

the formation of social relationships if it is socially undesirable, or alternatively the relationships formed may be undesirable.

Role-play was not a common feature of special media interests in the current research. However, if present, question (v.iii) offers one important consideration for assessing the role-play: if the role-play is more than imitative, if it is imaginative, then it could have benefits for the person's cognitive and social development.

Question (v.iv) is one of risk assessment: "Does the self contacted by the interest pose a risk to the person or others in the community?" Clearly, this has to be one of the primary considerations of the clinician before beginning therapeutic work with their client's special media interest. The clinician could consider the form of risk: physical, or psychological. In addition the issue of who is at risk, the person or other people and what factors increase or decrease risk? However, clinicians should not be hasty at jumping to conclusions. For example, according to Sayers (1998) an interest in vampires would not be uncommon in adolescents, yet, not all adolescents with an interest in vampires try to bite people's necks. The question of risk needs to be considered in conjunction with the "wrestling with reality" questions that explore the person's ability to reality-test.

(vi) Personal features

It was a feature of the current research that people with learning disabilities and special media interests posed a puzzle to their clinicians. Question (vi.i) encourages clinicians to reflect upon the sources of their puzzlement.

In the section of the framework "wrestling with reality" it was suggested that it is important for clinicians to be aware of their client's ability to distinguish between reality and fantasy before working therapeutically with special media interests. It is also important for the clinician to be aware of their client's ability to: maintain their emotions within a range where they pose no risk to their own psychological or physical well-being; or prompt acts that are harmful to other people. These issues are addressed through question (vi.ii).

There may be a relationship between adversity experienced and the special media interest having a role as a coping mechanism. Question (vi.iii) asks the clinician to consider the adversity that their client has experienced, or may still be experiencing. Question (v.iv) of the "consequences" questions if the special media interest is a coping mechanism. Question (vi.iii) in this section may give an indication as to what they are coping with.

The existence of special media interests as an important feature of a person's life may alert the clinician that this client may be experiencing difficulties with transition. Specifically, that they may, developmentally, be stuck in an adolescent phase. Question (vi.iv) enables the clinician to explore if the interest relates to issues of transition. This may be an important question for clinicians to consider. This exploration can be conducted in conjunction with the frameworks of E.H. Erickson (1950, 1963,1968) and Carter & McGoldrick (1980).

Question (v.v) asks the clinician to consider the roles currently available for their client. Limited roles will reduce a person's self-plurality and their flexibility in the face of adversity. Role conflict may play in a part in psychological distress (Argyle, 1983) while it may also lead to the development of self-plurality (Cooper & Rowan, 1999).

(vii) Qualities of the special media interest that appeal

Question (vii.i) is a broad focused question that encourages the clinician to consider what it is about the special media interest that appeals to their client.

The cultural values that the person connects with through their special media interest may indicate what selves of their personhood they want to develop. It may not be possible for them to develop these selves, but it is important for the clinician to be aware of these selves, or self-schemata. Question (vii.ii) encourages the clinician to consider their client's special media interest within a cultural context.

Question (vii.iii) focuses the clinician on the issues for their client that may be highlighted by the special media interest.

The current research indicated that the character or narrative of a person's special media interests could represent hero or heroine figures for them. The research and theoretical literature suggests that such figures are useful for exploring the power dynamics of society (Elkind, 1981; Gunter & Harrison, 1998). Question (iv) enables the clinician to consider this feature of their client's special media interest.

Question (vii.v) asks clinicians to consider the roles and experience that their client may aspire to. Although the question is similar to question (vi.iv) in "personal features" the focus is different as it seeks to discover the aspirations roles of the person with the special media interest.

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Advice to clinicians for assessing special media interests: (i) Previous clinician decision making about special media interests; (ii) The conceptualisation of an interest at the start of therapy; (iii) The narrative of the life of a special media interest; (iv) Special media interests: good or bad?

(i) How clinicians have made decisions in the past

Clinicians may find it useful to reflect upon the decision making of the clinicians in the current research in relation to their clients' special media interests as a base to consider their own practice in relation to this phenomenon. There was enough information to develop a brief account of the decision-making process of clinicians which indicated that there was variability in clinician responses to special media interests.

In the current research clinicians varied in the degree that they had noted, considered, hypothesised about, or used therapeutically their client's special media interests. There was an increased likelihood that the special media interest would be part of clinical work with a client if the clinician considered that their clinical work with that client to be therapy. There were examples of work from clinicians that conceptualised their work with clients as therapy that resonated with the approaches suggested by Price-Williams (1989), Gardner (1971) and Mills & Crowley (1986) with the special media interest used as the basis to explore issues in their client's life. There were also examples of clinicians whose work with clients involved the tasks of containment of problems, management of care and monitoring of risk. It may be beneficial for the clinician reader to consider the roles and functions of their work with a client with learning disabilities and a special media interest, and if warranted employ an exploration and assessment of the media interest.

In the current research the first stage of the clinician decision-making process was a rating of how important the special media interest was within the overall referral, and the level of priority that it would be given. A further decision made was where the work would be focused: whether it would be a client or carer lead referral. If the media interest was considered part of the clinical work, interpretations were made of its functionality. There was variability in the confidence of clinicians in their formulation and in their openness to consider alternatives. Clinicians assessed the psychological costs and benefits of discussing the special media interest with the person and in addition they assessed whether or not the interest was a critical channel of expression. Finally, there was the issue of the congruence between the clinician interpretation and the views of significant people for the person (their family members, or care staff), with the level of congruence affecting the intervention. This account of clinical decision-making was derived from clinicians who participated in the current research and who, therefore, did not have the framework of enquiry into special media interests presented in the current research. It would be interesting to discover if the decision-making process of clinicians changed with the use of the current framework.

(ii) The conceptualisation of an interest at the start of therapy

At the start of therapy with a person with learning disabilities and a special media interest, the interest can be conceptualised as operating in the following ways. The special media interest may itself be maintaining the person in a stuck position in relation to an issue (for example bereavement), or stuck in their development as a person (for example acting one role in many situations when a plurality of roles is required). If this is the case then the special media interest maintains a restrictive self with other selves suppressed. It may be that a special media interest maintains a replacement self to mask the learning disabled self. Gergen points out that being stuck in one " *identity state and unable to escape from it*" can be "*fatal*"

(1972). Alternatively, a special media interest may highlight the issues in the person's life that keeps them suspended, for example, a failure to make a life stage transition because of restricted new, and adult roles.

(iii) The narrative life of a special media interest

The current research gave an account of the special media interests for a group of people with learning disabilities at the time that the research interviews were conducted. Though it was established that these interests were longstanding, the relationship between a person and their special media interest can be conceptualised as a relationship with a narrative. It has a beginning, middle, and an end. The clinician may consider the stage of their client's relationship with their special media interest. In predicting the future relationship of the person with their special media interest, whether it will grow, remain constant, or cease, the following factors were relevant: whether the interest meets a need for the person that was not being met elsewhere; whether alternative activities are available; how effectively they negotiate the difficulties in their lives; how effectively they follow a developmental path through their lives.

(iv) Special media interests: good or bad?

A question that clinicians asked me was whether special media interests were a good or a bad thing. The research findings indicate that no global statement can be made of the worthiness of all special media interests for all clients. The picture was more complicated. There were features of special media interest that were considered helpful and there were those that were harmful.

One positive feature of special media interests is that they can be a prompt for cognitions and feelings in a person with learning disabilities that have the potential to be used in a clinical work, enabling the clients to understand their own lives. There was evidence in the current research for connections being made by the person with the special media interest with the emotional reality of media representations. This research resonates with Lee & Cho (1990) who found that third world television audiences can connect with the emotional reality of western soap operas and utilise it to make sense of their own lives. For example, in the current research a clinician recounted how she used the story of ET to help her client make sense of feelings of loss following bereavement. The ET story may well be a powerful one for interpretations as ET was the character example used by Mills & Crowley (1986). Clearly, a media character and their narrative can be put to therapeutic use.

Another potential value of special media interests is that they can facilitate inter-personal relationships for a person with learning disabilities. Clegg & Lansdall-Welfare (1995) state that this is difficult for many people with learning disabilities. A basic need, that of rewarding inter-personal relationships, may not be met for many people with learning disabilities with a resultant detrimental effect on psychological well-being. Interpersonal relationships are important for everyone, people need to feel they belong (Baumeister & Leary, 1995) and that they are part of a social network. The absence of such relationships has been linked to poor mental health (Brown & Harris, 1978). The stigma of learning disabilities can be a powerful block on the development of social interaction between people with learning disabilities and the general population. Special media interests can be a way around this problem, a way to show socially adept behaviour by making social contact through the shared interest. Therefore, this potentially valuable feature of special media interests should not be

underestimated. Special media interest may be a way in which a person with learning disabilities can make social contact and as a consequence be of benefit to their mental health.

The current research demonstrated that there was a potentially negative side to special media interests. There was evidence of special media interests that had a violent or aggressive component. These interests caused concern and led to people significant in the person's social network having an important role in limiting the copying of negative behaviour from the media. The impression was that with these people there was an ongoing process of risk assessment for negative behaviours being copied from the media, in parallel to attempts to reduce the negative media effects. The latter finding resonates with Spafkin, Watkins & Gadow (1990) that those powerful in a person's world can influence their interaction with media materials.

Clinicians need openness to appreciate multiple perspective views of their clients. Clients inform clinicians about their lives in many ways one of which is through their special media interests. Clinicians also need openness to appreciate that the special media interests may have multiple meanings and functions for different clients, and multiple meanings and functions for a client.

Psychological problems

Personal features

Does the current research provide a profile of the kind of person who would form a special media interest? Based on the current research findings it would be predicted that they would probably be male, would have experienced adversity such as bullying, have problems

controlling emotions, be a puzzle to their clinician, and the interest would have begun in childhood or adolescence. However, there were reservations about the generalisability of these personal features.

Of the nine people with special media interests who were part of the current research, either participating and/or being discussed by their clinician, seven were men. Special media interests may be predominantly a male phenomenon, however, there are two alternative explanations. Firstly, the people with learning disabilities and special media interests whom clinicians had worked with were more often men because of the referral pattern to the service. This interpretation is supported by the approximate referral rate for one of the two learning disabilities departments that participated in the current research: three men referred for every one woman[8]. Secondly, it could be that a special media interest for a male client caused greater concern for those around them: four men in the current research had special media interests linked to them being considered a risk to themselves and/or other people.

In all but one case in the current research a negative aspect of the special media interest for the person was mentioned by their clinician. Therefore, the sample may have been biased towards the negative consequences of special media interests. If this were the case, then it is notable that positive consequences of special media interest were produced by the current research.

Obsession

The term "obsession" was introduced into the current research by five of the clinicians and by one of the people with learning disabilities. The introduction of this term was not a

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8 The gender balance of referrals for the other department was not available.

surprise as it was part of this research's original conceptualisation of the potential meanings of special media interests. In addition, obsessions are often noted within the learning disabilities population. For example Todd & Shearn (1997) found that parents of people with learning disabilities typically commented on the obsessive behaviours of their offspring such as the writing of wedding lists, and the copying out the football scores from the newspaper. Todd & Shearn also noted the investment that parents had in these obsessive acts keeping their offspring occupied. In the current research it was found that other people encouraged the continuation of the special media interests shown by people with learning disabilities. One clinician commented on how he considered that his client's special media interest had been encouraged by care staff who wanted it to continue as it provided a readily available topic for conversation that eased communication and made the client more interesting. Another man's mother funded his attendance at films. In qualification to this account of encouragement, there were also negative case examples of the interest being discouraged because it was considered a risk to the person's mental health: that it could lead to a risk of harm to other people; that it was age inappropriate; or that it inhibited other activities.

The construct of obsession has clinical utility in itself, and in addition it is a warning sign for additional problems. If in the clinician's assessment, a client's interest in a character or narrative from the media is strong to the degree that it may be considered an obsession it may alert the clinician to problems of identity. As Klapp states: *"When identity problems are present, there is perhaps more of a leaning on what the hero does and less on what the man does himself."* (1969). This can lead to a clinical intervention as the client and clinician can explore whether identity problems are cause for concern. Further, identity problems could relate to the person being susceptible to develop further psychological problems including psychosis. This is worth a clinician considering, as on the basis of the current research

finding a clinical learning disabilities population with special media interests has other risk factors for psychological problems.

Adverse experiences

One personal feature of people in the current research with learning disabilities and special media interests was that they had experienced notable adversity. This has clear clinical implications as adverse experience in the past (particularly childhood) and in the present have been viewed to have the potential for negative effects on a person's mental health (Paykel & Cooper, 1991; Lemma, 1996). In the current research adverse experience was a significant part of the lives of at least seven of the nine people with special media interests and learning disabilities. It was possible to subcategorise the adversity with a gender-related pattern: the men's adverse experience tended to be in the present and consisted of physical assaults, verbal abuse and having property destroyed; the women's adverse experiences were in childhood and involved sexual and/or emotional abuse.

It is possible that special media interests may be a way of coping with adverse experience. In the language of psychoanalytic theory, special media interests may represent defence mechanisms. It is reasonable to consider that both past and current adverse experiences may have a harmful effect on mental health, hence the development of defences. How the special media interest is used and the degree of reality testing present will indicate the level of defence: psychotic, immature or neurotic. In the language of self-pluralism and subpersonalities, special media interests may offer a person a model of a potential self and again this may be a response to adversity. The appeal of a potential self presented by the special media interest may enable a reinterpretation or challenge to the memories of that adverse experience.

<u>Roles</u>

Though adverse experiences are risk factors for the development of psychological problems, they do not necessarily lead to the development of disorders and certain protective factors can promote resilience. One such protective factor and promoter of resilience is a variety of positively reinforcing social roles. However, in the current research, although further enquiry is needed, the clinical population of people with learning disabilities and special media interests appeared to be limited in the roles available to them and they expressed wishes and desires for more roles, specifically those that pertain to adult status.

There is clear clinical relevance in social roles, as a variety of positively reinforcing social roles have been argued to provide buffers for a person against adverse experiences that might otherwise adversely effect their mental health (Argyle, 1987). In the current research people with learning disabilities and special media interests spoke of a wish for a variety of socially desirable roles with the special media interests illuminating these wishes: to be a partner, a parent, and an employee. The absence of positive roles for many adults with learning disabilities could be a major stressor and leave them vulnerable to the effects of adverse experience. In the conceptualisation of self-pluralism they may lack a plurality of selves to draw upon which may be one way to develop the flexibility of constructs that G. A. Kelly (1955) advocated as being central to maintaining psychological well-being. Special media interest may be a way for a person with learning disabilities to develop alternatives to the learning disabilities self when that self is linked to distress.

In addition to the individual roles that a person may have to provide positive reinforcement the membership of collectives can bring psychological benefits. Social identity theory (Tajfel, 1981) suggests that group membership leads a person to share the

esteem of the group and this translates into self-esteem. Currently, in the United Kingdom it is questionable whether someone with learning disabilities is given sufficient social reinforcement to have esteem in their membership of the learning disabilities population and the negative cultural attitudes towards people with learning disabilities may still be common. More positive representations of people with learning disabilities in the media would be beneficial. Again, a special media interest may enable a person with learning disabilities to be part of a group where their membership is valued, at least by fellow group members. In the current research one man gained this by membership of a group of Country and Western fans: another gained it by being part of a group of Mighty Morphin Power Ranger role-players.

It is not just the absence of roles that can lead to psychological problems. A conflict of roles may relate to psychological distress (Argyle, 1983) and this conflict could lead to the development of subpersonalities that are in opposition to one another (Cooper & Rowan, 1999). This tension can bring creativity or it can bring problems of mental health. One man who participated in the current research had no mental health problems when he was interviewed, however, at the time of his referral he presented with psychotic symptomology. His clinical notes recorded that at that time he lived in shared accommodation with other men with learning disabilities. He differed to the other men in his home by his employment within the general population, and the clinical notes stated this role as the employed man lead to conflict in the house as he behaved in a superior manner towards other residents. This is an example of role conflict and of subpersonalities in operation: in the daytime he had to be a regular working man, in the evenings he had to be a man with learning disabilities. It is notable that a psychotic episode ensued and that his special media interest was the macho, competent men portrayed by John Wayne.

<u>Conversations that make you go mad</u>

The psychotic experience was reasonably well represented by people with learning disabilities and special media interests in the current research: three people presented with psychotic symptomology at some time in their lives prior to this research and in the time between the interviews and the write-up of the current research one of the other six had a psychotic episode. This is an interesting finding, as though the specific psychiatric classification of the psychotic condition of schizophrenia does have a higher prevalence in people with learning disabilities compared to the general population, at 3.4% (Bernal & Hollins, 1995), four out of nine individual's in the current research experiencing some form of psychotic experience seems high. It is hypothesised that the position of being an adult with learning disabilities can for some people be a position that is a double-bind, a no win situation, that if Bateson, Jackson & Haley's (1956) hypothesis is correct could precipitate psychosis. Bateson et al. defined the concept of the double-binds, the conditions required for them to occur, and how they can be negotiated. He stated that double binds could lead either to psychosis, but if located and transcended appropriately they can lead to creativity. A person with learning disabilities can be faced with double-binds both in conflicting verbal communication and in conflict between verbal communication and the reality of their lives. Adults with learning disabilities may be told that they are adults and should behave accordingly, yet they may be told that they can not live independently, have sexual relationships, have children, have regular employment, or even drive a car. These injunctions of what they can and can not do are not given to all adults with learning disabilities and there are adults with learning disabilities who are permitted and able to engage in the activities of an adult life. However, for people with learning disabilities in the current research between one and all of the injunctions were in place. Special media interests may be a response to these double-binds by the development of selves alternative to that which is learning

disabled. It is suggested that clearer communication and more real world roles could reduce the need for special media interests.

<center>Transitions, transformation and transcendence</center>

Transitions

Research aim (ii) was that the current research would contain the following: An exploration of the roles of special media interests in the lives of people with learning disabilities at the time of a major life event. This aim was too restrictive as it had initially been conceptualised too tightly. However, the aim was not abandoned rather it was reformed. Instead of special media interests at the time of a major life event it became the role of special media interests as the person tried to establish their position in the social fabric through a series of life events. It was about special media interests through transition. It became clear that rather than a specific major life event being negotiated, the issues were about life stage transitions, specifically, around the transition from the life stage of child to that of adult. The person with the learning disability sought to find models of self that were acceptable to them, to people significant to them, and to their culture and society.

Researchers have considered transitions to be difficult for many people with learning disabilities. Goldberg, Magill, Hale, Damaskinidou & Tham (1995) discovered that in family therapy where the identified person had a learning disability the problems focused around stuck or failed transitions. Within the context of a family life cycle model (Carter & McGoldrick, 1980), times of transition from one family life-stage to another would be predicted to be difficult if vertical and horizontal stressors are in conflict. Rappoport (1963)

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stated that the time when a family moves from one stage to another is a time when they can be pushed into crisis. In the language of narrative therapy, the family's old stories do not work, the play has changed but they are still reading from the same script. The crisis can present as the family as a whole in turmoil, or one member can present at symptomatic. In a family where one member has learning disabilities, that person already considered different, as the one who brought them into contact with health professionals, is likely to be the one who takes, or is given, the symptomatic position.

Transitional problems may be linked to the loss of one self without the gain of another. Again, in the language of narrative therapy the person has lost one story of self without gaining a new one. They may be faced with loss of the child status without the gain of full adult status. In addition, the person with learning disabilities may be in a family where grief has become a theme, for as Black (1987) states, the onset of puberty and then the onset of adult life raises again for parents how their child's life options may be limited by their learning disabilities. Loss may be linked to much of the behaviour presented by people with learning disabilities that is labelled as challenging. Emerson (1977) and Bicknell (1983) both state that it has been demonstrated that the emotional disturbance of people with learning disabilities is often associated with issues of bereavement and loss. Transitions that are unsuccessful or do not bring substantial gains for the person can be considered losses. The loss of one self without the arrival of a new one could create an emotional disturbance that leads to problems. Both the family therapy life cycle model of Carter & McGoldrick (1980) and the psychoanalytic theory of E. H. Erickson (1950,1963,1968) would predict this. One consequence of this loss could be the maintenance of special media interests. This may be as the interest is clung to as part of the lost child-status. It may be that the special media interest is a way for the person to separate from the self that is learning disabled. It may be that the

special media interest has a transitional function in development common for many adolescents, but if the transition is failed the developmental process has not been completed and so the special media interest is maintained as part of an identity search that would normally be completed in the person's late teens or early twenties.

The findings of the current research when considered within the Ericksonian framework of identity formation (1950, 1963, 1968) indicate that people with learning disabilities and special media interests were dealing with issues from the psychological crises of stages four, five and six.

It was the stage of adolescence that resonated most with the findings of the current research. E. H. Erickson stated that the adolescent must resolve the conflict between identity formation and identity diffusion (role confusion). At the biological level the physical changes disrupt the person's trust in their own body and the adolescent has to readjust to a new body and they also have to decide on sexual identity. At the social level the adolescent has to contend with discrepancies between their biological development and social status, for example, parenthood is possible but frowned upon.

Though the focus was on issues of stage five and identity formation, the crisis of stage four was also spoken about. That is the stage where the person faces the crisis of industry verses inferiority and should gain the ego strength of competency. People with learning disabilities and special media interests within the current research highlighted their concerns about a lack of competencies by their comparison to their characters of interest. The crisis of stage six was also spoken to with people with learning disabilities and special media interests expressing desires for intimate relationships and partners.

The main transitional theme that emerged from the current research was that of the transition from child to adult. In the current research there was evidence of the role of the child being maintained, to some extent by two men. The role of the eternal child may be an option, if not a good one, when faced with the difficulty of the transition to adulthood for a person with learning disabilities. In contrast, other people in the current research expressed wishes to move on, combined with a sense of being stuck: one young adult woman expressed the wish to live as an adult woman but had this wish blocked, in part, by her mother. This resonated with Davies & Jenkins (1997), and their account of the power issues around women with learning difficulties' permission to have sexual relations and children. Davies & Jenkins also give the account of a man whose behavioural problems related to his inability to gain markers of adult status (a girlfriend, a job, and a car), which resonated with the account of one man who participated in the current research who modelled himself on the character "Hopper" from the Dennis Potter television play "Lipstick on your collar", who like him was on a quest for these stereotypical attributes of adult male status.

Transformations

A theme of transformation was prominent in the current research. People with learning disabilities and special media interests spoke of a desire to change physically, in their abilities and their social roles. The finding that a desire for self-transformation can be part of a special media interest resonated with the findings of Graffam & Turner (1984) and Turner (1983) who found people with learning disabilities could have fantasy identifications where the identity of a media character was adopted without admission of pretence. In addition, this theme of transformation resonates with a general societal trend: "... *in a culture where Madonna and Michael Jackson reinvent their identities as swiftly as Bill Clinton and Tony Blair reinvent their politics, transformation, flux and plurality have become the celebrated*

values of our time." Cooper & Rowan (1999). Cooper & Rowan propose that reinvention, or transformation, of identity is a feature of postmodern culture. A consideration of transformational processes poses the question: are transformations, flux and plurality possible for a person with learning disabilities? Do these tasks require cognitive capacities in areas where they may be limited? Is the identity of being a person with a learning disability so powerful that other identities, voices, selves are suppressed? The current research had evidence for people with learning disabilities wanting to reinvent their identities. However, the people in the current research with learning disabilities and special media interests did not have the power of a Madonna, a Michael Jackson, a Bill Clinton or a Tony Blair to be able to successfully do so.

Transcendence

The current research contained evidence of people with learning disabilities and special media interests transcending one self, perhaps a self that could be termed the everyday learning disabilities self, to explore alternative ways of being. A desire to transcend is not a post-modern phenomenon. A desire to transcend is not solely a consequence of dissatisfaction with having learning disabilities. Philosophers, religious leaders and authors have noted these desires for centuries. Huxley (1954) gives a good account of the reasons for these desires. Firstly, that: *"Most men and women lead lives at the worst so painful, at best so monotonous and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and has always been one of the principal appetites of the soul"* (1954). Secondly, that: *"The urge to transcend self-consciousness selfhood is, as I have said, a principal appetite of the soul"* (1954). Huxley's work is not from the psychological literature, however, these two statements connected to the current research, particularly, the second statement, which accurately expresses what special media interests can be for some

people with learning disabilities. Transcendence can be a way in which a person can develop

and experience an alternative way of being. As Klapp states: *"By transcendence I mean a*

person gets new eyes to look at the world and a sense of new self." (1969). If used

productively, it can be a way to develop self- plurality.

The current research included people with learning disabilities and special media interests

transcending one self to experience another. The current research included a man who role-

played The Mighty Morphin Power Rangers with friends to alter his feelings, and by the

transformation changed to a state normally associated with children, in the process shocking

the care staff. The current research included a man who attended films to experience strong

emotions that he felt he shared with those in the cinema. The current research included a

young woman who wanted to be considered an adult and to have children, who watched

images of powerful women with children, and wished that she were they, who watched

benign authority figures and dreamed that they were her partner. The current research

included a man who when he felt threatened by aggressive youths, or professionals at a

review meeting, felt he had become a Mafia gang leader. The current research included a

man who had taken on the Country and Western lifestyle, in an English city, to the degree

that his clinician believed the man's identity had become submerged. The current research

included a man whose sense of transcendence reached the level of out of body experience and

telepathic transportation. Transformation may be a way to escape from boredom (Graffam

and Turner, 1984) and it may well have been part of a universal desire to transcend (Huxley,

1954). It may also be a response to the difficulty for these people in finding an identity for

themselves as an adult with learning disabilities.

Media effects

The current research considered how the population addressed, a clinical learning disabilities population, interacted with the media. This consideration required familiarity with theories of media effects. For a special media interest to exist and be maintained the person with the interest needed to engage with the media. In relation to McQuail's (1989) account of how media effects occur, the people in the current research with learning disabilities and special media interests had notable mediating effects. Their inclusion in the research necessitated that they had the individual difference of learning disabilities and that they had a strong motivation towards contact with media materials portraying a particular media character or narrative. In the current research motivation for their special media interest led people to seek out material that reinforced their interest and special media interests were clearly established as important and motivating for people with learning disabilities.

In the current research people with learning disabilities and special media interests may have had their processing of media materials affected by their learning disabilities. Abelman (1991) states that television viewing is a learned activity that requires interrelated linguistic, cognitive and perceptual skills. In the Introduction the question was posed of whether, in the current research, people's learning disabilities effected their processing the media of television due to weaknesses in the required skills. The current research may have evidence for the processing of media materials having been affected by learning disabilities with the finding that most, though not all, were engaged in a wrestling with reality with media materials. That their ability to distinguish between representations of real and fictional events

was not at the level expected of adults. However, there is an alternative explanation to the interpretation that the person's learning disabilities were significant in these difficulties. In the current research four of the people with learning disabilities and special media interests had at some time in their lives had a period of psychosis. At the time of the current research none of these people were considered to be experiencing a period of psychosis. However, there is a suggested pattern for people with a tendency to psychosis to have reality testing that differs from the general population (Romme & Escher, 1993). Therefore, it is not clear whether their problems with reality perception were a consequence of their learning disabilities or the cognitive processes of someone who is prone to periods of psychosis. I suggest that a combination of the two was the most likely explanation.

That people with special media interests had learning disabilities did not mean that they were passive receivers of the media. That the social and cultural environments of the media representations may have differed to their own did not prevent them from being able to abstract meaning from the texts. In a similar manner to the third world audience of Lee & Cho (1990) they were able to read into the text of media representations and to connect with aspects of media narratives that reflected into their lives. The clinical implication of this finding is that dialogues are possible with people with learning disabilities with special media interest where the meanings of their interest are explored, as they are actively processing media materials and therefore a family member, or a clinician, can engage in the meaning making process.

<u>Wrestling with reality</u>

Since the potential of the media was realised, the degree to which they can influence

behaviour has been a constant source of enquiry (McQuail, 1989). One area of enquiry has

been the ability of audiences to distinguish between reality and fiction (Morrison & Gardner,

1978; H, Kelly, 1981; Huston & Wright, 1983;Gadow *et al.*, 1988; Spafkin *et al.*, 1990. As

previously stated, the current research findings suggest that for some people with learning

disabilities and special media interests a wrestling with reality occurred, where the nature of

the media materials were puzzled over: what was a representation of reality and what was a

representation of fiction? A puzzling by those in their social network mirrored this wrestling

with reality by the person with learning disabilities and a special media interest: they puzzled

about the degree to which the person with learning disabilities and a special media interest

could distinguish between reality and fiction.

The ability to distinguish between reality and fiction has implication for the assessment of

whether negative behaviours represented in the media will be copied. There may well be a

link between the copying of behaviours from the media and reality testing. An hypothesis

suggested by a clinician in the current research was that the closer to reality the fictional

portrayal, the more likely it was to be copied. If this were so then a person with good reality

testing who watched fictional representations of violence would cause less concern than a

person whose ability to distinguish between reality and fiction was poor.

Researchers into media effects have aimed to discover if viewers of films and television

model negative, violent or aggressive behaviours presented to them through the media (Pearl,

Bouthilet & Lazer, 1982; Huesman & Eron, 1986; Gadow & Spafkin, 1993; Boyatizis, 1995).

In the current research there was some evidence of people with learning disabilities and

special media interests copying behaviour that had been seen on the television that had a negative, aggressive or violent component. One man copied a parasuicide that he had seen in a television programme. For another man who role-played "The Mighty Morphin Power-Rangers", however, there was no indication that the role-play lead to any harm, and if imaginative, not just imitative, it may have in fact had positive value.

The negative effect of television may be that it has developed potential selves (Gergen, 1991) that could be harmful to the person or other people, but have yet to express themselves through action. In the current research one man had an interest in the character "Hopper" from the Dennis Potter television play "Lipstick on your collar", within which he focused on a scene where a woman was followed down a dark alley. Another man had an interest in programmes where children were hurt. Clearly the special media interests of these two men were cause for concern. Nevertheless, clinicians should not assume that special media interests that have negative components would lead to harmful actions. Alternatively, these components should not be ignored. Instead special media interests should be explored using the framework of enquiry provided in the current research.

Where there are problems of reality testing the media for a person with learning disabilities and a special media interest one useful area of work would be to teach television viewing skills. To demonstrate that television messages are constructed they can be deconstructed. Three participants in the current research demonstrated that they engaged in this process themselves: considering how special effects are created; the general patterns of soap opera storylines; and the positive and negatives of being a star. Past research and theory suggests that those significant to a person influence the messages that are accepted by the

person from the media (Abelman, 1991; McQuail, 1989); and therefore, they can have an active role in teaching television viewing skills.

Significant people and the mediation of media use

The current research demonstrated that special media interests occur within a social context: there was a social network of significant people around the person with learning disabilities and a special media interest composed of family, care staff, others with learning disabilities and clinicians. The current research indicated their power in the control of their special media interest, for example, when and where interest related activity could occur, which resonated with Davies and Jenkins (1997) who also found that the social network of a person with learning disabilities have a notable amount of power in their lives. In the current research it was found that if the interest was considered socially desirable in the judgement of those significant to the person with learning disabilities and a special media interest, then significant people could become involved in the interest, by talking about it, role-play with them, or taking them to meet people who shared the interest. If those significant to the person with learning disabilities and a special media interest considered the interest to be socially undesirable then they could be active in discouraging it. The responses of significant people sent powerful messages to the person with learning disabilities and a special media interest about the approved or disapproved of status of their interest.

The communication style used by significant people to mediate the special media interests of people with learning disabilities in the current research included both inductive and sensitising styles of communication (Abelman, 1991). Inductive styles represent the exploration of ideas to bring about change in behaviour, sensitisation involves making an individual aware that power may be used against them as a way to bring about change. In the

inductive group were the accounts of clinicians who explored the meanings of a clients' interest, and the account of one man with learning disabilities and a special media interest of how he valued his father's explanation of the creation of fictional media representation. In the sensitisation group, were the accounts from people with learning disabilities and special media interests and their clinicians of members of the clients social network throwing away materials related to the person's interest, a very direct exercise of power, of beating them for trying to play a video, or of refusing to converse about their interest, a more passive, but power related approach.

Abelman's (1991) work, the findings of the current research, and ethical considerations suggest that an inductive approach is best as the main way to work with a person's special media interest. In the adoption of pro-social messages an inductive approach has been demonstrated to be most effective (Abelman, 1991). It is therefore sensible for inductive communication to be used in relation to special media interests rather than a laissez-faire approach of allowing the interest to continue followed by a sensitising, punitive approach when a serious problem occurs. There could be occasions where there is a risk to the person, or other people, where a sensitisation approach is necessary. However, the findings of the current research were that in some instances recourse to the sensitisation approach are not because of a perceived risk, but because the family member, care staff member or clinician was frustrated by or failed to understand the person with learning disabilities special media interest.

There was evidence in the current research of the value in the more cognitively able person advising a person with learning disabilities and a special media interest about what is real and what is fiction. The danger of a paternalistic approach towards the person with

learning disabilities and a special media interest from their family, care staff, and clinicians

needs to be avoided, however, there is a difference between taking account of a person's

more limited cognitive capacity and coping skills to adopting a paternalistic position in

relation to them by becoming the gatekeeper of what is and what is not discussed (Goffman,

1968; Wolfensburger, 1972). In the current research there was some concern from clinicians

and care staffs about discussing the special media interest with the person with learning

disabilities for fear that it would precipitate psychological problems, particularly psychosis.

Heroes/heroines

The findings of the current research support the roles of heroes and heroines suggested by

previous research and theory (Horney, 1935; Blos, 1967; Klapp, 1969; Sayers, 1998). Though

the gender balance of people with learning disabilities and special media interests in the

current research was biased towards men there was an indication of a gender component to

the findings that supported previous research and theory.

The current research found that men often had special media interests that connected to

issues of power as a man. The special media interests of five of the seven men in the current

research represented the gender stereotype of male power and control. One man, an Arnold

Schwarzenegger fan, contemplated how he should deal with bullying, and like the classic

hero he should at first walk away, but when pushed too far, a man must stand and fight. One

man role-played "The Mighty Morphin Power Rangers" where he organised his peers and

instructed the proceedings; his clinician stated that this man gained a sense of power from

these role-plays. One man in a powerless position in a review meeting stated that he was a

powerful Mafia gang leader. One man identified with the characters portrayed by John

Wayne that his clinician believed represented the competent macho can-do male. One man

identified with the character "Hopper" from the Dennis Potter television play "Lipstick on your collar". This character was a representation of a man who fantasised of being the competent macho male, good with women and good in fights and the man whose special media interest this was also had these fantasies. The two negative case examples were firstly, a man who identified with children and sought programmes in which children were hurt and secondly, a man who followed soap operas with no gender theme to his interest, his clinician found this notable.

The two women in the current research both indicated a wish for men to change their lives and for children. One woman spoke of her wish for a fireman character, "Billy Ray", from the television series "London's Burning" to rescue her; a positive authority figure in her life compared to the negative experiences of an authority figure in her life and this finding resonated with both Horney (1935) and Sayers (1935) that during adolescence females wish for a heroic male to rescue them from their families. This young woman in the current research also sought out crime fiction and horror stories; and this resonates with Zillmann & Wakshlag (1985) who found that young adults, particularly women, who had been, or feared being victimised sought out horror or crime material where benign authority figures were victorious over villains. The second woman in the current research wanted a child with Michael Jackson, a unity between herself and the other, as she perceived, "unwanted" baby. Even if in the current research the gender aspect was spurious because the population was small and numerically biased towards men, the findings do link with past work that indicates important roles for heroes and heroines in individuation as an adolescent process and the exploration of issues of power.

The characters chosen were often notably different from the person with the interest and this fits with previous theory: *"Often people choose heroes quite different from themselves in personality because they admire their roles. So long as the role is satisfactory, it is quite possible for a hero to have different traits from those of the admirer, even traits the admirer does not like."* (Klapp, 1969). The last point is particularly important for a clinician to consider, as a client may present with a character of special media interest that the clinician considers to have negative "traits". It should not be assumed that the client accepts the character in their totality. They too could share the clinician's reservation about certain "traits" of the character. Selectivity is possible and could be expected within the conceptualisation of self-pluralism (Rowan, 1990; Cooper & Rowan, 1999).

Violence

One area of media that requires specific consideration is the effect of violent media materials on behaviour. Special media interests with a violent or aggressive component formed the special media interest for all the men with learning disabilities and special media interests, and there was a horror movie component to the special media interest of one woman participant. Of the nine people in the current research with learning disabilities and special media interests, three of the seven men were referred for aggressive behaviour.

There may be relationships between a person having a special media interest that contains aggressive or violent media characters and them having aggression or violence in their lives. There may be a relationship between a person having experienced aggression and violence and a search to interpret, understand or react to this negative experience through their special media interest. There may be a relationship between a person with learning disabilities and a special media interest feeling powerless in their social world and expressing, or wishing to

express violent strategies of social problem-solving as demonstrated by their heroes and heroines in media representations. There was evidence in the current research to support the existence of both of these relationships. For the former, one woman from an abusive background sought the representation of benign authority figures in the media. For the latter, one man who felt powerless in a review meeting stated that he was a Mafia gang leader. There may be many more relationships between a special media interest that has an aggressive or violent component and the person with the interest.

In the current research there was evidence for violent media having a cathartic effect. One participant with learning disabilities and a special media interest when interviewed had just returned from the day centre where he had been bullied. He told me that he had been assaulted by a group of men with learning disabilities who had threatened him with further violence. In the research interview he recounted images from cartoons that depicted a topsy-turvy universe with everything out of control and the natural order of things upset. This representation of cartoon mayhem after a real world experience that seemed senseless to him resonates with Fowle's account of his testimony to the U.S. Senate hearings on the issue of television violence in 1984 : "*The fantasy mayhem on the television screen-sometimes in the form of cartoons and sometimes not-helps the child to discharge tensions and animosities.*" (1999). This man was not a child, however, cartoons could for this man have enabled a discharge of tension for him as a cathartic experience as these effects have been demonstrated in adults in the general population (Zillmann, 1988).

Research aim (iv), was as follows: The use of accounts of participants in conjunction with the research and theoretical literature to discover what the interests in media characters and narratives might inform about the lives of people with learning disabilities beyond a clinical population. The outcomes of this consideration are now presented.

Messengers for the learning disabilities population

People in a similar position in the social fabric are likely to share similar experiences. Participants in the current research with learning disabilities were from a clinical population and to that extent they could be considered atypical of the wider population with learning disabilities. Therefore, can any of the insights that they and their clinicians offered be generalised to inform about the lives of other people with learning disabilities? I contend, after acknowledging the dangers of these generalisations that they can.

There is a danger that generalisation of findings from a population whose processes of cognition or content of thought could in some aspect be considered pathological to the main population to which they belong will give an inaccurate message that does not accurately represent the main population. A particular caution is necessary when the generalisation is to an already stigmatised population. However, it is acceptable within psychological theorisation to consider that pathological processes are often an extension of normal processes. The conceptualisation of an extension from the normal to the pathological is part of the cognitivist, psychoanalytic and family therapy orientations. As Cicchetti states: "*We can learn more about the normal functioning of an organism by studying its pathology, more about its pathology by studying its normal condition*" (1984). The two-way interaction of an

understanding of the normal to facilitate an understanding of the pathological and visa-versa has often been advocated by psychologists and psychiatrists.

The findings of the current research illuminate issues that were important for people with learning disabilities and special media interests included in the project. Special media interests can illuminate what is important for a person, however, they may do more, as it seems reasonable that others who occupy a similar position in the social fabric may well share some of these issues as concerns for them. These issues will now be presented.

The current research highlighted that there can be difficulties with the meanings of adulthood for people with learning disabilities. The meanings of what it is to be an adult with learning disabilities are considered by people with learning disabilities, their family and carers (Zetlin & Turner, 1994; Graffam & Turner, 1984; Davies & Jenkins, 1997). Graffam and Turner (1984) found that people with learning disabilities associated low levels of eventfulness with being a child and high levels with being an adult. By claiming to have eventful lives, people positioned themselves as being an adult rather than a child. In the current research it emerged that child or adult status was of importance to people with learning disabilities and special media interests with their special media interests reflecting an interest in the state of being a child or of being an adult.

If this is a general issue for people with learning disabilities (and clearly more research is required before any firm statements are made) then it is one that needs to be addressed. In the cultures of the United Kingdom there are few clear, positive and well-articulated statements of what adulthood could be like for a person with learning disabilities. What statements there are, for example Craft & Craft (1983), may not be available to all people with learning

disabilities who could make use of them as their family of carers may filter out such information (Davies & Jenkins, 1997). In the absence of clear messages about adulthood from family or care staff, alternative sources of information are sought, with the media a bountiful source of such information.

The current research highlighted that power issues were important to people with learning disabilities and special media interests. This finding echoes, Davies & Jenkins (1997) who highlighted the power dynamics around sexual and reproductive issues for women with learning disabilities. However, the current research demonstrated that power issues were also important for men with learning disabilities and special media interests, for them, issues of physical, intellectual and social power were highlighted, as were social and material resources. Feelings of power in the social world form an important part of a person's identity; a person with learning disabilities is no different to the more able in this respect as special media interests illuminated.

Issues of power blended into issues of disability, as special media interests reflected an interest for some people in being different from how they were: in having capabilities they did not have; in having bodies they did not have. Clinicians who work with clients with learning disabilities could use special media interests as a starting point to explore issues of disability: they could explore how the character of interest would deal with a situation compared to how the client would, and could, deal with that situation; and the meanings of that difference in how each dealt with the situation explored.

<u>Embodiment</u>

In the current research people with learning disabilities spoke about their bodies: they spoke of weight problems, of opportunities for childbirth, of wanting to change their bodies, of feeling distress in and with their bodies, of feeling they could enter another's body. These findings resonate with Clegg's view of the importance of the body in understanding people with learning disabilities: *"In learning disabilities the body certainly is the place where social forces are inscribed as well as the place where disability is experienced."*(1998). In terms of experience this is no surprise: *"There is no experience, no passion, no mind without body"* Smail (1997). At the level of social forces the work of Foucault (1976, 1979) is instructive for as he expounded, the body is the site of conflict for power and control between the person and the state.

Foucault's theories have been explored for their illumination of the position of the non-dominant groups of society and in the United Kingdom this would still, sadly be those who are not white, middle or upper class and male. Clinical psychologists have incorporated Foucault's theories into interpretations of their clients' lives. For example, Ussher (1989) utilised Foucault's theories to explore the position of women in the United Kingdom, particularly women who are in contact with the mental health services. Ussher's work fits with the feminist theorists of Bartky (1990) and Bordo (1988). Bartky (1990) gives an account of the technologies of discipline that dictate a normative feminine identity that represents sexual attractiveness to men. Norms and competencies subjugate women, for example being slim and talking in a feminine manner. Bordo (1988) gives an account of how anorexia nervosa is an example of how a cultural norm, of the desirability of the slim female body, leads to anorexia in some women that is then termed pathological by the patriarchs of psychiatry. Foucault's theories can inform about the position of people with learning

disabilities in the United Kingdom. It could be argued that people with learning disabilities are also subjugated by technologies of discipline where norms and competencies are utilised. The definition, or the diagnosis, of learning disabilities is based upon a failure to meet norms of intellectual abilities and a lack of certain competencies of social and occupational functioning. The resultant distress experienced by some people with learning disabilities at their failure to meet these norms and competencies can lead to thoughts and behaviours that are then labelled pathological.

A developmental approach offers a different, though not necessarily contradictory, perspective to explain how people with learning disabilities experience their bodies. The concern and distress about the body illuminated by special media interests fits with the theories of adolescence of Sayers (1998),Ward (1996) and E. H. Erickson (1950,1963,1968). Ward(1995) considers that the fascination of teenage boys with horror movies is a consequence of their hatred of their own bodies. In E. H. Erickson's (1950,1963,1968) theories of adolescence; that this is the time of identity formation where the person has to adjust to their body having changed to decide their sexual identity. Past theorising linked adolescent discomfort with their bodies to theories of adolescence and to their media interests (Ward, 1995; Sayers, 1998). In the current research the special media interests of people with learning disabilities was inked to their distress with their bodies, as it provided evidence of people with learning disabilities and special media interests talking about their bodies and the competencies that they lacked but their characters of interest possessed.

The findings of the current research resonate with the work of McCarthy (1993) who discovered that woman with learning disabilities continually experience displeasure with their bodies and felt that they had little control over their lives. The two women in the current

research expressed the same concerns, however, four of the seven men also expressed distress about their bodies, indicating that it may be a common cross-gender experience within the learning disabilities population. More research is required into the sense of embodiment of people with learning disabilities.

Voices

One woman with learning disabilities and a special media interest spoke of wanting to have a powerful voice. This was a voice in a physical sense. However, having a voice had a deeper resonance with what other participants offered about the importance of special media interests. People are motivated to have a voice, as a voice is power and power brings resources, money, jobs and education (Gergen, 1989). However, voices can be controlled. Belenky, Clinchy, Goldberger & Tarule (1986) in "Women's ways of knowing: the development of self, voice and mind" illuminate how silence in adulthood is linked to family experiences of abuse and neglect that lead to some women as adults considering themselves to be mindless and voiceless. This resonates with the work of Todd & Shearn (1997) and people with learning disabilities being invisible to themselves. The current research found evidence of the people with learning disabilities having a special media interests controlled by others, for example, when they could and could not speak about their interest and to whom, and in this way their voices were controlled. This posed the question of whether this pattern was the same for other topics, did families and carers decide what could and could not be spoken about; were they the gatekeepers of discourse?

Special media interests may represent a way of gaining a voice, to make vocal the issues that concern a person with learning disabilities. The role of special media interests as a way a person with learning disabilities can gain a voice is illuminated by a man with learning

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disabilities and a special media interest in the current research; who in a review meeting[9], under stress and in a powerless position, said that he was someone else, that he was a leader of a dangerous gang, a Mafioso, a man with power. This account can be interpreted through the work of Gergen (1989) and the concept of "warranted voice"; that the agency of personhood is in the ability to facilitate the different discourses available to the person. The man at the review meeting, his clinician told me, found it an unpleasant experience, and she added that this is often the case for many clients. I have attended review meetings and have heard and seen professionals use their authority and practised skills at facilitating discourses to define the client. There is a clear power in-balance between professionals and the clients because of their relative ability to facilitate discourses at these meetings: professionals in the mental health professions are likely to be above average in the skills of facilitating discourses, and clients with learning disabilities are likely to be below average in these skills. For the man at the review meeting, faced with a powerful definition of his person, he may have searched for alternative voices of self; and the voice available to him was that of a fantasy character. As a coping mechanism it may have had the benefit of preventing his level of distress from escalating; within the conceptualisations of self-pluralism the Mafioso self operated as a rescuer (Rowan, 1990)[10]. In the review meeting he was positioned as powerless, but the voice he adopted was one of power, of a vicious gang leader who had power and authority that he could use against others to gain his will. Better coping strategies could be possible for this man rather than this retreat from reality to what in psychoanalytic terms was an immature defence. Therapeutic work with this man could explore how he experiences a review meeting and how he can find other positive voices of self that do not require a recourse to fantasy. For example, if the therapist was psychoanalytic in orientation,

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[9]Review meetings are a forum where a person's progress and care plan are discussed by the professionals involved; dependent on the circumstances they and/or their family may attend
[10]Rowan (1990) offers three categories of subpersonalities: persecutory, rescuers, and internal self-helpers.

therapeutic work could assist this man to move to more mature defences. If working with a self-pluralistic conceptualisation of personhood the clinician and client could explore the role and characteristics of his rescuer self. The framework of enquiry presented in the current research could assist this process. However, the implications for interventions go beyond therapeutic work with the individual.

In the situation described above the special media interest indicated therapeutic work for the man who had the fantasy of being a gang leader. However, it also has implications for a consideration of the position in the social fabric of people with learning disabilities and that interventions need to go beyond the level of the personal, (moving up the levels of the conditional matrix), interventions should not be limited to therapeutic work with the individual, but should go further: at the level of the social-network, there should be a reassessment of how review meetings are conducted; at the social level the access to powerful positive narratives and to resources of power for people with learning disabilities needs to be addressed.

A comparison to race

In the current research one clinician stated that their client had in therapy made links to Michael Jackson. She felt that she had been unwanted by her mother as a baby with learning disabilities and she felt that he had been unwanted by his mother as a black baby. She recognised the stigmas associated with having learning disabilities and with being black. What links the two populations is that they are both in the minority and experience the prejudices of the majority. Researchers have explored the effects of prejudice and stigma on identity in relation to race (Watkins, 1998; Gaines & Reed) and some principles from work with race and identity can be applied to learning disabilities. The psychologist, Watkins

makes some valuable points about where the sites of interventions for change should be: *"if*

racism in the culture affects the intrapsychic dialogue of a black child, causing one voice

within her to derogate the colour of her skin, should we attend to this though a psychotherapy

that elicits and modifies self-talk? Or should there also be opportunities for dialogue at

home, in the classroom, in the neighbourhood, and in the larger culture which invite the

voices that inhabit this child to speak, and which contribute towards an inner alternative

voice of valuing, respecting and cherishing the differences among us?" (1999). These

principles of intervention are applicable to work with people with learning disability in the

United Kingdom.

It would be useful for research to be conducted to discover more about the self-talk of

people with learning disabilities: do they have voices that denigrate them; if these voices are

present, how were they formed, and how strong is the voice that tells a person that they have

learning disabilities? If the messages that form helpful self-talk and the messages that form

harmful self-talk for a person with a learning disabilities could be discovered then there could

be work with the social networks of people with learning disabilities and more widely with

the cultures of society to cultivate positive messages for the people with learning disabilities.

The conceptualisation of self-pluralism enables a parallel between race and learning

disabilities. Gaines & Reid (1995) found that Afro-Americans had two ways of being

dependent on whether they were with black or white people. People with learning disabilities

may have a self for people more able and a self for other people with learning disabilities.

Special media interests can be a way for a person with learning disabilities to join together

through role-play, or join with the more able through a common focus of interest. Again,

parallels can be drawn with the issue of race in prejudiced societies where strong, shared

interests can forge links within the subjugated group or form temporary links between the subjugated and the dominant groups of that society.

Self-plurality for people with learning disabilities

By highlighting issues of identity for adults with learning disabilities the current research poses a series of questions. Is the learning disabilities self so powerful that it swamps all others? Is it a "master status" (Hughes, 1945) and as a consequence does it effect all other selves? Are Todd and Shearn correct (1997) when they state that a person with learning disabilities is invisible to the community and invisible to themselves? Or are they only too visible to themselves, but what they see they do not like? Do the words of Davies and Cunningham still hold true: *"Because of intellectual impairment, all other characteristics of being a person, having individuality and being valuable are demeaned"* (1985)? What are the cultural expectations for a person with learning disabilities? These are some of the questions that the findings of the current research suggest are still important.

One attempt to provide a positive future for people with learning disabilities was the principle of normalisation that derived from the work of Wolfensburger (1972). The normalisation principle was a positive achievement in attempting, with some success, to reduce the learning disabilities population from being marginalized and excluded. However, it is questionable the degree to which the attitudes of society have changed. There may have been a change in the attitudes of family, carers and professionals working with people with learning disabilities, but what of the wider community? As one clinician participant stated, the experience of being bullied is common for people with learning disabilities and this belief was endorsed by three of the participants with learning disabilities.

Central to the approach of normalisation is an attempt to encourage people with learning disabilities to lead a life as equivalent to normal life as possible. This creates a fundamental problem: what constitutes a normal life? If a model of a normal life could be clearly specified, what proportion of the learning disabilities population could approximate to it; and what happens to those for whom the distance is large between what is constituted a normal life and that which is available to them?

The conceptualisation of self-pluralism can assist in providing an alternative perspective on the difficulties of identity for other people with learning disabilities that cause distress for people with learning disabilities, their families, carers, professionals and the wider community. For example, the conceptualisation of self-pluralism could resolve the dissonance caused by the dichotomy of trying to balance that some adults with learning disabilities have some of the dependencies of a child, a cognitive developmental age that can be compared to that of a child, yet have the needs and expectations of an adult.

What is suggested is that for each person there is a consideration of what aspects of what are termed adult life are possible for this person and recognise and respect this as their adult self. However, if the person retains what might be termed a child self, this self should be acknowledged and also respected. This approach avoids the dangers of denial and delusion that can result in the following familiar and unhelpful scenarios. Firstly, where a person with learning disabilities who is clearly able to live in a way that would be generally considered to be that of an adult is maintained in a child role by carer or parent. Secondly, where a person with learning disabilities is told that they are an adult and put in situations where their cognitive deficits lead to continual failure reducing the value that they place in their personhood.

<u>Changing stories</u>

Special media interests can be used as a starting point to change the narratives of the lives

of people with learning disabilities. As Clegg states: *"Narratives about the meanings people*

create in their lives move readily into intervention and clinical practice, because stories can

change, and with those changes the options which lie before people multiply."(1998). For a

story to change it helps if there are alternative stories available for the person to explore and

potentially adopt. The experience of a different narrative that a special media interest can

give is a way of developing alternative ways of being and of extending potential selves.

However, the development of multiplicity alone is insufficient, there needs an appreciation

what potential selves may be harmful, and what selves may be helpful. In addition, there

needs to be integration.

Work with the narratives of a person's life may be one way to bring about integration: *"It*

is the personal myth represented by the life story which links together the different selves and

makes sense of the relationship between them" Rowan, (1990). This forming of a narrative of

a life has been considered to have a developmental aspect that resonates with the findings of

the current research; as McAdams states: *"Beginning in late adolescence, each of us*

constructs a self defining narrative-life story... in order to answer the twin questions (Who

am? How do I fit into the adult world?) and to promise our lives with a sense of sameness

and continuity." (1998). McAdams emphasises the need for a person to form an integrated

account and that the search for identity is a developmental process.

A person can become stuck in a narrative of their life as if the same script was being

continually re-enacted. A special media interest can become a replaying script, and again the

person is stuck. A clinician can utilise the framework of enquiry into special media interests offered in the current research in conjunction with the theories of their theoretical orientation to unlock the person from a stuck narrative of their lives or a restrictive special media interest. It is not claimed that an exploration of a special media interest will on its own release a person from a stuck position; it would need to be part of a wider therapy where the special media interest is a therapeutic key. The framework included in the current research could be used to explore a person's special media interest to release a person from a special media interest that is restricting their lives, or that is helping them to build a potentially harmful self.

For the improvement of the lives of people with learning disabilities work is necessary at the levels of the personal, the social network and the cultures of society. The narratives in society for people with learning disabilities need to be added to and changed. Blatt (1981) highlights the negative stories for people with learning disabilities that are often told, and she stresses the need for positive stories to be developed. Though cognitive impairment can not be viewed positively, it is hard to imagine anyone wishing that they or their children were impaired in this way, the expectations and value judgements that are attached to people once the definition, diagnosis, label, or the signifier of "learning disabilities" has been made is open to change.

Power is in the narratives of our lives and this is so for people with learning disabilities as it is for those more able. More visible, audible and positive representations of people with learning disabilities in the media would be one way to add to and change the stories available to a person with learning disabilities. New stories will bring their effect by being assimilated by people with learning disabilities. New stories will bring their effect by changing the

attitudes and expectations of the social network and the wider community of which people with learning disabilities are part.

Conclusions

Conclusions on the research aims

The current research had four aims; and there was some success in achieving them. Research aim (i) was to explore the phenomena of special media interests, to locate its parameters; and aim (ii) was to produce a framework of enquiry into special media interests that would have clinical utility. The current research contains a framework; but its clinical utility is yet to be established.

Research aim (iii) was to explore the role of special media interests for people with learning disabilities as they experienced a major life event. This aim was too tight in its conceptualisation by being focused on the role of special media interests at the time of a specific event. The aim was reformulated. Rather than the role of the special media interests at the time of a specific life event, special media interests were indicated to have a role in transitions, specifically the transition from childhood to adulthood and the search for an acceptable adult identity for a person with learning disabilities.

The final research aim, aim (iv), was to consider the special media interests of a clinical learning disabilities population for its informative value about the lives of the wider population with learning disabilities. This consideration generated the following issues, or areas of enquiry, that clinicians could consider for both their clinical practice and research. It may be useful to discover how people with learning disabilities experience the learning disabled self as part of personhood; this includes their sense of embodiment and their self-

talk. Clinicians should not be surprised if their client has a desire to transcend the learning

disabled self. A clinician may consider their client's access to resources of power; including

the access to having a voice in their immediate social network and community. The transition

from childhood to adulthood may be more difficult for a person with learning disabilities than

for the general population. The clinician if working with adults with learning disabilities may

find it helpful to consider this period of their client's life and how successful was the

transition, if working with children with learning disabilities preparation for this transition is

suggested. The available models of adulthood for a person with learning disabilities need

addressing at a cultural level.

New directions

(i) Development of theory

The current research is situated within the tradition of identity research and theory that

includes the following: E. H. Erickson (1950, 1963,1968); Strauss (1959); Klapp (1969);

Sayers (1998); Rowan (1990) and Cooper & Rowan, 1999). Within this tradition it did

something new by considering personal identity, as illuminated by their special media

interests, for a clinical learning disabilities population. It was also innovative in its use of the

conceptualisation of self-pluralism to enable an understanding of a clinical learning

disabilities population. Hopefully, it will be a stimulus for other clinicians and researchers in

this speciality.

To enable clinicians and researchers to explore further the special media interests of people

with learning disabilities, clinical and non-clinical, a framework of enquiry into special media

interests was provided by the current research and its use explained. With its use clinicians

may reach a variety of conclusions about the meanings of special media interests for this

population. However, I concluded that special media interests in a clinical learning

disabilities population indicate the need for this population of an identity that has the

following: plurality that expresses selves beyond that which is learning disabled; empowering

in that there is access to sources of power, with as much power as possible retained in

personhood, but where vulnerabilities are recognised; and containing clear markers that this

is the identity of an adult. Without these components of identity, of personhood, special

media interests are likely to continue.

(ii) Qualitative research and people with learning disabilities

In terms of methodology the current research added to the small and recent body or

research that utilises grounded theory to discover more about the lives of people with learning

disabilities. The current research acts as a confirmatory study and added something new. The

current research demonstrated that qualitative research, specifically grounded theory, where

people with learning disabilities are participants is a viable option of enquiry for clinical

psychologists. Participants with learning disabilities were able to engage in the interview

process and offered information as vital to the evolving account as that provided by

clinicians. In the future this method could be utilised to discover more about the lives of

people with learning disabilities in a collaboration that should enable them to have fuller

lives. In addition, the procedure of triangulation where clinicians of people with learning

disabilities and special media interests were interviewed in addition to their clients and the

accounts of the two groups compared was an approach that enhanced the current research. I

am not aware of another grounded theory study that triangulates the accounts of people with

learning disabilities with those of their clinicians.

<u>Recommendations</u>

<u>(i) For clinicians</u>

The main recommendation for clinicians is that they should use the framework of enquiry into special media interest presented in the current research to develop an accurate formulation of their clients' special media interests. An accurate conceptualisation of that interest for that person will be necessary for therapeutic success. Whilst an understanding of the self-pluralism conceptualisation of personhood would be an advantage in using the framework, the current research explained how special media interests can be incorporated into therapeutic work for clinicians who are cognitive-behavioural, psychoanalytic or family therapy orientated.

Special media interest needs to be considered with flexibility: the general recommendation is that the interests should be explored through an inductive process to help develop a shared understanding of the person's life. However, there may be occasions where special media interest is related to a potential danger to the person or other people; and in these circumstances a approach that focuses on placing safe boundaries on the interest is required.

The current research also highlighted three potential areas of concern for a person with learning disabilities. Firstly, there was the issue of power. In the current research characters of special media interest were often figures of notable power that contrasted with the limited power of the person with the interest. When working individually with a client a clinician may wish to consider their clients' access to power in their social network and how much of that power is distributed amongst the social network rather than retained in personhood.

Special media interests may represent wishes to claim back power, sometimes how the person attempts to do this may be detrimental to them. When the clinician is working more generally with the systems that provide services for people with learning disabilities they may want to consider the access to sources of power in their social network, for example, the procedures and processes of review meetings could be examined.

Secondly, if a client has a special media interest this may indicate that they may be dealing with issues normally associated with adolescence; of finding a place in the adult world, of individuation from parents, and of forming a narrative of their lives. In individual work a clinician could explore with the client whether they have or have not formed an adult identity that they are comfortable with. The clinician could consider the person's immediate social network for what stories and actions may help or hinder the formation of and adult identity. There may be issues of loss: loss of the child status with the gain of perhaps only a limited adult status. If the clinician is working with the wider system, beyond the family, there may be useful work in developing a variety of positive narratives for adults with learning disabilities.

Thirdly, the clinician should not be surprised if their client is aware that they have learning disabilities, that this part of their personhood is distressing for them and that they may wish to transcend the self that is learning disabled. Transcending could mean exploring the world from the perspective of their character of special media interest. It could mean exploring for general human qualities and experiences via a quest for socially desirable roles. There is work for the clinician in helping the client to successfully integrate the self that is learning disabled into their personhood. There is work for the clinician in helping the client find

accessible roles. In the former task family work may well be required, in the latter community involvement is likely to be necessary.

(ii) For families and care staff

Families and care staff should recognise the important roles that they have in regulating the special media interest of the person with learning disabilities for whom they are a significant person. They should also recognise the roles that they have in mediating the interpretations of the special media interest that the person with learning disabilities makes. The current research found strong evidence for the importance of significant people for regulating and mediating the relationship that the person has with their special media interest. One important role is in the assistance for the person with learning disabilities to accurately assess the real or fictional nature of media representations.

(iii) For people with learning disabilities

The findings of the current research recommend that people with learning disabilities and special media interests work with their clinicians to gain an understanding of their special media interests. They could work to understand the positive effects they may have for them in helping them cope with adversity or in enabling social contact. They could work to understand how the interest could adversely effect their lives or those of other people in overwhelming other aspects of their personhood, or in encouraging them to commit harmful acts.

<u>Future research</u>

The findings of the current research suggest areas of research for the future. Some of these have been mentioned earlier, some are presented here for the first time.

One area of future research could be the generalisation of the findings of the current research. Firstly, there could be a consideration of the special media interests of people with learning disabilities who have not been seen by a clinician. This would verify whether the current research findings generalise to the population of people with learning disabilities. Secondly, the role of special media interests in both clinical and non-clinical groups of the general population could be researched to discover the roles that special media interests play in people's lives and if the roles differ if they have mental health problems.

Another area of research could be the processing of media materials by people with learning disabilities. The interaction of the ability to reality test media materials and cognitive impairment could be explored. The socialisation of media use for people with learning disabilities could be explored. One outcome of this research could be that there is a need for teaching programmes for adults with learning disabilities to assist them to be more productive media users.

An additional area for future research could be to further explore the use of special media interests in therapy; how special media interests could be utilised from different theoretical orientations to therapy. In addition, could special media interests be used profitably for a range of issues that includes identity, loss and social problem solving?

The current research through the illumination of special media interests presents a series of issues for people with learning disabilities that require further study. The concepts of personal power, embodiment and voice of people with learning disabilities needs further exploration. What are the factors that increase or decrease a belief in personal power: what experiences have been found to be empowering and which disempowering? The self-talk of people with learning disabilities needs more consideration. Do people with learning disabilities make derogatory comments to themselves about themselves? If so, how are these messages formed, and how can they be reduced? The sense of embodiment for people with learning disabilities needs further investigation. Past research has suggested that women with learning disabilities are often unhappy with their bodies; the current research contained indications that it is a cross-gender phenomenon.

The current research indicated that the transition to adulthood could be difficult for people with learning disabilities. This generates a series of questions. What are the models of adulthood that are available for people with learning disability; what models do family, carers, friends and the media present; what are realistic aspirations for a people with a learning disability; what deficits cause people with learning disabilities the most distress and can this be addressed by therapy?

The current research demonstrated how issues of self and identity are important for people with learning disabilities and consequently, it is recommended that this should be an area of further research. The current research utilised the conceptualisation of self-pluralism to interpret the findings of the analysis of research interviews. Further research could consider how the self that is learning disabled interacts with other present, potential or possible selves.

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Zillmann, D. (1991). Television meaning and psychological arousal. In J. Bryant, J. &

D. Zillman (Eds.), <u>Responding to the screen: reception and reaction processes,</u> (pp.103-133).

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In L. Donohew, H. E. Sypher & E. T. Higgins (Eds.), Communication, social cognition and

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APPENDICES

Appendix A

On the next six pages are copies of the research and ethics application forms submitted to the

Queens Medical Centre, Nottingham.

Reference Number [   ]

(For office use only)

Queen's Medical Centre, Nottingham University Hospital NHS Trust
Research and Development Project and Ethics Application Form

PLEASE PRINT CLEARLY USING BLACK INK, PREFERABLY TYPEWRITTEN (Electronic Form available)

This form must have the following papers attached
Project registration and ethics approval: 15 copies of completed application form, 3 copies of full protocol, 15 copies of consent form, 15 copies of information to patient/subject sheets, 15 copies of the ward study summary sheet (if necessary), 2 indemnity forms (if applicable).
Project registration only: 3 copies of form completed to page 4 and 2 copies of full protocol.

1. **Full title of the proposed research or development** (A title incorporating study objective is preferred; less than 220 characters)

> HOW USEFULL ARE FASCINATIONS WITH MEDIA CHARACTERS FOR ADULTS WITH LEARNING DIFFICULTIES AS THEY EXPERIENCE MAJOR LIFE EVENTS?
>
> 5 Key words: LEARNING DIFFICULTIES / IDENTIFICATION / MEDIA / NARRATIVES / TRANSITIONS

2. **Protocol Study type:** please circle one only

Laboratory study	Participant observation	(Interviews)	Epidemiology
Randomised controlled trial	Controlled trial without randomisation	Case note review	
Database analysis	Questionnaires	Before - after study	
Case - control study	Cohort observation	X sectional study	

3. **Proposed start date** [NOV. 97]   4. **Proposed end date** [JULY 98]
(Maximum duration 3 years)

5. **Lead Investigator** (QMC based only):Ethics submissions need not be QMC based: See Question 13

Surname	Initial(s)	Title	Qualifications	Post Held	Ext./Bleep	Employed by Trust/Univ.	Directorate
WHOMSLEY	SRC	MR	BSc	TRAINEE CLINICAL PSYCHOLOGIST	47155	NOTTINGHAM HEALTH CARE	LEARNING DIFFICULTIES

6. **Full Address for Correspondence**

> LEARNING DISABILITIES SERVICE, LEARNING DISABILITIES SERVICE, CLINICAL PSYCHOLOGY DEPARTMENT, HIGHBURY HOSPITAL, HIGHBURY ROAD, BULWELL, NOTTINGHAM,
> NG6 9DR

DECLARATION: I will inform the R & D Office as soon as I hear the outcome of any application for funding for the proposed project and/or there are any significant changes to this proposal. I have read the notes to the investigators and clearly understand my obligations and the rights of the subjects to be studied, particularly with regard to the giving of information and the obtaining of consent.

	Signature	Name in block capitals	Date
LEAD INVESTIGATOR	S. Whomsley	STUART WHOMSLEY	6 OCT 97
Approved by Clinical Director/Head of Department		KLANISBELL-WGRPK	7 oc 97
For office use only Approved by Research & Development Clinical Director			

If this is an extension of a project already registered with the R & D Office please give the original R & D reference No: [   ]

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Project Protocol - Please give details of - 1. Aims, to include hypothesis, 2. Background, 3. Experimental protocol and methods, 4. Measurable end ints 5. Key references. This section must be completed. Even if you are attaching a full protocol, a summary should be provided here.

1. **Aims**
(1) To obtain accounts of the roles that media characters play in the lives of adults with learning difficulties, specifically fascinations with media characters whilst a major life event is being experienced.
(2) To understand the function of fascinations with media characters: do they represent models for living that assist or are they models beyond realisation that hinder, or are they like a sedative that is supportive, or are they like a sedative that continues too long and interferes with daily living?

2. **Background assumptions**
• People develop social cognition and form models of themselves and their social world.
• The media presents norms for people's social cognition in the characters and narratives it portrays.
• There are a limited number of models for living for the person with a learning difficulty.
• Media figures may form a more important part in the lives of people with learning difficulties.

3. **Experimental protocol and methods**
Participant recruitment Participants will be recruited from responses to a letter sent to clinicians in the Nottingham region that specifies participant criteria. Participants selected will have given, or their guardians will have given, consent for their participation.
Participant criteria Participants will be adults with learning difficulties receiving psychiatric or psychological services. They will have a British Picture Vocabulary Score above 7. They will have a fascination with a media character or narrative that plays a major role in their lives in the clinicians opinion. They are experiencing a major life event.
Numbers Ten participants will take part in the study. This number was chosen on a balance of the pragmatics of the timescale to complete this project against having enough participants for the findings to be meaningful.
A grounded theory research protocol
Data collection will begin in November. Collection will have three variants: (i) interviews by the researcher, taped and transcribed, (ii) interviews by the participants clinician (for ethical reasons), taped and transcribed, (iii) written accounts by participants who choose this as their means of participation. Before Christmas three clients will be interviewed twice and their accounts transcribed. Analysis using the "Nudist" computer package will begin in December. Analysis will be by the development of categories, saturation, determination of dimensions, theoretical sampling and axial coding. By the end of February six/seven (dependent on participation by written account) participants will have been interviewed and their accounts transcribed. The analysis as outlined above will continue. In March two/three further interviews with participants will be conducted. From March to June theoretical integration will occur, core categories established links and limitations drawn out, the theory will be grounded, the data will be returned to and theory will be tested with clinicians and participants. The write up will be completed and the project submitted in early July.

4. **Measurable outcome**
The development of a framework that will inform clinical practice for therapists of learning difficulties clients for whom media characters play an important role in their lives.

5. **Key references**
(1) People with learning difficulties and fantasy.
Graffam, J. & Turner, J. Escape from boredom: the meaning of eventfulness in the lives of clients at a sheltered workshop
Price-Williams, R. (1989) Communication in therapy with emotionally disturbed mentally retarded individuals. In Beveridge, M. Conti- Ramsden, & Leudar, I. (eds) Language and communication in people with learning difficulties. Routledge: London.
(2) People with learning difficulties and concept of self.
Todd, S. and Shearn, J. (1997) Family dilemma's and secrets: parents' disclosure of information to their adult offspring with learning disabilities. Disability and Society. Vol.12, 341-366
(3) People with learning difficulties processing media materials.
Gadow, K. (1988) Reality perceptions of television: a comparison of school-labelled learning disabled and non-handicapped children. Journal of Clinical Child Psychology. 17, 25-33

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8. SUBJECTS	Healthy subjects	Patients	Control Patients
numbers to be studied	10		
age range	20-45		
Men and/or woman	5:5		
type of patient	PEOPLE WITH LEARNING DIFICULTIES		

9. Has statistical guidance been sought about the number of patients to be in the study? YES/NO

If yes, from whom? ....

10. Research Experience of Lead Investigator
(Complete if this information has not been supplied to the R & D Office this calendar year)
Please give brief details of 1. Relevant Research 2. Previous and Present External Funding 3. Two Relevant Publications:

Research Training/Experience THIS IS A PROJECT FOR A DOCTORATE OF CLINICAL PSYCHOLOGY FROM LEICESTER UNIVERSITY. IT IS SUPERVISED BY DR J. CLEGG.

Summary of Research Funding

Two Key Publications BY J. CLEGG
① STRIKING THE BALANCE: A GROUNDED THEORY ANALYSIS OF STAFF PERSPECTIVES - J.A. CLEGG, P.J. STANDEN & G. JONES BRITISH JOURNAL OF CLINICAL PSYCHOLOGY (1996), 35, 249-264
② ATTACHMENTS PUTTING PEOPLE FIRST: A SOCIAL CONSTRUCTIONISS APPROACH TO LEARNING DISABILITY B.J.C.P.(1991) 33, 389-406.

11. Peer Review
If the project has been or will be independently peer reviewed, please give details THE RESEARCH & ETHICS
....

SUB COMMITEE OF THE CLINICAL PSYCHOLOGY DEPARTMENT OF LEICESTER UNIVERSITY.

If not, suggest two Nottingham based individuals able to give a critical review of the protocol.

	Surname & Initial (s)	Title	Post Held	Address	Telephone Number
a)					
b)	.			.	

12. Additional Investigators' Details
Details of applicants based at QMC

	Surname	Initial(s)	Title	Qualifications	Post Held	Ext./Bleep	Employed by Trust/Univ. Other (specify)	Directorate
Applicant 2	CLEGG	J.A.	DR	BSc PhD	S. Lecturer	42609	University	NHCT
Applicant 3								
Applicant 4								

8

13. **Details of Applicants not based at QMC**

	Surname	Initial(s)	Title	Qualifications	Post Held	Phone Number/ Bleep/Ext.	Employing Organisation
Lead Investigator	WHOMFIEY	GRC	MR	BSC	TRAINEE CLINICAL PSYCHOLOGIST	47855	NOTTINGHAM HEALTHCARE
Applicant 2							
Applicant 3							

FINANCIAL INFORMATION requested at this stage is intended to give an early and approximate indication of likely costs involved. More detailed information may be requested later; all that is required at this stage is a sensible estimate.

14. **Please state time commitment for NHS staff spent on the project.**

Salary Bands (basic)	Hours per month
£40,000 pa +	N/A
£20 - 40,000 pa	
< £20,000 pa	

15. **Requirement for patient care episodes in addition to routine treatment.** N/A

Inpatient days per year	
Outpatient consultations per year	

16. **Radiological and clinical investigations required for the R&D.** N/A

	Number per year
Complex - e.g. MRI, angio, (£200+/test)	
Intermediate - e.g. CT, barium enema, (£51 - 199/test)	
Routine - e.g. Plain X-ray, ultrasound (up to £50/test)	

17. **Tests on clinical specimens required for the R&D.** N/A

	Numbers per year
e.g. blood, urine, histological requests (each biopsy = 1 specimen)	

Will there be any other costs to UHN NHS Trust? Please give details ..NO...

....

18. **Are you expecting the project to receive any external funding other than from the R & D levy?** N/A YES/NO

19. **External funding obtained for project.**

	Funding Organisation	Total Funding
Managed by University Hospital NHS Trust		
Managed by University of Nottingham		
Managed by Special Trustees or similar body (please specify)		

20. **Does any of the income from this project reach the UHN NHS Trust, in order to off set costs to the Trust?** YES/NO

If yes please give brief details ....N/A...

9

ETHICS APPLICATION (additional information)

21. Will the proposed project involve patients OR patient material from UHN? YES/NO

22. Will the proposed project involve patients/subjects/samples from outside UHN? YES/NO

    If yes please give details of the ethical approval below (include application and approval letter, and state the name and address of the Research Ethics Committee)

    WORK WILL BE WITH THE NOTTINGHAM HEALTHCARE TRUST PATIENTS

    FOR WHICH THE QMC COMMITTEE HAS BEEN THE TRADITIONAL BODY
                                      To SUBMIT TO FOR APPROVAL.

23. Please provide a summary of the project in lay language, highlighting the purpose of the research. Please state the research problem(s) in more detail and describe the scientific background. If similar work has been done before say why it must be repeated. Is this part of a collaborative study? Is this a pilot or a definitive study? Does the research relate to diagnosis, therapy, prevention or understanding of disease or function? What practical benefits do you envisage from a successful completion of this project?

    (Please continue on a separate sheet if necessary. As this is in lay language, question 7 must also be completed.)

The research problem

The experiences of clinicians are that media characters and narratives play a part in the lives of people with learning difficulties that goes beyond entertainment. The characters become linked to the person's identity and narratives become a script for the expectation for their own lives. How helpful is this way of being, particularly during the time of a major life event? The experiences of clinicians are that for a number of clients during the time of a major life event characters from the media play an important role in their lives and are referred to in therapy.

The researcher's thinking at the outset is that the use of media character's may be used for identification and interpretation to help the person with learning difficulties think about and ease their progress through the life event, or they could offer modes that are unhelpful for the person being beyond realisation. Alternatively they may represent a comfort world into which clients retreat, which again may be helpful or unhelpful for the client.

The scientific background

Six initial areas of research and theory are feeding into this study.
1) People with learning difficulties and fantasy.
2) People with learning difficulties and concept of self.
3) People with learning difficulties processing media materials.
4) The general population and their use of the media.
5) They general population and the development of social cognition.
6) Life events, stress and coping.

Gaining consent

Consent will be obtained by the use of a protocol that contains both an information sheet and a consent form. The lead researcher, Stuart Whomsley will obtain consent except for particular cases where the participant's psychiatrist/psychologist will conduct the interviews, on ethical grounds, for example due to the gender of the lead researcher, and in these cases the psychiatrist/psychologist will carry out the consent protocol. All participants will have given personal consent to take part in the study. If there are doubts about their ability to give informed consent their parents/guardian will be consulted for their opinions of the person's ability to consent, but not as a consent giver on behalf of the participant. The participant's psychiatrist/ psychologist will also be consulted about their client's ability to give informed consent and if there are doubts they can be present when the consent protocol is conducted, or if the psychiatrist/psychologist is to conduct the interview a third party clinician will be present to ascertain if consent was truly informed.

Practical benefits of this research.

People who work with clients who have learning difficulties think about what these fascinations with media characters and narratives might say about the client. for example a recent referral letter posed the question did these fascinations represent problems with mental state or were they simply fantasy? This either/or view was how one worker conceptualised the issue. However, at the moment no theoretical framework that directly addresses this issue exists. The aim of this project is to develop a framework to help clinicians conceptualise. A framework built from the data rather than an interpretation through a general pre-existing framework, eg. psychodynamic, hence the use of grounded theory. The framework should help clinicians in decision making about the course of therapy, should the fascination be positively used or would reality testing be more helpful.

Additional points

This study is not a replication. It is not part of a collaborative study and it does not aim to be definitive. It relates to both the
understanding of function and to therapy.

10

24. Does the project involve painful/dangerous or invasive procedures on patients who would not have required these if they were not an experimental subject?　　　　　　　　　　　　　　　　　　　YES/**NO**

25. Please identify any procedures which are required in addition to normal care and any risks associated with these e.g. extra endoscopy examinations.　*NONE*

....

....

26. Are Isotopes to be used?　　　　　　　　　　　　　　　　　　　　　　　　　YES/**NO**

27. Are blood samples to be taken?　　YES/**NO**　What is the total blood loss for patient/subject　..........　and over what period of time will blood be taken?

....

28. What discomfort or interference with their activities may be suffered by all or any of the patients?

NONE

....

29. What inconvenience or expense will be faced by the patient/subject e.g. additional visits to the hospital?

NONE

....

30. Will the patient/subject be offered recompense or fee?　YES/**NO**　If yes please give details

....

31. During the course of this study will any patient have treatment of proven benefit or conventionally accepted withheld?

YES/**NO**

32. Has the patient's GP been informed about their patient's participation in the study?　　**YES**/NO

33. **Information and Consent**
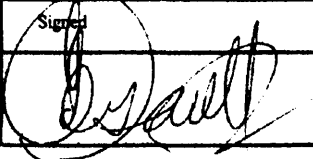
Who will give the verbal explanation of the study to the subject? ...*THE LEAD INVESTIGATOR* *

....*IN THE OCCASIONAL CASE FOR ETHICAL REASONS*

Who will obtain written consent? ...*THE LEAD INVESTIGATOR* * *THE PARTICIPANTS NORMAL PSYCHIATRIST/*

....*PSYCHOLOGIST WILL DO THIS.*

If written consent is not to be obtained, please justify your reasons　..

Will any patients be included in the project who will not be asked for, or who are incapable of giving informed consent? e.g. children, mentally handicapped, unconscious　**YES**/NO

What special arrangements have been made to deal with the issues of consent e.g. parental or guardian agreement and if so in what form?　.....*WRITTEN CONSENT FROM PARENT OR GUARDIAN IF IT REASONABLE TO CONSIDER*

　　　　　　　　THAT THE PARTICIPANT CAN NOT GIVE INFORMED CONSENT

34. **Will the proposed project involve additional workload to other departments in UHN? Please circle as appropriate.**

Clinical Chemistry	Clinical Neurophysiology	Dietetics
Electroencephalography	Haematology	Histopathology
Immunology	Information Management & Technology	Medical Equipment Services Unit
Medical Physics	Microbiology	Occupational Therapy
Orthotics	Paediatric Intensive Care Unit	Pharmacy
Physiotherapy	Radiology	Speech Therapy
Theatre Services Centre	Virology	Any Other (please specify) *N/O*

The Clinical Director/Head of Department from the relevant department must sign the following:
I have read the submission and agree to the workload implications of the project.

Signed	Print Name	Department
[signature]	*R WANSDALL-W CLEARE*	*DEPT. OF LEARNING DISABILITIES.*

Queen's Medical Centre
Nottingham

Our Ref: EX109701

11th November 1997

Mr S R C Whomsley
Learning Disabilities Service
Clinical Psychology
Highbury Hospital

Dear Mr Whomsley

Re: **How useful are fascinations with media characters for adults with learning difficulties as they experience major life events?**

Thank you for submitting your project for consideration by the Ethics Committee. The Committee were happy to approve the project subject to minor amendments to the consent form. The Committee would like to see a separate line for the researchers/clinicians name and signature. In addition they would like to see a line for the parent/guardian to sign on the consent form.

I should be grateful if you could let me have this information as soon as possible.

On receipt of this information and it being considered satisfactory a full approval will be forwarded to you.

Kind regards

Yours sincerely

Dr I M Holland
Honorary Secretary
Ethics Committee

Appendix B

On this and the next page are the information sheet and the consent form supplied to

participants.

—

How useful are fascinations with media characters for adults with learning difficulties as they experience major life events?

I am asking you to take part in this study to find out the role characters from the media have in the lives of adults with learning difficulties. The media includes television, radio, newspapers and magazines. I want to hear from adults with learning difficulties who have a particular interest in a character they know from the media or a particular story in the media such as a soap opera. The people I talk to will also be experiencing a major life event such as a move or a bereavement.

The people who I talk to will already be seeing a psychiatrist or psychologist to help them with their problems. I will be talking with them to find out about how the character or story is important to them.

People who take part in this study will meet with me on two or three occasions. We will have a conversation about their important person or story from the media and these conversations will be taped. I tape the conversations so that I can write down what is said later and then I can look to see if the people I talk to said similar things. All tapes and written records will be kept safe and confidential. When I have finished talking, taping and writing, what I find out may be published. However, it will not be possible to identify the people I have talked to.

.... your psychiatrist/psychologist has told me that you might be the kind of person I want to talk to. They may have already spoken to you about this. I am now asking if you would take part. If you do agree to take part we will have the conversation I wrote about above. If you say "yes" you can still at any stage change your mind and say you no longer want to take part. Saying that you do not want to take part will not affect you still seeing .... and if you take part you will still see them as normal. If you would like more information before making a decision please feel free to ask me. You or a relative or friend can call or write to me.

Stuart Whomsley   Telephone: 0115 952 9462
Trainee Clinical Psychologist
Department of Learning Disabilities
Highbury Hospital
Highbury Road
Bulwell
Nottingham   NG6 9DR

Highbury Hospital
Learning Disability Service
Highbury Road
Bulwell
Nottingham
NG6 9DR
Telephone 0115 977 0000
Fax 0115 952 9447

Learning
Disability
Service

Dear ....

This is the consent form for the project: **How useful are fascinations with media characters for adults with learning difficulties as they experience major life events?**

Before agreeing to take part in the project please answer the following questions. These questions are to make sure you know what you have agreed to. These questions are to make sure that the person who interviews you has done their job properly.

- Have you understood what is going to happen in the study?   Yes/No

- Have you had opportunity to ask questions and discuss this study?   Yes/No

- Have you received satisfactory answers to all your questions?   Yes/No

- Have you received enough information about the study?   Yes/No

- Do you understand that you are free to withdraw from the study at any time? You will not have to give a reason. Withdrawal will not affect your future medical or psychological care.   Yes/No

- Who explained the details of this study to you?   ....

I (name)   ....

of (address)   ....

....

agree to take part in this study   Signed: ....

Date: ....

Name of Researcher: ....

Signature: ....

Name of Parent/Guardian: ....

Signature: ....

NOTTINGHAM
HEALTHCARE
NHS TRUST

Headquarters at Porchester Road, Nottingham, NG3 6AA. Telephone : 0115 969 1300

Below are the interview schedules.

Interview schedule for participants with learning disabilities

Clarification

What is the character/ programme that you are interested in?

Can you remember when you became interested in Y?

Why do you see Dr/Ms/Mr...?

Media as a model/identification

I believe X has happened to you?

Has X happened to Y?

Do you think about how X might deal with Y?

How do you think X might feel about Y if it happened to them?

How do you think X felt about Y?

Could you do Z?

If "No": What makes you unable to do Z?"

Do you feel W?

How do you feel about W?

How do you feel about Y?

Boredom and eventfulness

How often do you think about X?

At what times do you think about X?

How do you feel when you think about X?

Identification

How do you feel about X?

What is it about X that you like?

Are you...? / Do you have...? (For features given).

What do you dislike about X?

Taboo

Who do you talk to about X?

Who do you not talk to about X/?

Do you talk to Dr/ Ms/ Mr about X?

(If " Yes") What do you say?

Control over

Are there times when you wish that you did not think about X?

Escape

Do you think about X and not know what is going on around you?

Reality

Is x a real person or are they a story person?

Relationship to X

If you were with X what would you say to them?

What might X say to you?

Context- other models for living

Do you think about other people?

Do you think what they might do if they were you?

Link to the past

Does thinking about X make you remember a particular time in your life?

Learning disability

Do you think of yourself as having a learning difficulty/ mental handicap?

Do you have a name for how you are different?

Are you always going to be like this?

Clinician

Clarification
What is the character/ program that V is interested in?

When did they first mention Y?

How does V's interest in Y compare to other clients you have seen- duration/ intensity?

Why was V referred to you?

Media as a model/ identification

If I asked V about how they would deal with X and how Y would deal with X what do you think they might say?

Boredom and eventfulness

How much do you think V thinks about Y?

Identification

What do you think it is about Y that appeals to V

Taboo

Do you talk about Y in sessions?

Are you aware if you encourage or discourage talk about Y?

Control over
Do you believe V thinking about Y is helpful or unhelpful to them?

Escape

Do you think V thinks about Y so that at times they are not aware of their surroundings?

Reality

Do You think V is aware Y is fictional?

Relationship to X

If Y were real how do you think they would get on with V?

Context- other models for living

What other people does V talk about?
Do they compare themselves to them?

Link to past

Does V link Y to a particular time in their lives?

Learning disability

Is V aware they have a learning difficulty?

Additional

What sense do you make of V's interest in Y?

How is V dealing with X?

Appendix: transcription notation

The form of notation used throughout this book was developed by Gail Jefferson. A more complete description is found in Atkinson and Heritage (1984).
Extended square brackets mark overlap between utterances, e.g.:

A: Right ⌈ so you
B: ⌊ I'm not sure

An equals sign at the end of a speaker's utterance and at the start of the next utterance indicates the absence of a discernable gap. e.g.:

A: Anyway Brian=
B: =Okay, okay

Numbers in brackets indicate pauses timed to the nearest tenth of a second. A full stop in brackets indicates a pause which is noticable but too short to measure, e.g.:

A: I went (3.6) a lot further (.) than I intended

One or more colons indicate an extension of the preceding vowel sound, e.g.:

A: Yea::h, I see::

Underlining indicates that words are uttered with added emphasis; words in capitals are uttered louder than the surrounding talk, e.g.:

A: It's not right, not right AT ALL

A full stop before a word or sound indicates an audible intake of breath, e.g.:

A: I think .hh I need more

Round brackets indicate that material in the brackets is either inaudible or there is doubt about its accuracy, e.g.:

A: I (couldn't tell you) that

Square brackets indicate that some transcript has been deliberately omitted. Material in square brackets is clarificatory information, e.g.:

A: Brian [the speaker's brother] said [ ] it's okay

Appendix D

The guidelines provided to the transcriber.

from J. Potter & M. Wetherell (1987) Discourse & Social Psychology London Sage

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Appendix E

Appendix E contains copies of memo cards that were generated during the research.

M

There may be an association with the fascinations of adolescence. In adolescence posters of star go up on the walls then they come down as adulthood is attained. In most cases, this is the so. However, does everyone with learning disabilities make the transition well. This may particularly be the case with people seen by a clinician. The fascinations and the posters on the walls remain. What does adulthood mean? Does it mean a job, your own home, and a relationship? Is it about more than chronological or biological age? Is it about perceived competency and responsibility for one's own life? When some one says: "They are an adult " what does this mean?

M

My original attempt at properties and dimensions resembles Kellian personal constructs.

M

The magical card to mechanistic continuum (axial coding). At the magical card end, category cards are scattered on the floor, or on the bed, and somehow the patterns emerge that show the relationship between categories. If you are lucky, the core category will manifest itself. At the mechanistic end, every transcript is scrutinised, every relevant piece extracted and then reduced in a bottom up process until the solution is arrived at- like a human computer. My aim is to take a balanced position somewhere in the middle.

M

Discussions with other people and discussions with texts help me understand what I am doing. Each serves as a control. They stop me going off on my own path that in terms of procedure strays from accepted grounded theory practice, and in terms of interpretation, from my interpretations being totally subjective and idiosyncratic.

M

Is grounded theory of the Strauss and Corbin form, logocentric?

M

Would the general learning disabilities population may have offered more of what I had initially conceptualised as "problem solving" ?

M

Does the general population make comparisons with soap characters as a way of making sense of their lives, or problem solving?

M

There is a comparison self/ other, what the character.

M

Changes from original conceptualisation of the project. This would be expected in a grounded theory project.

M

Discussions with other people and discussions with texts help me understand what I am doing. Each serves as a control. They stop me going off on my own path that in terms of procedure strays from accepted grounded theory practice, and in terms of interpretation, from my interpretations being totally subjective and idiosyncratic.

M

Is grounded theory of the Strauss and Corbin form, logocentric?

M

Would the general learning disabilities population may have offered more of what I had initially conceptualised as "problem solving" ?

M

Does the general population make comparisons with soap characters as a way of making sense of their lives, or problem solving?

M

There is a comparison self/ other, what the character.

M

Changes from original conceptualisation of the project. This would be expected in a grounded theory project.

Filtering notion. Control of interpretations, by clinicians and other significant people.

Control of behaviour by self, by family, by staff. This is not surprising. It is not just the case

of the person with learning disabilities and the media in a vacuum, but the person, the media

and the people around them.

Three types of coding : open/ axial/ selective.

Is my project in trying to find evidence for underlying mechanisms? Alternatively, is it

interpretative dealing with the accounts that people as explanations?

Can participants validate research by reading interpretations? The question needs asking for

the general population when participating in a grounded theory project. The doubts of

meaningful participation are higher with the learning disabilities population.

The question of the researchers position because of social status. The notion of only

researching what you are connected with. In learning disabilities how does the researcher

connect if they do not have a learning disabilities?

Whilst coding I became concerned about being focused on what was present and not thinking

about what was absent. The effect of the presented information can be a tyranny. What other

accounts could I have obtained from the people I spoke to? Having the transcripts there as documents somehow give you a sense of that is all there is. Maybe it is at this point that you go out and re-interview, or interview some new people.

M

Transformation- The Wizard of Oz metaphor.

M

Items that could be on many cards- where do you draw the line.

M

Cards that overlap e.g. positive effect of interests/ coping mechanism.

M

Are real social relationships blocked and replaced with pseudo relationships with media figures. The case where the respondent said she had ceased subscribing to a fan club and saved the money instead to buy an engagement ring for her boyfriend.

M

Filtering and control at the level of wrestling with reality, at the level of control of behaviour, the role of others, role of self.

M

Wishes: for more action in life/ for children/ to be a child again/ to be an adult/ For fairness / To be a Wild West hero.

M

Questioning whom? When? Where? What? How? How much? Why? Ask about meanings of words. Think of the flip side- what would these people be without their fantasy interests?

M

Regulation of clinician- of their work, of what they talk about with the client.

M

Who regulates: client, care staff, parent, other clients, clinician- how do they regulate. What aspect are regulated- talking, action, and thinking.

M

Category   Properties   dimensional range.

M

Transformation. The question of normal/ not normal. Supernormal. Illusion and reality.

M

Aldors Huxley The doors of perception

"The urge to transcend self-conscious selfhood is, as I have said, a principle appetite of the soul." P.46

"Most men and women lead lives at the worst so painful, at best so monotonous and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and has always been one of the principle appetites of the soul.

M

Clinicians. Either all thinking/ puzzlement/ reluctance to say autism/ contradictions/ to talk

or not t o talk about- to deal with as an issue, to use as a therapeutic tool/ risk assessment/

Intervention- with family, care staff- to observe or to intervene.

M

Client features. More able than most of the learning disabilities population/ mixed abilities/

emotional problems/ Identity issues- fragmented self- identifying with younger people-

disowning disability/ General obsessions/ Forensic features.

M

Causal conditions> Phenomenon> Context> Intervening conditions> Action/ Interaction

strategies> consequences. Strauss and Corbin.

M

Need to develop the parallels between what the informant spoke of as their interests and their

wishes.

M

Any piece of research is limited. Limited in its focus. Limited in its approximation to the

ideal document the researcher may have wished for at the research out set.

M

A grounded theory project could produce many accounts. Each account would have validity

from being grounded in the data. It would be in how the account was built up, was explored,

elaborated, focused upon, the literature and theory commented upon and the main theme that would determine the accounts.

M

The phenomenon of a person with a learning disabilities having an interest in a media character or narrative that is considered atypical and notable by the clinician. What are the conditions that give rise to the interest? What are the characteristics of the interests? What are the consequences of the interest? What sense does the clinician make of the interest?

M

Transitions. Adult/ child- the adolescent transition + being the character + bullying. Not in original conceptualisation.

Circumstances that prompt being the character to Strauss and Corbin paradigm look at what the circumstances are.

Client insightfullness, specific questions from me to clinicians.

Client and clinician talk about in session, sometimes questioned, developed? Check.

Clinician uncertainty about meaning. Not in original conceptualisation.

Coping mechanism, part of original conceptualisation, client coping- withdrawal into fantasy.

M

Control of behaviour: compulsion/ funding/ circumstances that prompt the behaviour/

Circumstances that prompt being the character.

Social reasoning: Fairness or lack of it/ Human interactions/ Continuities of life.

<u>M</u>

Links. Link between funding and others responses and circumstances that prompt the behaviour and circumstances that prompt being the character and social contact.

Link other responses and touchstones- points of reference.

Link wrestling with reality and illusions of reality

Link transformation and other lands.

Link strength of interest and emotional engagement

Link competencies and social and material resources.

Link onset of interest and childhood/ adulthood.

Link bullying and theme card of violence.

Link action to self and other

Link client's wishes for difference.

<u>M</u>

The dimensions and properties approach is robbing the project of some of the richness. For example, the other lands concept is reduced to two properties. What is lost is the sense of the client's desire for transformation into a more cosmopolitan figure.

<u>M</u>

How the project changed. Initially it emphasised the media fascinations as a way of providing information about problem solving as the person negotiated change, as well as the escapist fantasy aspect. Then it became about the fantasy, which was considered to be about more than just escapism.

M

The literature areas: learning disabilities and behavioural difficulties/ obsessions with the media/ learning disabilities and identity/ media effects and soap operas/ children and the media/ learning difficulties children and the media/ sociocognitive development/ learning difficulties and eventfulness/ learning difficulties and therapy/ metaphor/ media.

M

Why grounded theory used as the method what was sought were meanings beyond the descriptive, a tool to help clinicians.

M

The commonality of clinicians in learning disabilities working with a person who has a strong media interest.

M

The difference of conversations that occurred with people with learning difficulties for the research project compared to those of clinical practice. Often for a clinician they are put on a "sort this one out" an agenda set by someone else. A problem solution focus. As a researcher it is more open, you are saying to the person "tell me about your hobby. Tell me about something that is important to you." If you are not focused on getting information on all your presupposed areas of relevance you are free to listen, free from hypothesis generation, and all the swans legs bellow the surface thinking that can be occurring in clinical work.

M

Research as a shared activity. Talking over your research with others as an important part of the research process.

M

There may be a relationship between the congruence between clinician and significant others (care staff/ family) opinions about the interest, and what occurs (intervention).

M

Clinicians are all construing a function for the interest.

M

The dimensions clinicians consider in working with the people in the study: fragility / risk.

M

Which accounts are challenges to the overall theory? If they all fit in some way does this mean it is a poor theory. Problems of disqualification may be present.

M

Keeping the two interview groups of the project together. The accounts need to be in the same pool. There is a separate project about clinician conceptualisation. In fact, there could be a separate project about people with learning difficulty conception of their identity. Both of these projects are touched upon by the project carried out.

M

The final account: map it out visually, do flow diagrams. How are the categories?

Best arranged? What is the basis of the links that are being made? Why here not there?

M

There may be two equally plausible accounts; one could be in the main document and the other in the appendix. Say why one was preferred to the other.

M

What are the clinical implications of this project?

M

What is at the centre?

M

Synthesising

M

Blend

M

What would Dennis Potter have made of made of the participant who identified with a character in his television play "Lipstick on your collar"? I guess he would have been amused. Potter in "Resurrecting Lazarus" used the notion of transference of consciousness through time and space. On reading accounts of Potters life, it seems that he was a doggy character, obsessed with his female leads. He was also unhappy with his appearance, with his body. Perhaps these elements of him written into lipstick on your collar were what the participant identified with.

M

Fragmentation onto cards, taking meaning chunks from the transcripts and placing on cards with conceptual headings.

M

Co-working as a way of dealing with validity issues.

M

Constant comparisons as a way of dealing with validity issues.

M

Comparisons were made in the following ways.

1) Between the clients' transcripts in a batch of three. Between the clinicians' transcripts in a batch of three.

2) Between the next batch of three transcripts and the first batch. Clients against clients. Clinicians against clinicians.

3) Between the client transcripts as a whole against the clinician transcripts as a whole.

4) Between items on a concept card. How well do the items fit together. Is there as separate aspect developing?

5) Between concept cards. Where cards overlap on the concept they contain.

6) Between the findings of the interviews and the findings of the literature.

M

Augmenting self and making contact are two promising themes.

M

These seem rich areas: transformation- comparison of self and other / reality testing / social contact / others control of behaviour.

M

What are the areas of current debate?

M

The development of a learning disabilities person in a post-modern culture.

M

Pierce and Cronin- the gap between the life lived and the story told.

M

Adolescence/ popular culture/ identity.

M

Aspects of the learning disabilities participants: the struggle with adulthood / achieving an agreed identity / part of a wider obsessionality / A way of coping with anxiety and stress. Are these related in any way? The attempts to form an agreed identity focused around adulthood status leading to anxiety and stress which leads to obsessionality of which the interest in the media figure becomes core. This thinking is causal. Is it about the failure to make a successful life stage transition? Is the stage hat the person with the learning difficulty is trying to move into, adulthood, open for them?

M

The clinicians decision process project.

One. The importance/ priority of the media interest within the referral .Two. Carer vs. client led referral. Three. Interpretations of functionality. Four. Interpretations of functionality. Five. Confidence/ openness about the formulation. Six. Assessing the psychological cost and benefits. Seven. A critical channel of expression or not? Eight. Congruence between the clinicians interpretation and that of significant others.

M

Simulacrum.

M

His viewing of soaps- something of a connoisseur- he watches and makes judgements about characters' behaviour and how he thinks they should behave. When I asked how different characters would deal with the bullying that he had received at the day centre he was able to give an account of how Jim McDonald from Coronation Street would do and how Pippa from Home and Away would do. Did he do this of his own account? He was able to. He appeared to be reality testing soaps and cartoons, which were realistic and which were fictional. When we met he was glum as he was concerned he would miss his soap. When we spoke he was a keen and enthusiastic participant." Have to accept" a key phrase. Soap characters had to accept adversity. He had to accept he might miss a soap. A lot of detail about soaps will take up transcription times. He told me he had been bullied today by " Students" at the day centre. How did this affect the interview? Should we have still continued? He was OK about it. Bullying seemed a regular experience for him provided we finished before his soap things were fine.

M

A catalogue of John Wayne films and sections of narrative recalled. He seemed not to respond to my comments or questions but returned to his own narrative, like back to the script. I found this a bit irritating, I did get a bit bored. I wondered what it was like for care staff when he converses in this way. His room was decorated with posters and cards on a western theme. He had a collection of western regalia. He was dressed in a western shirt and necktie. Interesting account of him being named "Tex" when a child. He recalled a narrative between himself and his parents? Very vivid, like he was elsewhere.

M

Initially she was nervous and excited. She dashed upstairs to get her London's burning book. The book was used to mediate our conversation. She spoke with echolalia- not always- she generally spoke in short statements even when engaged in the topic. She has a collection of books that are either about police/ fireman shows or horror stories. She is close to expressing a meaning in her interests.

M

For the interviews, there were prompts for areas of questioning suggested by the literature. These areas were revised after three client and three clinician interviews. The aim was to be as open as possible and let the clients or clinicians tell their story. The input that was required from me varied with both groups of participants.

M

Advice for first years on the course. 1) Do not be too adventurous. 2) Work with someone who knows what they are doing, someone with a research pedigree. 3) Start early. 4) Be

prepared for participants dropping out. 5) Find ways to deal with the group think that research has to be horrible. 6) Give drafts to a number of people. 7) Work on something that is inherently interesting, to you at least. 8) Be aware of the different experience between being a clinician and a researcher. 9) Be aware of the political agendas around research. 10) Be aware that researchers differ in their definitions of methodologies and they can have strong bonds to their way being the right way. 11) Keep some form of record, a research diary, and memo cards. 12) Do not over engage in your research, but do not become avoidant of it.

M

Before any interviews are conducted these are the themes for interviews- People with learning disabilities and clinicians. Classification/ Media character as a model for living/ Identification / Boredom and eventfulness / Taboo- who can you talk to about this? / Control over thoughts/ Escape- loosing touch with reality. / Reality- awareness of fiction. / Relationship to character/ Context- other models for living/ Links to the past/ Learning difficulty/ Story telling.

M

Informing the participant. There is a need them to understand in order to validate the research process. There will be a need to consider how the informant perceives me. The roles that I take in constructing the account need acknowledgement. See Goodley paper.

M

I need to understand what "constant comparative analysis means" Straus and Corbin.

M

Elaboration/ Constant comparative analysis/ Tractability/ theory from the data/ multiple

perspectives/ Conceptual density/ conditional matrix- Straus and Corbin.

M

The need to find the core category under which all the others are subsumed. Question- where

does the notion come from that there has to be one core category? The aim seems to be for a

hierarchy. What are the pluses and minuses, he dichotomised, in hierarchies?

M

The ethics form that I have given to participants gives the choice not to take part. How

common is this experience for a person with a learning disabilities?

M

The metaphor paper links to the statement by Price-Williams paper about exploration of

emotion being made in a once removed way.

M

Memos- notes on thought/ ideas- I wonder ifs. Useful after you have fragmented your data

and want to put it back together again..

M

The fantasy world of people with learning disabilities are acknowledged and used as part of

the therapeutic process.

M

Elaboration/ Constant comparative analysis/ Tractability/ theory from the data/ multiple

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and want to put it back together again..

M

The fantasy world of people with learning disabilities are acknowledged and used as part of

the therapeutic process.

M

These issues need thinking about, in some depth, rather than simple responses that are applied uniformity- e.g. they are like children, or, they are like everyone else that watches soap operas.

M

How are people with learning disabilities reflected in the media?

M

Grounded theory can be social constructivist or positivistic. Where does my study sit?

M

Effect of project on staff thinking. Staff at one house thought of the way they watched soap operas and came up with eight categories.

M

Staff member commented to me how they find it difficult to engage the clients in activities when they are in competition with videos.

M

Experience and process- separate categories for experience and process.

M

Paternalism of staff, both cares staff and clinicians. The difference between taking account of persons limited cognitive capacity and coping skills to adopting a parental position in relation to the client. There was concern about talking about the obsession will take the lid off

something they had been trying to put the lid on. Comparison can be made to the old attitude about not talking about voices with the schizophrenia.

M

There are windows of opportunity for interviewing people.

M

The different views that staff have towards their clients' fascinations. What sense do the clients make of the divergent views?

M

Identification with adulthood or childhood. In the first batch of interviews, one participant identified with an adult character as a way of grasping on to adulthood. Another identified with childhood.

M

This project is about... identification with a fictional/ media character because of the perceived qualities and competencies that the character has. This produces a degree of wrestling with reality comparing the real world to the fictional. This project is also about the reasons why this occurs for some learning difficulty person; this could be about the transition from childhood to adulthood or a response to bullying. This project looks at the depth of the identification its onset, the cues to become engaged, and the level of compulsion felt.

M

To help clinicians in their work with people with learning disabilities- to provide a framework to help them conceptualise about obsessions and thereby to assist therapeutic interventions.

M

Can non-narrative material be made if the project e.g. the participant whose room was like a shrine to John Wayne.

M

There could be a problem in the coding for the learning disabilities people transcripts being based too much on the first participants that takes the project into a particular direction that does not fit with the experiences of participants in round two of interviews.

M

I thought that the second round of clinician interviews was better than the first and that the second round of interviews with leaning difficulties people was inferior to the first.

M

The question of preparedness. Now that the clients from round two of interviews are prepared should o go back and speak to them again. Windows of opportunity. Preparedness.

M

The interests that the participants had, if construed as obsessions, would be construed as solo activities; in fact, they turned out to be social activities.

M

Features of person- how typical are they within the learning disabilities population. However, how typical is anyone in the learning diabilities population? How typical is anyone? What are these assumptions about the homogeneity of the learning disabilities population? Is it a function of othering? That there are the general population them and us the learning difficulties population and they being other they are all the same.

M

Features of the person- how adverse are the experiences that this group had. How atypical are they for the learning disabilities population and for the general population.

M

Features of the person-emotional stability problems. As they were seeing a clinician, is this predictive?

M

Features of the group. What can be said, as they were a small group of only nine.

M

Features of interest- continuities of life- these would be expected to be found in people programmes, any value?

M

Other lands- only touched on by two informants. Does this link to other informants, other ways of being, e.g. married to a character in Eastenders, or a soldier in 1950's Britain.

M

Stage two to stage three the difficult to place were: memorabilia, qualities of media fiction, what is missing, fair world? , adulthood compare to childhood, onset of interest.

M

Were the people with whom I spoke were typical of the learning disabilities population. They had experienced adversity. They had problems with the regulation of emotion. Their media interest began in childhood. Their interests depicted other ways of being: characters with desirable features, other lands, and the continuities of life. They made comparisons with their character of interest, drew parallels, and a sense of self-transformation could occur. They explored issues: fairness, and the child to adult transition. They debated what is reality, and demonstrated some understanding of fictional representation. Their engagement in interest related behaviours had prompts. People around them regulated this behaviour. Their engagement related to the interest's strength and whether it was an obsession. Their interests prompt feelings; enables social contact, help coping, and prompts memorabilia collection. Their interests have negative consequences, examples being risks to self and others.

Appendix F

Appendix F presents the conceptual categories. There are 24 in total. An initial number indicates that the response was the transcript of a person with a special media interest, an initial letter indicates that the response was from a clinician's transcript. The conceptual categories are presented in the same order as the result section. In italics are the categories that were joined together to form those categories.

(i) Comparison

(i.i)Self compared to other

H. 15 to 29

The films that the client likes are macho, male action movies, which tie in with his interest in physical fitness and aggressive behaviour.

I. 102 to 106

The client identifies with children.

G. 65 to 76

The client's early life resembled a soap opera with outlandish events.

G. 30 to 33

The client identifies with Michael Jackson in the belief that his mother did not want a black baby like her mother did not want a handicapped baby.

G. 142 to 146

Identification with Michael Jackson in the belief he does not want to be black as she does not want to be handicapped.

1. 256 to 265

Wishing to be a character, as he knows what he wants in life and where he is going, he has

fiends and feels good being him.

5. 205 to206

Being fast with guns, having guns.

6. 250 to257

Wanting to be like a character that wants her children back.

5. 231 to234

Wanting a gun belt with John Wayne's name on it.

6b. 57 to 67

Needing to diet whereas soap characters do not.

6b. 127 to 138

Wanting to be a loud singer like her idol whilst she is a quiet and embarrassed singer.

6b. 210 to 212

Being told she is too young for a relationship whereas a client of a similar age has a

relationship.

(i.ii) Drawing parallels

Problem solving depicted in the media +Parallels-social reasoning + modelling

3. 178 to191

How Jim McDonald or Pippa would solve the problem faced.

5. 74 to 86

How John Wayne would deal with loss, shoot someone.

269

C. 35 to 40

The clinician and client discuss parallels between the characters' lives and the client's life, how they deal with situations.

C. 130 to134

The client is the only person that the clinician has worked with who draws parallels between their lives and those of characters.

C.193 to 200

The client draws parallels between their own life and characters of interest, I how things will develop.

G. 90 to 93

The client refers to images from films and television to make sense of her life.

H. 132 to 136

The client copied a parasuicide on " Heartbeat" to obtain attention from a staff member with whom he was infatuated.

H. 129 to 131

The client acts out the more realistic aspects of soaps.

(i.iii) Transformation

Transformation +Being the character

B. 59 to 63

The client feels more good and powerful when a power ranger.

H. 346 to 39

The client has a fantasy of turning into something more powerful, having control over people and being in a different body.

H. 54 to 57

The client is not as delusional as he once were, he do not believe he is the character.

H. 71 to 77

A Down's syndrome client, he wants to change his eyes, wanting to be normal, supernormal.

H. 66 to 70

The client is interested in hidden powers, looking normal, but not really.

2. 23 to 26

The character is a normal teenager like everyone else but when the earth is threatened, he is transformed into a powerful figure.

6. 443 to 445

Wanting to change face to be smiling, wanting to be as character so people would read stories about her life.

B. 7to 11

The client has likened himself to a Power Ranger and role-played with other clients.

D. 196 to198

The client enjoys the country and western image but does not think he is John Wayne.

F. 52 to 53

There is no sense that the client is trying out what it is like to be Arnold Swarzenegar.

1. 19 to 23

Being transported telepathically to a film being made.

1. 27 to 30

Feeling of being in the character's body in a real sense.

1. 15 to18

Being this character was attractive.

(i.iv) Adulthood compared to childhood

1. 137 to 247

Having to deal with a situation as an adult would, the character would deal with the situation well, he would not.

2. 48 to 57

Relating childhood (adolescence) as a pleasurable time when he could engage in fantasy as much as he wanted.

4a. 106 to109

Adulthood means growing up and responsibility.

6b. 203 to 212

Being told by her mother that 21 was too young for a relationship or baby.

B. 4 to 5

There is a childlike quality to the obsession.

B. 80 to 85

The staff found it bizarre how these adults can suspend adulthood and role-play characters.

B. 153 to 166

The client wanted to be like Peter Pan and associated with children. The client does not have much chance of success as an adult. The client is maturing and getting adults as friends. The clinician still believes the client has an interest in children and is not happy being an adult.

E. 109 to 112

The client's interest is like that of a girl plastering her wall with images of pop stars. The clinician finds unpacking this difficult.

F. 70 to 80

The client relates to films as an early adolescent would.

I. 123 to 124

The client does not think of himself as disabled but as a child.

I. 108 to 113

The client identifies with children. The client tries to be a child and young. The client is hostile to adults and expresses this hostility as a child would.

I. 18 to 21

The client believes he is fourteen. The client's mother does not want him to grow up either

(ii) Wrestling with reality

(ii.i) Wrestling with reality

Wrestling with reality +Delusional beliefs +modelling + Client insightfulness

B. 91 to 99

The clinician believes that the client can distinguish between the actor and the real person.

E. 37 to39

Once the client was not clear about reality and television, the clinician believes the client is now clearer.

C. 69 to 88

The clinician guesses that the client can distinguish between reality and fiction.

C. 159 to 162

The client does not accurately perceive that the T.V planners will not arrange their schedules around him.

E. 35 to39

The client is able to take an objective view of films as he judges their quality.

H. 144 to 148

The client is more likely to enact from more realistic television programmes.

H. 58 to 61

In a planning meeting where the client is stressed he will say he is someone else.

H. 100 to 103

People were concerned that the client would act out his gang leader fantasy and these were from programmes that are more realistic.

G. 3 to 6

The staff says that the client thinks that soap operas are real life.

1. 42 to 43

Going somewhere else and wondering where going, loosing touch with reality.

1 74 to 79

Feeling as if really the character of the film.

1. 201 to 204

Shocked with seeing character come on and believing doing what the character was doing.

2. 170 to 177

Believing the Power Rangers are out there.

3. 225 to 238

Thinking to self that the acting in a cartoon was ridiculous e.g. playing classical music in the sky.

3. 273 to 285

Thinking to self that the cartoon was ridiculous because of what occurred.

6a. 124 to 136

The character being a real person and when they leave the programme they continue in their fictional role elsewhere.

6b. 119 to 124

The character leaves the soap and becomes a singer.

6.b. 245 to 251

The character leaves and goes to another programme.

6.b. 412 to 415

The character becomes a singer, the character is her baby brother, and she loves him.

G. 10 to 12

A fantasy pregnancy

H. 100 to102

Being a gang leader fantasy

H. 49 to 56

Clinician considers current level of delusions less than in the past.

H. 13 to 14

Fantasy relationship with staff member and a resultant fantasy child.

H. 104 to 110

The client copied a parasuicide on " Heartbeat" to obtain attention from a staff member with whom he was infatuated.

H. 129 to 131

The client acts out the more realistic aspects of soaps.

A. 40 to 43

When the client is driven, they have little insight. At other times there are flashes of insight that make the clinician question if they have learning difficulty?

B. 23 to 26

The clinician is unclear if the client does not consider others perspectives or that he considers and rejects them.

C. 207 to 212

The client is dislocated in his interpersonal perception; they talk a lot about interpersonal relations yet they have problems in this area.

D. 242 to 246

The client is one of the more able cognitively, but insight is not directly to cognitive ability and the clinician queries the insight of the client

E. 230 to 233

The client has access but she blocks off, and it would be risky for the clinician to explore.

F. 80 to 87

The client has simplistic views at times and at other times, they are insightful. The insight is not there for the issue of referral, anger, and the clinician regrets this.

(ii.ii)Qualities of media fiction (In the Results section this is placed in the Wrestling with reality category)

Being the actor/ director + Celebrity and stardom +Illusions of reality

4a. 70 to74

Wanting to be an actor or director.

3. 7 to13

Liking a star because they were the best on T.V., having their music, accepting when they leave the programme.

3. 37 to 39

The stars in soaps play brilliant parts.

6b. 119 to 124

When stars leave, they become singers.

4a. 7 to11

Special effects and design make it look like real.

4b. 16 to 36

Knowing the difference between real and made up, father was helpful in this.

4b 133 to144

Film men make illusions with computers and models, he read in magazines

5. 218 to 223

Wax works where the models surprised, as they looked so real.

(iii) Control

(iii.i) Prompts for the behaviour

Circumstances that prompt being the character +Circumstance that prompt the behaviour

+modelling

1. 32 to 42

When lying in his bed in the evening.

1. 101 to104

When watching the film on T.V.

1. 151 to 163

When getting washed.

2. 71 to 74

When he is at the day centre.

A. 126 to 131

Bullying prompts the client to watch the video of obsession.

H. 49 to 56

Stressful situations, a planning meeting, the client says he is someone else.

4 .36 to 41

Seeing a trailer prompts him going to see the film.

H.127-130

The client copied a parasuicide on "Heartbeat" to obtain attention from a staff member with whom he was infatuated.

The client acts out the more realistic portrayals of soaps

(iii.ii)Significant people

Touchstones' responses to the fantasy Client and clinician talk about in session clinician uncertainty about meaning + forensic element / risk + Others control of the behaviour + Funding the fantasy

A. 131 to136

The client's mother thinks that the interest is rubbish and urges him to throw the video away, the clinician cautions against this.

D. 24 to 32

Circularity- the staff see the client's interest, they encourage it and the interest grows.

I .171 to 178

The client finds it difficult to communicate emotions, he does talk to his mother, her boyfriend, and the clinician, he indicates to the clinician what he will and will not talk about.

1. 353 to 357

Mother and father telling them they are only themselves.

1.9.339 to 368

Parents saying that it is just imagination thinking he is the character.

2. 142 to 151

Can talk to mother about but not to staff, and that makes him angry.

2. 155 to 157

Psychologist thinks it is OK to talk about the character.

5. 281 to 287

Fathers involvement in taking on cowboy identity.

6. 203 to 204

Being told by mother too young to have children.

2. 22 to 26

When playing the part other people come to watch or join in.

2. 202 to 207

People at the day centre do not mind him playing.

6a .215 to 223

Other people being fed up with her watching, having to go upstairs to watch.

B. 15 to 22

Other clients join in the role-play. The staff were shocked by the way the clients role-play as if they were children.

B. 86 to 90

Other people think that the fascination is childish and demeaning, the client does not mind because of the sense of power it gives him.

G. 110 to 120

Care staff argued with the client and had difficulty with the expression of emotion.

A. 27 to 33

The clinician wants to talk about the function with the client, to give new perspectives, but the client wants to talk about the content.

B. 60 to 64

The client was able to articulate feelings of being powerful when a power ranger compared to how he normally feels. The clinician and client explored this.

C. 32 to 35

The small talk is about T.V.

C. 7 to 10

The client makes specific reference to episodes of programmes in sessions.

D. 118 to 121

Talking about the interest was not that productive, medication was the focus of the intervention.

F.138 to 150

The clinician may have talked about the interest in the past now the clinician is using C.B.T.

H. 43 to 51

The interest was used as a metaphor for the changes in the client's life.

H.2.49 to 53

Characters were used to explore grief reactions, the changing characters in a plot like changing characters in a life.

H. 2 to 5

The clinician has spent time thinking about the client's interest and it had become part of the process.

G. 52 to 55

There has not been extensive contact around; there were constraints of working with this person.

A. 18 to 25

The client becomes more fluent when talking about the fascination.

F.209 to 220

A striking difference in the blow by blow accounts of what occurred in a film compared to the patchy recounting of life events.

A. 3 to 9

Construed as an escape mechanism but there may be functions the clinician has missed.

D. 70 to 75

How much was in the clinician's or in the client's mind, the clinician queried.

E. 100 to 165

It is satisfying a need and the clinician does not have to understand why and they are finding it difficult to understand.

A. 93 to 9

The client's interest character follows a woman down a darkened street. A stalking element.

B.130 to 140

There is concern that the client would sexually assault children.

I. 61 to 64

No immediate risk is posed by the client.

E. 196 to 200

The clinician was patching things up, making diagnosis and getting the environment right because unpicking was dangerous.

B. 140 to 145

The clinician worked with the staff and the client to minimiserisks

I. 60 to 64

The client was not considered a risk but they were not encouraging him to watch programmes in which children were hurt (the client's interest).

A. 76 to 78

The client has no video in his room and he would find it difficult to watch it in a public space.

A. 131 to 133

The clinician is trying to stop people saying the video is rubbish and should be thrown out.

B. 74 to 80

The care staff provide rules about video watching.

C. 18 to 22

The constraints of the service mean that the client does not have a lot of time to watch the television.

D. 171 to 173

The interest is long standing and has been encouraged by staff as it gave them a way of communicating with the client.

G.180 to 189

If staff think she is being too obsessional about a programme or video they steer her away from it.

H. 78 to 94

The client had a keyworker with a similar interest in science fiction and they went to event together, the keyworker has now left.

4b. 182 to 184

Mother provides money to fund.

(iv)Strength

(iv.i)Strength of interest

Compulsion to engage in the fantasy +Strength of interest +Time spent on behaviour+

Fascination +Client's control of behaviour

+ difference when talking about fascination variability of interest

1. 310 to 318

Having to make his face and his looks like the characters and failing to do so.

1. 326 to 329

Having to buy what the character did.

1. 348 to 349

Having to wear and do what the character does.

C. 56 to 58

It is important for the client to see every episode.

F. 4 to 13

The client was besotted with films, and identification with character was suspected by the clinician.

1. 7 to 9

Obsessed with the character.

3. 100 to 104

Never missed an episode in ten years.

2. 61 to 67

Spends all day playing at power rangers.

4. 37 to 40

Films rate third after sport and getting out.

5. 74 to 82

Being mad if lost photos of character.

B. 28 to 34

The client spends an hour an evening, a couple of evenings a week, it depends on who is around in the role play.

C. 140 to 146

The client does not watch a lot of television overall.

B. 193 to 196

The client is now in a relationship and is able to leave the media fascination out of it.

A. 18 to 25

The client becomes more fluent when talking about the fascination.

F. 209 to 220

A striking difference in the blow by blow accounts of what occurred in a film compared to the patchy recounting of life events.

A. 3 to 4

The interest goes in and out.

H. 51 to 56

(iv.ii) Obsession

Obsessionality + Children + focused nature of interest

A. 50 to 51

The client's obsessions began in adolescence.

A. 116 to 123

The client had many obsessions of which the video watching is part.

B. 2 to 5

The client talks about television with an obsessional child-like quality.

E. 72 to 75

The client collects memorabilia; the clinician questions if it is out of control.

I. 116 to 117

The client was obsessed by horses, which the group home was able to use creatively.

I. 10 to 11

The client had a history of obsessions: horses, buses, and now children.

I. 12

The client has an obsessive interest in children.

A. 101 to 103

To the clinician's knowledge, the client only talks about one video/character.

B. 234 to 239

The client is highly selective in T.V. viewing and not a couch potato.

E. 41 to 43

The client is selective, as they need heavy drama

G. 15 to 18

Not all soap operas appeal, they need to have a theme of pregnancy or babies.

H. 158 to 161

The client is a large T.V. consumer, without focus, but will choose videos of his particular interest showing focus.

I. 40 to 50

The client has a particular interest for programmes in which children are abused and will video them for repeated viewing.

I. 132 to 135

It is a narrow interest about children in jeopardy being rescued.

(iv.iii) Memorabilia (In the Results it is placed within the strength category)

Collecting- holding on to memories, holding value

4. 174 to 181

Collecting the best films of the year as something good to remember.

4b.146 to 148

Good films on video are like good memories.

5. 74 to 78

A picture of John Wayne is worth an excessive amount of money.

5. 275 to 280

Wanting a John Wayne gun belt, having a lot of beautiful gear.

6.b. 417 to 422

Buying and throwing out magazines (related to getting up to date gossip on the stars.)

(v) Consequences

(v.i) Prompting feelings

Prompting feelings Emotional engagement in the fantasy +Action in the client's life

4b. 163 to 173

Suspense in films appealing getting suspense in own life.

4. 44 to 50

Getting excitement from watching films and a similar feeling from workouts.

4. 44 to 50

Feeling sad when seeing a character in a film die and the emotion was shared in the cinema.

6. 93 to 98

Reading scary books and creating uncomfortable feelings that are good.

6. 157 to 162

Scary books make happy feelings inside.

1. 87 to 89

Feeling they were the character and feeling good.

2. 182 to 183

Feeling good when playing the character and bored when not.

2. 184 to 185

Feeling bored when not playing the character and good inside when playing.

4. 238 to 243

Action from working out, doing a good job, people being proud and liking that kind of judgement.

4b. 91 to 98

Wanting more excitement, an adventure.

(v.ii) Making social contact

Social contact + Positive effects of interest + Pseudo-social relationships

A. 98 to 100

Making contact with people is difficult for this client.

B. 17 to 190

Other clients role-play with this client, they debate parts like a child would.

B. 87 to 88

The client would not role-play on his own, it is an interactive thing.

D. 328 to 342

A Star Trek fan with learning disabilities was included joined in with Trekies

D. 88 to 91

The client enjoyed meeting people with a similar interest.

D. 39 to 45

The interest provided a vehicle and ready-made focus for people to communicate with the client.

I. 115 to 116

The client finds day to day social contact difficult.

F. 69 to 72

The client goes to films with his brother and it usually works well.

H. 78 to 81

The client had a social worker with a similar interest and they attended events together.

4. 201 to 202

Going to the films with brother.

4b. 10 to 13

Having people in the cinema being touched by a sad film and sharing the experience with his teacher.

5. 16 to 19

Having films on tape, a friend likes and knows all the words.

5. 116 to 128

Videoing films for other people, some like them, some do not.

D. 232 to 239

The interest has been in part maintained by staff to assist social contact

E. 4 to 6

The client writes to people in T.V. programmes. An ongoing relationship and dialogue.

6. 31 to 40

Like hearing about media stars lives and wants to tell them the places she goes.

6. 64 to 69

Wants to write to media stars and tell them about her work.

6b. 160 to 163

Will feel sad when stars leave, and will write them a letter.

6b. 168 to 172

The stars do not write back, she was in the fan club, but has used her money to buy an engagement ring instead.

(v.iii) Coping assisted

Coping mechanisms + positive effect of interest + dealing with feelings

A. 4 to 5

Construed as an escape mechanism when life gets too tough.

D. 130 to 152

The clinician wondered what the identification was about, was it a way of coping? Was her fending off feelings of worthlessness with a competent macho image?

E. 170 to 178

A projection, putting fear elsewhere, a person prone to dissociation, neutralising authority figures, having them as saviours rather than how they had been in her life.

G. 127 to 130

A way of expressing feelings that was real by comparing their bereavement to that of a character.

H.156 to 157

A way to deal with loneliness.

H. 51 to 56

A way to deal with stress by being someone else at the stress times, e.g. meetings.

H. 102 to 103

The client's reality is painful and so he needs to get away.

The fantasy identity helped the staff, but was not constructed by the staff.

D. 206 to 220

The client would be bereft and diminished without the fantasy identity, the identity makes the client interesting.

D. 47 to 55

The interest eases communication, you want to learn from them and share their interest.

4. 316 to 324

Having to beat out bad feelings.

(v.iv) Negative consequences

Negative consequences of interest + forensic element / risk

A. 12 to 15

The client was unable to get up in the morning after later night video watching. There were conflicts with his parents. He was giving people the creep's by talking about his interest.

B. 74 to 78

The client rowed with another client over what video to watch and staff had to intervene strongly.

C. 68 to 71

The client's lack of motivation was associated with T.V.watching.

I. 71 to 79

The client watched the programmes late at night and would scream and shout.

I. 9 to 11

The difficult family dynamics were focused around the television.

A. 93 to 9

The client's interest character follows a woman down a darkened street. A stalking element.

B.130 to 140

There is concern that the client would sexually assault children.

I. 61 to 64

No immediate risk is posed by the client.

E. 196 to 200

The clinician was patching things up, making diagnosis and getting the environment right because unpicking was dangerous.

B. 140 to 145

The clinician worked with the staff and the client on minimising risks and taking risks.

I. 60 to 64

The client was not considered a risk but they were not encouraging him to watch programmes in which children were hurt (the client's interest).

(iv)Personal features

(vi.i) Puzzling people

Atypicity of client + Autism

A. 42 to 43

The clinician sometimes wonders if this client has a learning difficulty.

B. 108 to 112

The client appears quite able and yet is neglectful of self and personal hygiene and this concerns his family.

D. 17 to 20

The clinician wonders if a model of autism or psychodynamics' gives the best understanding of the client.

E. 150 to 154.

The client is different to most people with a learning difficulty as he has a clearly defined interest.

F. 79 to 80

The client has mixed abilities

G. 235 to 237

The client definitely has a learning difficulty.

B. 38 to 55

The client has autistic features but the clinician would not say he was autistic.

I. 93 to 100

The client not diagnosed as autistic, the clinician thinks he probably is because of his quite strong autistic features.

H. 104 to 110

(vi.ii) Emotional problems

Fragility +Fragmentation +Emotional distress +delusional beliefs

D. 278 to 238

The client is considered fragile and that to unpick the interest emotionally would be dangerous.

A. 60 to 61

The client started to fragment when a placement broke down.

E. 151 to 155

Not going into the clients past history as they might fragment.

E. 22 to 24

The client is not grounded enough and they might fragment.

E. 77 to82

The fragmentation was considered as a psychodynamic process, not schizophrenic and they were put on trycyclodine.

A. 70 to 74

The client gets very distressed at times and scratches their body.

D. 113 to 115

Client referred for depression.

H. 12 to 14

Queried depression and challenging behaviour referral.

F. 15 to 29

The client displays anger, the characters he is interested in is angry, destructive, tough people.

I. 108 to 113

The client is angry with adults.

G. 11 to 12

A fantasy pregnancy

H. 100 to 102

Being a gang leader fantasy

H. 55 to 56

Clinician considers current level of delusions less than in the past.

H.14 to 15

Fantasy relationship with staff member and a resultant fantasy child.

(vi.iii) Adverse experiences

Bullying +Adverse home environment +Loss

F. 120 to 125

The client was jeered at and teased in public.

G. 2.197 to 203

Bullying is a common experience for the learning difficulties population.

I. 1. 36 to 38

The client was picked on by a group of children who recognise him as different.

3. 116 to 122

Being a threatened by a gang (other clients) to be beaten up, it is planned,

and physical damage is threatened.

4. 110 to129.

He has been bullied at school.

4. 110 to 129

Walk on by, but sometimes you have to fight back or you will be destroyed inside.

G. 204 to 206

The client's mother pushed her out and away.

H. 27 to 31

Many deaths and a strong sense of loss became the focus of therapeutic work with the client.

(vi.iv) Onset of interest

Onset in adolescence +Onset of interest

A. 50 to 51

The client had a lot of obsessional difficulties and anxieties from adolescence

E. 16 to 17

The interest began in late adolescence.

A. 90 to 93

A powerful piece of work seen when the client was vulnerable that hooked him in.

1. 187 to195

On seeing the character on the television.

4. 22

From school days.

2.117

When ten

5. 281 to 287

Taking the interest when a child, father's involvement.

(vii) Media interest qualities

(vii.i) Desirable qualities of special media interest

Competencies + Power + Appearance + Social and material resources possessed by the character

D. 158 to 165

A gender thing, that the western character is competent and not given to self-doubt.

1. 76 to 89

Having the character's body with a superb brain and to being academically good.

1. 231 to 232

Feeling stronger and more confident as the character.

2. 3 to10

Being able to fight and have a good physique when playing the character.

2. 76 to 80

If the character were at the day centre, he would do exams, but he does not.

5. 205 to 206

Being fast with a gun, and having many guns.

6b. 57 to 67

The characters are always slim whereas she puts on weight easily.

H.34 to 39

The identity gave the client a sense of power and control over other people in fantasy.

H.1.30 to 37

Down's syndrome makes the client visually different, he wants to be normal.

1. 83 to 85

The character knew how to do things and had a job.

1. 202 to 208

The character has money, bodyguards, and a Rolls Royce.

6. 275 to 285

Wanting to live in a house with a husband like the character.

6b. 302 to 313

Wanting to have a boyfriend with a boathouse like the character.

(vii.ii) Other lands are depicted

3. 53 to 59

Stars of soaps would go abroad if they could.

4. 140 to145

Wanting to see interesting parts of the world, the four continents.

4b. 108 to 118

Wanting to go to different countries, seeing them on T.V. and thinking would like to go there.

4. 142 to 146

Seeing different countries and lands, longing to do that.

5. 7 to 9

Flying over John Wayne's ranch in America.

5. 91 to 95

New York is a dangerous place and the informant knows about it.

5. 160 to 164

Knowing about America, it being different, and having seen.

(vii.iii) Important experiences are depicted

Continuities of life + *theme violence* +*sexuality* + *theme relationships* +*theme dieting* + *human interactions are depicted*

C. 178 to 183

The client's interest is in following the continuity and development over time in a soap opera story.

3. 30 to 32

Tragedy occurs and has to be accepted.

3.2.64 to 66

Tragedy occurs and has to be accepted.

3. 290 to 298

Reflections on the continuities of life.

6b.351 to 375

Getting married and being happy consequently, marriages breakdown and people consequently are unhappy.

2.5.127 to 140

The forces of good fighting the forces of evil.

3.4.128 to 136

Getting beaten up at the daycentre.

5. 50 to 53

A good film where people get shot.

2. 29 to 30

Kicking and punching like a power ranger.

1. 135 to 140

The character identified with was punched in the eye.

1. 151 to 154

The character kissing a woman and thinking he was the character.

4b.243 to 256

Having pictures of women from magazines on his wall and wishing he had a pretty girlfriend.

6b. 223 to 232

Boyfriend made a sexual advance, characters in soaps having sexual relations.

A. 94 to 95

The sexuality in the programme interests the client

B. 118 to 122

The client was referred for concerns of inappropriate sexual preferences.

6. 174 to 187

Getting an engagement ring bought by mother with her money.

6b. 40 to 56

Trying to loose weight and it is not going well.

1. 167 to 179

Talking to women, having arguments, walking out and slamming doors.

6b. 95 to 97

Sitting and talking, chatting people up, what the characters do.

(vii.iv) Fairness or lack of it

A. 110 to 113

The client is angry that the world has been unfair to him, unjust relations surround him.

I. 83 to 86

The client thinks that things are unfair, that he is not allowed to stay a child.

I. 93 to 100

The client thinks that the world is unfair, social rules are difficult to understand and given the

rules things happen that should not, specifically to children.

3. 77 to 84

Characters in soaps behaving to each other in a way that is horrible and hard.

3. 87 to 97

A character not behaving themselves and negative comment is passed.

3. 126 to 136

Being unfairly treated at the day centre.

3. 192 to 208

If you do harm, you have to make amends

One of the twenty-four categories was not placed in the higher conceptual framework as it did not seem to fit well anywhere. This category was "What is missing and is presented below.

What is missing

What is missing + Action in the clients life

C. 98 to 108

The client has an apparent lack of interest in things outside of television.

C. 224 to 226

The clinician considers that you could be interested in what the client is not interested in e.g. sports on T.V. as he is male.

D. 104 to 111

The character that the client is interested in has overshadowed the person.

E. 191 to193

The client is interested in boys but she has no interest in Mills and Boon books.

H. 225 to 231

The client's lifestyle does not have much excitement.

I.3.108 to109

Social life is limited

4. 238 to 243

Action from working out, doing a good job, people being proud and liking that kind of judgement.

4.b.86 to 96

Wanting more excitement, adventure.

Appendix G

Appendix G presents the properties and the dimensions of the conceptual categories.

(i) Comparison

(i.i)Self compared to other

Properties	*Dimensions*
• Similarity between themselves and the media character	High...........................Low
• Adult or child status of character	Adult............................Child
• Competence level of character	Higher......................Lower
• Character has desired role compared to them	Occurs.......................Does not

(i.ii) Drawing parallels

Properties	*Dimensions*
• Considers how media character would solve problem	Often...............................Never
• Common for person with learning disabilities	Common.......................Rare
• Referring to media character to make sense of own life	Often...............................Never
• Common for person with learning disabilities	Common.......................Rare
• Modelling behaviour	Often...............................Never
• Positive relationship between modelling and realism of behaviour copied	High............................Low

(Problem solving depicted in the media + parallels-social reasoning + modelling)

(i.iii) Transformation

Properties	*Dimensions*
• Change	For the better...............For worse
• Power	Increased......................Decreased
• Body	Different .... Same
• Belief they are the character	Often.............................Never
(Transformation + being the character)	

(i.iv)Adulthood compared to childhood

Properties	Dimensions
• More social competence	As an adult.................As child
	As the character...........As themselves
• More pleasure	As a child...................As an adult
• Sexuality	Allowed......................Not allowed
• Quality of interest	Adult-like...................Childlike
• Preferred association	With children.............. With adults
• Identification	With adults.................With children
• Others perceptions of them	As an adult.................As a child

(ii) Wrestling with reality

Properties	*Dimensions*
• Ability to distinguish real from fiction	High...........Low
• Negative relationship between reality and stress	High...........Low
• Positive relationship between realism of media representation and enactment	High...........Low
• Constancy of reality testing over time	High...........Low
• Others concern about their lack of reality testing	High.........Low
• Others belief in their reality testing ability	High.........Low
• Sense of unreality	Often........Never
• Belief fiction is real	Occurs......Does not
• Understanding of actor role	High.........Low
• Fantasy about desirable social role	Common.....Rare
• Insight level	High..........Low
• Blocking off	Common.....Rare

Wrestling with reality + delusional beliefs + client insightfullness.)

(ii.ii) Qualities of media fiction

Properties	*Dimensions*
• Desirability of a media role	Desired..................Not desired
• Permanence of fictional roles	Permanent...............Transitory
• Reality of fiction	Real..................... Illusionary

(Being the actor/ director celebrity and stardom illusions of reality concepts)

(iii) Control

(iii.i) Prompts for the behaviour

Properties	*Dimensions*
• Time of day	Day................Night
• Level of activity	Active...............Inactive
• Location	At home............At the day centre
• Stress level	High................Low
• Nature of behaviour copied	Realistic............Fantastic

(Circumstances that prompt being the character + circumstances that prompt the behaviour + modelling)

<u>(iii.ii) Significant people</u>

Properties	*Dimensions*
• Family attitude to interest	Positive.................Negative
• Care staff attitude to interest	Positive.................Negative
• Clinician attitude to interest	Positive.................Negative
• Other people with learning disabilities attitude to interest	Positive.................Negative
• Staff encouragement	Encourage.............Discourage
• Family encouragement	Encourage.............Discourage
• Family involvement in reality testing	Helps....................Hinders
• Other people with learning disabilities	Engage...................Disengage
• Staff understanding	Understands.............Puzzled
• Clinician attitude to using the The interest in therapy	Positive.................Negative
• Interest considered by clinician	Often.....................Never
• Clinician understanding	Understands.............Puzzled
• Riskyness of talking about interest (Clinicians view)	High......................Low
• Clinician intervention with significant people	Occurred................Did not occur
• Significant people imposed boundaries	Present..................Absent

(Touchstones + Others' responses to the fantasy + client and clinician talk about in session + clinician uncertainty about meaning + forensic element/ risk + others control of the behaviour + funding the fantasy.)

(iv)Strength

(iv.i) Strength of interest

Properties	*Dimensions*
• Changing appearance to look like the character	Occurs...............Does not occur
• Buying what the character buys	Occurs................Does not occur
• Seeing every episode of a programme	Important..............Unimportant
• Obsessional quality	Obsessional..........Not obsessional
• Time spent in behaviour related to the interest	High......................Low
• Identification	Identifies................ None
• Importance of interest	High......................Low
• Response to interference with interest	Anger....................Calm
• Own control over interest	High..........Low
• Variability of interest	High......................Low
• Quality of speech when talking about interest	Different................Regular
• Active search or interest related material	Often....................Rare

(Compulsion to engage in fantasy strength of interest + time spent on behaviour/ fascination + Clients control of behaviour + difference when talking about interest + variability of interest.)

(iv.ii) Obsession

Properties	*Dimensions*
• Labelled obsession	Labelled...........Not labelled
• Other obsessions	None...............Many
• Interest self control	Controlled.........Out of control
• Quality of talk about interest	Obsessional.......Regular
• Foci of interest	One focus..........Many
• Selectivity	Selective...........Not selective

(Obsessionality+ children focused nature of interest.)

(iv.iii) Memorabilia

Properties	*Dimensions*
• Memory function	Occurs.................Does not occur
• Value	Contained..............Absent
• Desire	Memorabilia wanted....Not wanted
• Editing and purchasing	Occurs...................Does not occur

(Collecting- holding on to memories, holding value.)

(v) Consequences

(v.i) Prompting feeling

Properties	*Dimensions*
• Emotions prompted	Often.....................Never
• Emotions prompted linked emotions felt elsewhere	Linked.................Not linked to
• Emotions shared socially	Shared.....................Kept to self
• Positive feelings	Prompted.................Not prompted
• Anxious feelings	Prompted.................Not prompted
• Sad feelings	Prompted.................Not prompted
• Angry feelings	Prompted.................Not prompted
• Boredom when not engaged	High.........................Low
• Emotion missing from life	Common..................Rare
• A way of making sense of own feelings	Occurs.....................Does not

(Prompting feelings + emotional engagement in the fantasy + action in the clients life.)

(v.ii) Making social contact

Properties	*Dimensions*
• Ease of making social contact	Easy.....................Difficult
• Sociability of interest	Social.....................Solo
• Effect of interest on communication	Eases.....................Inhibits
• Media stars contacted	Often.................Never
• Media stars respond	Often.................Never

(Social relationships = positive effects of interest + pseudo-social relationships.)

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(v.iii)Coping assisted

Properties	*Dimensions*
• Escape mechanism function	A function...................... Not a function
• Worthlessness	Fended off by interest........Not effected
• Competence identified	Identification.....................None
• Gender stereotype identification	Identification.....................None
• Projection	Projection occurs..............No projection
• Dissociation	Dissociation.....................None
• Authority figures	Reframed.........................Not reframed
• Feeling expression	Involved..........................Not involved
• Loneliness	Dealt with.......................Not effected
• Stress management	A function.......................Not a function
• Reality's pain	Painful reality..................Reality painful
• Helpfulness for staff	Helpful...........................Not helpful
• Interest of them to others	Increased.........................Not effected
• Communication	Eased.............................Not effected
• Bad feelings	Beaten out........................Held

(Coping mechanisms + positive effect of interest + dealing with feelings.)

(v.iv) Negative consequences

Properties	Dimensions
• Daily schedule	Disrupted..............Unaffected
• Conflict with others	Occurs................Does not occur
• Motivation	Effected...............Not effected
• Disruption for others	Occurs...............Does not occur
• Risk to others	Risk...................No risk
• Risk to self	Risk...................No risk
• Copying negative behaviour	Occurs...............Does not occur

(Negative consequences of interest + forensic element/ risk.)

(vi) Personal features

(vi.i) Puzzling people

Properties	Dimensions
• Learning disabilities	Clearly learning disabilities..Unclear
• Uniformity of abilities	Uniform...................... Mixed
• Interests	Focused.....................Unfocused
• Autism	Clearly autistic, or not........Uncertainty

(Atypicity of client + autism concepts)

(vi.ii) Emotional stability

Properties	*Dimensions*
• Emotional fragility	High..............Low
• Risk of fragmentation	High.............Low
• Distress	High..............Low
• Self harm	Has occurred.....Not occurred
• Depression	Involved..........Not involved
• Challenging behaviour	Occurs............Does not
• Anger	Present............Absent
• Fantasising	High...............Low
• Delusion level	High...............Low

(Fragility + Fragmentation + emotional distress + delusional beliefs.)

(vi.iii) Adverse experiences

Properties	*Dimensions*
• Bullying	Experienced.............Not
• Typicality of experience for a person with learning disabilities	Typical...................Atypical
• Response to adverse experience	Positive..................Negative
• Acceptance in family	Accepted.................Rejected
• Deaths of close persons	Many......................Few
• Abusive experience	Occurred..................Did not occur

(Bullying + adverse home environment + loss)

(vi.iv) Onset of interest

Properties	*Dimensions*
• Life events at time	At a difficult time........... No significant events
• Developmental stage	Child..........................Adult
• Others' involvement	Others involved...............A solo thing
• Memorable	Remembered.................Not remembered

(Onset in adolescence/ onset of interest.)

(vii) Media interest qualities

(vii.i) Desired qualities of special media interest

Properties	*Dimensions*
• Gendered attributes	Male ....Female
• Congruity with their gender	Congruent.................Incongruent
• Competence	Competent.................Incompetent
• Confidence	Assured...................Self-doubting
• Intelligence	High......................Low
• Strength	Strong....................Weak
• Body	Good......................Poor
• Responses	Fast......................Slow
• Valued possessions	Has.......................Has not
• Build	Thin......................Fat
• Power	Powerful..................Powerless
• Appearance	Normal....................Abnormal
• Knowledge	Knowledgeable.............Ignorant
• Employment	Employed..................Unemployed
• Home	Own home..................Others home
• Relationship	Partner...................Single
• Ability to change self	Change....................Can not

(Competencies power + appearance + social and material resources possessed by character.)

(vii.ii) Other lands are depicted

Properties	*Dimensions*
• Desire to go abroad wanted	Wanted........................ Not
• Awareness	Is aware of other lands........Unaware

(Other lands are depicted.)

(vii.iii) Important experiences are depicted

Properties	*Dimensions*
• Continuities	Open story line...........Closed
• Tragedy	Accepted...................Rejected
• Marriage	Depicted...................Not depicted
• Good vs. evil	Depicted...................Not depicted
• Violence	Depicted...................Not depicted
• Relationships	Depicted...................Not depicted
• Sexuality	Depicted...................Not depicted
• Dieting	Depicted...................Not depicted
• Arguments	Depicted...................Not depicted

(Continuities of life + themes- violence/ sexuality/ relationships/ dieting +   human interactions are depicted.)

<u>(vii.iv) Fairness or lack of it</u>

Properties   *Dimensions*

- Attitude to world   Angry..................Calm

                             It is fair..................It is unfair

- Social rules are considered   Difficult..................Easy

- Soap characters' behaviour   Horrible..................Not horrible

                             Hard..................Soft

- Treated   Fairly..................Unfairly

- Response to misdeeds   Make amends..............Do not make amends

  (Fair world, or lack of.)

The non-placed category

<u>What is missing</u>

Properties   *Dimensions*

- Other interests   Many.................. None

- Personality and the interest   Overwhelmed..................Clear

- Expected gender aspect of interest   Present..................Absent

- Lifestyle excitement   High..................Low

- What is missing wanted   Often.................. Never

- Fullness of personhood   Full..................Shrivelled

  (What is missing + action in the clients life)

Appendix H

Categorical comparison

Presents in appendix H are the categorical comparison from the axial coding stage. On the left side are responses from people with special media interests and on the right clinicians. Each entry contains the category, the reference to the person who made the statement (numbers for people with special media interests and letters for clinicians) and the number of times that they made a statement related to the category.

Categorical comparisons

Person with special media interest	*Clinician*
Action 4x2	
	Adverse home environment G
Adulthood / childhood 1/ 2/ 4/ 6	Bx3/ E/ F/ Ix2
	Appearance H
	Atypicity of client A/B/D/F/G
	Autism B/I
Being the actor/ Director 4	
Being the character 1x2/ 2	B/D/F
Bullying 3/ 4x2	F/G/I

Celebrity and stardom 3x2/ 4/ 6

Circumstances that prompt
being the character 1x3/ 2

Circumstances that prompt
the behaviour 4

A/H

Children I

Client insightfullness
A/ B/ C/ D/ E/ F

Client and clinician talk about in session
A/ B/ C/ D/F / Hx3/ G

Clinician uncertainty about meaning A/
D/ E

Competencies 1x2/ 2x2/ 5/ 6

D

Compulsion 1x3

Continuities of life 3x3/ 6

C

Coping mechanism A/ D/ E

Collecting: holding memories
and value 4x2/ 5x2/ 6

Client's control of behaviour B

Dealing with feelings 4

Onset of interest 1/ 4/ 5   A

Other lands 3/ 4x4/ 6

Others responses 2/ 6   B/ G

                                                   Others control of behaviour

                                                   Ax2/ B/ C/ D/G/H

                                                   Parallels, social reasoning Cx3/ G

                                                   Positive effect of interest Dx3

                                                   Power Hx1

Problem solving 2x2/ 6

Prompting feelings 4x3/ 6x2

Pseudo-social contact 6x4   E x1

                                                   Risk E/ I/ B

Self and other 1/ 5x2/ 6x5   I/ Gx3

Social contact 4x2/ 5x2   A/ Bx2/ Dx3/ F/ H/ I

Strength of interest 1/ 2/ 3/ 4/ 5   C/F

Social and material resources 1/ 2/ 6

                                                   Time spent in behaviour B/ C

Transformation 1/ 6   H/ I/ B

Theme violence 1/ 2x2/ 3 /5

Theme sexuality 1/ 3/ 4/   A/ B

Theme relationships 6

Theme dieting 6

Touchstones, points of reference
1/ 2/ 5/ 6   A/D/I

                                             Variability of interest A/ H

                                             What is missing Cx2/ D/ E/ F/I

Wrestling with reality 1/ 2/ 3/ 6   B/ Cx2/ E/ G/ Hx4