

AUTHORING SELF: FRAMING NARRATIVES OF YOUNG WOMEN DIAGNOSED WITH
MOOD DISORDERS

by

LESLIE SUSAN COOK

Under the Direction of Peter Smagorinsky

ABSTRACT

With suicide the 3rd leading cause of death among teenagers and with 8.3% of adolescents diagnosed with a mood disorder, there is an educational imperative to inform those who are involved in educating these young women about the cognitive and social aspects of these mental illnesses. This study could provide insights that will increase the quality of relationships among teachers, students, and parents and could improve the development of Individual Education Plans for those diagnosed with mood disorders. Building on work done combining literacy and mental health concerns, studies that focus on development of self, and on sociocultural theories of meaning making, this narrative inquiry dissertation explores and explains how 2 young women who have been diagnosed with a mood disorder develop concepts of self. Using a case study format, I conduct a series of individual interviews with the young women, their parents, and 2 local adolescent therapists. Data also include archival data and a research reflection journal. In my narrative analysis for each case, I focus on the young women's narratives situated within particular settings as the basic unit of analysis. My research seeks to understand how young women who have been diagnosed with a mood disorder internalize and reconfigure the messages they receive from their external worlds. My research questions how

young women appropriate the competing voices within the various settings of their daily activities and examine the multiple mediational means (both material and psychological) that these young women use to construct their narratives. Specifically, I am asking 1) What tools of narrative construction did the young women use to frame their experiences? 2) How did the young women use narratives in defining their unique senses of self? and 3) How did their narratives become cultural tools for authoring self?

INDEX WORDS: Narrative, Self, Mental Health, Adolescents, Sociocultural Theory, Activity Theory, Multiple Composing Processes

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LESLIE SUSAN COOK

B.A., The University of Georgia, 1992

M.S., University of Tennessee, 1995

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LESLIE SUSAN COOK

Major Professor: Peter Smagorinsky

Committee Members: Kathleen deMarrais
Jerry Gale

Electronic Version Approved

Maureen Grasso
Dean of the Graduate School
The University of Georgia
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CHAPTER 1

INTRODUCTION

Mental health is a pressing social, economic, and educational issue. Like race, gender, class, and sexual orientation, labels such as mental health diagnoses can evoke stigma and controversy. Entering into the settings of the mental health profession and receiving a diagnosis produces statements such as, “I am bipolar,” “I am schizophrenic,” or “I am oppositionally defiant.” An individual diagnosed with a mental disorder (or disorders) integrates a new self, which involves a complex negotiation of information.

According to the World Health Organization, (2001) four of the ten leading causes of disability in the United States and other developed countries are mental illnesses. An estimated 7.5 million children in the United States (12 percent of all children under age 18) have mental disorders, nearly half of which lead to serious disability. The National Institute of Mental Health (NIMH, 2000b) reports that more than 19 million adult Americans age 18 and older bear the symptoms of mood disorders--major depression, bipolar disorder, or dysthymia. Nearly twice as many women as men are diagnosed with mood disorders each year. Though boys are more successful when they do try, girls are three times more likely to attempt suicide and twice as likely to be diagnosed with depression (NIMH, 2000a). Left undiagnosed, untreated, or treated inadequately, as many as 20 percent of the 2.3 million people with bipolar disorder die by suicide.

The threat of suicide for those with mood disorders is impetus enough for further research. One in five high school students said he or she had seriously considered suicide during

the preceding year, and most of them had drawn up a suicide plan (Jamison, 1997): It is the third-leading cause of death among young people between the ages of 15 and 19 years, a rate that has tripled since 1960.

Mental health concerns often become relevant for young people with interactions at school. In particular, mood disorders have become a growing concern among professionals who work with young people. Teachers report working with children who exhibit signs of depression, distractibility, and self-destructive behavior and feeling incapable of intervening. Although schools often serve as a major connecting point among the family, the child, and the mental health field, there is dissatisfaction among parents and teachers alike with how mental health issues are being addressed in educational settings (Dowling & Pound, 1994). Until recently, Individual Education Plans (IEPs) have been limited primarily to people with severe physical or mental limitations or those diagnosed with learning disabilities. Educators are recognizing the cognitive effects of mood disorders and, in accordance with Public Law 94-142, are developing IEPs for these students. With the new legislation teacher education and professional development must also begin the processes of understanding and meeting the needs of students diagnosed with mental illness.

Dialogue about mental illness within educational settings is taking place. Tragedies such as the shootings at Columbine High School, made school personnel recognize that mental health issues are not solely the concern of parents, doctors, and pharmaceutical companies. The resulting labels and diagnoses that come home through interaction with schools, social workers, and mental health professionals can have a profound impact on the trajectories of a young person's life. Those diagnosed with mental illness and their parents, teachers, and friends often begin to question their own beliefs and stories about what it means to be depressed or bipolar.

Unfortunately not everyone receives the interventions and/or accommodations she needs to succeed in an academic environment.

Mental illnesses are difficult to diagnose and treat, especially in teenagers. Young people are often challenged to find the right words to identify and describe their emotional states. Their behavior may also be written off as typical teenage behavior (Madison, 1996). Medications carry serious side effects, and adjustment periods and interactions can be cognitively impairing. The integration of a new self, one labeled as mentally ill by the powerful medical establishment, can lead to physical, mental, and spiritual discombobulation. Without the proper mode of expression, a young woman may find this time more trying than life before the intended cure for her pain.

The Report of the Surgeon General's Conference on Children's Mental Health: A National Action Plan (2000) urges the education system to take a more active role in identifying and intervening with suspected mental health problems. In addition to new roles for school psychologists and social workers, one panel member pinpointed "the need to change the current Emotional Disturbance definition, the need for increased training and staff development, and the need to change state certification requirements in order to impact the university training for teachers and administrators" (p. 28). The misinformation and assumptions I discovered in some of the educational materials (i.e. defining depression as sadness and uniquely neurological (Hawley, 1996)) point to a need to incorporate issues of mental health, specifically mental illness, into our teacher education programs.

The "Blueprint for Change: Research on Child and Adolescent Mental Health" (2001) argues that progress in mental health research has been impeded because "the social context has not been studied in sufficient detail to know whether interventions can be generalized across populations, settings, or communities" (p.4). Issues of culture, socioeconomic status,

community/neighborhood contexts, race, ethnicity, and wider systemic issues have also largely been ignored by mental health researchers. For girls and women who suffer from mood disorders, gender, race, and class intersect with their perceived disability, often creating additional stresses in their lives. Expectations for life trajectories for those diagnosed with mental illnesses come not only from the individuals but also from family, friends, and institutions such as schools, religious organizations, and legal systems: norm creating institutions that may or may not have the information necessary to work with the individual in those particular contexts.

Mental health professionals use several tools for diagnosing mood disorders according to the criteria in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV™; American Psychological Association, 1994). Along with norm-referenced assessments, most therapists will conduct a lengthy initial interview after ascertaining a presenting problem. The DSM IV™ is a “charter document” (McCarthy & Gerring, 1994) of the mental health field, and Western notions of mental illness are shaped in a large part by it. While not a universally accepted approach to defining mental disorders, today this diagnostic approach holds meta-narrative status in the profession.

This is a confusing time for anyone involved in mental health discourse: Young people, their parents, and teachers are caught in difficult debate. An antipsychiatry movement has been gaining strength since the early 1970s (Grobe, 1995). The movement reflects distrust of a biomedical model of normality and the treatment of mental illness as a disease to be cured by pharmaceutical companies (Szasz, 1974). Prendergast (2001) argues that the loss of the descriptive account from the client of the mental health system’s perspective creates a “rhetorical blackhole” in which they are not valued as “rhetorically enabled subjects” (p. 54). On the other hand, Jamison (1995) is openly disdainful of those who are against medications for mood

disorders and argues that the distinctions between a biological psychiatry and dynamic psychology are unhelpful. She maintains that medication and therapy are more effective than psychoanalysis alone.

A young person's first introduction to the mental health system can be self initiated, parent prompted, suggested through the school, or recommended by the courts. School counselors and teachers are some of the first adults outside the home in whom young people confide. School systems, like the one in this study, have begun to employ Student Support Counselors specifically to evaluate students' mental health issues and refer them on for further help if needed. School psychologists often perform the tests that qualify students for special services. With adolescents, many times a parent has called a therapist because of a problem at home or at school. An adolescent therapist interviewed for this study said that, "Report cards come out, you get a lot of calls. Directly related. So that's a motivator for them to come in." Religion and a quest for spirituality, sexuality, sexual and/or physical abuse, divorce, rejection of parental values, relationship issues, bullying, trauma or loss; these are other reasons given by therapists and counselors as initial reasons for their young adult clients coming to see them. Regardless of the reason for entering, a young person's integration into the mental health system can be intimidating on unexpected levels.

Research Questions

The two young women in this study were diagnosed with a mood disorder and several other DSM-IV TR™ diagnoses. Each young woman was treated by both psychologists and psychiatrists at some point during their teenage years. They both experienced academic and social repercussions as a direct result of their mental illness, one more extreme than the other.

But rather than focus on their mental illnesses, this study examines how these young women frame their concepts of self outside their disorder.

I designed this study to fill the gap that exists in research and to alert educators to the concerns of those with mental health issues. My questions seek to understand how young women who were diagnosed with a mood disorder internalized and reconfigured the messages they received from their external worlds. Specifically, I asked

- 1) What tools of narrative construction did the young women use to frame their experiences?
- 2) How did the young women use narratives in defining their unique senses of self?
- 3) How did their narratives become cultural tools for authoring self?

In answering these questions I provide snapshots of the processes of two people forming concepts of self with the tools of narrative construction available to them during their teenage years, a crucial time period to educators, parents, and mental health professionals concerned with helping young people succeed. The method of analysis examines how the young women use narrative to construct unique senses of self in their creation of a personal culture. The results also address how collective culture enables and constrains the construction of selves for these young women, addressing how people who work with them can provide more and better opportunities for those with mental health issues.

CHAPTER 2

REVIEW OF THE LITERATURE

Between 1996 and 2003 over 30 school shootings occurred worldwide with devastating costs. Tragedies in places such as Dunblane, Scotland; Littleton, Colorado; and Conyers, Georgia put adolescent mental health issues on global center stage. These incidents reflect what Damasio (1994) labels as a “sick society,” in which “acquired sociopathy” is too common (p. 178). This state of mind, of being unattached from feeling, he argues, is a result of sociocultural, not solely individual psychological, factors.

Mental health concerns often become an issue for adolescents and children through interactions with teachers, administrators, and other students. Teachers report working with children who have exhibited signs of depression, distractibility, and self-destructive behavior (Carnes, 1996; Hawley, 1996; Sands, 1995). Schools sometimes serve as a major connecting point among the family, the child, and the mental health field (Dowling & Pound, 1994). In daily activity in the settings of teachers, school counselors and psychologists, parents, therapists, and psychiatrists, the intersecting voices influence the construction of a mentally ill self for young people. At any age a diagnosis of a mental illness is daunting; being young and diagnosed presents a different level of challenges. In order to provide all stakeholders more information about what it means to be labeled “mentally ill,” questions should be asked concerning how mental health issues are being treated in public and private education.

Mental Health in Schools

Results of the Individuals with Disabilities in Education Act

Until recently those students requiring special services or an Individual Education Plan (IEP) have mostly been students with physical disabilities or severe cognitive and/or emotional needs. Public Law 94-142 passed in 1975 and became Public Law 105-17, the Individuals with Disabilities Education Act (IDEA), in 1997. The mandate for special education and individualized services to meet a child's unique educational needs is still the central tenet of this legislation. Currently legal battles are being fought in the work place over diagnoses of mental disorders. Research is being done with adults diagnosed with mental illness to include them in the workplace within the Equal Employment Opportunity Commission's (EEOC) disability law. A legal definition of mental health disability is appearing in the workplace, but not as much work is being done in schools. Though students diagnosed with mental illnesses are receiving IEPs, drop out and suicide rates among these young people are still high, and so many students go undiagnosed.

There is dissatisfaction among parents and teachers alike at how mental health issues are being addressed in educational settings. Rappaport and Carolla (1999) report findings from a survey conducted to assess the satisfaction level of the services offered by the school to children diagnosed with mental illness and their parents. Nearly half of the responding parents--46 percent--felt that schools resisted identifying children with serious mental illnesses; 68 percent said that their children had to fail first before appropriate educational or related services were put in place in schools. Seven percent of respondents said that school professionals are adequately trained and prepared to deal with serious mental illness in children and adolescents. Rappaport and Carolla argue that there is a resistance from the schools in identifying these children because

of cost. Too often, however, the young person is not even in school due to frequent absenteeism or if she is, the child's problem is ignored.

The "perceived distance between the home and the school" that Dowling and Pound (1994) discuss can lead to feelings of alienation on the part of everyone involved and "can leave the child with the burdensome role of the primary 'communicator' between home and school, carrying information, messages and values between the two systems" (p. 70). School psychologists and social workers play an important part in the identification of and intervention with students who exhibit signs of mental disorders. Osbourne (1994), an educational psychologist in England, argues for a multisystemic approach to addressing mental health in school:

For an educational psychologist the systemic approach is a way of thinking which is in tune with the wish to avoid putting people, and children in particular, into categories and labeling them. . . . Instead of putting all our energies into changing the individual (whether the child or the teacher or the parent) the emphasis is on changing the situation" (p. 32-33, [italics in original]).

Using examples from their own clinical practice, Dowling and Pound (1994) call for "a school-based collaborative intervention involving school staff and families, aimed at assisting children who are experiencing difficulties in the learning situation because of maladaptive behavior" (p. 77). They recognize that getting parents involved and enacting situational change is not easy. Often the aforementioned tenuous relationship between parents and school personnel gets worse with the introduction of the mention that the child may have a mental illness. Teachers sometimes claim parents are difficult to work with, and parents sometimes blame the school for being impersonal. When parents do agree to seek help for their child, they are often

faced with anxiety and fear of stigma for their child who has been identified as needing psychiatric service. Funding treatment also becomes a serious issue for parents who do not have insurance that covers psychological treatment. School counselors and psychologists can serve as liaisons to community networks that provide mental health care, but the barriers to clear home-school communication around the subject of a child's mental health issues can be immense.

Educating Educators about Mental Health Issues

Only recently is literature becoming available for teachers interested in understanding and meeting the needs of students diagnosed with mental illness. An issue of Teacher Talk (1996), a journal for secondary teachers out of Indiana University's Center for Adolescent Studies, was dedicated entirely to mental health issues and how they translate in the classroom. The opening article (Hawley, 1996) identifies three of the most common mental health problems found in the classroom: Attention Deficit and Hyperactivity Disorder (ADHD), depression, and eating disorders. The goal of the teacher, Hawley asserts, is to foster an atmosphere where all students have a balance of five things she and her organization deem essential to conducive learning: belonging, mastery, independence, generosity, and stimulation. The issue also includes a ten question quiz on depression, suicide, ADHD, and eating disorders that poses such true-false questions as, "Adolescents who have attentional, learning, or conduct disorders are at a higher risk for depression." In a section titled "Good Drugs," Hawley mentions three medications that are commonly used to treat mood disorders in adolescents, Prozac, Zoloft, and Lithium. The recommendations for treatment, the side effects, and how the drugs work are briefly described, but the descriptions do not provide details of what it is like to be on these drugs. In this issue depression is defined as

a condition caused by a chemical imbalance in the brain that effects the mind and body causing the person to feel miserable in many ways. It may be characterized by persistent sadness, frequent complaints of physical illness, persistent boredom, decreased activity and increased irritability.

<http://www.education.indiana.edu/cas/tt/v3i2/glossary.html>

The internet is an excellent source for people wanting to educate themselves on mental illness. Several national mental health organizations including the National Institute for Mental Health (NIMH, 2004a, 2004b,) and the National Alliance for the Mentally Ill (NAMI, 2004) offer on-line booklets on a range of mental illnesses. Dr. Leslie Packer (2004a) has created a site called "Tourette Syndrome Plus" that serves as a clearinghouse of information for parents and educators on a host of issues surrounding mental health and education, particularly legal rights related to IEPs for mental health diagnoses. The site has links to information on 15 "conditions" from ADHD to Obsessive Compulsive Disorder to Tourette Syndrome. The site map contains links for behavior charts, teacher/student interviews and contracts, parent advocacy suggestions, and the Americans with Disabilities Act of 1990. Citing Vygotsky (1933/1978), Packer (2004b) encourages parents using this site to avoid the medical labeling of their children:

If you frequently describe your child as a string of diagnoses or problems, are others more likely to begin to see your child as a string of problems? And more importantly, perhaps, will you become more likely to see your child as a string of problems or diagnoses? Based on what we know of the role of language in shaping our perceptions and behavior, I think the answer is "yes."

<http://www.tourettesyndrome.net/stigmatizing.htm>

Access to technology allows people to self-diagnose, self-educate, and, in some cases, self-medicate. On-line support groups and chat rooms also serve as havens for those seeking help with a diagnosis of a mental disorder. Even among the massive amount of misinformation, the goal of increased understanding and knowledge through the web is certainly being reached (NIMH, 2003).

Mood Disorders

According to the DSM-IV-TR™ (2000) Mood Disorders can be subdivided into three types: 1) Depressive Disorders, including Major Depressive Disorder, Dysthymic Disorder, and Depressive Disorder Not Otherwise Specified, 2) Bipolar Disorders, including Bipolar I, Bipolar II, Cyclothymic Disorder, and Bipolar Disorder Not Otherwise Specified, and 3) Mood Disorders Due to a Medical Condition and Substance-Induced Mood Disorder.

The following are signs and symptoms of Depressive Disorders (or a Major Depressive episode) paraphrased from the DSM-IV-TR™ (2000). Most of these indicators can be reported by the client and/or by an observer:

- 1) depressed mood most of the day; feeling sad or empty; children and adolescents can manifest irritability
- 2) diminished pleasure in daily activities
- 3) weight loss or weight gain (more than 5% in one month); in children or adolescents, not making expected weight gains
- 4) sleeping too little or too much nearly every day
- 5) physical agitation or delayed reaction observable by others nearly every day
- 6) tiredness or loss of energy nearly every day
- 7) excessive feelings of worthlessness and guilt

8) lack of concentration and focus

9) recurrent thoughts of death, with or without a specific suicide plan

A depressive episode is diagnosed if 5 or more of these symptoms last most of the day, nearly every day, for a period of 2 weeks or longer and if they cause impairment in daily functioning

Depression is termed Dysthymia when it is chronic. Those with Dysthymic Disorder are depressed more often than they are not, either by their own account or from another's report. The diagnostic criteria are the same as for Major Depressive Disorder; however, the symptoms have persisted for two years with only 2 months remission. In children and adolescents, 1 year is the measure for Dysthymic Disorder.

Bipolar disorder, also known as manic depression, is characterized by an "abnormally and persistently elevated, expansive, or irritable mood" (APA, 2001, p. 357). Symptoms of mania (or a manic episode) include:

1) inflated self-esteem and feelings of grandiosity

2) decreased need for sleep

3) incessant talking or pressure to keep talking

4) racing thoughts and ideas

5) distractibility

6) increased goal-directed activity (including excessive planning, hypersexuality, and hyperreligiosity) and physical agitation

7) high risk behavior

A manic episode is diagnosed if elevated mood occurs with 3 or more of the other symptoms most of the day, nearly every day, for 1 week or longer. If the mood is irritable, 4 additional symptoms must be present.

A mild to moderate level of mania is called hypomania. Hypomania may feel good to the person who experiences it and may even be associated with good functioning and enhanced productivity. Thus even when family and friends learn to recognize the mood swings as possible bipolar disorder, the person may deny that anything is wrong. Without proper treatment, however, hypomania can become severe mania in some people or can switch into depression.

Sometimes, severe episodes of mania or depression include symptoms of psychosis (or psychotic symptoms). Common psychotic symptoms are hallucinations (hearing, seeing, or otherwise sensing the presence of things not actually there) and delusions (false, strongly held beliefs not influenced by logical reasoning or explained by a person's usual cultural concepts). Psychotic symptoms in bipolar disorder tend to reflect the extreme mood state at the time. For example, delusions of grandiosity, such as believing one the Messiah, may occur during mania.

In some people, however, symptoms of mania and depression may occur together in what is called a mixed bipolar state. Symptoms of a mixed state often include agitation, trouble sleeping, significant change in appetite, psychosis, and suicidal thinking. A person may have a very sad, hopeless mood while at the same time feeling extremely energized.

Misunderstanding Mood Disorders in Young Women

Medical descriptions of Mood Disorders only classify people's experiences of a similar phenomenon. The concept of what depression or bipolar disorder is dramatically differs from those who experience them first hand, versus those who are their friends and family, healthcare providers, or educators and employers. Often people confuse depression with loneliness and sadness and mania with rebellious, disrespectful behavior. Depression and mania also carry stereotyped images, and people are often surprised to find out that the popular girl who seems full of confidence actually is on Prozac.

As a response to the popular book Revising Ophelia (Pipher, 1994), Shandler (1999) requested letters on various issues such as families, bodies, and friends from girls across the country. She interwove the responses she received with her own experiences, creating a book aimed at adolescent girls and their families. In a chapter titled "Depression and therapy" Shandler (1999) talks about her own suicidal thoughts and her struggle with depression in relation to the letters she received from other girls who had experienced similar feelings.

I didn't think others saw the sadness that consumed me. I thought my smile looked real. I masked myself in the same self-contradictory disguise as an anonymous seventeen-year-old who described herself in this way: "I was a lacrosse girl. I was a superstar eleventh grader. I was a girlfriend who wanted to have sex. I was off to Europe in seven weeks. I was happy. . . . or was I?" My strained smile perpetuated my feeling of isolation. (p. 232)

This notion that girls with depression are not only the ones wearing black and reading Sylvia Plath occurs in other narratives. In Manning's (1994) book her daughter recognizes her mother's roommate at the mental hospital as a cheerleader from her high school and reacts as many would to find out the popular girl is suffering from a mental illness. Manning recounts the situation: "Keara is incredulous and protests, 'How could she be depressed? She's beautiful!' I look at this alien being who greets me each morning with a song and know I'll never explain it to her satisfaction" (p. 122).

In another personal essay in Shandler's (1999) book titled "Some years are better than others," T. P., a high school student traces her 3-year battle with clinical depression and bulimia. Recognizing that to others her life probably looked to be perfect, she also acknowledges that it is "very normal for people to be depressed" (p. 243) After her mother reads a disturbing letter T. P.

wrote to her sister, she began to see a psychologist who gave her ways to manage her time better. She also learned methods to keep her concentration during school by blocking out thoughts of her family so she could get her work done. The reflection, written a year after she began therapy and medication for depression, has a positive tone and lauds the role of therapy in helping her learn to negotiate her self in her environment. As for the antidepressant she notes that, "I can't say whether the medicine really worked. I don't know how to determine that" (p. 245).

The feeling of isolation associated with mood disorders comes in part from the inability to explain emotions and thoughts to others. Manning (1994) points out,

In psychological literature, depression is often seen as a defense against sadness. But I'll take sadness any day. There is no contest. Sadness carries identification. You know where it's headed. Depression carries no papers. It enters your country unannounced and uninvited. Its origins are unknown, but its destination always dead-ends in you. (p. 70)

Conveying the differences between sadness and depression, loneliness and isolation, and disappointment and hopelessness is not easy, especially to those who have never experienced long term depression before. Manning continues:

When you're depressed, everyone has an opinion about what you should do. People seem to think that not only are you depressed, you are also stupid. They are generous to the point of suffocation with their advice. I wonder sometimes, if I had any other illness, whether people would be so free with their admonitions. Probably not. They would concede that what they know is vastly outweighed by what they don't know and keep their mouths shut. People hear the word depression and figure that since they've felt down or blue at some point in their

lives, they are experts, which is like assuming that because you've had a chest cold, you are now qualified to teach lung cancer. (p. 75)

A high school girl who suffered with depression offers her perspective and suggests things teachers can do to help. Madison's (1996) experience led her to believe that though teachers perceive a student's depression, "they often seem incapable of and uninterested in helping that student" (p. 1). While she was depressed in high school, Madison admitted that schoolwork was perfunctory and secondary to her inner struggle. Her impression was that the teachers chose to ignore her and write her poor performance off as apathetic behavior typical of high school students. An understanding of the fragility of teacher-student relationship was not a good enough excuse not to help. She feels that her teachers, because of their power, were in a unique position to help. She offers ways that a teacher can help a student that they suspect is depressed including a request that teachers create classrooms "where the depressed student knows he/she is cared for and where the student doesn't have a time limit to suddenly cheer up" (p.1). She encourages teachers not to ignore depression but to ask about it, trying not to get too personal. Above all, she asks that teachers never give up on students.

Constructing a Mentally Ill Self in the Classroom

Teachers who individualize instruction rely on concepts of self for each of their students. Students, however, have more dimensions than teachers are privy to from school-related activities (Finders, 1997). According to the statistics from the National Institute of Mental Health (2000b), an imaginary snapshot of a 9th grade classroom of 30 students frames at least three students with a treatable mental disorder. Among the queenbees and wannabees (Wiseman, 2002), the bullies and the bullied (Simmons, 2002), the sluts (Tanenbaum, 2000), and the tomboys (Lamb, 2001) the chances are high that

one of the young women in the class photo has also been labeled with a mentally ill self. How can this diagnosis of an individual student in mental health setting change the social and cultural setting of the classroom?

Legislation such as IEPs and 504s and pedagogical approaches such as individualized and differentiated instruction are examples of the recognition of the self in the classroom. Educators assume responsibility beyond their own training and education for students' mental health. Educational campaigns such as "No Child Left Behind" promote an individualist approach within a mass testing system. The contradiction creates peaks and valleys of successes and failures without the necessary support for those who do inevitably take a little longer or need a less regimented approach to assessment. Educators and researchers who recognize that self is a construction created through a complex interaction between the individual and her culture need to further the discussion in relation to those with mental health concerns.

The two young women who agreed to participate in this study did so with the understanding that their participation might help another teenage young woman with mental health issues. Both of these young women experienced periods of being misunderstood and of misunderstanding themselves. School was a problem for each of them as well, so they took advantage of their legal right as defined by the Americans with Disabilities Act and the IDEA. Their teachers, parents, friends, peers, and mental health care providers, among other people and things, created the macro culture that shaped this dynamic development of these young women's selves. Yet the distinctive personal selves that these young women called their own and the ones by which they were labeled were the result of an ongoing process that I will discuss next.

Theoretical Background

Sociocultural theorists have been categorized under the epistemological umbrella of social constructionism (see Crotty, 1998), a theoretically misleading name. Some critics of social constructionism believe it is a theory that sees all things human as socially bound with no natural or biological laws. Berger and Luckman (1966) dispute this critique when they claim that “man’s experience of himself always hovers in a balance between being and having a body, a balance that must be redressed again and again” (pg. 50). Sociocultural theories recognize the interplay of the social, cultural, and historical with the biological and maintain “that with the emergence of sociocultural activity the very nature of development changed” (Wertsch, 1997, p. 30). Therefore, though this theoretical framework foregrounds sociocultural concerns, it does not dismiss those related to biology.

According to Vygotsky, “the true direction of the development of thinking is not from the individual to the social, but from the social to the individual” (Vygotsky, 1986/1934, p. 36). This way of thinking is central to the work of sociocultural theorists who view the individualistic, decontextualized work of other Humanist projects as limiting. One approach to contextualizing the individual is to examine the various “tool kits” (Wertsch, 1991) she comes in contact with in the multiple arenas of her life, while simultaneously recognizing that “the tools are only useful when used in milieus in which they are valued as mediums of constructing meaning and engaging in social transformations” (Smagorinsky & Coppock, 1994, p. 286). In this theoretical framework I define key terms in sociocultural activity theory (self, signs, tools, inter- and intramental functioning, and mediational agency). I then discuss the role of narrative as a cultural tool in the authoring and transformation of self.

Sociocultural Theory of Self

The formation of self, then, must also be understood in relation to both ongoing organismic development and the social process in which the natural and human environment are mediated by significant others.” (Berger & Luckman, 1966, p. 50)

Defining self presupposes its existence (Katzko, 2003), but recognizing self as an evanescent concept allows for continued examination and discussion. Self implies both a social product and social force resultant from acting within social types available at a given time in a particular setting (Callero, 2003). The “core self” that gets defined as an individual to others is a socially determined frame of reference (Goffman, 1959). In this definition of self as a mental state there is no sense that it is derived from or sustained within the individual (Davies & Harré, 1990). Self is created through interaction with others in a social context. Still the transformation is not unidirectional.

The constant negotiations involved with individuals and their surroundings produce self. Studies of the construction of self can help illuminate both how social norms and expectations can modify an individual and how individuals can transform society. If “self is a joint accomplishment, neither completely determined by the social world nor pre-given at birth” (Callero, 2003, p. 121), then studying the process of self construction reveals individuals’ culture. Self, as analyzed in this study, is not a unified, coherent concept. Instead, multiple aspects of self inhabiting a single body perform in various capacities within a range of freedoms (Hermans, 2003). An individual does construct a personal self; however, this construct is only as legitimate as her surroundings allow.

Signs and Tools

Two concepts important for understanding the sociocultural concept of self are signs and tools. For Vygotsky and other sociocultural theorists, the word is the sign and speech is the tool, but speech is just one tool among many. Signs are the means through which the individual self is constructed. For example, “A word calls to mind its content as the overcoat of a friend reminds us of that friend, or a house of its inhabitants” (Vygotsky, 1986/1834, p. 213). Signs mediate thought externally, and word meanings mediate it internally through inner speech. Inner speech cannot be taped. This is the conundrum for those looking for how thought becomes language. Putting thoughts into words creates “a concentrate of sense” (p. 247) because “[t]hought must first pass through meanings and only then through words” (Vygotsky, p. 252). Western culture values words as building blocks in the creation of a concept of self.

Signs, however, are not restricted to verbal language but are multimodal (Kress, 2000), including “the full range of semiotic modes in use in a particular society” (p. 183) such as graphic texts, e.g., architectural drawings. Meaning is not interpreted alone but in terms of the context in which it appears. (see Smagorinsky & Cook, 2004 for a further discussion of these ideas). Though sometimes criticized for privileging verbal communication forms, Vygotsky actually was aware that by equating tool and sign (speech and word), that one form of language (verbal) would be the privileged and generalized view.

Tools denote objects for labor such as hammers and wrenches. They can be physical, but they can also be more ephemeral, working in the form of schemas, scripts, and roles. Additionally, Vygotsky (1978) suggested that tools were vehicles of human influence on activity. Tool use leads to change of some form, and “man’s alteration of nature alters man’s own nature” (p. 55). Psychological tools (Werstch, 1991) “are neither invented by each individual nor

discovered in the individual's independent interaction with nature" (p. 80). The distinguishing features of tools are that they are social and that they transform.

Vygotsky (1978/1933) argues that equating signs with tools blurs the distinction between the internal and external factors involved with concept development. For Vygotsky, the sign is "internally oriented" and the tool is "externally oriented." Both mediate activity by functioning as mediational means (Wertsch, 1991). Yet it is the combination of these two that leads to the "higher psychological function" of communication (p. 55). For example, the word "turtle" serves both the function of a sign and a tool. As an internally oriented sign, the word "turtle" has the power to conjure up individual images for each person. My version of a turtle will rely on my experiences with turtles, as will others' versions. However, as an externally oriented tool, as part of the English language, turtle is an agreed upon concept. Whether or not I have had direct experience with a turtle, I have a culturally shared concept of an animal with four legs and a shell that moves relatively slowly.

Intramental and Intermental Functioning

The links that connect signs and tools are Vygotsky's (1933/1978) notion of intra- and intermental functioning. Sociocultural researchers (e.g. Ball, 2000) explore the intervening elements (particularly human interaction with others through the use of tools) involved in the move from the social (intermental) to the individual (intramental): "[W]hen internalization is taking place, then and only then will the innovative and personal voices of [individuals] begin to emerge: Voices that are their own" (p. 248).

Analysis of signs and tools used in the construction of self relies on Vygotsky's (1936/1978) notion that the direction of the construction of concepts is from the social to the individual and back out to the social but not in a completely circular fashion. The process of

internalization involves appropriation during which the individual has the opportunity to create something new with her ideation of the concept. I see signs and tools as instrumental in shaping how we form conscious concepts of self.

Drawing on the work of neurologist A. R. Damasio, John-Steiner and Meehan (2000) present “internalization as a representational activity” in which a transformation takes place through synthesis:

[Transformation] suggests a view of internalization as part of a sustained endeavor, a sufficiently deep familiarity with what is already known to be a constituent part of the dynamics of its transformation. . . . working with, through, and beyond what one has internalized and appropriated is part of the dialectic of creative synthesis. It also highlights the importance of multiple sources for internalization. (p. 35)

When the tools of construction are limited, the individual has fewer signs to internalize, hence fewer possibilities for synthesis and transformation. The development of a concept of self is further enabled by an increased number of mediational means. However, there may not be an acceptance of the use of those means in the environment in which the individual interacts.

Collective and Personal Culture. Personal and collective cultures (Valsiner, 1998) can be understood in relation to Vygotsky’s (1935) intra- and intermental functioning. Both concepts can be oversimplified in binary form, but their power for individual and cultural transformation relies on processes rich in complex circularity and interdependence. Since the function of the personal culture is to organize intra- and interpersonal worlds to provide personal sense to encounters with the world, a person

constructs an understanding of the world that goes beyond the collective culture in idiosyncratic ways.

Valsiner's (1998) descriptions of collective and personal cultures are important in understanding the process of the development of a concept of self that I explore in this study. Collective culture, which he asserts is inherently heterogeneous, filters into personal culture through a variety of mediational means. Schools, television, and radio are only a few of the places collective culture exerts powerful influence in shaping personal behavior and thinking. Still, not all personal culture coincides with the collective culture. When there is divergence, change can occur:

Personal cultures emerge on the basis of the collective culture, yet they do so in ways that do not necessarily reflect the exact forms of the collective culture. This personal understanding can lead to efforts to change some aspects of the collective culture, starting from one's own immediate life contexts. (Valsiner, 1998, p. 32)

Propriospect. Wolcott's (1991) concept of propriospect also addresses how the individual internalizes external reality to create a unique version of self. Propriospect is concerned with how people organize culture more than how culture organizes people. It is

the unique version of culture each of us creates out of individual experience. More than that, however, propriospect refers to the aggregated versions of all the cultural settings and activities of which any human is aware, "all of the things of which a person has knowledge" (Goodenough 1989, personal communication, as cited in Wolcott, 1991, p. 258).

Studies that focus on cultural acquisition imply that culture is something that can be collected and displayed. Individuals are not merely a collection of objects; rather, each person is a synthesis of many microcultural systems, making us all multicultural. Propriospect, according to Wolcott, is “the demonstrated ability developed through firsthand experience.” (p. 262). Since each person experiences things uniquely, her abilities reflect her unique appropriation of her macroculture and her subsequent contribution to it.

Mediational Agency

Mediational means are constrained by the categories of the institution in which they exist (Wertsch, 1991). Tools themselves often are taken for granted as “the product of natural or necessary factors rather than of concrete sociocultural forces” (p. 37). Yet when the tool is used in a manner counter to the institution’s customary use and change occurs, mediational agency is enacted.

Mediational agency through the use of the tools is key to understanding how the individual mediates change and acts on her environment. For example, a young girl hears the fairy tale Cinderella then goes and acts out a version of the story, changing the ending so that she beats up the sisters and has the stepmother put in jail for child cruelty. This retold version of a popular tale reflects the process of internalization and involves inner speech as “something new brought in from the outside along with socialization” (as Vygotsky, 1934/1986, p. 231).

Because the development of a concept of self is interactionally related to the cultural tools available to the individual, access to a variety of mediational means is instrumental in considering agency. As Wertsch and Rupert (1993) assert:

The notion of mediated agency we are proposing involves an irreducible tension between an individual or individuals (i.e. intramental or intermental functioning) on one hand and mediational means on the other. For this reason it does not entail the assumption that responsibility and free will disappear as humans become slaves of their mediational means or are helplessly trapped in a “prison house of language” (Jameson, 1972). It does mean however, that human action is fundamentally shaped and constrained by the mediational means it employs. It is difficult, if not impossible, to have certain thoughts or memories, to formulate (let alone solve) certain problems, and so forth if appropriate mediational means are not available. For example, the history of science provides a constant reminder that, without appropriate cultural tools, certain problems are very unlikely to be recognized, let alone solved. . . . the tension involved in the interaction between mediational means and the individuals using them results in a continuous process of transformation and creativity. In this process, however, we again stress that the creation of new ideas and practices occurs through operating on existing mediational means. (p. 230)

Wertsch and Rupert’s notion of a “cultural tool” provides a conceptual frame for the role that narrative takes in Western society. Narrative, though almost reified in a verbal mode, takes many forms, but its boundaries of expression are constantly expanded by individuals’ use of acceptable conventions for narrative expression in unique ways. As Vygotsky (1976) succinctly states, “the use of tools limitlessly broadens the range of activities within which the new psychological functions may operate” (p. 55).

Narrative as a Cultural Tool

One of the most powerful cultural tools is narrative (Bruner, 1986, Polkinghorne, 1988). Narratives (including historical, personal, familial among many) serve as maps for the way we view others and ourselves. "Narrative texts are highly appropriate 'cultural tools' to shape, represent, and transmit complex views and evaluations of the past" (Brockmeier, 2001, p. 224).

Mediational means according to Wertsch (1991), allow the intermental (social) to interact with the intramental (individual) in ways that produce unique outcomes. For example, the mediational tool of the fable the grasshopper and the ant, where the grasshopper has to learn a painful lesson that playing too much when he should have been working leads to tough times when food is scarce, is a tool created and told on a social level. Upon hearing this fable people may mull over it and decide to learn a vicarious lesson from it. Some may take it to be a story about how others, in this case the ant, will help you out when times get tough, and others may not internalize the story at all because perhaps they do not know what a grasshopper is or the idea of a cold winter is foreign to them. Regardless of the reaction to hearing, reading, or seeing the story of the ant and the grasshopper, it functions as a mediational tool that takes intermental functioning, ideas and symbols that are agreed upon and made meaningful by a group of people, and turns it into intramental functioning, bringing it inside an individual's head for consideration.

Narrative as a cultural tool is inherently "culturally, historically, and institutionally situated" (Wertsch & Rupert, 1993, p. 230). Because much value is placed on the word and on verbal language in general, "The facilitation of language use within a sociocultural environment, then, is the predominant means by which people make sense or meaning" (Ball, 2000, p. 232).

The cultural tool of narrative is employed in multiple mediums, the most common form being verbal, either written or spoken. However, narrative is also conveyed in other sensory

modes such as visual (art and architecture), kinesthetic (dance and sign language), and auditory (musical). Narrative appears on multiple levels of human consciousness as well, in structural form, through its meaning in context, and in the mediational means required to construct narratives. Brockmeier (2001) explains how narrative can exist on multiple levels:

To see cultural institutions, social customs, psychological activities, and political traditions as “readable” and thus interpretable is to alter our whole sense of what psychological, historical, and sociological understanding is. . . . It is this shift from causal-explanatory machineries to interpretive-hermeneutic forms of understanding in which the textual turn has played a pivotal role (Brockmeier, 1996). (p. 221)

That narrative is such a pervasive form of human communication, transcending human speech, indicates that it also plays a role in how people construct meaning and organize experience. Narratives can come through direct conversations, through reading printed texts, watching TV or movies, listening to a song, or looking at a photo or advertisement. Much of what is processed through preverbal thought, takes shape in inner speech, and eventually finds its way back out through concepts of self expressed in personal and cultural stories, images, and actions.

Therapeutic uses of narrative as a cultural tool recognize its power for transformation. Those therapies using narrative self (re)construction recognize the cultural constraints of genres, schemas, and plots and attempt to help clients rewrite their life stories using unfamiliar approaches (Freedman & Combs, 1996). The process of authoring a life produces a constantly evolving text:

Thus in constructing a narrative account of our experience and seeking an audience for it, we attempt not only to impart continuity to the story of our lives, but also to position ourselves with reference to others. In general, the act of narration can be viewed as a social performance, which if successful confers on its author a provisional fictional identity that meets with social validation.

(Neimeyer, 2000, p. 237)

What the teller has available to her for narrative construction depends on her life history--what she has been exposed to, where she has lived or visited, what she has read or seen, what her family and peers tell her about her self. Idiosyncratic constructions of one's own life experiences with the cultural tool of narrative are one type of contribution individuals make that have the potential to change their immediate and larger environment. Recounting experiences depends on the ability to perform socially acceptable scripts and formulas. Creating narratives of experience results in the development of a personal culture that has the potential to shape the larger surrounding culture.

The theoretical framework outlined in this chapter supports the method of data collections and analysis that I employed for this study. As Vygotsky noted, the impossibility of capturing inner speech and the difficulty involved in complete communication between two people make the description of another person's concept of self a daunting task. I do not claim to have the ability to portray a complete self or even believe there to be such a thing, but this research will engage the reader in the process of self construction, both of a personal and a collective self. I will also examine how an individual transforms her culture by enacting the cultural tools available to her.

CHAPTER 3

METHODS

Narrative inquiry is inherently interdisciplinary work spanning the fields of medicine (Damasio, 1999; Saks, 1985, 1995, 1997), sociology (Goffman, 1976; Labov & Waletzky, 1967), psychology (Bruner, 1991; Fish, 1993; Mishler, 1986); education (Clandinin & Connelly, 2000; McEwan & Egan, 1995), and anthropology (Geertz, 2000, Spradley, 1970). Narrative inquiry data collection methods are similar across disciplines, including interviewing, fieldwork, and collection of archival data. The theoretical and disciplinary frames usually drive analysis. For example, sociolinguistic (Sachs, Schlegoff, & Jefferson, 1974) narrative analysis has looked at micro level features such as turn taking or adjacency pairs; whereas, narrative work in educational psychology has focused on more macro level issues such as scripts and schemas (Cazden, 2004, Cortazzi, 1993).

Narrative inquiry as a research approach unites theoretical reflection, data gathering and analysis, and research representation. “What distinguishes narrative as a mode of inquiry is that it is both the process—a narrator/participant *telling* or *narrating*—and the product—the *story* or *narrative* told” (emphasis in original, Kramp, 2004, p.XX). Narrative inquiry suggests “the interdependence of content and form, of product and process, of ends and means” (Conle, 2000b, p. 192).

Conceptualizations of the way meaning is constructed undergird the interdisciplinary uses of narrative inquiry. For the most part, researchers using narrative approach believe people construct stories to make sense of things, to figure out meaning, and to establish connection.

Bruner (1991) points to this need for narratives: “The human mind cannot express its nascent powers without the enablement of the symbolic systems of culture” (p. 20). Narratives are part of the symbolic systems of culture. Each time a narrative is told or represented, the symbol systems that are available for constructing narratives are summoned. Most doing narrative work look at stories, oral or written, told by individuals within their cultural contexts. Sociocultural narrativists find their data in the array of individual signs and the culturally shared tools that are part of the process of constructing narrative

Narrative Inquiry and the Authoring of Self

For some doing narrative work, narrative and story are interchangeable. I position myself with those who argue that though all stories are narratives, not all narratives are stories (Maines, 2001). Cultural differences, “the different contexts in the mind” (Cazden, 1988, p. 25), allow for different constructions of meaning and experience. Oral and written narratives, particularly “autobiographical self narratives, are culturally structured product[s] of language use learned relatively early on in the socialization process” (Callero, 2003, p. 124). Narratives, according to Bruner (1991), become an attempt to establish stability when breaches in the norm occur. This phenomenon helps explain why so many versions of events abound during times of unrest or environmental change.

Narrative inquiry has been criticized for its over reliance on the verbal mode of communication. Riessman (1993) points out that “there is a danger in narrative work in reifying verbal expression” (p. 70). It must be recognized that narratives take other forms (e.g. pictures, symphonies, ballets), and narrative inquirers need to be open to finding narratives in non-verbal modes. For example, a teddy bear itself is not a narrative, but ask the owner to tell about that the teddy bear, and the experience unfolds. The narrative represented by the object is revealed as

much as possible in speech. In my own work, I recognize that material objects often embody narratives. Therefore, I designed interviews to elicit narratives from photographs and various objects chosen by the participants as representative of themselves.

Narrative Inquiry Methodology: Data Collection and Analysis

Interviews are narrative inquiry's main source of data. Interview research elicits stories, however, as Mishler (1986) argues: "Treating responses as stories opens up many complex analytic problems, and, of course, it represents only one of a number of approaches to issues of meaning" (p. 67). In narrative work, the interview process itself calls on participants to make sense and create meaning from their experiences. Mishler (1986) views interviewing as a "form of discourse between speakers" and argues that "ordinary language competence shared by investigators and respondents is a critical but unrecognized precondition for effective research practice" (p. 7). Interviews for Mishler are speech events. In an interview "meanings of questions and responses are contextually grounded and jointly constructed by interviewer and respondent" (p. 33-34). This co-construction that occurs during the interview process is another reason why it is so important that the researcher remain constantly reflective on her role in the construction of the narratives. Even the co-construction of the questions is negotiated once the interview is in process. The ambiguity and complexity of language in a question are not the only things affecting the response. In fact, Mishler asserts that the way in which "interviewers and respondents attempt to 'fit' their questions and responses to each other and to the developing discourse" helps resolve any ambiguities in the questions, whether they are simple or complex (p. 47).

This co-constructed nature of interviewing and analysis is viewed as an important part of the narrative inquiry process. Narrative inquiry research is an exploration for both the researcher

and the participants. As the stories get told, the meanings are pieced together by the interviewer and interviewee through the interaction within the interview setting. Further interpretation and narrativization occurs in the analysis and representation processes, and even then, narrative inquirers are encouraged to work collaboratively with their participants. “Regardless of the type of narrative inquiry undertaken, the current critique calls attention to the researcher’s presence and why it must be taken into account from the start” (Alverman, 2000, p. 8). For example, in the analysis of the young women’s strips of narratives, I am infused in the authoring process. Though I am a researcher investigating their tool use, I am also an author producing another version of self for the young women and others to read and examine.

Narrative methodologists talk often about issues of subjectivity, truth, and representation. Bruner (1991) argues that truth claims are often made without an understanding of the process involved in constructing a narrative:

Unlike the constructions generated by logical and scientific procedures that can be weeded out by falsification, narrative constructions can only achieve “verisimilitude.” Narratives, then, are a version of reality whose acceptability is governed by convention and “narrative necessity” rather than by empirical verification and logical requiredness, although ironically we have no compunction about calling stories true or false. (p. 4-5)

The analysis undertaken in this narrative inquiry took the emphasis off whether Ember’s stories were truth or lies; instead I focused on her available tools and frames for constructing narratives of experience. For example, Ember often told stories that seemed far-fetched—a man who would break into her trailer, steal her books to read, and then replace them. As a listener I could not willingly suspend my disbelief, but as a researcher in the analysis process, I was not concerned

with whether her story was true or not. Rather, I was interested in the knowledge I have from previous interviews about her interests that would help her tell a story in such a way.

In an editorial comparing analyses and interpretations of a six-year old girl's narrative, Cazden (2004) called for "complementarity." (p. 342). As an implication for research, this concept suggests "we should try to describe as fully as possible both the social traditions and the individual transformations" (p. 342). It would be hard to imagine that one could be always conscious of choices made while constructing narratives (Davies & Harré, 1990). The analysis method used in this study explores how the individual can effect change on her environment with her narratives. Examination of tool use in narrative construction offers a glimpse at the inter- and intramental functioning of the individual as she constructs her narrative self within our interviews. Becoming aware of the sociocultural influences on the construction of self, particularly for a stigmatized population such as those labeled mentally ill, offers clients, family members, and educators more tools for a healthy life. Furthermore, narratives author self, a constant work in progress. It is my hope that this study fits with Cazden's call for responsible research:

If art is inherently produced by "transformation" of the "stream of tradition" by "individual persons" with "unique sensibilities," the implication for research is that we should try to describe as fully as possible both the social traditions and the individual transformations. (p. 342)

Participants

Participants for this study were selected through purposeful sampling (Patton, 1990). Both young women had been diagnosed with a mood disorder while in their teenage years. Both were taking medications and receiving therapy at some time during the study. The two young

women were all between the ages of 15 and 21 when they began the study. Ember and Chloe identify as white. As a recipient of welfare and unemployed, Ember was from a lower socio-economic status; whereas, Chloe was from an upper middle class family.

Ember (19) and Chloe (17) are local and specific examples of how mental illness affects daily life. (Both young women agreed to choose their own pseudonyms.) These young's women's lives may at times seem atypical and far from what teachers encounter in daily interactions with students; however, they were chosen for this study because their narratives offer valuable learning opportunities for educators and parents (Stake, 2000).

In order to participate, the young women's parents also had to agree to be interviewed. I interviewed Ember's aunt/adopted mother, Debbie, and her biological mother, Tonya. With Chloe, I interviewed her father and mother, Preston and Laura, who have been married 18 years.

To solicit participants, I originally sent out a form letter to 21 area therapists who advertised in the phone book, on the internet, and through community mental health networks. I received only one response from these letters, Dr. Evans, a Family Therapist who recommended Ember for my study.

In talking about my study to my students, friends, and acquaintances, I found people willing to share a great deal about their personal and/or familial experiences with mood disorders and other mental illness. I found Chloe through an informal conversation at my workplace about family matters. Her father told me of some of the experiences their family was having with Chloe's behavior at home and suggested I ask her if she would be interested in participating in the study. Chloe and I knew each other a year before I asked her to participate in my pilot study.

Data Collection

Data collection for Ember and Morgan took place over a 10 month period and was part of a larger including three other young women who are not profiled in this analysis. As mentioned earlier, Chloe was a participant in my dissertation pilot study, which took place two years before official data collection began. Data collection for this portion of the study with Chloe spanned 22 months, with large gaps between the pilot and the follow-up interview. Their individual interviews were held at the public library, in a small office space at the community college at which I taught, and at the young women’s houses. Chloe and I conducted all of the interviews except the pilot in her bedroom. Ember met me at the library and the community college.

The following table shows the time frame for Ember and Chloe’s case data collection:

Initial Interview	Follow up	Photo Elicitation	Self Box	Exit Interview	Parent 1	Parent 2	Mental Health Provider
<u>Ember</u> 1/17/03 Library	3/17/03 Community College	3/27/03 Community College	5/8/03 Community College	10/1/03 Library	Debbie 7/14/03 Library	Tonya 7/9/03 Library	Dr. Evans 2/28/03 Dr.’s office
<u>Chloe*</u> 5/21/01 University office	3/18/03 Chloe’s room	5/6/03 Chloe’s room	10/13/03 Chloe’s room	11/10/03 Chloe’s room	Preston 5/21/03 Madison’s front porch	Julia 6/13/03 University office	Dr. Gobel 3/7/03 Dr.’s office

A complete interview cycle entailed 5 interviews including an Initial Interview, an Initial Interview Follow-up, a Photo Elicitation Interview, a Self Box interview, and an Exit Interview. Each case also contained parent interviews from those parents who agreed to participate in the study. Participants were paid \$25 for each interview. I conducted interviews with 2 area mental health professionals. These interviews took place in their office during a scheduled appointment time, and they were paid their hourly rate of \$100 for the interview.

Life History Interviews. The first interview was based on oral history interviewing techniques (Dunaway & Baum, 1984). The initial interview questions were focused on getting a family and social history, stories about mental health issues, and educational information. The following interview protocol was used as a guide:

Interview Guide for Life History Interview

1. Tell me about your family.
2. Tell me about your friends.
3. Tell me about your earliest memory.
4. What are some stories your family tells about you as a child?
5. Tell me about a significant memory from your elementary school years, middle school years, high school years.
6. Tell me about the events leading up to your diagnosis.
7. What did you know about your disorder before you were diagnosed?
8. What do you know now about your disorder? How did you find out?

Because the questions were open-ended, the interview did not follow a simple question-answer format. Rather, using specific participant words or phrases as probes, I encouraged further narrative development. Often I did not have to ask all of the questions because the participants covered the topic in one of the responses to my probes. The initial interview lasted from 1½ to 2 hours.

I transcribed each tape immediately following the initial interview and developed a rough outline of significant people and events in the young women's lives. From this outline I formulated questions about things that remained unclear. In a follow-up interview I shared the outline with the young women, asking them to check for errors in sequence or relation. I also

focused in on specific events mentioned in the initial interview, asking for further elaboration in some cases. These follow-ups lasted 1 hour.

Photo Elicitation Interviews

Photo elicitation interviews (Harper, 2002) rely on two forms of symbolic expression, words and images, and they connect ““core definitions of the self” to society, culture, and history” (p. 13). For the photo elicitation interviews in this study, I requested that the participants choose an assortment of pictures to discuss. After the initial interview follow-up the young women were instructed to begin gathering photographs (approximately 20) of their family and friends. We held the photo interview about 2 months later. I encouraged them to choose photos from as far back as they liked. In the interview, I let the young women decide which picture they wanted to talk about first. Both young women had ordered their pictures somewhat chronologically, so there was a linear progression imposed by their ordering, not by my questioning. As we looked at the pictures together, I asked them to tell me about the picture and probed using words and phrases from their responses. I also would ask them what led them to choose a particular picture. At the end of this interview, I asked them to discuss the process of putting these pictures together to bring in to the interview. Each of these interviews lasted approximately 1½ hours.

Self Box Interviews. The theory of “the decentralization of self-knowledge” (Hermans, 2003) is behind the methodology of the “Self Box” interview. In the “Self Box” interview I requested the young women to compile objects that they felt represented them. I based this request on the notion that

the other as part of the external; domain of self is not only seen as “mine” but also as another I which, rather than being an extension of the self on the object level, is

a person like myself or is an object with person like qualities (e.g., a piece of art, a toy, a picture, nature, or a beautiful place which “speaks” to you). (p. 103)

The interview activity was also based loosely on portfolio compilation exercise presented by Dr. Kathleen Yancey at summer Writing Project program in which I was a participant. The interview took place about 6 months into the data collection process. I put no limit on what they could choose, but did suggest personal belongings such as CDs, art work, and journals. The guiding idea I presented to help them compile their objects was to imagine that someone who did not know them at all were to find the box. What would the young woman want people to learn about the kind of person represented by the objects?

Though I did not suggest it, each of the young women in this study chose a box that was symbolic of her self as well. For example, Ember’s box was a lunchbox she had from childhood. Though it did not fit all that she brought to show, she did mention that it limited her to the important things. As the young women pulled things from their boxes, I would ask “What made you put that in your box?” and followed up with probes to expand their explanations. These interviews also concluded with a discussion about the process of putting together these boxes for the purpose of this interview. Each of these interviews ran over 2 hours.

Exit Interviews. The Exit interview provided a chance for me to catch up with the young women’s lives and to ferret out details of experiences recounted in previous interviews. For Ember the exit interview took place 10 months after the study began. For Chloe, this interview was the end of a 3 year research relationship. To prepare for this interview, I reviewed the previous interview transcripts and made notes about questions to ask. I focused on reoccurring personal issues, mental health concerns, and family dynamics. I asked the young women to reflect on their role as a participant in the research project, and I questioned them about their

future plans. These interviews tended to be much more conversational and lasted about 1 to 1½ hours.

Parent Interviews. I conducted the parent interviews after I had completed the photo-elicitation interviews with their daughters. At this point in the collection I had been working with the young women for 5 to 6 months, and the parents were well aware of what was going on with the study. The parent interviews were typically longer than the young women's initial interviews, lasting 1 hour 45 minutes to 2 hours 15 minutes. In these interviews I asked the following questions:

1. Tell me about your daughter.
2. What do you wish for your daughter?
3. Tell me about a time when you witnessed your daughter's strengths in action? Her challenges?
4. What are some particular incidents that made you aware that your daughter might need to seek mental health care?
5. Tell me about any particular times when you received feedback from others about your daughter.
6. What were some ideas you had about this disorder before you knew your daughter had it?
7. What do you know about your daughter's diagnosed disorder?
8. How have you educated yourself about your daughter's disorder?
9. Talk about any stories you've heard in your family about mental illness.

Similarly to the young women's initial interviews, I did not strictly adhere to the interview guide. Instead I probed the parents' responses and often let them digress to stories about themselves as

young adults, which was often what would happen as the parents were talking about their daughters. Chloe's mother and father agreed to be interviewed. Ember's biological and adopted mothers agreed to be interviewed, but her father, who worked a 3rd shift job, did not volunteer to participate.

Mental Health Professional Interviews

Three mental health professionals agreed to be interviewed for this study. Dr. Evans, a Family Therapist who recommended Ember for my study, was the first therapist I interviewed. The other, Dr. Gobel, was also a local adolescent therapists who was currently working with Chloe. In the beginning of the interviews with Dr. Evans and Dr. Gobel, we went over the consent form and discussed that no mention of any particular patient would take place in the interviews unless referring to an anonymous specific incident. The questions I asked in these interviews follow:

1. Take me through your process of diagnosis for young women.
2. Talk about your knowledge of mood disorders. (Major Depressive, Bipolar, and Dysthymia)
3. Talk (without using names) about specific young women you have worked with who have been diagnosed with mood disorders.
4. What are the processes of treatment for those diagnosed with mood disorders?
5. How do you suggest your clients and their parents educate themselves on their disorders?

These interviews were less conversational, stuck more to the interview guide, and lasted 45 to 50 minutes.

Data Analysis: Authoring and Framing

The process of narrating events is selective, and the product is a framing of events as the teller is able to generalize them. From innumerable happenings the teller chooses, consciously or unconsciously, particular events and orders them in a particular way to create a story that is acceptable to an audience. The composition of the narrative depends on the available cultural tool kits (Wertsch, 1991); thus the more tools a person has available for narrative construction, the more possibilities for framing a particular experience. As a narrative inquirer, I am less concerned with veracity of their stories that contribute to their life narratives and more interested in the verisimilitude (Bruner, 1991)--the way the story is told, the context in which it is told, and the choices made in creating the story.

Berger and Luckman's (1966) talk of performances in terms of their "external social functionality" and their emphasis on language for imposing logic and coherence to what is shared culturally. Their concept of performance is akin to Goffman's (1974) discussion of the theatrical frame. Without an audience there is no performance. Through a process of reflection and reconstruction, the performer of the narrative, with the help of their audience, constructs meaning that becomes part of the teller's biography. "A segment of the self is objectified in terms of the socially available typifications" (Berger & Luckman, p. 73); thus, the act of performing the narrative becomes both an attempt to establish self and to legitimize the experience.

Personal Profiles

The chances that exactly the same sequence of random events will occur in the growth of two different patterns, such as two snowflakes, are extremely low. Consequently, it is improbable that one young woman's experience of a mood disorder could serve as a template for

others. Frame analysis allows me to view a single case as idiosyncratically replicable. Though other young women or their parent and educators may not have the same life experiences as Ember and Chloe, they may recognize some similarities for their own lives. However, in order to contextualize these young women, I had to create personal profiles to introduce their unique situations. The processes of analysis I used to do this included a combination of backward and forward mapping (Tuyay, Floriani, Yeager, Dixon, & Green, 1995), data mapping, and sociographs (see Taylor, 1984).

Using backward and forward mapping allowed me to focus on aspects of the data to provide necessary contextual information for the research questions. The method involved the use of a “tracer unit” that involves

an analytic constant that is traced across time, events, and people. Each instance of occurrence becomes a site for exploring how, how, when, for what purposes, with whom, in what ways, and with what outcomes the analytic unit occurred.

(Tuyay et al.,1995, p. 3)

The tracer units I chose to follow and write about for these young women’s profiles were family history, friendship patterns, formal education, and mental health. Data transcripts from the young women, their parents, and the two therapists were my main source; however, I also used the internet, particularly sites on clinical pharmacology and sites about these young women’s specific diagnoses. My journals and interview notes were also data, as were follow-up conversations with the young women.

After coding all instances of these four areas, I then began to write the profiles. For the section on family and friends, I grouped all comments about people mentioned more than four times together and analyzed the overall commentary about the particular person. For example,

when Ember talked about Tonya, she regularly portrayed her in youth as a drinker and promiscuous. None of the comments she made about her biological mother were positive, indicating a conflicted relationship. From these groupings of transcripts and archival information I had gathered during backward and forward mapping, I created the sociographs for each participant which diagram the relationships as they detailed them throughout our interviews. The written profiles of these relationships reflect the data from the interviews and intertextually linked the young women to the lives of those they considered influential on their own.

Data mapping was particularly helpful for the sections on education and mental health, both of which required extensive archival data. I made medication charts, diagnoses information sheets, and hand drawn life maps with symbols and text representing the four tracer units. These data maps were used to guide the construction of personal profiles that reflected these young women across time and in several different contexts.

Sociocultural Frame Analysis

In order to help people better understand the process of self formation within the context of a mental illness diagnosis, this study used frame analysis (Goffman, 1974) to examine this phenomenon of narrative construction. It does so based on the notion that each individual word carries a “sign” (Vygotsky, 1987), or as Damasio (1994) calls it, a “contingency” (p. 182). Vygotsky (1987) emphasizes that words are signs to individuals, producing different complexes that sometimes add up to the same socially shared concept. Similarly Damasio’s (1994) somatic–marker hypothesis discusses how thought processes, whether verbal or preverbal, take place in the “mind’s imagetic space” (p. 182), producing a physical response, a gut reaction, as decisions are made. In line with these theories, frame analysis recognizes that choices made in the

narration of an event are not always conscious. Rather narratives are recounted using the available tools and settings and with recognition of the audience.

As noted earlier, the disciplinary frame often directs data analysis in narrative inquiry. Mishler (1986) cautions researchers to account for “structure, meaning, and interactional context,” but he does not dictate how that analysis is to be done. Similarly, Goffman (1974) offers no step-by-step process for frame analysis; rather, he explains how the theory allowed him to see the world. In frame analysis the situation becomes the unit for making meaning; nevertheless, Goffman (1974) cautions that “Frame, however, organizes more than meaning; it also organizes involvement” (p. 345). The idea that individual’s involvement in the situation that she is narrating shapes the meaning of the situation is what led me to choose frame analysis for this study.

Vygotsky (1978) discusses how memory is “exceptionally appropriate for study of the changes that signs introduce into basic psychological functions because it clearly reveals the social origins of signs as well as their crucial role in the individual's development” (p. 38). In constructing a story from a memory, the participant in the interview is building knowledge by externalizing thought and verbalizing images. From this externalization of an experience in the past, concepts are internalized through the generalization inherent in putting thought into word. This framing of memory, putting preverbal thought into word, is what I have tried to capture in the analysis of these young women’s narrative strips of experience.

Strips. The first step in frame analysis is to identify “strips” of experience in the data. According to Goffman a strip can be defined as “any arbitrary slice or cut from the stream of ongoing activity. . . . [or] any raw bunch or occurrences (of whatever status of reality) that one wants to draw attention to as a starting point for analysis” (1974, p. 10). For this study, after

transcription I read through each case's data, simultaneously listening to the tapes. Though I kept my research questions in mind, I was not searching for any particular theme or type of story.

What I noticed was the recurrence of certain issues in narrative form throughout the data. The data I chose as strips for analysis were retold in at different times, in different settings, and from multiple perspectives. For example, the narrative strips chosen for analysis in Ember's case encapsulate an experience that was recounted in her biological mother's interview and referred to by her other sister. The subject matter, the youngest sister, was also a primary focus of the family's attentions and conversation at the time of data collection. Similarly, the issue that dominated Chloe's interviews, the computer and what she used it for, was also a major topic of conversation during her parent interviews. The participant authored narratives, however, are the only ones used for direct analysis. Hence the strips I chose are analogous to strips of film with different takes of a similar scene taken at a different time and from a different perspective. As young women added to the experience, they altered the constructions. The different versions (i.e., strips) gave me a unit of analysis from which to answer my research questions.

Identifying tools of narrative construction. The first research question looked at the tools of narrative construction the young women used in their strips of experience. Through the concept of framing, Goffman's (1974) analytical method allowed the question "Under what circumstances do we think things are real?" (p. 2). The frame is comprised of the basic elements of a situation that are "built up in accordance with the principles of organization which govern--at least social ones--our subjective involvement in them" (pp. 10-11). This analytical approach captures "what one individual can be alive to at a particular moment" (p.8), particularly in relation to the cultural tools available.

Goffman (1974) relied on a dramaturgical model in his frame analysis. As a former Literature teacher, I examined the strips for elements used in narrative construction such as point of view, character and plot development, genre, coherence, and figurative language. I first went through and circled all pronouns and identified their referents. I then highlighted and made notes about techniques employed in construction such as repetition, dialogue, plot structure, use of figurative language, and other elements that stood out in repeated readings.

Once these elements of the narrative genre were identified in the strips, I chose the most salient to analyze further, paying particular attention to what each young woman used more frequently in framing her unique issue. At this point, the analysis done during the construction of the personal profiles was essential in making connections between and among the elements of the strips. For example, without having completed the process to create the profiles, I might have missed the information that Ember's mother regularly took Ember's knife collection away from her when she was in a manic phase, thus missing the significance of the symbol of the knife to Ember.

Signs of Self. In answering how the young women use narratives to define their unique senses of self and I examined the young women's framed experience in relation to the rest of the interview data. My analysis method reflects the belief that self is constructed through interaction with and personal modification of the culture in which one lives. Therefore, I explored how Ember and Chloe created their idiosyncratic version of self through their use of signs intramentally.

The intramental use of signs to appropriate cultural messages is important for looking at how these young women defined their unique and dynamic senses of self. Tools of narrative construction within an interview setting differ from those in a classroom, a group of friends, or

on-line. The oral narratives captured in the interview transcripts referred to mediational means with which these young women interacted on a daily basis. These tools and signs were not only verbally manifested: Both Ember and Chloe used the tools of construction found in their oral narratives as they do in other arenas in their lives. For example, both young women were visual artists and communicated through images. Chloe was a singer and played the viola, so music was another mediational means through which she communicated. Ember's beliefs in Wicca introduced her to a metaphysical world that gave her a social life beyond her immediate life world. As it is impossible to extract preverbal thought or to assume another individual's meaning of a symbol, the analysis in this section relies on the tools identified in the first section of analysis in relation to the young women's expressed interests. I used information gained during the creation of the profiles and a version of recursive frame analysis (Chenail, 1995) to make inferences about the young women's definition of self.

Keyings. In order to understand how the narratives then became cultural tools for authoring self, I used Goffman's (1974) notion of keying (p. 44). Keys connect self constructions to the larger community of which they are member. To get at what makes these experiences real to the young women, I labeled each of the frames with certain keys and then discussed how the strips that made up the particular frame fit within those keys.

Keys are "the conventions by which a given activity, one already meaningful in terms of some primary framework, is transformed into something patterned on this activity but seen by the participants to be something quite else" (Goffman, 1974, p. 44). Goffman's definition of keying had five parts that included: 1) The objects involved with the activity are transformed from the original schema for which they were intended (i.e. a baseball bat gets used as a horse); 2) Participants are aware there is a transformation occurring; 3) Bracketing can occur when

keying begins and ends; 4) Keying is not restricted to any particular setting or environment; 5) Keying performs a crucial role in what we think is going on. Goffman suggested five basic keys - make believe, contests, ceremonials, technical redosings, and regroupings (pp. 41-75) that put limits on the frames in which they take place.

I then examined how their narrative framings had transformed their environment. The act of performing the narrative becomes both an attempt to establish identity and to legitimize the experience. Legitimized roles “represent the institutional order” (p. 74), so if in the interview setting a narrative is performed and accepted, a particular self is being authored and an experience codified in verbal form.

Macro and micro level analysis of narrative are necessary to achieve complementarity. In creating the profiles focused on the young women’s family and social history, education, and mental health concerns, I attempted to address issues that would come into play with the analysis of the frames experiences. The chosen strips of narrative represent a small portion of data from each of the young women’s data set. Yet, they were purposefully selected because they represent verbal snapshots of a complex process of self construction. As a researcher, I could only attend to what my personal culture allowed in the construction of the results, but my hope is that I have authored a self for Ember and Chloe that shows them both engaged in a dynamic and powerful process to change their life worlds through narrating their experiences.

CHAPTER 4

EMBER KINKAID

Ember's mother, Debbie, called me to set up our first meeting. We met at the assisted living facility where Debbie's mother, Momma, was a resident due to advanced Alzheimer's. I explained the details of the study to Ember, her mothers, sisters, and grandmother in the nurses' break room. They were all extremely open and forthcoming about their family mental health history. Ember was excited about the project because it would give her something to do. She had dropped out of school at 15, and her daily schedule revolved around doctors' appointments, her mothers' errands, and visits to Momma.

Both Ember and her sister, Angel, were diagnosed with bipolar disorder and both were interested in participating in the study. My meeting left me with the impression that they were economically strained but system savvy. Their family history is complex and filled with strong attachments.

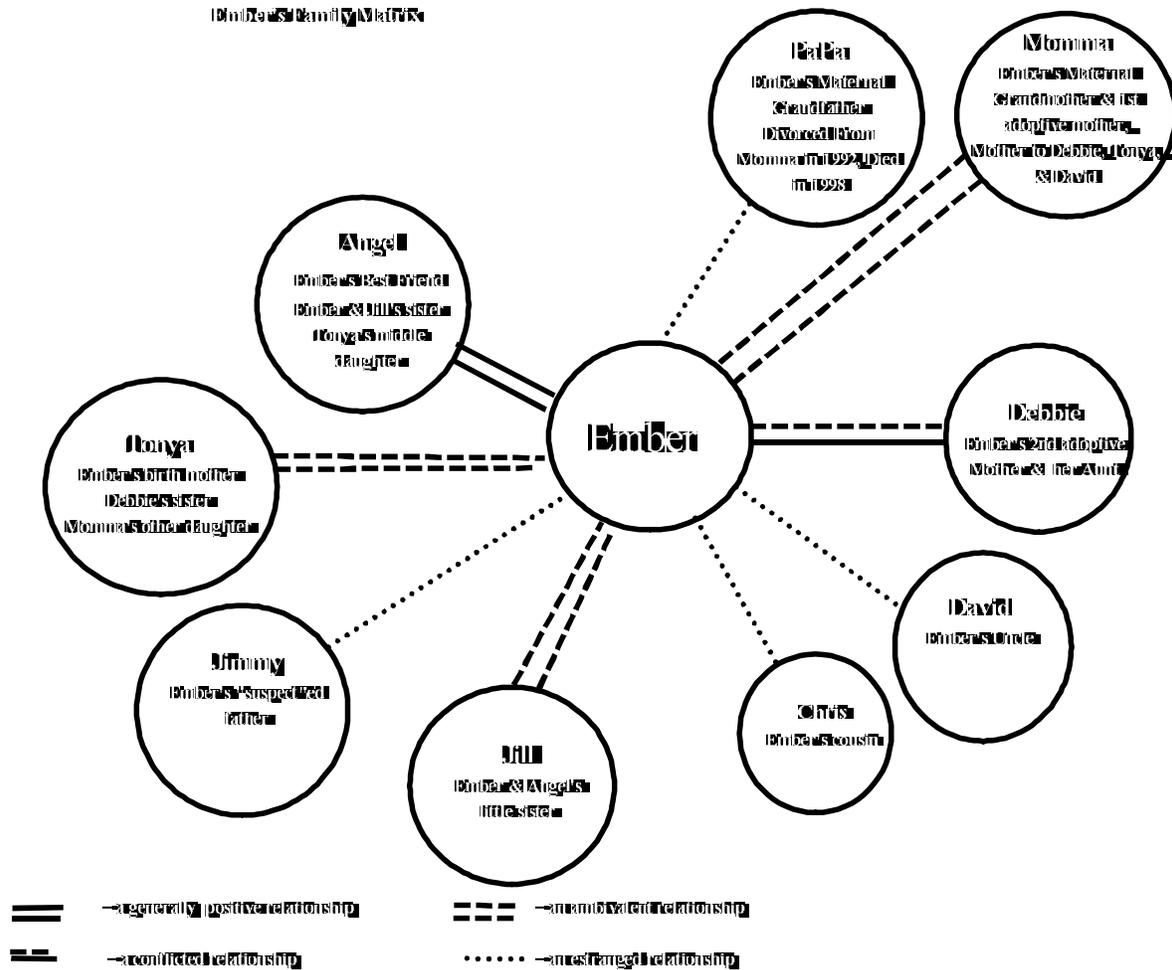
Family History

Though Ember and Debbie did most of the talking, all of the women had a story to tell either about their personal experience or a family member's experience with mental illness. In her initial interview Ember summed up her family's mental health history: "But our whole family's messed up. We've got mental patient problems going all the way back, years and years" (Ember, Interview 1).

Ember had lived all of her life in Central, a Southeastern College town of about 100,000 people,. For 13 of her 19 years she lived in a rented house just on the edge of town. When their

new landlord, “an investment banker” who wanted to rent to college students, asked Ember, her mother, and her grandmother to move, Ember was heartbroken. She, Debbie, and Momma moved to a house in town for several years where they lived until Momma had to be put into the assisted living facility. Recently Ember and Debbie had relocated to an adjacent county where rent prices were cheaper, and trees are more plentiful.

Family dominated Ember’s life history narratives. Her family network is filled with conflicting relationships as well as strong ties. The following sociograph displays Ember’s family relations as she revealed them to me in the interviews. Ember claimed to not have any friends other than Angel except for two people she mentioned only once during our five interviews. The family members represented below are placed purposefully. They are grouped in living arrangements, either former or present, and positioned in terms of value expressed by Ember. Debbie is to her right as her adopted mother, and Tonya is to her left as her biological mother. Momma is placed at the top as the matriarch of the family. Angel, Ember’s biological sister who was only 2 years younger than she, is placed in the upper left because of Ember’s admiration for her. Jimmy, Jill, Chris, and David all go below Ember because the majority of the comments Ember made about them were negative.



Debbie was a large woman in her late 40s or early 50s. She had severe of health problems and was constantly visiting doctors who told her “something about a muscle disease that they can’t figure out.” During the year in which I was interviewing Ember, Debbie had several appointments with specialists in a nearby major city. She often speculated that she would not be around much longer and worried about what would happen to Ember when she died.

Debbie adopted Ember from her own mother, Momma, when Ember was 12. Momma legally adopted Ember at 4 years old from her youngest daughter, Tonya. Yet, Debbie, Momma, and Ember have lived together since Ember came home from the hospital.

Debbie was always an advocate and caretaker for Ember. When telling about how Ember came to be adopted by her mother and herself, she talked about eagerly anticipating Ember’s

birth. When it became apparent to her that Ember was having problems at school, Debbie set Ember up in Special Education classes. Until recently, she also had initiated and supervised Ember's mental health concerns, ensuring that Ember took all of her medication each day. Debbie's knowledge of Ember's mental illnesses enabled her to make careful decisions about what was and was not suitable for her daughter. For example, Debbie would not let Ember buy a stun gun and took precautions with Ember's knife and sword collection during Ember's manic episodes.

In our interviews Ember was usually positive when talking about Debbie. She indicated that Debbie was respectful of her privacy and her Wicca beliefs. Ember described Debbie as very religious. She regularly watched church on TV and had friends who were strong Christians. Though Debbie did not approve of Ember's spirituality, she let her have her freedom as long as Ember did not bring it up in front of Debbie's friends.

Ember was not complimentary, however, when talking about her biological mother Tonya. She regularly referred to Tonya as "promiscuous" in her younger days and called into question whether Jimmy was really the father or not because Tonya was drinking so much when she got pregnant. In her exit interview she even alluded to the reason for going into therapy so young was because she figured out that Tonya was her real mother when she was only 4 years old. Debbie corroborated this story in her interview.

During data collection I never witnessed or heard of Tonya or Jimmy asserting parental roles with Ember. When Ember did talk about their parenting style in relation to Angel and Jill, she mentioned that they both used physical punishment often, this in contrast to a more laissez-faire approach she was accustomed to with Debbie.

Angel was Ember's sister and only friend. She made an immediate claim to their relationship and described Angel as "the most normal of us. She's got the bipolar, yeh, but she's managed" (Ember, Interview 1). Ember admired the way Angel could make friends easily. She talked at length about their deep similarities and superficial differences. Ember often made reference to their ability to communicate without saying a word and how uncanny it was that they produced the same kind of art work. Toward the end of my work with Ember, Angel moved in with her and Debbie for about three months and then moved back home. In many ways, Angel was Ember's only connection to the local social world outside her house, doctors' appointments, and visits to Momma.

Jill was Ember's youngest sister and Tonya and Jimmy's youngest daughter. During data collection Jill was removed from 4th grade and placed on homebound instruction because of her mental health concerns. Though she did not live in the same household as Jill, Ember suffered a common older sister dilemma when it came to her 10-year-old sister:

And then there's Jill. I hate that...I don't hate her, I don't hate her. It's just that she's, there's such an age difference—16, 19, and 10. We just don't really know what to do with her. The music we listen to, she can't listen to. We can't watch the videos, so we don't know what to do with her. It's not that we don't love her, I mean we do, but we just, she's just there, we don't know what to do with her.

(Ember, Interview #1)

Usual references to Jill included Ember's frustration and inability to deal with her age. Jill's mental health was a concern for the whole family, and she received a great deal of attention. Ember worried often about Jill's future.

Formal Education

Ember dropped out of public school at 15 and passed her GED exam at 16. Her descriptions of her school experiences are filled with painful incidents and fears of violence. Ember's weight was an issue for her socially: At over 450lbs. she suffered a great deal of teasing by other students and lived with a constant feeling of isolation in a crowd. She did, however, talk about the positive role some teachers played in helping her learn. Ember loved to learn and reminisced about times when she was able to show her true intelligence despite her "Special Education" label. She attended three schools, Sunny Side Baptist School, Central Middle School, and Central City High School.

Sunny Side Baptist School

Ember attended kindergarten at a private Baptist day program and continued at this school until the beginning of 8th grade. Sunny Side Baptist School is a K-12 school with approximately 450 students coming from 200 families. Ember characterized the students at Sunny Side as "just one set of people—rich kids with lots of money that can buy nice things and nice clothes and stuff." In contrast, Ember's non-traditional family was scraping by each week on Debbie's salary as a caregiver, and PaPa, Momma's ex-husband, was sending money for the tuition.

The school was not prepared for Ember's special needs. Because of her behavior violations, Ember spent hours in detention and attributed her excellent vocabulary to that time spent reading the dictionary. She recognized that though the teachers often tried, the school was not prepared to meet her educational needs:

Well basically when I was at Sunny Side . . . They tried to make allowances for people with mental problems but they're just not geared up with special people to help kids with problems. And you have a problem, you're basically a freak who

gets put in detention a lot. For basic things to keep you out of class. They're just not equipped for kids with special needs at all. And they tried, they did, but it didn't work, and I was basically the class freak. (Ember , Interview 1)

In our initial interview Ember told several stories about being teased mercilessly while a student at Sunny Side. Perhaps one of the reasons that Ember stayed at Sunny Side School so long was because Debbie had been a volunteer at the school in the kindergarten class for many years. This proximity to Ember was helpful during elementary school. Ember cited the reason that she left Sunny Side Baptist School was because she could no longer take the teasing. Debbie corroborated Ember's reason for leaving and added that they could no longer afford the tuition since her father had passed away.

Central Middle School

Ember was excited to move on to public school. From the first day she felt a freedom to blend in as she never could at Sunny Side. Yet her mental health issues were still a concern: Her wish was to be able to "hold it together long enough during school that nobody have to know about it. That didn't work. I tried at [Central Middle] and it didn't work. I ended up in Special Ed all day. Grading teachers' papers and junk." Ember also found herself getting into physical conflicts with other students.

A teacher at Central Middle stood out in Ember's mind as having been particularly caring and concerned for her academic advancement. Upon arriving at Central from Sunny Side in early 8th grade, Ember had tried a regular classroom for a week, but quickly discovered she couldn't handle it. Debbie heard about Ms. Penny, the special education teacher, and put Ember in her class. Debbie also started the process of getting an official Individual Education Plan (IEP).

Ember and Ms. Penny quickly discovered that the milk carton peanut butter bird houses the other 5 students in the class were making did not challenge her academically, so the teacher would bring in more advanced work:

She'd go to other teachers. She'd bring in books, old text books from college for me to look at and do stuff out of. Because it wasn't the work, I could do the work, I just couldn't be in a class with like 50 kids. I couldn't do that. . . I'd take the test and stuff and get the grades without having to be in the classroom with all the kids. (Ember, Interview 1)

The Special Education program at Ember's middle school was no more equipped than Sunny Side to deal with a mental health disability. Ember also felt she was 2 years ahead of public school students in her own grade because of the academic requirements at the private school she had recently attended. Ms. Penny's other students were on very different academic levels than Ember, but the classroom environment did offer Ember a feeling a safety in an environment that was typically unbearable for her. Because of her excessive absences due to her social anxiety disorder, Ember did not believe that she passed her 8th grade course and that "they booted me up because I took a final test saying I knew everything."

Central City High School

The rash of school shootings in the late 1990's did not help Ember's anxiety during her freshman year. High school became something to avoid. Though she collected knives for her own fascination and protection, she was terrified of the thought of fellow students carrying weapons to school as she knew they did. Similarly, though she came out against illegal drug use for herself, she did dabble in the high-risk behavior of selling marijuana in her classes. She hated seeing people "practically half naked having sex in the hallways" and had been physically

assaulted herself. When Debbie would drop Ember off in the mornings, Ember would leave campus and go to the local Dairy Queen or hang out on the street behind the high school. Otherwise she would run back to Debbie's car and make Debbie take her home. The few days she did make it to school she did not get much academic work done.

As a freshman she was once again she was on an IEP and in Special Education classes. Though Ember had an overall positive statement about the Special Education teachers at Central City High School, the program itself was still not equipped to work with Ember's unique learning needs. In Ms. Lloyd's class of 10 students at varying learning levels and needs, Ember often took on the role of teacher's helper, grading papers and helping with a Humane Society fundraiser. Ember described the work she was given as "extra work" and "stuff to keep me busy."

Ember's ability to take tests well, her excellent vocabulary, voracious viewing and reading appetites, and intense curiosity for things that interest her point to an ideal student by most teachers' definitions; to add to that list, Ember had cultural tools that never were recognized within school walls.

Mental Health

Ember remembered seeing therapists as early as 4 years old because of the depression she sank into after her great grandmother's death. Debbie, however, indicated that the psychologists and medications did not start until 3rd grade, though she did recount a story about teachers' reports of Ember being a "holy terror" and unable to get along with others in her 4-year-old day care class. Ember told stories about former therapists and psychiatrists who did not meet her expectations for what a mental health care provider should do. She also talked about specific

experiences in therapy including a co-ed group therapy she participated in as “some kind of experiment.”

Ember first suspected she was bipolar after taking an on-line test. She told her current therapist, Dr. Evans, about the test. Dr. Evans then gave her another test in her office. In addition to the DSM-IV-TR™ (2000) criteria and diagnostic interview, Dr. Evans mentioned several instruments she used to assess mood disorders including “the Beck” (Beck, Steer, & Brown, 1996), the Rorschach® (Rorschach, 1921), self-portraits, and family and school kinetic drawings. She preferred these assessment methods over the “pencil and paper tests” such as the MMPI™-A (Butcher, Williams, Graham, Archer, Tellegan, Ben-Porath, & Kaemmer, 1992) or the Millon™ (Millon, Millon, & Davis, 2003). The diagnosis of bipolar disorder occurred when Ember was 15: This diagnosis was in addition to the existing diagnoses of ADD and social anxiety disorder. Though she struggled with serious side effects and interactions from the medications, she preferred to endure them rather than experience life without them.

Research, one of Ember’s many passions, helped her learn about her own diagnoses. In her interview and in the interview with Debbie, the following disorders were mentioned as having been attributed to Ember at some point during her mental health treatment history:

Antisocial Personality disorder

Manic-depressive, bi-polar disorder

Attention Deficit Hyper Activity Disorder

Attention Deficit Disorder

Clinical depression

Obsessive Compulsive Disorder

Social Anxiety Disorder / panic attacks

Her psychotropic medications included the following:

Medication	Indication	Length of time taken
Lithobid	Antimanic	Took since 15
Wellbutrin	Antidepressant	Took since 13
Remeron	Antidepressant	Took since 15
Adderall	Amphetamine (ADD)	Took since 8
Seroquel	Antipsychotic	Took since 15
Zyprexa	Antipsychotic	Took since 17

She also took medications for chronic back pain, migraine headaches, and acid reflux. Though Ember was certain of her diagnosis of bipolar, ADD, and anxiety disorder, she was not certain about what all the medications do. That they work was sufficient evidence for her:

LESLIE: Ok. you're on two antipsychotics. What does that come from?

EMBER: I have no clue to tell you the truth. I go into this dude and I explain my symptoms and he writes me a prescription for these pills and I take what I'm told. You know, I don't really ask many questions as long as it works and it helps me, I don't really care what it is (laughter).

LESLIE: Really?

EMBER: Yeh. As long as it helps me.

LESLIE: Are you doing research on your medication?

EMBER: Actually I don't have to do that much. My pharmacist has a pamphlet where every time you get a new prescription, he gives you this whole list of everything on it. Side effects, what it's used for, everything. So I don't have to research it. (Ember, Interview 1)

There was a disconnect between how Ember approached learning about the diagnoses she received from her therapists and how she learned about the medications she took as a result of those diagnoses. Debbie expressed the confusion that was reflected throughout the all of the interviews concerning the terms and labels for diagnoses and medications:

She also has oppositional defiance. There's a number of them. There's so many of them I can't remember. I try to stay on top of them. Normally I read about them. I check on the internet to know what's going on and what to expect. What may be coming.

As mentioned earlier, Debbie was an advocate and caregiver for Ember, but she was not fully informed. According to Ember, she did not have ODD. Rather it was her sister, Angel, who had been diagnosed with this disorder.

By the end of our interviews Ember was close to turning 21 and had dreams of going to New Orleans and trying the famous Hurricane drink she had heard so much about. Yet even this future plan was fraught with complications:

EMBER: They said I'd have to stop my medication for two weeks, and I'd probably go nuts, but I want to see what'd happen. I won't do it though. I want to but I won't. If I stop my medication for two weeks I'd probably end up in a mental hospital somewhere on the 6th floor or whatever. It's the 2nd floor now actually.

LESLIE: 2nd floor of . . . ?

EMBER: [County Hospital]. . . . Yeh, it's more like, "You're crazy." Or something. (Ember, Interview 1)

As mentioned before, hospitalization was an ever-present fear of Ember's. Despite her difficult times in school, with her health and weight, and in her daily living, she had not been hospitalized. However, complications from her mental illnesses directly resulted in her dropping out of school and prevented her from leading a "normal" life.

The legal process to become labeled mentally disabled is rigorous and can take years. For Ember, it was a two year journey:

[A doctor in town] examines you mentally and you take a bunch of tests which are really easy. I've been doing this since I was like 5 years old, seriously. It's basically you have to put blocks in a certain order and have to give the definition to words and answer a bunch of questions. It takes all afternoon but it's the law. And then after you get the lawyer, you have to file again, and the lawyer has to do it. Then you have to sign a bunch of papers and they'll send out to all your doctors and everything, you get all your information, which will take a while longer. Then if they don't approve you right away, which half the time they don't, you have to go up for a hearing. At the federal building. . . . I hated that though. Judge setting up on this little pedestal and oh, it drives me crazy. Then you have to do that. . . . I'm sitting there shaking so hard I can't hardly move. But you have, the whole thing was I had to be there. But my reaction kind of helped it along. The judges were saying, "Are you ok?" . . . It took me two years to get it. . . . But once you do, it helps. Now they pay for my medication, even when I'm past 21. Cause Medicaid was going to stop it at 21, no doctors, no nothing. And so we had to push the disability to get it where I could get my medicine and see my doctors. So, in one way I don't like it, you know, cause I don't like to think of my self as

dis-abled, you know cause I still do stuff, it's just I shop a little latter that most people, and you know stuff like that. But I just do things a little bit different. But I don't like to think of myself as disabled.

Ember first learned about mental illness from her cousin Chris who essentially grew up with Ember and Angel. Chris was diagnosed with ADHD and hospitalized at 5 years old. Stories of Chris' violent tendencies and wild behavior came up often in our interviews such as the time when Chris punched his principal and was expelled or when he tried to drown Angel in the blue rain barrel in the back yard. The following excerpt reveals how Ember comes to know about ADHD through Chris:

EMBER: My nephew Christopher was diagnosed a couple of years before me, and I knew what it was, but I didn't think it would eventually happen to me. . . . He was 5 and I was 7. . . . But he went in to [the mental hospital] because his was so bad, and I knew what it was because it was explained to me that Chris was gonna be different and he was gonna have some problems and I just needed to help him and overlook it.

LESLIE: Did they tell you what the problems would be?

EMBER: They explained it to me simply, basically he was gonna act different and he was gonna be a little hyper and a little strange. But that's the extent of what I knew until I was diagnosed. Then I had to research it.

According to Ember, Chris was hospitalized twice after this incident. Stories of his behavior served as worst case scenarios for what could happen to Ember.

Family stories on both sides of Ember and Angel's family bespoke several hospitalizations and severe mental health problems:

EMBER: And then my grandfather's family. His aunt was in a mental institution for schizophrenia.

LESLIE: Your grandfather on your mom's side?

EMBER: Yeh. Was in a mental institution for schizophrenia. It's all over. We're pretty much damned if we do, and damned if we don't (laughter). Basically.

We're all mental. We know it.

There was also a repeated story of Jimmy's mother, who was adopted, having been born in a mental institution. There was still confusion over why the biological great-grandmother was in the "asylum," but both Ember and Angel talked about the institution having burned down and the records having been destroyed.

Ember understood the power of a label. Her experience being labeled lead her to create a piece of art filled with irregularly shaped a puzzle pieces, one with the phrase "Bipolar not homicidal" written on it. Ember told the story of when her Central City classmates found out that she had been diagnosed with bipolar disorder and looked up information about it on the internet.

The stigma often associated with the disorder had a direct effect on Ember:

Well in school, people found out I had bipolar & they looked it up. When you look something up you get the baseline, you know, erratic behavior, sometimes can, all, you know everything, including the stuff can be violent without medication & stuff. And so they thought I was going to kill everybody. That did not make for a good 6 months of school. (That at Central City?) Yeah. They should not allow those kids on computers, I swear. Cause they went to all the web sites & stuff, they literally thought I was going to kill them. . .

Ember went on say how she could understand how “it kind of freaked her out too” when she first started to learn about what bipolar is about. In her unique way, she recognizes that her classmates were merely uniformed in their cruelty, and though it “pissed her off,” she could understand why they might have had such thoughts.

Authoring Ember

In the retelling of an event, rarely is the experience described the same way twice. As a director calls for a second, third, or twentieth take to get the scene just right, so too do people recast a narrative until their desired affect is achieved. Below are three strips of experience from Ember’s interviews. Ember had several repeated narratives, but, for reasons I will discuss in the following analysis, “The Schizo Little Sister” provided the most illustrative example of narrative in the process of self construction.

“The Schizo Little Sister”

Ember’s narrative strips that follow tell about Jill’s diagnosis and an attempt by Jill to kill Angel. Her narrative of Jill’s psychosis and the event appeared in three different interviews across a 10 month period. Angel told the story as well, but only in a brief format. Tonya also had a version of the story that accused the older girls of making the whole thing up. For Ember, however, Jill was a real threat to herself and to Angel.

As a unit of analysis, the strips that make up the frame of “The Schizo Little Sister” (“TSLS”) became important during data collection because they represented a contentious issue among all of the family members interviewed: Jill’s mental health and erratic behavior. Ember had accused her little sister of an attempted murder, a serious crime in the eyes of the law. Jill’s mother, however, told me in her interview that Ember’s story was an attempt to get Jill in trouble so that Ember and Angel could be together unencumbered by Jill’s presence. My analysis did not

struggle with the truth of Ember's accounts. Instead, I focused on Ember's framing of Jill and the events as Ember constructed them. I then examined how the tools of narrative construction reflect a personal culture that created Ember's unique concept of self and in turn transformed the family culture in which Ember spent most of her time.

Strip 1

3/03

Ember, Interview 1a

Jill on the other hand, they're looking at her as schizo. She's 10 years old, and they think she's already schizophrenic. She takes knives and hides them under her bed and sits up in the middle of the night and threatens to kill Angel. Angel doesn't sleep at night anymore because Jill threatens to kill her while she sleeps. . . . But Jill on the other hand, takes after me. And that's not good. That makes me so upset right there. She's a 10 year old child and they already think she's schizophrenic. What is that going to do to her later in life, you know? That just kills me. So . . .

Strip 2

3/03

Ember, Interview 2

She's schizo. I mean she's schizophrenic now. She tried to kill Angel with a knife.

Strip 3

5/03

Ember, Interview 3

She thinks she's, she's schizo, she, they're thinking she might be schizophrenic.

And she talks to cats, I talk to my dogs but she thinks they talk back to her.

Literally, she thinks her cat talks to her. She thinks she's an alien, and she talks to stuffed animals, and she thinks they talk back to her. This isn't just some kid's game either. She literally thinks they talk back to her. And this is freakin' us out seriously. (Has it started more recently?) Uh, she took a knife & stuck it in

Angel's bed beside Angel's head. That's not normal. Well, the first time she did it then she went & stuck it through Angel's teddy bear into her bed. The doctors say that is kind of like a sadistic type deal because that stuffed animal represents an animal. She wants to cut Tonya's feet off. She wants to cut her hands off. She wants to cut out her heart and cut out her tongue and keep them in jars. (She tells y'all this?) Yes. (She tells who this?) Everybody this. (Really?) She's serious.

Then if she can't do that she wants to completely freeze Tonya into a block of ice & sit her on her coffee table. And Tonya thinks this is normal. (She doesn't think this is normal.) Yes, she does. She says, "Oh Jill says that all the time." Jill's doctors don't know what to with her. She's 10 years old, you know, but anyway.

Ember's Tools of Narrative Construction

Narrative as verbal mode of rendering experience is a genre that is taught both formally and informally. In formal settings such as schools narrative instruction includes lessons in character creation, plot structure, use of figurative language, setting, point of view, and other

tools for construction. As mentioned earlier, the cultural transmission of narrative relies on summoning the cultural tools accepted within particular settings.

In “TSLS” Ember was interwoven into her repeated framings of Jill’s mental disorder and attempted murder. The three strips above were told within the context of research interviews between two people who shared some cultural knowledge of mental health, school, and community discourses. In my analysis I did not separate my role as audience to Ember’s responses to my questions. However, my purpose in this section is to examine the tools of narrative construction with which Ember frames “TSLS”. In particular, I looked at how Ember employed genre, symbols and motif, pronouns, and visual imagery.

An understanding of genre. Genre is a broad term, but in narrative it implies certain plot structures such as love stories, murder mysteries, or science fiction. Berkenkotter and Huckin (1993) call on analysts to “pay attention to ways in which genre users manipulate for particular rhetorical purposes” (p. 476). Understanding how Ember used genre was useful because it helped reveal how she, as an author, appropriated aspects of certain genres with which she often interacted. Ember was most literate in the genres of horror stories, science fiction, and family drama.

Ember was an avid reader. She and Angel shared books and had recently started reading Anne Rice’s vampire books and the biography of the Marquis de Sade. At Sunny Side she got in trouble for her reading tastes because the Christian curriculum did not fit Ember’s view of spirituality:

I’ve always read. At Sunny Side People thought I hated to read because I didn’t read. Any books I brought from home, they’d look at them and if they were like Stephen King or something, they wouldn’t let me read it. . . . I drew a couple

pictures in Art class of Freddy Kruger and I got sent to the principal's office.

(Ember Interview 1, Follow-up)

Ember boasted of having read every Stephen King novel, and her current fascination with UFOs had her “at the library taking out books. Reading everything.”

Ember was a huge fan of horror movies, but not the “hack-em, slash-em” type that Angel liked. Instead she liked “the movies that get in your head. That’s real methodical and you have to think about it.” Freddy Kreuger from the popular Nightmare on Elm Street horror film series was acceptable for light entertainment, but Ember preferred the classics like House on Haunted Hill, the Dracula movies, and the Night of the Living Dead. Starting at 5 years old she would get up at four in the morning to watch horror movies. She was proud of starting Angel on a steady diet of scary movies at a young age too. She tried to get Jill into watching horror films too, but Tonya would not let her.

Narration lends the ability to report events without requiring participation in the events reported. Ember’s fluency in her family history maintained an intergenerational link that language creates as it becomes “the objective repository of vast accumulations of meaning and experience” (Berger & Luckman, 1966, p. 37). The family stories that Ember told included incidents from before Ember was born or at which she had not been present. These stories, like her maternal grandfather’s unexplained death on his car bumper, were told as a part of a family history with equal authority as the ones with which she had direct experience. The twists and turns of her family tree at times sounded like the family lives depicted on soap operas or prime time dramas. Throughout the interviews Ember made reference to television shows that she watched on a regular basis: La Femme Nikita, Buffy the Vampire Slayer, and The Hitchhiker,

were a few of her favorites. She assessed her Emotional Attachment Disorder by how upset she became when her television shows were canceled due to coverage of the September 11th.

Stock of Symbols and Motifs. The most denotatively close definition for Ember's use of symbolism is "expressing the invisible or intangible by means of visible or sensuous representations" (Merriam-Webster, 2000). In the above narrative strips, Ember used physical objects that dominated her social and fantasy worlds: knives, stuffed animals, talking animals, and severed body parts.

From the first interview Ember introduced me to her fascination with weaponry, particularly knives, when she pulled a 10-inch blade from her backpack. In her Self Box interview she talked about the knife in the collection that her grandfather started for her when she was 10 years old, a throwing dagger with a wooden handle. Debbie set up a foam board in their backyard so Ember could throw her knives and shoot her BB gun and cross bow. The Self Box contained a grenade she purchased at the Army Navy store in town. When asked why she included it in the box, Ember responded:

It kind of represents the craziness and all the wars and everything. You know it's on everybody's mind no matter what you think. Even in the 8th grade I knew we'd probably end up in a giant war. And now we're over in Afghanistan and we're in Iraq. We're going to eventually have this gigantic nuclear war and it's going to kill all of us. That's just kind of on my mind a lot for some reason. (Ember, Interview 3)

Weapons were powerful objects in Ember's life. Because she had been labeled legally mentally ill, Ember believed that she would never be able to own a handgun. Knives were her fascination, but at times Debbie would lock up Ember's knife collection when she thought she was going to

“lose it.” The symbolism behind the knives that Jill used in Ember’s stories reflect her own fascination with knives and weapons in general.

Ember had a massive stuffed animal collection. Her favorite animal to collect was a turtle, and she had over 1000 turtles of all kinds. For Ember turtles symbolized an imagined self, having “a shell sometimes where I could leave and go in.” Her Self Box included a stuffed elephant that carried with it a painful memory. At Sunny Side School a classmate had given her the beanie elephant and told her it was supposed to be her. The act hurt her feelings, so she pushed the boy down the stairs but kept the elephant as a reminder that good things can come out of bad. Like the teddy bear that Jill stuck a knife through, Ember’s “stuffed animal” represented something else. Ember attributed doctors for having labeled Jill’s attack on the stuffed bear to a transference of “sadistic” feelings for a live animal. She did not offer more explanation for why Jill would be into animal cruelty or sacrifice.

Animals were highly symbolic in Ember’s spiritual world. Cats in the Wicca religion are familiars, entities used by witches, shamans, and magicians to strengthen, warn, and guide. For Jill to talk to her cats would not be out of Ember’s own belief system. Dogs are an integral part of Ember’s life. In every interview she talked about her five dogs, struggling over how to care for them on a limited income and with limited space. The dogs were part of Ember’s family and sleep with her every night. Her emphasis on the absurdity of Jill talking to the cats was incongruous with her own admissions in other interviews that she saw her dogs as her best friends. Though she never did say her animals talk back to her, in the Exit interview, she did report hallucinations of pygmies dancing on the front porch, a timber wolf, a ghost face on Debbie, and “a few other things.”

A motif in literature, music, or art is a repeated phrase, melody, or shape that takes on a symbolic meaning. In Ember's narration of "TSLS", one of the motifs was "She's schizo . . . she's schizophrenic." Prendergast (2001) pointed out that schizophrenics represent "a life denied signification" (p. 57). Among people knowledgeable of mental health discourse, schizophrenia is one of the mental illnesses most difficult to treat. Schizophrenia has also been coined the "sacred symbol of psychiatry" (Szazs, 1976) by those in the antipsychiatry movement. Ember framed the diagnosis in two different ways: First she called Jill "schizo"—a slang term—and then self-corrects with "schizophrenic"—the diagnostic name. Her recognition of the informal and formal terms for the disorder indicated her conscious labeling. She also repeated the phrase "10 years old," calling attention to her perception of Jill's hopeless future because of this diagnosis at such a young age.

A mastery of pronoun usage. Pronouns are important for creating a sense of textual cohesion and for establishing point of view. Pronouns are a part of grammar instruction throughout schooling, but little connection is made to narrative construction. When pronouns are analyzed as narrative tools, they provide a window into the authors characterization. For example, if a person populates her stories repeatedly with "I," "me," and "mine," an inference could be drawn as to the locus of her self-world. In the pronoun analysis in the following cases, I aimed not to essentialize personality based on these young women's narratives, rather I tried to examine positioning and self representation through the use of pronoun referents, particularly anaphora and cataphora.

Pronoun usage enhanced Ember's narrative power. Ember used "she" and "her" 27 times to refer to Jill in the 3 different versions of "TSLS." She only self-referenced six times: "me"

three times in Strip 1, “I” once in the Strip 2, and “I” and “my” once each in Strip 3. This third person narration de-emphasized her personal voice and places the attention on Jill.

Jill was a topic of conversation from the Initial interview to the Exit interview. Ember often compared Jill to Angel, their middle sister who was diagnosed with bipolar and oppositional defiance disorder: The first “on the other hand” in Strip 1 was a reference to the mild nature of Angel’s mental illness when compared to Jill. The second “on the other hand,” however, was self-defining. Ember equated Jill’s mental health to her own: “But Jill, on the other hand, takes after me, and that’s not good. That makes me so upset right there.” This statement was telling. Ember narrated these strips in third person, using an occasional third person plural pronoun for collective responsibility. In this first strip Ember broke frame and connected herself to Jill directly. The way Ember saw it, Jill would be Ember in eight years, and that was “not a good thing” in her mind.

The two collective pronouns “they” and “us” have no direct internal referents in the narrative; however, Ember commonly used “they” when referring to mental health professionals and other medical doctors who dispensed medicine. Also she would often use “us” when referring to family health problems. For example, when she talked about the decision to put Momma in an assisted living facility, though she was only 14 at the time, she used collective pronouns and shared responsibility for the decision.

Particularly in Strip 3, Ember manipulated the pronoun referents to create a sense of narrative coherence. With such a complex family structure and so many of the people in her life female, it would have been easy to get confused as Ember told a family story. However, as Ember told “TSLs and other stories, she would alternate among the proper nouns and personal pronouns in order to keep me, the listener, on track.

Sense of visual literacy. Visual literacy can be defined as “the ability to understand and produce visual messages” (IVLA, 2004). As poets and novelist rely on visual imagery to create pictures in their readers’ minds, Ember employed concrete nouns, descriptive phrases, and mass media references in “TSLS.” Ember was a visual artist and was fascinated with horror films, and these interests manifested themselves in her narratives.

In Strip 1 her description of Jill’s nighttime escapades included the shared cultural horror images of something scary hiding under the bed and of a little girl with a knife sitting up in bed. In her Strip 3, she digressed to talking about Jill and painted a gory picture of Jill’s plans for Tonya. The vivid details of what Ember says Jill has plotted to do with Tonya’s body parts (“She wants to cut Tonya’s feet off. She wants to cut her hands off. She wants to cut her heart out and cuter her tongue and keep them in jars.”) summoned images of the old horror movies she loved to watch. Jill became the mad scientist with jars of body parts soaking in formaldehyde. The image of Tonya in a block of ice further painted a disturbing portrait of a young mind in serious turmoil. By using disturbing visual images as representative of Jill, Ember managed to cause her little sister’s sanity to be questioned. The interesting, and possibly unintended, side bar was that in the process of defining her sister’s self, she was also defining her own.

Ember’s Use of Narrative in Self Definition

This section addresses how Ember used narrative to define her unique concept of self. As mentioned before, the concept of self is a dynamic and multifaceted construction that cannot be portrayed fully within research. Nevertheless, Ember’s conscious and unconscious choices of tools for narrative construction in “TSLS” offer a glimpse into her personal culture at a particular time in her life.

The strips that make up “TSLS” were not chosen because they serve to represent a version of Jill and her violent tendencies. Nor did I choose these three strips to draw attentions to Jill’s mental health issues. Instead, the analysis focused on how verisimilitude was achieved in Ember’s construction of her narrative, including how Ember externalizes her self in her little sister.

Intramentally, Ember used the genre of horror stories to cast the relationship between her and her younger sister. Ember did not allow herself to become physically violent anymore. Her medications and Debbie’s interventions during her manic episodes assured her that she would not harm others. Yet, as entertainment she engrossed herself in horror movies and novels. This particular genre permeated Ember’s narrative accounts of her life experiences. Her life was not an easy life. With a limited income, a history of abandonment and abuse, severe weight problem and the accompanying ridicule, and a host of mental and physical health issues, it was not surprising that Ember related the events that occurred in her daily existence in the genre that kept her entertained.

Symbolism played a powerful role in Ember’s conception of the Wicca religion. Ember’s black fingernails showed off her pentagram rings, a symbol she discussed at length defending its use as counter to most people’s idea of it as Satanist. Even Ember’s appearance, self-described as “gothic,” carried symbolic meaning: “Dark makeup, dark lipstick, dark,” and depending on her mood, her shoulder-length, wavy hair would be purple, red, or its natural light brown. Objects themselves were imbued with meaning, like her turtle collection and the previously mentioned grenade. Her art work was full of symbolic graphics. One piece she shared with me was a scattered puzzle with irregularly shaped pieces. Each piece had phrases like “Wigged,” “Bipolar not homicidal,” “Gothic,” and “Bizarre. When I asked her why she chose this representation of

her self, she responded: “Puzzles are puzzles and they make a pretty picture as long as you get them the right way. If you don’t do them the right way or loose a couple of pieces, you’re screwed.” (Ember, Interview, 3). Symbolically speaking, Ember saw herself as a puzzle with missing and irregularly shaped pieces, and so outwardly portrayed herself in such a manner.

Ember did not tell many stories about herself. Throughout the interviews she rarely told “I” stories. Most of her narratives were about her family members or her animals. Her choice of narration required Ember to rely on pronouns and third person point of view. Ember cast herself as an omnipotent narrator of her family’s life. She was involved, but she did not structure herself into the events as they occurred.

As Ember and I talked, we got to know each other on a limited basis in a unique setting. In our exit interview Ember expressed that she enjoyed being a part of the study: “It was a lot of fun. I can’t get people to sit down and listen to me much.” The interview environment offered her a chance to author herself, yet her methods for doing so involved a focus on others, a conundrum considering one of Ember’s diagnoses was Emotional Detachment Disorder, which she defined as an inability to care about others or world events. In “TSLS” Ember clearly equated herself with her youngest sister, Jill (“But Jill on the other hand, takes after me. And that’s no good. That makes me so upset right there.”), but she also distanced herself (“And she talks to cats, I talk to my dogs but she thinks they talk back to her.”). This contradiction set up a “me/not me” association between Ember and Jill. Ember could see herself in Jill and could imagine doing what Jill did in the version of the story she told, but she also separated herself from how far she would actually take it. As Ember said about Jill’s behavior, “This isn’t just some kind of kid’s game either.” Neither was the life that Ember was leading or the allegations she was making against her sister.

Visual imagery is part of Ember's everyday world. With very few places to go outside her or Debbie's doctors' appointments, visits to Momma in the assisted living facility, and her night trips to Walmart, Ember was a huge television and movie fan. The visual medium was important to Ember's life and daily existence. Ember occasionally had visual hallucinations. At our exit interview, Ember admitted to having hallucinations of a pygmy dancing on her front porch, a ghost face on Debbie, and a timber wolf in her front yard. These hallucinations terrified her and she refused to tell her psychiatrist about them because he had told her that if she started having hallucinations, he would have to hospitalize her. Ember did not want to be known as one who saw things that were not there or that did not happen.

The tools of narrative construction discussed in this section were among those that Ember relied on as she told me about Jill. Ember was apparently versed in oral narrative. Her interviews revealed an intergenerational web of lives affected by issues of mental illness. Ember's interview transcripts looked more like monologue than dialogue. Her responses would continue on for almost an entire single-spaced page--stories of stalkers, book stealers, spell casting, and childhood scavenging. In our exit interview Ember expressed that she enjoyed being a part of the study: "It was a lot of fun. I can't get people to sit down and listen to me much."

Authoring a Cultural Self

As Mishler (1986) points out, a research interview is itself a speech event. Ember had taken part in University research projects before, but none that required her to reflect on life events. From the first day we met, Ember was excited to be a part of this study and was happy to have an audience for her stories. As I listened to Ember's replays of her experiences with Jill, I also took part in authoring them with my reactions and responses to her stories. My facial expressions, nods, laughs, and verbal responses gave Ember the reactions she needed to continue

(see Givens, 2004). In the following section I will discuss that the interview became something else for Ember and how that affected her narratives of self. I will then discuss how Ember's narratives around Jill became cultural tools that transformed her family culture.

Keyings. In his work with children and their use of symbolism during play, Vygotsky (1933) noticed that “the customary structure of things is modified under the impact of the new meaning it has acquired” (p. 110). Similarly, Goffman's (1974) notion of keying began with an investigation of how play transforms what appears to one thing (a punch on the arm) into another (a greeting). In terms of Goffman's suggested keyings, “TSLS” appears to be a combination of regrounding and make believe. Regroundings involve a “performance of an activity more or less openly for reasons or motives felt to be radically different from those that govern ordinary actors” (p. 74).

As Ember and I got to know each other, we built a relationship, and our conversations became more relaxed. A research interview, particularly one involving sensitive topics like family problems, mental health concerns, and personal issues, can be therapeutic; however, that was not the aim of these research interviews. The participants were paid for the interviews to help avoid the confusion of me as a therapist. I talked with all of the participants in this study several times about how it was easy to confuse what went on in our interviews with their therapy. “TSLS” was part regrounding in the sense that Ember and I engaged in a research interview that seemed like a therapy session at times. Ember and I had to negotiate among roles that were familiar to us both (client, therapist, researcher, participant, and friend; to name several) but for different purposes. Each role carried a different set of rules.

An additional key that I see Ember employing in “TSLS” is make-believe. Goffman defines a keying of make-believe as an activity from which “nothing practical will come of the

doing” (p. 48). In the key of make-believe, the central notion is playfulness and its contextually acceptable limits. Make-believe requires that the participants are engrossed in the dramatic discourse and the individual signals that what she is about to do is make-believe, but she may well “fail to induce the others to follow along in the fun” (p. 48).

As a research interviewer, I was very interested in Ember’s stories. I listened intently, probing and nodding at appropriate time to elicit as many narratives as possible. My engaged listening style encouraged Ember to talk, and when I showed interest in a particular subject, she would talk at length about it. I did find, however, that I had a hard time suspending my disbelief for some of Ember’s stories. Particularly in Strip 3, my comments back to her reflected my incredulity, but Ember continued to bolster my interest in Jill. She recounted one incident in the Photo Elicitation Interview about Jill being terrified of the Easter aisle at WalMart because of the stuffed lambs. Ember ridiculed Jill for this behavior in the interview. Yet in this and previous interviews she talked about how she could not go out to the same store until after midnight because of her anxiety disorder.

“Recognizing in events the ‘fact’ that someone is mentally ill involves complex conceptual work” (Smith, 1990, p. 12). Ember was not daunted by my occasional disbelief. She persisted in convincing me of Jill’s deviance. The third strip contained seven rapid-fire accounts of Jill’s behavior that made her schizophrenic and abnormal:

- 1) She talks to cats. Ember talks to dogs. But Jill thinks the cats talk back.
- 2) She thinks she is an alien.
- 3) She talks to stuffed animals and thinks they talk back.
- 4) She stuck a knife into a stuffed animal. The doctor said it represented a real stuffed animal.

- 5) She stuck a knife in the bed next to Angel's head.
- 6) She wants to dismember Tonya
- 7) She wants to freeze Tonya in a block of ice and sit her on her coffee table.

In the Strip 1 and 2 both give the knife incident as a reason for Jill's schizophrenia and overall insanity. Yet Strip 1 also contains the earlier mentioned justifying statement: "But Jill on the other hand, takes after me. And that's not good."

For Ember, Jill was a perseveration. There were very few pictures of Jill in her Photo Elicitation interview and no mementos directly related to her little sister in her Self Box, yet Jill narratives occurred over five times in each of those interviews. Repeatedly, Ember aligned herself with Jill. She compared how Jill would take Momma's death to how she took the news of her PaPa's sudden passing. She paired herself with Jill compared to Angel in terms of making friends: She and Jill, she asserted, could not make friends easily. Ember also focused on Jill's age, 10 years old, and talked about pivotal events that occurred in her own life when she was 10. Ember's first knife was given to her by her PaPa, when she was 10 years old. She recounted the story to me:

Oh my god, when I was 10 years old, my grandfather made [Debbie] so mad because he brought me a dagger home that he had found at a yard sale. . . . But he brought it home to me and gave it to me and they were furious. "A 10 year old girl don't play with knives." I said, "This 10 year old little girl does." So he started it, and I just kept going. (Ember, Interview 3)

Ember's narrative about Jill, though certainly an account of Jill's instability that could be partially corroborated by other family members, was less about Jill than an externalization of Ember's cultural self.

Ember's accusation against Jill was serious, but Jill never went to juvenile court for Angel's attempted murder. Tonya remained adamant that the girls made up stories to get Jill in trouble so that they would not have to hang around her. Tonya also talked at length about Ember's jealousy of Jill. Ember does allude to the positive side of her being adopted by Momma and Debbie because of Jill's mental health problems:

And it worked out for the better cause[Jill] was a problem. . . . With the problems she's got and the problems Angel's got, [Tonya] couldn't have handled me on top of it. Because she doesn't know how to deal with me when I go off. You have to deal a certain way and she couldn't handle it. (Ember, Interview 2)

Ember had practice in performing a mentally ill self in front of the legal system, the school system, her family, her peers, and perfect strangers. She knew the "rules and norms against which the behavior of deviant is defined as deviant" (Smith, 25).

Constructing Jill as "schizo" was not difficult for Ember. Jill provided the material, and Ember possessed the narrative tools of construction and the idiosyncratic personal culture to create narratives that framed both sisters as part of a family legacy of madness.

CHAPTER 5

CHLOE MADISON

Chloe was in 9th grade when I first met her. She and I had known each other a year before I asked her to participate in my pilot study. Preston, her father and a close friend of mine, had asked me to stay the weekend with Chloe and her brother Daniel while he and Julia were out of town. Her father had told me of some of the experiences their family was having with Chloe's behavior at home. Chloe had been diagnosed in 4th grade with Tourette's Syndrome and at the onset of puberty began to experience symptoms of depression, obsessive compulsive disorder, and mild psychosis. Her DSM-IV-TR™ diagnosis of dysthymia was what qualified her for this study.

Drawing on my own adolescent struggles, I expressed my empathy with Chloe to her father. He recommended that I talk to Chloe to see if she would be interested in being interviewed. From our first meeting Chloe revealed her love of Anime, a Japanese animation style, to me. She excitedly showed me her drawings on the computer and led me through her portfolio containing sketches she and her friend had drawn. Over the course of 4 years, I got to know Chloe both as a young friend and as a participant.

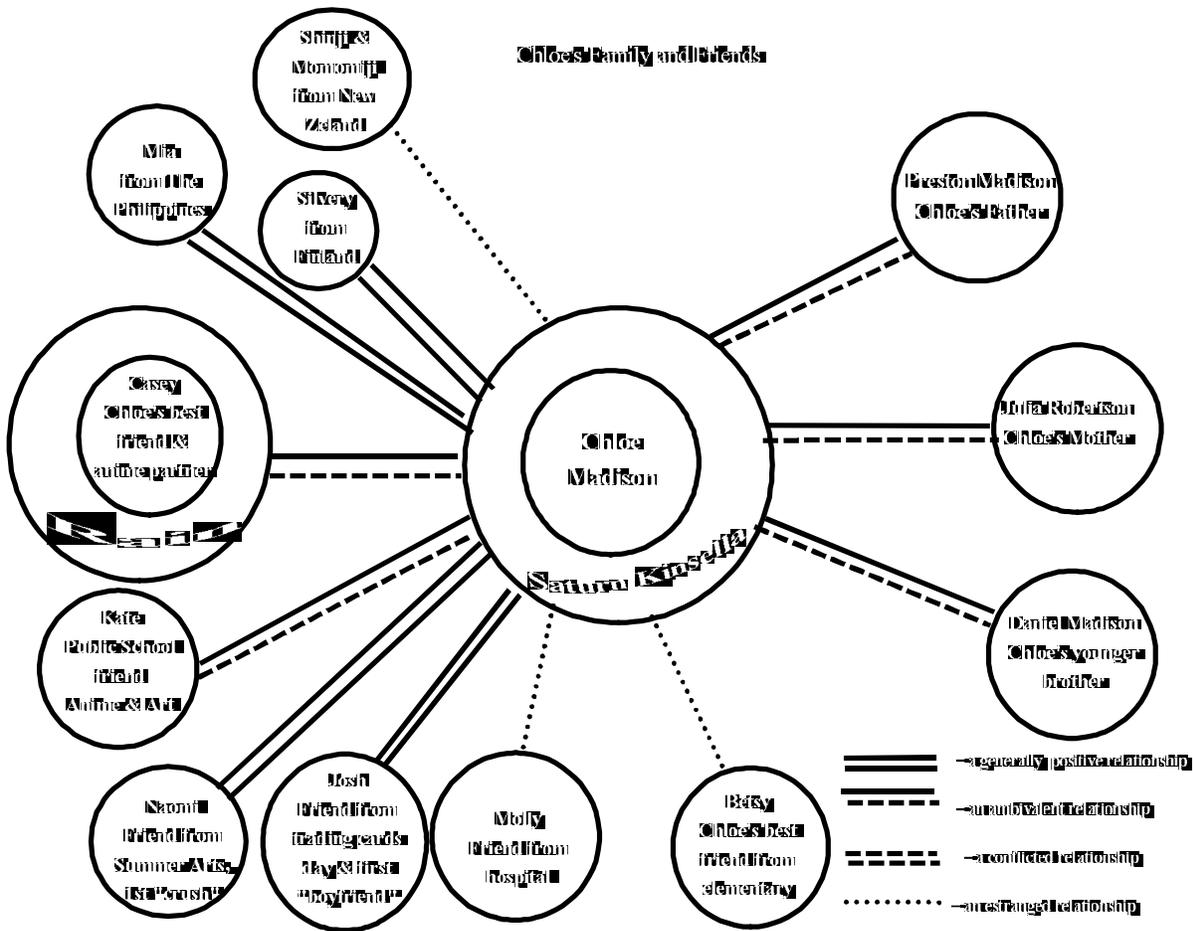
Family and Social History

Chloe was born in a large Midwestern city where she lived until she was 4. Her father's job took their family to the Southwest to a house and neighborhood of which Chloe had many fond stories of adventure. They moved to Central when she was 11. This transition was difficult for Chloe, who mourned leaving her best friend Betsy.

Married 18 years, Preston Madison and Julia Ford lived with Chloe and their son Daniel, a dog, and three cats in a quiet subdivision on the outskirts of Central. They took regular family vacations to the beach and visited relatives in the northeast each year. Julia did not work outside the home, though she did have a Masters degree.

Friends occupied a large part of Chloe's narratives. Chloe had both virtual and physical world friendship circles. Though she asserted that her on-line life was much more exciting than her daily existence, she did not go into detail about relationships she had on line.

Below is a sociograph that details Chloe's family and friends. The grouping is purposeful to highlight relationships between and among people. For example, all of Chloe's family is grouped in the upper right corner with her mother directly to her right. All of her physical world friends are in the lower left corner with Casey, her best friend, directly to her left. Old friends are along the bottom because she rarely kept in touch with them, though they often came up in our interviews. On-line friends that she mentioned by name are in the upper left corner because she was forced to keep them out of her daily existence and had grown used to not talking about them to adults who she saw as potential threats to her relationships with them. Chloe and Casey are both encircled with their on-line personas because this identity became much more than an internet moniker. For these best friends interested in anime, the alter egos were characters they drew and which took on lives of their own.



Family. Chloe expressed conflicting feelings when it came to her relationship with her father. She once labeled herself a “daddy’s girl,” but she also described incidents when she and her father fought intensely:

I remember before we were both on medication. He would get angry. Well I was kind of a brat. That was before we were both on medication so I would be awful and he would be awful back. (Chloe, Interview 2).

Chloe repeated a story of a time when her father used corporeal punishment with her because she hit her brother. This incident left a lasting impression on Chloe who still brought it up from time to time much to her father’s chagrin.

Preston came from a background similar to the one he had created for his own children. He moved once at age 15 for his father's job. By Preston's accounts, his father had been extremely successful in his career. His parents were still living though health problems were a constant issue. Among his own siblings, his sister displayed signs of serious mental health problems, which were at times debilitating. Preston himself struggled with anxiety disorder that he had recently begun to actively treat with medication and therapy.

In the Pilot interview Chloe bragged about how she and her mother were unlike the typical mother-daughter relationships during the teenage years. She and Julia, she felt, were best friends. But two years later, things were different:

It's like I'm finally starting to do that whole teenager breaking away. You know I don't want all that rules imposed on me so. And I'd always promised myself when I was little that I wouldn't be the teenager who started hating her mother, but . . . So I was really upset when that started happening.

Julia was from an upper middle class family and had attended a private boarding school her last two years of high school. Julia was the youngest of four children and had felt constant pressure growing up to be seen as smart. Julia did not see a lot of similarities between her and her daughter, rather she felt that Chloe and Preston shared more personality traits. Julia had been diagnosed with and treated for depression herself, but she did not experience the rages and obsessions that Preston and Chloe went through. Chloe often commented that everybody in her house but Daniel was on some kind of medication for mental illness.

Daniel Madison was an exemplary student, a black belt in Tae Kwon Do, and, according to his parents, a picture of responsibility and compassion. Both Julia and Preston remarked on the difficulty he endured because of the constant attention that Chloe required. Daniel, however,

seemed to do fine without much guidance. Whereas Chloe did not fit in at the private school in Central, Daniel excelled and had no desire to transfer into the public system. Chloe and Daniel's relationship was tumultuous as brother and sister can often be for many years. Julia recounted an instance of Chloe hitting Daniel when she was 3 years old and he was 6 months and the violence continued until Daniel learned to defend himself physically. Chloe then backed off, and their relationship began to improve.

Extended family did not come up often in Chloe's interviews. She had not lived near relatives since she was four years old. However, Chloe mentioned one aunt in particular, Preston's sister Angela, who was also Chloe's godmother. She often bought her books, which Chloe included in her Self Box. Never did she bring up her grandparents on either side, nor did any of the pictures in her picture box contain pictures of relatives outside of her immediate family. She did mention her cousins in passing, but Chloe's focus was on her immediate familial environment or her present and past friendships.

Friends. Chloe did not want to leave Betsy in her hometown in the midwest. She and Betsy had been close friends since 4th grade, and leaving her was difficult. Chloe's Photo Elicitation interview revealed a group of girls that Chloe left behind when she moved to Central. Still, by her parents' accounts, Chloe always had a difficult time making and keeping friends. Her father characterized her friendship style as clingy and demanding, and her mother described her as becoming too enmeshed in her friends' lives. Chloe divided her life into separate realms: her physical life, which was "pretty boring" and "pretty average," and her on-line life, which was much more exciting. Chloe did become very close to those she befriended. She cherished the few friends she had in the physical world but had constant problems maintaining the friendships. On-line friendships seemed to be as intense.

Chloe had a hard time getting adjusted and making new friends in Central. The girls at the private school she attended were not her type, and though she did not feel rejected by them she also did not feel that she could be herself. She would often “Shut up and go along with what they said.” She deeply missed her friends in her old hometown, and she did not share any interests with the neighborhood girl whom she hung around with at first.

It was not until after her first hospitalization that Chloe met Casey. Casey was friends with a young woman Chloe met in the hospital, Molly. Molly knew that Chloe liked anime and told her about Casey. After an email exchange, the two met and a friendship ensued. The relationship between Chloe and Casey was complex and often the source of anxiety and conflict. Casey had dropped out of school in 7th grade. Her mother, a single woman with a daughter several years younger than Casey, was described by Julia and Preston as a “pathological liar” and as having mental health issues of her own. The family was of a different social class than Chloe, but the friendship was cemented in their common interests in art and anime. Chloe also admitted in her latter interviews that she had always been “in love” with Casey, but Casey “wasn’t that way, so . . .” The friendship was an on-again-off-again affair, and the last report indicated that Chloe and Casey were not likely to be on speaking terms again.

Josh was a constant in Chloe’s life soon after Chloe moved to Central. Chloe met Josh at a weekend morning club held at a local bookstore specifically designed for people interested in trading Pokemon cards. Josh and Chloe formed a friendship over the phone which led to reliable dates to homecoming throughout high school. During the time I worked with Chloe, Josh also openly questioned his sexuality and by the Exit interview was positioning himself as gay. Josh and Chloe’s relationship, though it too had its tumultuous times, was the most consistent among her friendships.

Chloe had several other female friends. Kate was a friend she met at her Thursday night art club. When she transferred to Central County, she was able to eat lunch with Kate. Their friendship went awry, but Chloe would not let me in as to what had happened. Chloe met many people who shared similar interests at the summer arts program. Naomi was a young woman with whom Chloe was instantly enamored. She made Naomi aware of her feelings for her, and Naomi took it well, saying that, “she was used to having girls like her.” Chloe looked forward to returning to the school the following year but wasn’t sure if Naomi would be attending college there.

Chloe’s on-line friends were apparently plentiful. However, she only names a few in our interviews: Mia, Silvery, and Shinji & Momiji. Mia was her friend in Finland with whom she coauthored a comic book on-line. Silvery was a friend in The Philippines that wished her happy birthday and sent her a special anime picture. Shinji and Momiji were a couple in New Zealand with whom she corresponded regularly for some time. She even had drawn up plans to move to New Zealand, but her parents were not supportive of the idea. The last contact she had with the couple, she heard that they had separated. Occasionally Chloe would talk about fights she had been in with her internet friends. When I would ask what the fight was over, she would get visibly upset and say that she didn’t want to talk about it. These on-line friendships were intense and provided an international and local social world for Chloe.

Formal Education

When I first met Chloe she was a freshman at an academically rigorous private school in town. By the time I finished collecting data, Chloe was a senior in a public high school and had been accepted to a college well known for graphic arts and design.

Southwest Elementary School

Chloe's attended Kindergarten through 5th grade at an elementary school in the Southwest. Her reflections on these years were, for the most part, positive. She included her year books from her elementary school in her self box interview and had fond memories of teachers and friends. She also included two cards from Mrs. Milestrong, her 3rd and 5th grade teacher, in her box, one a "thank you" note for a set of Lloyd Alexander books Chloe had given the teacher as a gift and the other an award for being the girl who read the most books. The award card came with a blank journal that Chloe had filled with poetry. One of Chloe's saddest memories from her days at Addison Elementary was the day the librarian died in a car accident. She had loved the librarian and knew her daughter, a student at the school. As a book lover, Chloe had spent much time in the library and described the librarian as always smiling, ultimately patient, and "definitely not a fake."

Chloe was excited about starting 6th grade in her old hometown. Hers was the inaugural class at Jefferson Middle, and she was looking forward to being among the first to officially graduate. But Chloe's dad got a job in Central, and things quickly changed.

Central Private School

Once Chloe moved, her life became more difficult not only socially, but also academically. She was used to making A's and B's but found herself making D's and F's. Chloe's first school in Central, which she attended from 7th to the beginning of 11th grades, was an exclusive private school with an excellent reputation for academics. Like Chloe, many of the 800 preschool through 12th grade students at Central Private School were children of professors. The school's mission statement stressed that the school included "students from diverse social, economic, religious and racial backgrounds who can benefit from a rigorous academic program led by a highly qualified and enthusiastic faculty." Though the school advertised a 15% minority

rate, the students at this school are predominantly white and middle to upper middle class. Academically, the school was rigorous. In 9th grade Chloe took Honors courses for History, English, Algebra I, and French II. She was also enrolled in college prep Science and Strings, as she played the viola in the orchestra. The school offered clubs that met during school hours. Chloe belonged to an environmental club and a computer science club. During her 10th grade year she remained in Honors English and French but dropped to regular level Math and History courses.

Central County High School

In the middle of the first semester of 11th grade, Chloe transferred to one of the two local public high schools. Despite the horror stories she had heard from her mother, she characterized this move as “One of the best decisions I ever made.” Chloe appreciated the diversity at the public school and felt more at ease in the anonymity of the larger setting. Julia became an advocate for Chloe when she transferred to the public school. Through an on-line support area for parents of young people with Tourette’s, Julia discovered that Chloe qualified for the Americans with Disabilities Act and arranged to have a 504 plan established at Central Country High School.

When she transferred to Central County High School, she was able to take Graphic Arts, a class in which she excelled because it allowed her to bring her nonacademic literacies to school. An assignment for her Graphic Arts class gave her a forum to let her instructor and select classmates know who she really was. The following are excerpts from an autobiography assignment:

Born a Gemini on June 4th, 1986, [Chloe] has always loved art. She started out early taking classes such as clay and paper maché. She didn’t get serious about

art, however, until she got into anime at age thirteen....[Chloe] became infatuated with the internet soon after moving to Georgia, and now has many friends on-line, some from faraway countries such as the Philippines, Finland, Chili, New Zealand, England, and Australia....Life for [Chloe] has not always been fun and games, however. In fourth grade she was diagnosed with Tourettes and put on Clonidin for it....[Chloe] does not regret going to [mental institutions], though, nor is she ashamed to tell people about it or about the fact that she is on three medicines. . . .When she moved to [the South, Chloe] started seventh grade at [Central Private School]. She was quite unhappy there, however, feeling that she did not fit in, and had no real friends. In the middle of the first semester of eleventh grade, she switched to [Central County], and is much happier there now.

This short autobiographical sheet was written in third person and framed with drawings of chibi, cute anime characters used to embody joyful expressions, was the best introduction to the many facets of Chloe's self as she authored it.

Julia described the public school as being much more prepared to work with Chloe than the private school. The public school had

a whole staff devoted to implementing 504 plans and so we would meet at the beginning of every semester with the psychologist on staff and she would explain to the teachers [Chloe]'s file. Like one of the teachers said, "Well you just might need to be a little stricter at home." And you know, instead of me having to say anything, she said, "Well really with [Chloe] that's counter productive." And then she would explain why our getting stricter is the worst thing to do. (Interview with Julia Ford)

Chloe's diagnoses of dysthymia and Obsessive Compulsive disorder also qualified her for the extra academic support. Chloe ended up with an individual education plan that reflected a reduced academic load, which her mother said was a huge help. A modification that was not successful for Chloe was the organizational strategy often employed for students who have trouble staying organized. Chloe was supposed to go to each teacher each day to have them sign off on her homework assignments. Either she would not remember to go, or the teachers, busy with heavy class loads and extra duties, could not remember to remind her. The Student Support Team did not request extra time or separate testing areas, which the psychiatrist who tested Chloe said she should request. Overall, Julia, Chloe, and Preston felt that Chloe's academic needs were better addressed at the public school than at the private academy.

Chloe continued to have mixed success academically. She had difficulty especially in classes that required a great deal of mass memorization and did poorly in her American Citizenship class, which led to restrictions on the computer at home. Her mother observed that she also had trouble synthesizing large amounts of information across texts, a competency required in her History classes. She was still making strides in subjects she liked, however. The summer following her 11th grade year, Chloe attended a prestigious invitational summer arts institute at a design college, where she took a three college level courses for 5 weeks.

Our interviews ended during Chloe's senior year, but our friendship did not stop. In her pilot interview 3 years earlier, I had asked Chloe where she saw herself in 5 years. She had said at that time that she would like to attend the college or design to which she had been accepted. Though her grades in her other classes were less than stellar, and her extracurricular involvement had gone from some activity three days a week to one activity every other week, Chloe had achieved the academic goal she had set for herself.

Mental Health

It was in 8th grade that Chloe was first hospitalized for serious suicidal ideation. Her recollections for why she had to go to the hospital are not clear. I learned about Chloe's first hospitalization from Preston, who was extremely distraught over the situation. As I got to know Chloe and her family better, I learned more about Chloe's mental health history.

According to her parents Chloe's mental health problem began when she was young. Julia noticed Chloe's lack of empathy in her behavior toward her brother, her playmates, and her pets. As early as 1st grade both parents commented that Chloe was pulling her hair, and they had already sought the help of a child psychologist and a Chinese herbalist. The summer between 4th and 5th grade, Chloe was put on Clonidin to control tics of her arms, face, and neck. This medication took care of the problems of the tics, but Chloe's defiant and aggressive behavior continued to escalate. After some research on the internet, Julia discovered that Chloe might have Tourette Syndrome, a condition that involves involuntary motor and/or verbal tics. Chloe's pediatrician was not quick to label her with this disorder, as there many neurological factors can lead to tics (see Packer, 2004b).

Chloe did not see Tourette Syndrome as an interference in her life. However her other mental health diagnoses did present problems. After the first hospitalization Chloe was diagnosed with Obsessive Compulsive Disorder and Major Depression. Further diagnoses of schizoaffective disorder, borderline personality disorder, and most recently, Asperger's Disorder also became possibilities for Chloe over the years.

Finding the right medication was a battle for Chloe and her parents. Julia and Preston disagreed over whether Chloe should take psychotropic drugs that had not been tested on young people yet. Her mother talks about the "really hard road to find the right balance of medication to

help balance things out” and how that was what kept Chloe from experimenting with drugs and alcohol like a lot of teenagers. Chloe’s medication history included:

<u>Medication</u>	<u>Indication</u>	<u>Duration of treatment</u>
Clonidin	Tourette Syndrome	5th grade to present
Paxil	Antidepressant	Started in 8 th grade, then switched to Zoloft
Zoloft	Antidepressant	Took for a short time
Celexa	Antidepressant	8 th grade to present
Risperdal	Acute psychosis Schizophrenia	8 th grade until it stopped working in 9 th grade
Zyprexa	Acute psychosis Bipolar disorder Schizophrenia	9 th grade to present

Chloe had been admitted to an adolescent psychiatric facility twice since moving to Central. The first facility, which closed a few months after Chloe was a patient, was located in Central; the second was in a city about an hour to the north. Chloe was reticent to talk about her experiences in the hospitals, but what she did share resonated with Goffman’s (1961) characteristics of a what a person goes through in a “total institution” (p. 6). At Morningside Hospital in Central, Chloe had her belongings taken from her because of a threat of drugs or weapons. She had to check out her own books from the nurses, and the doctors “did the little doctors thing on [her] and made [her] have a urine sample and stuff. And then they introduced [her] and everyone had to go around and say their name and why they were there.” She did not like the doctors at Morningside and does not remember talking to them much. Her medications

were switched while she was there, but she was not clear about what new medications she began while she was there.

Julia and Preston chose Golden Hills Hospital because it was the closest to home, but they both were unhappy with the contact the hospital maintained with the family during the five days that Chloe was a patient there. Chloe boasted that she “was the only one who had signed [her]self up voluntarily” to be admitted to Golden Hills. She had been suicidal and recognized the need to change environments, but by the time her five days were over she was ready to leave. Golden Hills operated on a rewards and punishment system, and patients were not allowed to talk to one another except in group therapy environments.

While at home Chloe saw a psychiatrist whenever her medications needed attention, and she visited a therapist weekly. The particular therapist her parents chose professed an “integrationist approach” to therapy in which he combined cognitive behavior therapy with interpersonal strategies. Chloe described her sessions with him as a place to talk if she wanted, mostly about arguments she might have had with her mom over the computer. Sometimes Julia and/or Preston would come up at the beginning or end of a session and talk about issues relating to Chloe. Dr. Gobel understood that teenagers could be reluctant to talk, so he had a video game set up in his office. Chloe said her favorite part about her visits to her therapist was being able to play on the Play Station when they were done talking.

Authoring Chloe

When something stands in between a teenager and what she loves, a drama usually ensues. A recurring problem in Chloe’s life was how to get access to what she loved—the computer. Throughout her interviews and in our social interactions, the computer was a focal point for Chloe’s activities. I chose these three strips that make up “Chloe and the Computer”

(“CatC”) because they represent her account of the struggle for the tool that allowed her to create her artwork, talk to her friends, and live an exciting life. The strips also provide her description of the person she saw standing in the way. These strips span a three year time period and show how her parents, particularly her mother, attempted to regulate Chloe’s computer use.

“Chloe and the Computer”

In the Ford-Madison house, each family member had their own computer. Housed in a closeable armoire in the family den, Chloe’s Apple computer was top of the line. She had all the latest peripherals to perform her artwork, including a scanner and a graphics tablet. She spent every spare moment she was allowed chatting on-line, downloading music and animes, and coloring characters. Eventually, her fixation with the computer became a major point of contention between her and her mother culminating in Chloe having “a total fit.” These fits were also described to me by her mother who feared for her own safety when Chloe was in her rages.

In choosing strips for analysis, I selected those narratives dealing with the conflict around computer because they connected several issues in Chloe’s life and were key to both her self-definition and the way she was defined by others. In Strip 1 Chloe gives her reason for her first hospitalization. Strip 2 is Chloe’s description of her and her mother’s worsening relationship. Finally, Strip 3 is Chloe’s Exit Interview summation of where things stood in relation to using the computer at that time. These strips of experiences provide a look at Chloe’s tools of narrative constructions, but more importantly, they highlight a more important medium for Chloe, the visual medium through which she constructs her artistic narratives of self.

Strip 1
Chloe, Pilot Interview
5/2001

[T]he whole internet thing was like a year and a half ago. What happened was, it's kinda complicated, in fact, it's really complicated. Okay, I met this guy on line. And he was 18 and I was 13 and we started going out on line. And I found out that he lived in the same state as me and he started like wanting to meet me and I said, "No, I can't" My mom wouldn't let me" And he came to my school cause he knew what school I went to and he like dropped off some stuff for me, which they later threw away. But my mom got really freaked out and she took away the internet, like my internet privileges for a few weeks, and I started sneaking around at school, and so she took them away for like some more weeks. After a total fit. It's like I got really upset and I kept getting even more upset, and she finally said, "Okay, you have to go to [Mental Health Hospital]" because, she had been saying maybe we should go there because I had been getting upset a few days earlier. There's more to it than that, but you know . . .

Strip 2

Chloe Interview 1

3/2003

LESLIE: What are the fights over recently?

CHLOE: Recently mostly about computer stuff. That's mostly what the fights have been about. Free time with the computer, her wanting to say no. And stuff like that.

LESLIE: And so y'all...

CHLOE: Yeh we clash over it. Cause I really feel that these are my friends, it's my right to want to be friends with them. It's like I'm in a Catch-22. I can't meet them because she doesn't know them. She doesn't know them because I've never met them. . . . I just feel that they're my friends and I know them well enough to pick my friends. And I know who's a stalker and who's not and stuff. And she's like, "You know, you never know." But I don't know when you're in the position when you know these people, you tend not to think that they're creepy or anything. You know what I mean?

LESLIE: Yeh. Is it a trust issue? Do you feel that she doesn't trust you?

CHLOE: No I think, I don't know. I don't know. I don't know if she trusts my judgment. I really don't know if she trusts my judgment on on-line things. I don't know. I think on some things she would, but some things she wouldn't. I don't know. She doesn't really understand the whole on-line friends thing. Cause she doesn't really have any on-line friends or anything that she only knows on-line. And she doesn't really try to make them. She could never really understand what it's like for me to have on-line friends. I think she fears what she doesn't know when you're talking about the internet. I think that's what it is.

Strip 3

Chloe Interview 3

11/03

LESLIE: The computer issue how is that working?

CHLOE: Fine right now.

LESLIE: What's the agreement?

CHLOE: Um...Well I'm not happy about it but we don't argue about it because . . . Monday through Thursday . . . but it might be changing because we get our grades at the end of this week and I got a C in history. I don't get any computer on Monday through Thursday. I can earn it on Fridays and I get it on Saturdays and Sundays. I can get on it at school. Not even for art, but I can check my email at school and stuff. It sucks. . . I know there's nothing I can do about it because I signed a contract. . . . I think they kind of used me for that because they made me sign a contract in agreement so that they would do something for me for the convention, so they caught me at a weak moment, which makes me kinda mad now.

Chloe's Tools of Narrative Construction

Chloe's most powerful tools of narrative construction were not primarily verbal. Her chosen form of narrative expression was most often drawing, especially anime characters. She and her friends, both real world and on-line, collaborated on and exchanged drawings of characters that had lengthy stories attached to them.

In these above strips she employed similar tools of narrative construction that she did in her creation of her own mangas (Japanese anime books) and collaborative on-line dramas, which she shared with me in her Self Box interview and at other times in our relationship. These mangas and on-line collaborations were multimedia works relying on visual as well as verbal tools for meaning making. Though there were many tools to choose from in the analysis of "CatC", below I focused on Chloe's character creation, plot development, employment of

dialogue, and pronoun usage in order to illustrate both her strengths and challenges in oral narrative construction.

Character creation. To create a character in a personal narrative or a piece of fiction, teachers and writers suggest the “show-not-tell” method. This approach involves, among other things, avoiding lengthy physical descriptions, engaging characters in conflicts, incorporating believable dialogue, and offering multiple opinions and points of view. In “CatC” Chloe was as adept at creating the characters involved in the conflict over the computer as she was in bringing to life the characters she drew with her friends.

Chloe set up her characters quickly when describing her reasons for hospitalization in Strip 1. A triangulated arrangement was apparent as Chloe elicited a third party, the 18 year old “guy on line,” to lessen the emotional tension between herself and her mother. Very little information was given about the young man that came to Chloe’s school; however, she did make it clear to him through dialogue that her mother would disapprove of their face-to-face meeting. The young man quickly dropped out of the picture for it was not a Romeo and Juliet style tragedy that led Chloe to have “a total fit.” Rather, Chloe continued the characterization of her mother as the nemesis that kept her from her true love, the computer. That her mom “got freaked out” portrayed Julia as losing control and being irrational. When her mother took away computer privileges twice, the second time after discovering she had been “sneaking around at school,” Julia was coming, once again, in between the one thing Chloe confessed to loving. Chloe’s paints Julia as the ultimate authority over Chloe’s life when she used her mother’s words to say that Chloe had to go to the hospital. The empathy comes into play when Chloe recognized that she had been getting progressively worse over several days and that her mother had suggested that maybe they (“we) should seek some serious help.

Plot development. Plot structures a story and provides causal links for why characters took particular actions and not others. Traditional Western notion of plot construction includes exposition, complication, climax, and resolution. Literature students often complete plot charts with short stories to demonstrate understand of these elements. Yet story can be developed without using the four-part plot scheme learned in school (CITE).

In the “CatC” strips Chloe used several types of plot construction. In Strip 1 she relied on the recognizable story form as she recounted the events that led to her first hospitalization:

<u>Exposition</u>	<u>Complication</u>	<u>Climax</u>	<u>Resolution</u>
Chloe met an 18 year old guy on line. They started going out on-line.	She found out they lived in same state. He wanted to see her, but she said no because of her mom. He came to her school and dropped off stuff.	Mom “freaked out.” Mom took away internet privileges for few weeks. Chloe snuck around at school to use computer and got caught. Mom took away privileges again. Chloe “had a total fit.”	Mom said Chloe had to go to residential mental health facility.

Though the plot construction was clear, Chloe left the story open for additions with her introduction (“What happened was, it’s kinda complicated, in fact, it’s really complicated.”) and her conclusion (“There’s more to it than that, but you know . . .”).

Plot is not just an event; rather, it relies on the relationships between and among characters. Strip 2 provides Chloe’s description of the one person she saw standing in the way of what she wanted most—time with the computer. Though not in story form, this strip condensed the arguments that she and her mother had over the course of three years around the subject of the computer. Again Chloe set up a triangulated plot with her mother in between her and her on-

line friends. The dialogue mimicked the admonishment from her mother that Chloe never knew who she was really talking to on-line and proved a realistic snippet of the arguments they had over the situation.

Chloe unwittingly used in medias res in Strip 3. If rearranged to fit a traditional plot chart, Chloe’s situation with the computer looked more like this:

<u>Exposition</u>	<u>Complication</u>	<u>Climax</u>	<u>Resolution</u>
Chloe wanted to go to [Anime] convention, so she signed a contract with her parents to use computer	She could not do her art at home during the week.	Chloe realized that they caught her at a “weak moment.”	She was mad, but they did not argue about it.

By starting in the middle of the current situation with her and the computer and then revealing that she had signed a contract, she went from being “fine” to “kinda mad.” The plot development in Strip 3 differed from the clear progression seen in Strip 1 and the character description in Strip 2. Linear progression does not suit this narration as it did the first. In the final strip, Chloe was working through emotional issues, a pattern of behavior that coincided with her mother’s description of her as beginning to take responsibility for her mental health.

Use of dialogue. The use of dialogue in narrative is accepted way to position oneself in and out of frames. It is also a way to move through narrative time in linear and non-linear fashion. Chloe used dialogue often in her interviews. In “CatC” direct quotations introduced with “he said / she said” type bracketing clearly delineated when Chloe was revoicing her words or her mother’s. Particularly in Strip 1, Chloe showed how she told the young man who wanted to meet her, “No, I can’t. My mom wouldn’t let me.” The inclusion of this quote placed the responsibility for the young man’s visit to the school on him, not on Chloe because she had

warned him fairly. Again, the decision to go into the hospital was given to her mother with the direct quote of “Okay, you have to go to [the Mental Health hospital].”

Instances of indirect quotations where exact words were not voiced, corroborate the shifting of blame in both cases. The first indirect quotation was from “the guy on line”: “and he started wanting to meet me”. The indirect and passive reference suggested that he was acting without prompting from Chloe. The second indirect quotation was her mother: “She had been saying that maybe we should go there because I had been getting upset a few days earlier.” With this statement Chloe jumped backward in time to her behavior in the days before the “total fit” that led to the final decision to commit Chloe.

Pronoun usage. The uses of pronouns in Chloe’s narrative strips did not offer a strong sense of coherence because they lacked appropriate anaphora (referents beforehand) or cataphora (referents afterward). What Chloe’s pronoun usage did provide, however, was a glimpse into her realm of meaning by establishing a first person point of view. Chloe relied heavily on first person pronouns in all three strips to convey her side of the situation. She used the first person singular pronouns (“I,” “me,” and “my”) 19 times in Strip 1, 22 times in Strip 2, and 17 times in Strip 3. Particularly in Strips 1 and 2, the first singular person pronoun alternates with a third person singular or plural pronoun (Strip 1: “I” then “he,” “he” then “me”; “my” then “she”; Strip 2: “I” then “them,” “I” then “she”). This type of construction created a separation of Chloe from others and established an awareness that Chloe was an individual making her own choices in spite of or with the help of others.

As mentioned earlier, Chloe never actually named the people she talked about. In the first strip Chloe referred to her mother as “Mom” twice, and four times she summoned her as “she.” The young man with whom she was involved remained nameless though he was referred to six

times as “he” and once as “this guy.” The lack of naming de-emphasized his role in the situation. The third person singular pronoun and the indefinite pronouns that refer to the incident also lacked referents: The “thing” and “it” were nebulous enough to lead to Chloe’s parting closing statement “There’s more to it than that, but you know . . .” Her use of “you” in the first instance was ventriloquated from her mother, but the second time it was a closing comment and an attempt to gain understanding from me, the listener.

In Strip 2 Chloe used third person plural pronouns to refer to her on-line friends. The collective “they” represented the people whom she could not meet face to face, yet with whom she had intense friendships and romantic relationships. She showed possession of “them” with her use of “my” (“they’re my friends”). In the second half of Strip 2 when Chloe was describing her mother’s lack of understanding of on-line friends, she emphasized “she,” using it nine times to make her point. Again, this reference to her mother was in contrast to the emphasis on herself, creating a sense that Chloe felt she knew much more about on-line issues than her mother.

Strip 3 was the one place where the third person plural pronoun “they” referred to both Julia and Preston (“I think they kinda used me for that because they made me sign a contract so they would do something for me for the convention, so they caught me at a weak moment . . .”). Until the Exit interview, all of the issues around the computer had been between Chloe and her mother. As mentioned earlier, there was tension and a history of fighting between Preston and Chloe, but, in Chloe’s mind, discipline concerning the computer seemed to have been placed with Julia. The contract represented a union in Chloe’s vocabulary of Julia and Preston to ameliorate the situation. The convention to which Chloe refers was an annual anime convention that required a parental chaperone for an overnight stay. Preston took Chloe that year, but only because Chloe agreed to sign the contract and her grades improved.

Chloe's Use of Narrative in Self Definition

Chloe's transformations into narrative of her experiences with the conflict over the computer revealed some of her available tools of construction. The strips of experience also frame her process of self definition in the midst of being diagnosed with several mental health issues. Her personal culture was closely emeshed with her interests in visual arts and technology. The computer was an essential tool in Chloe's definition of self. In her vision, without it she was "pretty boring" and had a "boring life." The urgency with which Chloe insisted on access to the computer concerned, and at times frightened her parents, Yet Chloe felt they would never understand because they had no experience with her world. They were not her.

Chloe Madison was a master of creating identities. Her fascination with character creation began early with her collections of Care Bears, My Little Ponies, Pound Purries, Trolls, and a wide assortment of stuffed animals, particularly cats, collections she still holds onto in her parents' attic and closets. As she grew out of her early childhood collections, Pokemon became the new outlet for her interest in character development. She saved allowances and begged and pleaded for the latest to add to her growing communities of transmorphic action cards, figures, and movies. As Pokemon's fashion faded for her, Chloe found an on-line interest and identity that grew with her—Saturn Kinsella.

The anime characters that Chloe and her best friend Casey assumed as their alter egos, Saturn and Rain, came alive on-line and on paper. Saturn had her own web page where she pasted her art work, she spoke and appeared in chat rooms to people around the world, and she took on new looks as time progressed. Chloe would show me drawings that she or Casey had done of Saturn and Rain. Saturn was drawn with customary female anime features; wide eyes, small, doll-like lips, school-girl clothes, large breasts, and powerful, but slender, arms and legs.

Anime and Chloe's on-line self Saturn mediated transformation in Chloe by giving her a place to explore her sexual self. In creating Saturn Kinsella, Chloe followed the pattern of character from an anime series that she admired most because the two main characters, Toya Akira and Hikaru, actually change clothes and grow up in the series. The characters are two androgynous-looking men who are often drawn as girls by their fans in dochtinshee, or official fan fiction. These men are often paired together as a romantic couple, and when showing me her portfolio of anime drawings during the Self Box interview, Chloe censored one of their pictures "for all our safety." Chloe was aware of the rule: "My parents don't want me to look at sex." Yet she had seen versions of anime that explored "different pairings" such as "guy/guy sex," "guy/guy relationships with no sex, kissing yes," and similar "girl/girl" relationships. Still, they held little interest for her beyond experimentation. She had labeled those types of anime "PWP" or "Plot. What plot?"

Plot was too important to Chloe to sacrifice for cheap thrills. An avid reader since she was a child, Chloe could recite entire children's books as she pulled them from her Self Box. Chloe was regularly engaged in collaborative writing with her physical world and on-line friends. She and Casey worked on a manga based on the Gundam shows, but she emphasized it was "their own original plot." She also started a comic called Bunni Insaniteh with Silvery, her on-line friend from Finland, about "a small side animal called Fat Bunny" from one of their favorite on-line story games. At the summer art institute she attended, she began work on an anime film as a class project and got as far as mapping out a detailed story board. She also had a dream on a bus that led to planning and drawing preliminary sketches for a manga centered on a gigantic silver woman.

Collaborating on manga gave Chloe the experience of using dialogue sparingly to move action from one time frame and/or setting to another. In “CatC” Chloe selected specific direct quotations that illustrated her own and her mother’s speech as a way to position herself. Throughout the interviews Chloe used dialogue to bring me into a story she was narrating. Her scripting did not imply the exact words used during the past event; rather, it implicated an emotional timber that the words spoken could have created in the situation. For example, Chloe described an example of what she perceived to be an “irrational thought,” the reason she believed she was on Zyprexa:

Casey came over and she spent the night and the day when she was going to leave I came down with something. . . . And then she went home and the next day was sick too. And I was sobbing cause I was like, “I got her sick. I got her sick.” I was really upset, and that was just one of those things. Cause I should not have gotten so upset over it, but I was really, really upset. (Chloe, Interview 1)

Chloe regularly put words and thoughts into others’ mouths and heads, and in doing so positioned herself strategically. Particularly in Strip 2, her understanding of her mother’s on-line life allowed her to assume that her mother had no experience with on-line communities. Her imposition that her mother’s warning, “You never know,” came from her belief that “she doesn’t really have any friends on-line or anything that she only knows on-line,” something Julia disproved when she discussed her connection with the Tourette Syndrome support group.

Though Chloe’s use of pronouns did not provide narrative coherence, the analysis of her use of them did offer insight into her ordering of experience. Chloe’s tools of oral narrative construction as evidenced in the strips that make up “Chloe and the Computer” parallel the tools

she used to create her narratives through artwork. The subjects Chloe was most comfortable and excited discussing in our interviews and regular conversations were anime and drawing, both of which were connected closely to her work on the computer. Her talent in these areas led to her self-definition and the construction of her cultural self.

Chloe's Cultural Self through Narrative Construction

CHLOE: To different people I'm a different person. To the people at school I'm the girl who's quiet and the girl who doesn't talk much. To my friends I'm the girl who's off the wall and crazy. It all depends who. (Chloe, Pilot Interview)

Chloe recognized herself as different. In truth, she relished in it. Yet she considered herself simultaneously unique and normal. Astute in the observation that "average depends on where you are," Chloe felt that in her daily life she was average: She wore regular clothes and made average grades. In this section I will discuss how the Chloe and I worked in tandem to author a cultural narrative of self. I will then examine how "Chloe and the Computer" became a cultural tool that led to a major transformation in the Ford-Madison family.

Keyings. "Chloe and the Computer" was told within the speech event of an interview, but only the Pilot interview took place in a space unfamiliar to Chloe, my office at the university. The rest of the interviews were held in her room while both of us sat on the floor. As I had often been a guest in Chloe's home, it was not unusual for me to hang out in her room, but on these occasions the tape player was recording our conversations. The introduction of the rules for interviews qualifies these narrative strips for the key of regrounding because Chloe was aware that that her words would be listened to again. At the beginning of each interview tape Chloe would ask if we were being recorded and throughout the interviews her cats would play with the recording

equipment. The looming analysis did not escape Chloe, though she continued to share with me in similar ways as she did when we were just hanging out.

Chloe's responses in the Pilot interview were guarded, and probes were not successful in eliciting elaborative details. She avoided talking about personal issues such as what she did in therapy and her experiences in the hospital, often providing answers such as "I don't know." or "I don't remember." When we moved the setting of the interviews to a place more comfortable for her, she became a bit more open, but she still maintained her guard. For example, she could not remember why she and her best on-line friend got into a huge fight the month before, but she fully recounted the plot to her favorite anime film, Grave of the Fireflies, and recited from memory lengthy poems she had written in the third grade.

A second keying that transforms "Chloe and the Computer" into a meaningful experience for Chloe and her mother is the key of contests. Goffman (1974) maintained that contests included "fighting (or hunting or fleeing from) of some kind, and the rules of the sport supply restriction of degree and mode of aggression" (p. 56). The strips that make up "Chloe and the Computer" represent what has come to be known as a common cultural phenomenon—the mother/daughter conflict. Countless numbers of self-help books and parenting articles address this real issues and offer ground rules for how to survive the difficult teenage years (Apter, 2004; Cohen-Sandler & Silver, 1999; Dellasega, 2001).

This stage of development was so expected that Chloe herself referred to it in two interviews; the Pilot interview, when she boasted that she had not fallen into the typical pattern of hating her mother when she became a teenager, and the Exit interview three

years later, when she admitted that she and her mother barely could tolerate one another. She attributed this change in their relationship to the computer issue. Apter (2004) asserts that most fights between mothers and daughters serve as a springboard for transformation. As evidenced in Chloe's case, the daughter wants to maintain the valued relationship, but she also wants to express her autonomy and individuality.

Chloe and Julia were involved in the fight to establish an identity for Chloe. Chloe had a clear vision for who she was, and that vision involved an on-line life that caused her mother to worry for her daughter's safety. Strip 2 is most illustrative of the contest for who got to define Chloe. The word "clash" is used to describe what happened when Julia would not let Chloe have free time on the computer. The fights were so disturbing to Chloe that she used time in therapy to talk about them. She understood that she was in a "Catch-22," which, from her description, appeared to be a no-win situation. She knew the people she talked to, despite her mother's admonitions, but she would not have a chance to meet them while living in her parents' house. Chloe used the line often heard from adolescents today: "She never really could understand what it's like for me to have on-line friends." Statements such as these position Chloe in an unobtainable place, a place where she believed her mother had never been. The contest between the two also placed Chloe in an expert stance as one who knows more about the internet than her mother.

Chloe's mother came to grips with Chloe's behavior through her interactions with an on-line support community.

I was talking on line and I said something about, I felt really guilty but the only way I could handle all this was to look at [Chloe] and say "She has a disability."
And I had never used that word and they were like, "Well she does have a

disability.” And then I sort of learned from some of these people on line some of the things they had gone through and that’s where I learned about the 504.

(Interview with Julia Ford)

Still, even though Julia had positive on-line experiences herself, she still feared for her daughter’s safety on the World Wide Web. She did say that she trusted her daughter and that she believed that Chloe abided by the rules that she and Preston put in place. Her concern still rested in the fear that Chloe had not had a lot of experience connecting with people in the physical world. She also worried that the people with whom Chloe was connecting on-line were equally emotionally fragile as her daughter but with fewer intellectual strengths and more questionable family backgrounds.

Chloe had met several people from her on-line communities at the anime convention she attended each year, and nothing negative had resulted from those meetings. Julia was encouraged by these reports. Over the years and through their contests, Julia made efforts to educate Chloe to imposters that lurk on the net.

But I also sort of feel like now, she’s going to be 17, she’s going to do what she’s going to do, you know, kind of like my input is over, it either took or it didn’t.

We’ll see what happens. I mean I continue to parent her and tell her what I think and caution her, but I also try to say to her, be positive, and say, “I think it’s really neat that you can share your art work with these people and have a common interest. You know. It’s a fun thing to do.”

Conclusion

The framing of “Chloe and the Computer” became a personal and cultural narrative, complete with literary elements of narrative as Chloe’s culture dictated. By analyzing the tools of

narrative construction, I was able to reveal some of the signs that Chloe used to construct her idiosyncratic personal cultural. Keying the strips then allowed me view how Chloe's narrated experiences became social tools for transformation.

Chloe Madison authored a self with her available mediational means. As a young child her parents provided her with books, toys, and trips to stimulate her interests and imagination. She took to reading and writing at an early age. Her interest in characters led her to begin collections in childhood that she kept through her teenage years. When symptoms of mental health concerns arose early in Chloe's life, Julia and Preston were in conflict over how to approach the issues. Preston was not happy with the idea of medications, but Julia was concerned for their personal safety. The move from the Southwest to the Southeast brought new tools into Chloe's life, the computer with the internet that connected Chloe to a world of anime. Hospitalizations and meeting people who helped Chloe redefine what "normal" and "average" meant, changed Chloe indefinably. Transformations in the Ford-Madison household occurred not only from Chloe's mental health diagnoses, but also from Chloe's insistence on defining herself through the computer and her artwork. Chloe's significant others negotiated with her as she authored her version of self. The cultural self that was Chloe then has morphed into something new by the time these words are written, but the life trajectory that was established with the introduction of new tools changed not only Chloe's life but the lives of her family and friends as well.

CHAPTER 6

CONCLUSION

Studying the construction of self reveals an individual's culture. Entering the world of mental health involves the integration of new languages, new images, and new narratives and often results in unexpected transformations. With the rise of mental health diagnoses appearing in classrooms through Individual Education Plans (IEPs) and 504 plans, teacher educators, teachers, administrators, and counselors have not only an ethical but also a legal responsibility to the young people with whom they work. By exploring young people's narratives as a process of self construction, teacher educators and school personnel can better understand those whom they know or believe to have mental health concerns.

Narrative construction of self occurs not only within the individual but also through interaction with others in the young person's life. The intra- and interpersonal development of self for the two young women diagnosed with bipolar disorder was the focus of this study; however, their processes are similar to what each student in the classroom experiences as they interact with the mental health system.

Making sense of depression entails that people leaf through the many explanations of depression that shared cultural knowledge has to offer, and compare their experience to them. They proceed to adapt to the ones with most power of explanation in their social lives. (Kangas, 2001, p. 89)

Depression, though one of the most common diagnoses encountered by school personnel, is one among a multitude. Oppositional Defiance Disorder (ODD), Attention Deficit Disorder (ADD), Social Anxiety Disorder (SAD), Obsessive Compulsive Disorder (OCD), and Bipolar Disorder are several others that appear in the legally binding IEPs. The emphasis of this particular research is not mood disorders, but on the construction of self from the available mediational means, the signs and tools, in the young women's environment. Self, being ephemeral and transient, is well-captured in narrative, whether verbal, visual, musical, or kinesthetic. My focus with these young women was their oral personal narratives of a particular experience that defined them uniquely.

Findings

In my findings from this research, I will discuss four themes that emerged; having implications for both pedagogy and research. Narrative inquiry research asserts that generalizations can be made from local and specific examples. Though only two young women's lives were explored in this study, others may recognize similarities in their own situations or be able to use the cases as points for comparison.

First, this research calls for a transformation of instruction of narrative. To support this I return to Vygotsky (1978) who argued that tools change their environment and that "man's alteration of nature alters man's own nature" (p. 55). Narrative expression is a culturally taught phenomenon, whatever the mode of expression. If the narrative is told orally, in story form, rules of engagement become an important concern for the storyteller. If the narrative is written, genre, plot, and character development are authorial issues. A narrative musical piece is told through

form, such as a sonata, and with the dialogue and interplay of instruments, as in Peter and the Wolf by Prokofiev. Architecture's narrative conventions vary with eras, geographies, and cultures, ranging from the highly symbolic gothic cathedrals to the embedded nature of Frank Lloyd Wright.

The research with these young women and the literature I reviewed both support my findings that the tools learned within one discipline scaffold those in another. Core classes—language arts/literature, social sciences, sciences, and math—employ form and function in similar ways to classes considered per peripheral such as music, architectural design (Smagorinsky, Cook, & Reed, in press), art, independent research, and graphic design. Out-of-school involvement such as role-playing games and religious activities also become useful in helping students develop the narrative tools they are explicitly learning about in the classroom. However, too often pedagogical approaches in these core classes reflect a valuing of particular tools of narrative construction and reify narratives in verbal form. Ember and Chloe were students whose modes of narrative expression were not valued within the milieu in which they were assessed academically. For example, Ember's love of the horror genre was not acceptable in a Baptist school, so it appeared that she did not read at all. Chloe's narrative expression in image form through anime on the computer connected her to a community that her mother considered, at times, unsafe. Additionally, there were few outlets at school for her form of imagistic narrative expression. Expanding the definition of narrative to include non-verbal forms, including diversity in narrative genres, and recognizing a variety of plot structures are a few transformations that can be made in the teaching and research of narrative.

The second point of discussion involves academic and social pressures for students with mental health concerns. For both of these young women school was a troubling place. Ember and Chloe had private and public school experiences, and for each public schools served their needs better academically and socially. Though Ember felt that the teachers at the parochial school tried to meet her special academic requirements, the social pressure resulting from the small religious environment exacerbated her mental health concerns. Similarly, Chloe felt that the teachers at the academically rigorous private school she attended for 4 years would do anything to help her, but the unspoken social pressure to be like everyone else was confining. Both young women expressed that the public schools offered a place for them to be themselves among a diverse group of people, and their parents asserted that the services available for students with special learning needs was more accessible in the public system.

The third finding is that the narrative formation of self involves not only individual transformation, but also the transformation of others in the individual's environment. For both Ember and Chloe, the introduction of a mental health diagnoses meant an education for the entire family. In both cases the parents subsequently went on medication to treat their own mental health issues, though in Chloe's situation her mother was already being treated for depression. Her father, however, claimed to have been converted to a new way of thinking about mental illnesses in general. Whereas before Preston tended to consider mental illness a crutch or even a character flaw, his daughter's and his own experiences changed his views and hence his narratives about mental health issues. Ember was an extreme case in that her mental illnesses led to a governmental label of "disabled." Her narratives and those of her family members

concerning her behavior caused society at large to designate her as incapable of holding a job, owning a hand gun, or caring for children. The power of her narratives to transform others' views of herself carried weight not only in our interviews, but also legally.

The final point that I will discuss in relation to this particular study involves the complexity of self in relation to mental illness. As mentioned in the introduction to this study, a diagnosis of a mental illness involves a process based on norm-referenced assessments from the DSM-IV™. At various times both the young women and their parents indicated miseducation and confusion concerning their diagnoses and treatments. Medications, in particular, were ill-researched and taken on the basis of medical claims to knowledge about health and well-being. Overall, Ember and Chloe had success with their medications, though a few mishaps did occur that affected their daily interactions. The most disturbing aspect of diagnoses, however, is that they often change over time. For example, at the time of the publication of this study, Chloe had been re-diagnosed with Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), a sub-type of autism in which there is a significant impairment in social interaction and/or communication, but full features for autism are not met. This new diagnosis led to a new set of treatment options and another set of narratives for integration.

Misdiagnoses and re-diagnoses are not uncommon. The pressure from insurance companies to include a numerical code from the DSM-IV™ on patient charts can result in life-changing labels. Those without the insurance, like Chloe, or government assisted healthcare, like Ember, are often left without appropriate mental health care because the medications and regular therapy sessions are too expensive to handle alone. The issues involved in being labeled with a

mental illness do not stop after the initial diagnosis; in fact, for young people, this early introduction is the beginning of a lifetime relationship with the mental health profession and the development of a mentally ill self.

Implications

The purpose of this study is to understand how young women diagnosed with a depressive disorder construct their senses of self, but this work also adds to the larger questions of how self is constructed in all people. Cole (1996) asserts that

what we call mind works through artifacts, it cannot be unconditionally bounded by the head or even by the body, but must be seen as distributed in the artifacts which are *woven together* and which weave together individual human actions in concert with and as a part of the permeable, changing, events of life.(pp. 136-7).

As members of families, peer groups, classrooms, and other social and institutional settings, the two young women in this study were authors of their unique selves. Yet, each individual was a tapestry of the activities she had experienced, directly or indirectly.

Often young women diagnosed with mental illness suffer the Cassandra effect: They have knowledge beyond their believed scope of abilities, and no one will listen to them. I was not simply intending on giving these young women voice. My intentions were twofold. On one hand, I wanted to show them in the process of authoring a personal self for me in an interview setting; on the other hand, I want to show how I author a cultural self for each of the young women in the readers' mind. The tools they used come from the culture that surrounded them. Educators and parents can learn from examining how they internalized cultural messages.

The educational environments in which young people learn are not only located in school buildings. Instruction offered through mandatory education shapes thinking and directs young people to read, write, and compose in specific ways. However, in their own time, the mediational means learned in school are employed for other uses and transformations occur. The tools teachers and parents give students, particularly tools of narrative construction, become the unique property of the individual to be wielded as she sees fit.

Challenges arise, however, when the narrative constructions of an individual do not fit the milieu in which they are authored. It is then that the individual is labeled abnormal or lacking morals or character (Smagorinsky & Taxel, 2005). When the mediational means through which the individual constructs her unique sense of self are not the accepted form of narrative self construction, the individual has the ability to transform her environment and change the perspectives of those around her. When classrooms, families, and communities are open to the notion that each individual is multicultural and has a unique perspective to offer, the possibility for fulfillment of individual, and hence group, potentiality seems quite hopeful.

However, the current teen suicide rates are staggering. Violent acts in schools continue to occur in all socio-economic groups. Death stops the development of the individual narrative self. What becomes frozen in time is a memory of a person who could have been. Those who have survived a loved one's suicide understand the guilt and blame associated with the aftermath. Therapists insist that no one is to blame, and it is true that one person cannot be held responsible for another taking her own life. Nevertheless, educators who care about young people can recognize when a person is struggling to establish a sense of self without success and then

intervene. Connecting the young person to the proper mental health channels, changing environments, offering alternative formats for expression, and recognizing diversity does not always appear on the surface are all options that could potentially keep a young person from taking her own life. An individual in the process of constructing a narrative self has the power to transform her immediate environment and beyond.

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