



A qualitative investigation into children's perception and knowledge of mental health and illness

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## ABSTRACT

There has been lack of research into the area of children's knowledge and attitude towards mental illnesses. Social cognitive theories argue that children as young as 10 years old have the mental capability to understand complicated issues like an adult. However, according to social constructionism they are too naïve and simple-minded to do so. The current study aimed to explore how well children understand certain mental illnesses, including their treatments and to gain an insight into children's attitudes towards mentally ill people. A convenience sample of 21 children were placed in focus groups of 7, taking part in a number of activities including group discussions, presentation and role-play. After thematic analysis was carried out, the three main themes that emerged were responsibility, body/mind binary and involvement of others. The research concluded the participating children were very insightful and had an excellent understanding, suggesting that they are often underestimated by society.

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| <b>KEY WORDS:</b> | CHILDREN | MENTAL ILLNESS | KNOWLDGE | THEMATIC ANALYSIS | FOCUS GROUP |
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## **Introduction**

### **Theories of child development**

There have only been a small number of studies investigating knowledge of mental health in children. These articles were summarised by Wahl (2002), providing an overview of research published in 1990s. He found that young children struggle to understand the concept of mental illness, however as they age their understanding becomes more complex. This was similar to the findings of Fox et al. (2007), who also found that older children produced more sophisticated and accurate responses. In their study, older children were also able to grasp the idea that illness (including psychological disturbance) can be caused by both internal and external factors.

These findings can be explained with Piaget's theory (1928), which emphasises how children's readiness to learn improves with age and how they actively construct knowledge. This is an example of a cognitive approach. During the first two stages of the theory, children's thoughts are very egocentric and rigid, unable to comprehend abstract ideas (Piaget, 1936). However, at the concrete operational stage which is at age 7 to 11, thought becomes more flexible, organised and starts to resemble those of an adult. By the time children reach the formal operational stage at age 11, their capacity for systematic and scientific thinking develops. This ability for scientific thought facilitates children in understanding more complex real-life dilemmas.

This means that if Piaget's theory is correct, only children aged 7 or older should be able to consider the perspective of others, because of the aspect of egocentrism. However, this idea of a universal childhood and that every child grows up and develops in the same way has been criticised by many (eg. James et al. 1998). Moreover, it is now clear that children's perspective taking abilities are more complex than what Piaget thought. Still within the cognitive framework, some theories focus exclusively on the development of children's perspective taking abilities.

### **Theories of perspective-taking**

Selman's stages of perspective taking (1980) is a comprehensive theory from birth to adulthood, based on social dilemmas and heavily influenced by Piaget's work. It consists of 5 stages (levels 0 to 4). Selman proposed that during level 1 (4-9 years), children can grasp the idea that people might have differing perspectives due to access to different information. The next step is level 2 (from 7-12 years), where children can view their own actions from someone else's point of view and understand that others can do the same. By stage 3 (10-15 years), they move even further, and can view a two-person scenario as an objective third party. This is important as the ability to recognise the fact that not everyone thinks in the same way is a key skill to understanding complex ideas such as mental illness.

Thus, according to these theories, children as young as 10 years old have the ability to deal with complicated issues like an adult, considering different points of view, despite society's much lower expectations of children of that age group.

### **Attitudes towards mental illness**

As well as investigating understanding, some studies examined children's attitudes towards emotional and mental well-being (e.g. Gordon and Grant, 1997). An interesting theme in investigating such attitudes was that children understood psychiatric problems as something that is only present in adults (Spitzer and Cameron, 1995) and usually attributed mentally ill people to be male (Roberts, Beidleman and Wurtele, 1981). Generally, children tend to view this group more negatively than others (e.g. physically disabled, healthy adults) (Wahl, 2002). More recent research contradicted this, claiming that children can easily identify similar age peers with psychological problems and usually respond by excluding them (Hay et al. 2004). This suggests that such negative attitudes apply towards all age groups with mental illnesses. Poster (1992) found that with increasing age, children start to develop the ability to label deviant behaviour as depressed, schizophrenic etc., meaning they have better knowledge. Contant and Budoff (1983) found that older children were also aware of emotional and cognitive underlying causes of such disorders, including associating certain behaviours with certain illnesses.

### **Effects of family, media and education**

If there is mental illness in the family, understanding is usually better (Walsh, 2009). This can be explained in terms of Bandura's Social Learning Theory (Bandura, 1977), which emphasises the impact observation and modelling others has on learning. Hence, if a child spends more time with a mentally ill person, they have more chance to observe and understand their behaviour. Pettigrew (1997) described this idea as the Contact Hypothesis, where spending time with people who are seen as different should lead to the recognition that they are not so dissimilar and so lead to more tolerance and empathy. This means that as well as having the cognitive readiness, children's understanding of complex issues such as mental health develop as a result of interaction with others (Carpendale & Lewis, 2006).

As well as personal experiences, secondary modelling through the media can hugely influence both knowledge and attitude. The issue of mental health is often a popular topic in the media; however it is often framed in a very negative way, such as labelling mentally ill people as violent and dangerous (Cutcliffe & Hannigan, 2001). The majority of media studies focused on the portrayal of mental illness in adult television programmes; however, Wilson et al. (2000) examined children's shows in New Zealand. They found that half of the characters with mental illness were shown as obsessive evil villains, while the other half were shown as irrational and comical. Moreover, these characters were also displayed as distinctly unattractive, and often described "crazy", "mad" and "twisted". This raises the concern that showing mentally ill people in the media in such an unfavourable way could contribute to the negative prejudices children have. All the mentally ill characters in the Wilson et al. (2000) study were male, which can be related back to the point earlier mentioned about children perceiving psychologically disturbed individuals to be male.

Since 1999 working with the media to promote mental health has been a key part of the mental health policy (Department of Health, 1999), but this is mainly aimed at adult audiences. There has been progress over the last 20 years or so, but there is still a lot to do for misconceptions and prejudice to disappear (Angermayer

and Dietrich, 2005). Because of the primacy effect and because people often believe what they hear in the media without questioning it (Gilbert, Tafarodi, Malone, 1993) if children's first conception of mental illness are negative it is very hard to change that. It is not known whether fictional films or genuine psychologically informed messages in the media have a bigger effect, if any, on children's attitudes towards mentally ill people. Before the factors that influence attitudes can be examined, the attitudes themselves need to be understood more thoroughly.

### **Social Construction of Childhood**

Using a different theoretical approach, it can be argued that the experience of 'childhood' is a socially constructed phenomenon (Kay, Tisdall and Punch, 2012). This means that the physical immaturity of children is translated into certain expectations about the way children should think, behave and relate to others and this is different in each culture (James and Prout, 2005). Within this social construction of childhood, children are seen as human becomings rather than human beings like adults (Qvortrup, 1994). This implies that children are naturally less competent and capable than adults, and lacking rationality (Kay, Tisdall and Punch, 2012). As suggested in the Social Cognitive theories above, the role of culture is vital in facilitating children to construct knowledge for themselves; therefore its importance should not be ignored.

Presumably because of the social construction of incompetence during childhood, children are perceived inadequate to deal with "complicated" issues. Therefore, we know little about children's understanding of mental health (Walsh, 2009). Another reason for lack of research could be the ethically sensitive nature of the topic of mental illness. The most important question is, whether children are unable to comprehend the idea of mental illness or if they do have some understanding but are not given the chance to express their opinions. Another important question is what factors determine how accurate their knowledge is. Is it down to their perspective taking abilities, or could it be the capability for scientific thought? Before these questions can be answered, the extent of their knowledge needs to be researched with an age group, where according to cognitive psychology they have the mental capacity to think like an adult, but according to social constructionism they should not have come across such a controversial topic. Based on the contradicting views of these approaches and gaps in previous literature, the current study decided to carry out this investigation with a focus on a specific age group of 10 and 11 year old children.

The overall research question the current project aimed to answer was; to what extent do children understand the concept of mental health and illness?

Within this there were a number of research objectives:

1. To explore how well some of the most prevalent mental illnesses (based on statistics from Alonso et al. 2004) are understood including ideas about treating such illnesses
2. To investigate the labels children use to describe mental illnesses
3. To gain an insight into children's attitudes towards mentally ill people

4. To find out how much importance children attribute to mental health and emotional well-being
5. To use creative research methods to make the project more enjoyable

## **Methodology and methods**

### **Methodology**

The theoretical positioning of this research lies in how children construct knowledge and attitudes depending on their cognitive abilities and the information available to them. This means that personal accounts are more in focus, which can be used as justification to use a qualitative method (Silverman, 2005). Qualitative research aims to describe meanings attributed to events, rather than predict cause-effect relationships (Willig, 2006). Past research made use of both qualitative and quantitative methods; however as the current study only focused on a specific age group, carrying out a qualitative investigation was the rational choice.

### **Data collection**

Within the qualitative research method, focus groups were used. Focus groups feel less intimidating to children, as most of these rely on additional activities in order to make the discussion more meaningful (Mauthner, 1997). The researcher took inspiration from the idea of 'serious fun' (Thomas and O'Kane, 1998, p.344) as the ideal procedure to use. This meant that a number of enjoyable activities were centred around the research question, while making sure that these tasks were not too boring and there was room for changes. Another important advantage of focus group design was that the participants were able to talk to each other as well as the researcher, exchanging ideas and opinions so the data was more detailed and better quality (Barbour, 2007). As well as this, in focus groups participants encourage each other to speak (Duggleby, 2005) and hence share more information than in a normal interview.

### **Participants and sampling**

During the planning, the difference between participant selection and sampling was considered (LeCompte and Priesse, 1993). The main criterion in this research was the children's age, as they had to be 10 or 11 years old to participate. Another crucial criterion was getting consent from both the child themselves and their parents due to ethical reasons. The researcher, making use of personal connections, was able to gain permission from a primary school in Greater Manchester to carry out the study there. As well as this, after consulting with the teachers at the school, it was decided that children who might have experience with mental illnesses at home should not be excluded. Moreover, the researcher was getting continuous feedback to make sure none of the children felt distressed after participating. Lastly, a teaching assistant was present at every focus group, in case the children had any questions and due to ethical reasons. After filtering through the potential participants, a convenience sample of 21 children were selected (11 boys and 10 girls) and they were placed in equally balanced groups of 7 (as suggested by Barbour, 2007).

## Data collection

To meet the research objective of using creative methods, the schedule put together for this project contained a number of different activities. The first activity was a discussion defining what mentally ill and healthy means. This task aimed to set the context for the project as well as encouraging the children to share their opinions comfortably.

The second task involved the children reading four scenarios with pictures to accompany the story about certain mental illness (Major Depressive Disorder, Anorexia Nervosa, Schizophrenia and Alcohol Use Disorder) and then discussing them. The scenarios were written by the researcher for the purpose of this project using the DSM V (APA, 2013). The researcher acknowledged that the scenarios themselves could have been a confounding factor. However, the researcher decided that having descriptions of the illnesses that were clear and the children could relate to outweigh that chance that it could be a confounding factor. Moreover, Fox et al. (2007) criticised previous research for using terms such as 'emotional disturbance' and 'mental illness' without knowing its significance to children, hence having low face validity.

The third part of the research was a role-play task, where the children had to work in pairs, one of them acting as a patient in the previous stories and the other acting as a doctor offering treatment. This exercise aimed to reveal their ideas about treatments of mental illness. Lastly, the children and the researcher concluded the afternoon and the children had the chance to ask any questions they had.

The same activity schedule was used in all of the focus groups; however, going off-topic was not seen as a problem as it is part of qualitative research (Silverman, 2005).

## Data analysis

As Langdrige (2009) suggested, the researcher did all the transcribing in order to maintain the link between the raw data collected and the transcripts. Moreover, this gave the researcher a chance to start thinking about what the data means.

As this study was looking into the understanding and opinions of different children, the content of what they said was more in focus than the context, which means using thematic analysis was favourable (Nadine & Cassell, 2004). Thematic analysis is argued to be one of the fundamental forms of qualitative analysis (Braun and Clark, 2006), as it is very flexible and can be applied in a number of ways unlike other qualitative analyses. A theme is a pattern found across a transcript (Boyatzis, 1998), and these themes were then used to make sense of the data. For a theme to be identified it needed to be distinct and be repeated across the focus groups and it was narrowed down by the researcher to find the ones relevant to the question (Braun & Clarke, 2006). Barbour (2007) highlights the importance of having a hierarchical system for codes and themes during data analysis. As she suggested, this was done by coding the text then looking at the codes that can fit together under an overarching theme.

## Ethical considerations

As a starting point, legal documents such as Children's Act 2004, along with international guidelines such as Convention on the Rights of the Child (United Nations Children's Fund, 1989), as well as professional codes of conduct (Code of Ethics and Conduct, BPS, 2009) were all considered during the planning phase to make sure that the research is highly ethically considerate. As well as referring to general codes of ethics, Christensen and Prout (2002) suggested that when working with children, a more personal responsibility needs to be undertaken by the researcher and the issue of ethics needs to be placed more centrally. Therefore, the research attempted to pursue this idea of making the issue of ethics and using creative methods central in order to produce work that is ethically sound.

This research followed the approach that sees children as respected participants and co-researchers rather than just objects within social research (as suggested by Alderson, 2000). In this study the children were viewed as competent participants in their own sociological world (as suggested by Greig, Taylor and MacKay, 2007). For example, the children were allowed to choose their own pseudonyms and were asked to evaluate the focus group at the end of the activity. Following this approach meant that there were fewer problems with the issue of power distribution between the researcher and participants, as the research was done with the children rather than to them (Campbell 2008, Coyne et al. 2009).

There were three main ethical frameworks which were followed in this type of research (Alderson, 2005). The first is principles of respect, justice and ensuring that no harm (physical or mental) was done to the participants. As the study took place in a safe school setting, every effort was made to treat the children with as much respect as possible.

The second one is rights, which included all the rights adult participants have in social research. Before they decided to participate, the children were given an information sheet which explained all their rights and what the study would involve using language that was clear and did not intimidate them. Parents of potential participants were also given an information sheet and a consent form, as according to the World Medical Association (2012) a child is not legally competent to give consent without a parent, even if they do give assent. This means both the parent and the child had to be consulted. This framework also involves the participants having their views listened to and respected by adults (United Nations, 1989). As this piece of research aimed to find out about children's ideas, their views were central; therefore, encouraging the participants to be as honest as possible was especially important. The children were asked to sign the assent form before the focus group started, and were reminded of their rights to withdraw at the end of the activity; however none of them chose to do so.

Lastly, the researcher needed to make sure that the outcome of the study was the best possible, by weighing up the costs and potential benefits to see if the research is worth doing. This was carefully considered during the planning stage.



## Analysis and Discussion

It was clear in the focus groups that the children's general understanding towards mental illness was very good, the majority were very insightful. This contradicts Wahl's (2002) suggestion that children may not conceptualise mental illness the same way as mature adults do, suggesting that maybe children's abilities have been underestimated. After a thorough thematic analysis was carried out, the three main themes that emerged from the transcripts were responsibility, body/mind binary; and involvement of others.

### Responsibility

Within the theme of responsibility, differing aspects of *control*, *blame*, *terminology* and *compassion* were all included. Despite being quite open-minded, many of the children felt that the mentally ill person in the four scenarios had a choice over what they were thinking;

*'Because he's making himself think something and it's bad for him'* (Elsa, line 254, group 1)

*'If someone tells you you're fat, you don't have to believe them'* (Bob, line 360, group 2)

This is in line with the findings of Poster's (1992) study, which found that fifth and sixth graders were more likely to attribute behaviours to internal causes such as thoughts and feelings. Interestingly, in Poster's study only 27% of children assigned mental illness labels, whereas in the current research, the majority of the children used a wide range of psychological terminologies.

*'He's mentally unhealthy because obviously, he's saying that he's hearing voices'* (Jay, line 225, group 3)

[I think she feels] *'Lonely, depressed and stressed'* (Zoe, line 130, group 1)

*'She could get anorexia and stuff'* (Meredith, line 195 group 1)

*'He might be mentally unstable'* (Zoella, line 289, group 3)

The reason behind this could be the increasing awareness of mental health problems, as these findings are similar to the more recent study of Fox et al. (2007). This could be due to the subject attracting media attention, although such attention is not always positive (Mehta et al., 2009). As well as assigning labels, the children also understood the need for professionals in terms of caring for someone with a mental illness, especially in the case Schizophrenia and Alcohol Use Disorder (AUD);

*'I would take him to a therapist so they could try and help him'* (Molly, line 290, group 3)

*'I'd get a doctor to help her'* (Rose, line 221, group 1)

They also acknowledged that in certain situations a person is not in control of their behaviour. This was most evident in the description about Alcohol Use Disorder. The children understood that when someone is under the influence of alcohol they may not be completely aware about what they're doing

*'Alcohol controls your mind and it's something someone else would do, not you'* (Bobby, line 275, group 2)

However, they still saw control over whether someone chooses to drink or not. The children felt that people should be able to control themselves enough to not let substances like alcohol influence their judgement.

*'You're allowed to drink when you're going out with your friends [...] you're allowed to get maybe a little drunk but not too much'* (Jay, lines 327 and 330, group 3).

This raises the question whether a person is in control if their perception of reality is distorted. The children often commented on the debate of what constitutes reality and whether reality is different to each person. This is a complicated philosophical question, and taking part in this kind of discussion requires the presence of complex cognitive skills, i.e. the formal operational stage of Piaget's theory (1928), demonstrating the children's mature cognitive abilities.

Closely linked to the concept of control, a certain degree of blame was also evident in the transcripts, especially if control was perceived over the behaviour.

*'He's only making himself worse and worse'*  
(Rose, line 280, group 1)

Within the idea of blame, when the children were asked to think about how they would feel if they were in close contact with someone with a mental illness, they showed many negative attitudes. These included distrust, fear and wanting to distance themselves from such people. The characters with Schizophrenia and AUD were blamed mostly, for example;

*'I'd just be disappointed because they're meant to be a role model and they're showing us bad examples'* (Sky, line 303, group 2).

*'It would be a really bad situation to be in'*  
(James, line 94, group 3)

*'I'd feel worried in case he spent all our money and we couldn't afford the house'* (Kat, line 321, group 2).

Much of past literature also indicated negative attitudes displayed by children (e.g. Alder & Wahl, 1998). The interlinking concepts of control and blame can be easily explained using Heider's Attribution Theory (1958). According to this theory, when people see a certain behaviour they will attribute its causes either internally

(seeing the behaviour as dispositional) or externally (seeing the behaviour as situational). It is clear that as children understood thoughts as something that can be controlled by a person, the negative behaviours which come from malfunctioning thoughts, were attributed internally. This means that in relation to Selman's perspective taking theory (1980), they're not at level 4 yet, at which stage they should understand that ideas and thoughts can be influenced by different belief systems. It is also important to remember that children are not the only ones with negative attitudes. Angermeyer and Dietrich (2005) found that amongst the many stigmas attached to mental illness, the most common misconception is that they are unpredictable and dangerous. Moreover, Schomerus et al. (2010) found that those with addiction problems get stigmatised more than those with other illnesses as they are not seen as mentally ill, they are seen as responsible for their behaviour. This can explain why such unfavourable attitudes were shown towards the person with AUD. Interestingly, Angermeyer and Matschinger (1999) found that the factor which correlates the most with having more accepting attitudes towards the mentally ill is educational levels, suggesting that age and attitude are not related concepts.

As well as the negative feelings, children also showed sympathy and compassion when they saw themselves as someone who could help. This was most commonly expressed with regards to the scenarios about depression and anorexia.

*'I would stay by my mum's side and help her through it [...] cause if you love someone it's a thing you need to do'* (Dave, lines 100-102, group 3)

*'I would feel sorry for them and would try and help'* (Alice, line 141, group 2)

Indeed, a study by Fjone et al. (2009) interviewed children who had parents with mental illness, and found that children expressed a lot of love and admiration for their parents rather than describing them negatively. Many of the children in this study were actively involved in their parent's lives and valued this involvement. Furthermore, Secker, Armstrong and Hill (1999) also found that young people showed more compassion than fear when asked if they would mind living next to a person with depression or anorexia. This suggests that if children see themselves as someone who can provide support, it would reduce what Conant and Budoff (1983) described as "invisible nature of mental disability" (as cited in Wahl, 2002, p. 143). Fox et al. (2007) suggested that girls show more empathy and compassion towards mentally ill people, however, the current study found no such differences.

### **Body/mind binary**

The second theme was the body/mind binary, which means that children saw the body and the mind as separate identities, but they did acknowledge that they can have an effect on one another. The participating children saw health as something that is mainly concerned with a person's physical well-being, with great emphasis on the importance of exercise and healthy eating. For example, when they were presented with illnesses that had both physical and mental aspects, they focused almost exclusively on the physical problems;

*[she's unhealthy because] 'she's not been eating much and she's not exercising'* (Bobby, line 76, group 2).

They correctly identified a range of unhealthy behaviours and raised concern when they came across behaviours a healthy person should not experience. Such unhealthy behaviours included drinking too much alcohol, hearing voices, crying too much and withdrawal from others. There are a number of previous studies, such as de Rosa (1987), which also found that children can easily identify inappropriate behaviours. Secker, Armstrong and Hill (1999) concluded that children decided which behaviours are healthy and unhealthy by distinguishing between behaviours they could associate with and those they could not. A reason behind their accurate understanding could be that they partially learn by observing others (as suggested by Bandura, 1977) and unhealthy behaviour is the most easily observable feature of mental illnesses.

It is unlikely that all the participants had a chance to observe a mentally ill person in real life. Because of the lack of personal experience, they were relying on secondary modelling through the media. Relying on the media to educate children about such a complex idea can be dangerous, as the media often equalises mental disorders with violence, creating fear in people and reinforcing the stigma (Hinshaw, 2007). If the only example of mental illness children see is the negative images in films and TV programmes, this could result in the children imposing false explanations and expectations of mental illness, based on what they learned from the media.

Despite having major focus on the body, many of them also acknowledged that so-called healthy thinking is also important and that the mind can have a great effect on physical health.

*'She's unhealthy because in her mind she feels ill and bad about things'* (Molly, group 3, line 56)

*'If you're like positive about things, then you'll probably do everything better'* (Elsa, group 1, line 50)

Interestingly, many of the participating children felt that the physical aspects of illnesses are more important and superior to emotional ones. When the children were asked to put the illnesses in order of seriousness one of the answers was:

*'I put Sam's mum and the alien problems last because it's not about their drinking or eating it's only about their feelings'* (Shabian, group 3, line 386)

This is in line with Ingaki and Hatano's (1993) findings, in which children explained biological phenomena in the body using vitalistic explanations (explanations involving bodily functions and organs), suggesting that children usually do not consider the effects that state of mind could have on the body. It can be argued that this is because of the huge focus on exercise and healthy eating in the National Curriculum (DfEE, 1999) rather than the children's inability to understand

mental illness. The topic of health is present in the National Curriculum; however it only includes physical aspects such as smoking and a healthy diet. It is therefore logical, that the topic of mental health should also be included, in order to raise awareness of the most common psychological illnesses. This would allow children to learn in a non-biased environment and be able to ask questions in order to dismiss all the myths they may have come across previously. This could prevent children from developing prejudiced attitudes as adults.

### **Involvement of others**

During the focus groups the children did not only concentrate on the person with the mental illness but also showed a lot of concern for those around them, anticipating the effects of being around a mentally ill person. Within this theme, they mostly mentioned family, especially children.

*'Sam is not being cared for so he has to do most of it himself, he can't get help'* (Josh, line 337, group 2)

*'Also, it might affect his son at school because he's worried about him'* (Meredith, line 372, group 1)

It is easy to see why they mentioned the effects on children so much, as they found it easier to put themselves in the place of a child instead of an adult. Being unable to do this also suggests that in terms of cognitive readiness, they're only at level 3 of Selman's theory (1980). Secker, Armstrong and Hill (1999) also found that children drew on their own experiences when thinking about the thoughts and feelings of people with mental health difficulties. Moreover, the stories were constructed from a child's perspective, in order to make them more relatable.

As well as this, the children talked about the concept of peer support and having friends as something that is very important for a person to be healthy and happy. They saw friendships as both something that can prevent mental illness and something that can help cure it.

*'I'd organise for some of her friends to go around and then they can like cheer her up a bit'* (Zoe, line 103, group 1)

*'I'd find people to help him and like him and be his friend'* (Elsa, line 303, group 1)

Indeed, friendships are present in every age group across different cultures and they seem to be distinctly different from other types of personal relationships (Krappman, 1996). Moreover, they maintain emotional and social security outside the family (Hartup, 1996). The children clearly recognised the benefits of having friends from personal experiences and applied it to the scenarios they were given. This is another example of the cognitive process of imposing explanations based on previous experiences.

As well as portraying friends as loving and supportive, the children also presented them in a negative light, as possible causes or factors that contributed to mental illnesses.

*'His friends might have persuaded him to drink  
or he could be copying one of his  
friends or something'* (Bob, line 285-286, group 2)

*'Maybe she takes what people say about her more  
seriously than she should do and she  
heard someone call her fat'* (Josh, line 155, group 2)

Again, this can be related back to the Social Learning Theory (Bandura, 1977) and how people learn from one another. Moreover, the approval and encouragement of friends can provide extra reinforcement for carrying out certain behaviours, especially drinking alcohol. Numerous studies in the past found that peer pressure influences people to drink more than they would do if they were alone (e.g. Borsari, 2006).

This suggests that children as young as 10 years old are aware of the bittersweet nature of human interpersonal relationships and how spending time with the wrong kind of people can lead someone astray. In terms of attitudes, despite having some negative misconceptions, many of the children were intrigued by the people with mental illness and said they would ask them questions to find out more. This shows that children are curious by nature and simply trying to shelter them from sensitive topics would be irrational. Thus, these findings go against the social construction of children which portrays them as naïve and simple-minded (Lee, 2001).

The children were also aware of secondary modelling through the media and the effect television and the internet can have on others.

*'She might have been looking on some  
websites that say you need to start losing  
weight'* (Kat, line 158, group 2)

*'Things like magazines can also make people feel  
bad about themselves'* (James, line 171, group 3)

*'Maybe he heard something about aliens or  
watched a film [...] after watching the film he  
started thinking about it'* (Meredith, lines 317-319, group 1)

It is interesting to note that the children mentioned media as having a significant influence on people's perception of themselves and others, yet they never considered how the same thing could influence their understanding of mental illness. This lack of self-reflexivity suggests that their cognitive abilities are not completely developed yet, hence only being at Level 3 of Selman's perspective taking model (1980).

To summarise the findings, the children understood each illness equally well. However, they often focused on the physical aspects and directed less attention towards the emotional side of each disorder, suggesting that even though their understanding was good, it wasn't entirely accurate. This is in line with expectations of 10/11 year old children's cognitive abilities. Anorexia Nervosa and Major Depressive Disorder generated more sympathy and kindness, whereas Alcohol Use Disorder and Schizophrenia created feelings of fear and anxiety. This could be attributed to the negative images in the media and lack of education about mental health. The children also spoke about how such illnesses also have an impact on the family and friends of the mentally ill person and saw peer support as a necessary component of preventing and curing mental illnesses. This shows how children are socialised to have friends and create inter-dependent relationships from a young age.

### **Validation and possible future research**

A piece of qualitative research is valid if "it represents accurately those features of the phenomena that it is intended to describe, explain or theorise" (Hammersley, 1987, p. 69). When looking at the validity of the current study, it is important to remember that all of the participants were from the same school, and many of the children came from high socio-economic backgrounds which could have affected the outcome. However, it can be argued that this factor is not too crucial as, Robert's et al. (1981) study found more similarities than differences in children's opinions when comparing responses of children with high and low socio-economic status. Therefore, it would be beneficial for future research to carry out this investigation using a larger sample, perhaps even across cultures to gain a better understanding as well as to identify factors which influence children's knowledge and perceptions. Furthermore, it would also be beneficial to see how much children understand when it comes to more complex disorders such as personality disorders or autism.

### **Reflexivity**

Willig (2006) differentiated between two types of reflexivity; personal reflexivity, which refers to how the researcher's own values and experiences impacted on the research and epistemological reflexivity which refers to how the research question and design influenced the outcome. In other words, epistemological reflexivity should identify the assumptions made during the research. In this study, talking to the children face-to-face in a qualitative way, rather than using questionnaires seemed more appropriate so that they can express themselves better. Another important assumption was that the children would be too young to understand descriptions taken from the DSM V. The most common features of the four illnesses chosen were turned into stories from a child's perspective in order to make them more relatable. In terms of personal reflexivity, when I was working with a group of children on a different psychology related project, I was surprised at how much they knew about how people's minds work. This gave me the idea for my research and to do it a way that does not belittle children, but allows them to express their views freely.

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