

Adolescent Experiences of Self in Multiple Family Therapy Groups

by

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B.A. Queen's University, 1978

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Abstract

Qualitative research in relation to treatment approaches for youth with mental health difficulties has been limited and, in particular, very little is known about how youth experience therapy. This qualitative study describes adolescent experiences of self in the context of Multiple Family Therapy groups. An ethnographic method was used for data collection and analysis. Two interrelated themes emerged that relate to the structure and the processes that contributed to co-construction of the group culture and the adolescents' perceptions of self. The first theme: "I feel a whole lot better about myself", relates to aspects of the group culture that supported the adolescents to experience an enhanced working self concept. The second theme: "We knew it was possible to change", relates to transformations in the adolescents' relational selves that they associated with their experiences in the group. These findings have implications regarding the potential of the MFT model to support youth: to express themselves authentically; to strengthen their sense of self; and to positively transform their relational selves, thus supporting their healthy development and future well-being as adults.

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Chapter 1

Introduction

Like the first day that we went there...I just had a sigh of relief. It was kinda like “oh I think we really, really needed that” because...when you’re in your own house you can’t get your family to get together and talk and stuff [be]cause no one will listen. They’ll be like, “I don’t want to do this. I’m going to my friend’s house, blah, blah, blah.” But when you commit to something, you can’t just leave the room. It’s just like you’re committed to talking and sitting in this group. And it’s kind of like you want to fit in, so you want to like listen to what people have to say and be able to talk when you want to.

In this ethnographic study I explore the central question: How do adolescents experience self in the context of Multiple Family Therapy (MFT) groups? MFT is a treatment approach that involves several families in a group setting representing two or more generations. The group provides a ‘cultural’ experience that is unique to members of the group. Through group interaction, adolescents co-construct the group ‘culture’ and their experiences of self. Adolescents’ experiences of self within this context are the focus of this study.

As an ethnographer my intention is to improve knowledge of adolescent experiences of self in therapy and to make the particular meanings and taken-for-granted aspects of their experience more visible. Increased understanding about youth experiences of therapy is important since there is limited literature available about such experiences. Youth perspectives about treatment can contribute valuable knowledge toward the development of ‘youth friendly’ approaches that will better engage vulnerable youth and may improve outcomes.

It is important to facilitate youth voice given the potential impact of self expression on their perceptions of self (Brown & Gilligan, 1993; Chen, Boucher, & Tapias, 2006;

Taylor, Gilligan, & Sullivan, 1995). Approaches to therapy that foster connectedness and that support improved relationships with significant others can positively influence adolescent development with implications for their future relationships with significant others, and ultimately for their well-being in adulthood (Bell & Bell, 2005; Chen et al., 2006).

Statement of the Problem

Approximately 14% of Canadian children and adolescents under the age of nineteen experience mental health problems such as anxiety, attentional difficulties, behavioral disorders, depression, or substance abuse (Waddell, Offord, Shepherd, Hua, & McEwan, 2002). Although mental illness is treatable, an estimated 75% of these children and adolescents receive no specialized mental health services (Waddell, McEwan, Shepherd, Offord, & Hua, 2005), resulting in significant emotional distress and impaired functioning at home, at school, with peers and in the community. Many childhood disorders persist and eventually affect adult functioning and productivity (Health Canada, 2002; Kessler et al., 2005). Senator Michael Kirby, chair of the Senate Committee on Social Affairs, Science and Technology that examined Canadian mental health issues, identified that “children’s mental health services are the ‘most neglected piece’ of the Canadian health care system” (Eggertson, 2005) calling it the “‘orphans’ orphan’ of health and health care” (McEwan, Waddell, & Barker, 2007). In the United Nations World Youth Report (Lansdown, 2003), it was recognized that adolescents, particularly those who are marginalized, need to be given a voice since they can not always depend on adults to act in their best interests. As well, adolescents have much to contribute to improving policies and practices that affect their lives.

Research in relation to treatment approaches for youth with mental health

difficulties has been largely quantitative, and qualitative studies have been limited. In particular, very little is known about how youth experience therapy. The provision of effective, “youth friendly”, developmentally targeted, therapeutic approaches is essential to improve acceptability and access to services (World Youth Report, 2003). Access to appropriate services can improve outcomes for youth, minimizing the interruption of youths’ healthy development and reducing their vulnerability for continued functional impairment and reduced productivity as adults (Waddell et al., 2002; Waddell et al, 2005).

Purpose of the Study

The purpose of this study was to explore adolescent experiences of self within the context of MFT groups using an ethnographic research approach.

Background and Rationale to the Study

Although there are numerous metaphors that are used to explain the concept of self (Hoskins & Leseho, 1996), underlying these conceptualizations is an understanding that individuals’ sense of ‘self’ affects their behavior and relationships with others. Socio-cultural constructions of adolescent development and mental illness can impact sense of self for adolescents who have mental health problems (Feldman & Elliott, 1990) and may contribute to difficulties such as isolation, not feeling heard, and low self esteem. For example adolescents who have a mental illness may be marginalized and ostracized by peers due to stereotypical perspectives that they have learned based on dominant social processes and cultural beliefs (Link & Phelan, 2001). Chronic experiences of isolation and disconnection can be seen as a “primary source of human suffering” (Jordan, Caplan, Miller, Stiver, & Surrey; Miller & Stiver, as cited in Jordan, 2004, p.11). Thus, research about the experiences of adolescents in therapy and consideration of the influence of socio-cultural factors is important in understanding how to better support adolescents’

positive experiences of themselves.

MFT groups may provide a 'cultural experience' within which the impact of socio-cultural constructions of adolescent development and mental illness can be considered. The group setting provides a social network within a controlled therapeutic milieu in which to share problems, explore solutions and learn from other people's experience (Saayman, Saayman, & Wiens, 2006). Participation in the group process may facilitate self reflection and potentially transformation through relationship (Hartling, Walker, & Jordan, 2004), including the possibility of viewing self differently.

Assumptions

The study was based on the following assumptions:

1. Adolescents' experience of self is influenced by their relationships with others.
2. Adolescents' experience of self is impacted by socio-cultural constructions of adolescent development and mental illness.
3. Multiple Family Therapy groups may provide an alternative 'cultural' experience for adolescents and their families which may affect adolescents' experience of self.
4. Multiple Family Therapy groups offer the possibility of self-transformation resulting from psychodynamic and interpersonal interventions and the experience of therapeutic group process. For example increased awareness and understanding of self can occur through observing and listening to group members, through expression, and through self reflection.
5. Through the use of an ethnographic method adolescent's experience of self in the context of a therapy group can be explored. Analysis of their experience will provide a broader understanding of such experience.

Overview of Methodology

My approach to this study was influenced by critical and interpretivist/constructivist worldviews. These paradigms assume; a relativist ontology with multiple realities; a subjective epistemology, in that the knower and respondent co-create understandings; and methodological procedures that are set within the natural world (Denzin & Lincoln, 2000). My theoretical perspectives include feminist and developmental theories. I chose to use an ethnographic approach to understand adolescents' experiences of self within MFT groups. An ethnographic approach is appropriate since the MFT groups provide a 'cultural' experience for the group participants.

Chapter 2

Literature Review

Adolescence

Adolescence has been recognized as a Western construct that emerged in the late 19th and early 20th century related to the industrial revolution (Danesi, 2003; Larson, 2002). As children stayed in school longer to prepare them for the increased demands of the workforce, their period of economic dependence on adults was extended. In 1904, psychologist G. Stanley Hall introduced theory describing adolescence as a “natural” stage in human development characterized by emotional turmoil due to adjustment to adult expectations that are socially and emotionally different from those of childhood (Erikson as cited in Danesi, 2003). These older children, who in the past would have been viewed as adults, became subject to behavioral restrictions imposed through new taboos and socially prescribed mores related largely to sexuality (Danesi, 2003).

Adolescence is now widely understood as a transitional stage of development between childhood and adulthood (Feldman & Elliot, 1990; Muuss, 1996) marked by biological, psychological and social changes (Cicchette & Rogosch, 2002). It is commonly defined as “the state or process of growing up” or “the period of life from puberty to maturity terminating legally at the age of majority” (Merriam Webster Online Dictionary). The World Health Organization identifies adolescence as the period of life between 10 and 20 years of age however the age span varies according to cultural norms. In North American culture, adolescence is typically seen to begin by age 12 or 13 and end at age 19 or 20. Adolescence can be a time of significant challenge “requiring adjustment to changes in the self, in the family, and in the peer group” (Lerner & Galambos, 1998, p.

414) that may present both opportunities and disappointments. This process of change is influenced by multiple contexts including the “biological, individual-psychological, social-interpersonal, institutional, cultural, and historical” (p. 415) and widespread individual differences in development are constituted as a result of the connections across biological, cognitive, psychological, and sociocultural factors.

Traditional theories of human development have been based on the experiences of white, middle and upper-class males. Thus, issues of gender (Way, 2001) and cultural diversity (Lerner & Galambos, 1998) have had more limited exploration. Attention to difference is an important consideration in adolescent development because each individual’s experience of self is influenced by his or her interpretations of sociocultural constructions and how he or she may be perceived by others.

A new strength-based conception of adolescence, the positive youth development (PYD) perspective (Lerner, Almerigi, Theokas, & Lerner, 2005) is becoming prominent in research, policy, and practice. PYD views youth as resources to be developed, recognizing: the potential for systematic change in the process of development (Gottlieb, 1997) or plasticity; “the possibility of optimizing individual and group change by altering bidirectional relations between individuals and their ecologies to capitalize on this plasticity” (Baltes, Lindenberger, & Staudinger; Bronfenbrenner; Elder, as cited in Lerner et al., 2005, p. 11) and; the benefits of primary prevention rather than secondary or tertiary interventions (Trickett, Barone, & Buchanan, 1996). This potential to optimize individual resources has implications for individual’s experiences of self.

Identity

The construct of self has received a great deal of attention in the social and behavioural sciences since the 1970’s. Discussions have included wide variation in

terminology and understandings, however there is some consistency in the notion that “in one way or another, the capacity for self-reflection lies at the heart of the self” (Leary & Tangney, 2003, p. 3). Reflexive consciousness or the ability to think about ourselves “may be the most important psychological characteristic that distinguishes human beings from most, if not all, other animals” (p. 4). A generally accepted explanation of the concept of self is that it refers to the understanding or knowledge that individuals have about who they are (Baumeister & Leary, 1995).

Until recently, western culture has generally promoted the idea of a separate autonomous ‘self’ that emphasizes individual personality traits and values self-sufficiency and success through achievement. For example, Erikson (1968) described a singular self that progressed through clearly defined stages. Postmodern theories have conceptualized the self as continually evolving over time (Arvey, Banister, Hoskins & Snell, 1999), and present metaphors of the self such as the narrative self, possible selves, and dialogical selves (Hoskins & Leseho, 1996). Feminist theorists include the voice of the individual while placing emphasis on the importance of relationships, the influence of power, and the impact of social contexts on identity formation (Arvey et al., 1999).

For adolescents, including those who are participating in therapy, different constructions and metaphors of self can represent both strengths and limitations depending on each individual’s experience in context (Hoskins & Leseho, 1996). For example, the possible selves metaphor can provide hope through the opportunity to move toward a reinvented self for adolescents who feel limited by their past and current circumstances and narrative metaphors can be used to externalize problems through separating them from adolescents’ story of self. Therapists, therefore, have the potential to promote client

growth through assisting adolescents to determine which metaphors are most fitting and useful to them (Hoskins & Leseho). This is important since adolescence is a critical period for acquiring health-enhancing behaviours and a time when behavioural, cognitive, and affective components of their attitudes are particularly amenable to change (Call et al., 2002). As Larson and Wilson (2002) identify, researchers and practitioners are acknowledging that “behaviour and mental health are becoming the most important factors in adolescents’ current and lifelong well-being” (p. 161).

Based on a recent review and synthesis of the literature Chen, Boucher, and Tapias (2006) present a new integrative conceptualization of the relational self, or the self in relation to significant others. They define significant others as:

actual (vs. hypothetical) individuals whom one knows (vs. just met), with whom one feels some degree of closeness, and usually with whom one shares a relationship that can be normatively (e.g. friend) or idiosyncratically labeled (e.g. my closest high school friend). (Chen et al., 2006, p. 153)

Conceptually,

the relational self reflects who a person is in relation to his or her significant others. On a phenomenological level, a person’s relational self with, for example, his or her mother is the ‘me when I’m with my mom.’ In more concrete terms, the relational self (a) is self-knowledge that is linked in memory to knowledge about significant others, (b) exists at multiple levels of specificity, (c) is capable of being contextually or chronically activated, and (d) is composed of self-conceptions and a constellation of other self-aspects that characterize the self when relating to significant others ... On a mental representational level, relational selves are

composed of self-knowledge that is distinguishable from, but linked in memory to, knowledge about significant others. (Chen et al., 2006, p. 153)

The last point highlights the difference compared to other conceptualizations of the relational self that claim “the incorporation or internalization of aspects of significant others into the self” (Chen et al., 2006, p. 153). This new perspective maintains that “most people possess multiple relational selves” (Chen et al., p. 153) that “exist at varying levels of specificity.” There are three types of relational selves including: a ‘*relationship-specific relational self*’ that is specific to a particular relationship; a ‘*generalized relational self*’ that is a summary self representation in the context of multiple relationships such as “me when I’m with close others of my same age” (Chen et al., p. 153); and a ‘*global relational self*’ that refers to conceptions or aspects of the self in relation to significant others as a general class of individuals” (Chen et al., p. 153). The relational self that is relevant at any given time is activated by contextual cues, for example social circumstances, sensory cues such as smell, or direct physical or verbal contact that bring forward the “actual, imagined or symbolic presence of a significant other” (Chen et al., p. 153). The relevant relational self in this immediate context is integrated with core self-conceptions of the “working self-concept” (Markus & Kunda, 1986, p. 865) constructed from a set of available self-conceptions. Chronic accessibility of a particular relational self increases the likelihood that it may be activated across contexts and each relational self includes “associated affective, motivational, self-regulatory, and behavioral responses” (Chen et al., p. 154).

Anderson and Chen (2002) link transference (Freud, 1958 as cited in Chen, Boucher & Tapias, 2006) to the self, proposing that relational selves are “are activated

upon the activation of a significant-other representation in an encounter with a new person” (Chen, Boucher, & Tapias, 2006, p. 155). As well, they assume that “relational-self aspects exist alongside individual and collective self-aspects” (Chen et al., p. 173) all of which are important self-defining constituents of the self-concept.

These conceptualizations support the view that adolescents’ relational selves significantly influence their everyday interpersonal lives in that they “shape a wide range of psychological processes and outcomes, are often evoked automatically, serve basic orienting and meaning functions, provide both continuity and context-specific variability in personality, and have implications for authenticity and thus psychological well-being” (Chen et al., p. 173).

Connectedness

Baumeister and Leary (1995) assert that the desire for attachment may be “one of the most far reaching and integrative concepts currently available to understand human nature” (p. 26). Their literature review demonstrated “multiple links between the need to belong and cognitive processes, emotional patterns, behavioral responses, and health and well-being” (p. 26).

More recently, researchers of human development and psychology have been increasingly interested in the role of relationship in supporting psychological growth through the construct of ‘connectedness’ (Granello & Beamish, 1998). Connectedness can be understood as relatedness (Townsend & McWhirter, 2005), occurring “when a person is actively involved with another person, object, group, or environment, and that involvement promotes a sense of comfort, well-being, and anxiety-reduction” (Hagerty, Lynch-Sauer, Patusky & Bouwsema, 1993). This interest in connectedness is supported by researchers that hold feminist, ecological and cultural diversity perspectives. For example,

authors from the Stone Center place connection at the centre of their relational-cultural model that identifies connection as being at “the core of human growth and development” (Jordan & Walker, 2004, p. 2). In their model, relationship and culture are linked in that “relationships may both represent and reproduce the cultures in which they are embedded” (p. 3) thereby influencing developmental experiences and relational possibilities. They suggest that acute disconnection can provide opportunities for deepening of connection while chronic disconnection can lead to isolation and hopelessness. In addition, they point out that cultural stratifications across multiple social identities within our Western culture perpetuate the exertion of ‘power over’ individuals and groups who are marginalized, potentially diminishing our relational capacities and impacting perceptions of self.

Adolescents and Culture

Adolescent psychology was developed as a “Eurocentric enterprise” (Nsamenang, 2002, p. 61), presenting a narrow view that lacks global perspective. In some cultures there is no term to describe adolescence since “the society does not regard it as a distinct and important stage of the life cycle” (Brown & Larson, 2002, p. 4). Larson (2002) notes that with the onset of the 21st century a new, more global and pluralistic view of adolescence is emerging and it is likely that rapid changes such as population growth, new technologies, and globalization will “reconstruct the concept of adolescence again, in many forms” (p. 2). These kinds of macro-level changes affect the micro-contexts experienced by adolescents in their homes, schools, work settings and communities, ultimately impacting their health and well-being (Call et al., 2002).

A shared cultural shift across most societies in recent years is the further extension of the adolescent period related to earlier onset of puberty (Arnett, 2002), later age of marriage, delayed child bearing, more involvement with peers, and the need for increased

education and skill development to prepare for more complex and demanding adult roles (Larson, 2002; Larson, Wilson, & Mortimer, 2002)). Youth in wealthy and poor families across cultures have different experiences based on their access to resources such as new technology (Larson et al., 2002) and opportunities such as advanced education (Larson, 2002).

“The common term for adolescence in the United States, *teenager*, brings forth images of recklessness, rebellion, irresponsibility, and conflict – hardly a flattering portrait but one that captures the worried stance that most adults in that society take toward young people” (Brown & Larson, 2002, p. 6).

These views are often represented and thereby reinforced in media that infuses the lives of Western youth and adults and influences youths’ identity formation (Arnett, 2002). As Raby (2002) discusses, teenagers are subject to societal discourse that wields power to construct and dismiss them, and to affect their individual and collective agency. Based on her research with adolescent girls and their grandmothers she identifies five dominant discourses within the North American context: the storm, becoming, at-risk, social problem, and pleasurable consumption. Recognizing that “discursive *effects* are unequal” and are “significantly affected by gender, class and race” (p. 426), Raby says that “adolescence is one of the times of life that is most overdetermined, in that it is strongly perceived to be an age that comes with certain key traits” (p. 430).

Many youth feel a sense of betrayal and alienation from adults related to “taken-for-granted structures, institutions and relations of society” (Daiute & Fine, 2003, p. 12) that do not include the voice of youth and assault their dignity. Toussaint, Boyd-Franklin, and Famkin (as cited in Powell, 2003) call attention to “microaggressions of disrespect and

suspicion” that are experienced even more frequently by marginalized youth, such as youth of color, and felt as “forms of interpersonal violence” (p. 206) that diminish their sense of self. Youth experience “contradictory relations with families, schools, communities, law enforcement, and popular culture” as they are sometimes supported and sometimes hindered in their development (Daiute & Fine, p. 6).

Adolescents typically spend hours each day listening to music and watching television meeting their needs for leisure and more importantly helping them to moderate and cope with strong emotions (Arnett, 1995; Larson, 1995). The internet provides access to health and educational information but also possible exposure to pornography and exploitation. Media can also increase adolescents’ connectedness to others and reduce barriers to interaction such as age, social situation, culture, language, and geography (Larson, Wilson, & Mortimer, 2002). Thus, new avenues for communication have been created by the ‘virtual subculture’ of the internet and youth culture has become more fluid allowing youth to cross boundaries and borrow from subculture identities that were previously more rigidly contained (Bennett & Kahn-Harris, 2004). As a result, according to Arnett (2002), one of the defining characteristics of adolescents in current Western society is the extent of their diversity, cultural and otherwise, and their “unprecedented freedom to choose from many possible identities” (p. 307).

Traditionally the label ‘youth at risk’ has been used by adults to describe youth who are considered to be at risk of poor physical and material outcomes, such as poor educational performance, related to economic and social disadvantage (Taylor, Gilligan & Sullivan, 1995; te Riele, 2006;). In the process of labeling, the risk and the “burden of change” (Taylor et al.,1995, p. 21) is located within the adolescents themselves without

recognizing the responsibility of society to address inequities of race, class, and gender or to consider problems within organizations such as schools (te Reile, 2006). Focusing on perceived intellectual, social, or emotional deficits within individuals rather than on the marginalization of these groups (Taylor et al.; te Riele, 2006), and individual strengths and needs can further increase the possibility of failure. The 'at-risk' label also "obscures the differences among those so labeled" suggesting that they are a homogenous group (Taylor et al.). Fallis and Opatow (2003) recommend that in youth research the focus should be broadened from youth behavior to youth subjectivity and experience, considering the needs and challenges of youth "in the context of social institutions, dynamic relational processes, and symbolic media" (Daiute & Fine, 2003, p. 3; Fallis & Opatow, 2003). More research such as this is needed to provide additional information about youths' perceptions of self and the influences of these contexts.

Youth Voice

Research through the Harvard University Project on the Psychology of Women and the Development of Girls recognized psychological and developmental risk for adolescent girls related to their gendered experiences in a patriarchal society (Brown & Gilligan, 1993; Taylor, Gilligan, & Sullivan, 1995). They identified that girls face a developmental crisis related to the tension between cultural ideals of femininity and those of maturity and independence, and are thus forced to choose between relationship and voice. In their attempts to stay connected some girls "silence themselves or are silenced in relationships rather than risk open conflict and disagreements that might lead to isolation or to violence" (Brown & Gilligan, p. 13). Other girls "risk the open trouble and disruption of political resistance" (p. 14) but are judged and excluded by peers as a result. Either way these girls lose the opportunity to engage authentically through "relationships in which they can

freely express themselves or speak their feelings and thoughts” (p. 16). This is important since “whether one is heard or not heard” and “how one is responded to (by oneself and by other people)” affects the “sounds of one’s voice” (p. 15), one’s ability to be in relation authentically, perceptions of self, and ultimately one’s psychological health and well-being (Brown & Gilligan; Chen, Boucher, & Tapias, 2006; Taylor et al., 1995).

Peer Relationships

Peers play an important role in the lives of adolescents as they begin to seek autonomy from their families (Crosnoe & Needham, 2004). In recent years the role that peers play has become progressively more significant across societies, particularly in North America. The positive and negative impacts of these relationships depend on multidimensional contextual factors (Crosnoe & Needham). Most youth rely heavily on their friends for advice and support and learn important social skills from these relationships (Brown & Larson, 2002; Larson, Wilson, & Mortimer, 2002). Research has demonstrated links between peer acceptance and adaptive outcomes such as lower levels of depression and higher levels of social skills (Marsh, Allen, Ho, Porter, & McFarland, 2006; Henrich, Blatt, Kuperminc, Zohar, & Leadbeater, 2001; Frenzt, Gresham, & Elliott, 1991). However, there is also potential for youth to be drawn through their liaisons toward antisocial behavior or risk taking behavior such as substance misuse (Brown & Larson). Maintaining peer relationships can be complicated and trust has been identified as one of the most important factors such that betrayal of trust is commonly perceived as a significant threat (Way, 1996).

Adolescents are increasingly involved in early romantic relationships and premarital sexual activity, and there is beginning recognition of diverse sexual identities (Larson, Wilson, Brown, Furstenberg, Jr., & Verma, 2002), all factors that have the

potential to increase youths' vulnerability. Thus adolescents' experiences with peers can impact their learning and their behavior and have considerable potential to influence their sense of themselves.

Adolescents and Families

Developmental psychologists generally accept the assumption that families significantly influence the experience of adolescents (Feldman & Elliott, 1990). According to attachment theory, parents provide children with models for self representation and relationships with others and research supports the link between secure parental attachment and emotional adjustment in adolescence (Engels, Finkenauer, Meeus, & Dekovic, 2001). The continued importance of positive family relationships during this period of development is supported by the finding that those adolescents who maintain strong ties to their family while they are permitted to engage in age-appropriate autonomy demonstrate optimal adjustment (Galambos & Ehrenberg, 1997).

The majority of youth throughout the world enjoy "close and functional" relationships with their parents (Larson, Wilson & Mortimer, 2002). Family situations have become more varied and fluid, including single-parent, divorced, gay-lesbian, remarried families, and multi-residence families for example, and there is increased family mobility, fewer extended-family households, and more employed mothers. Many families are smaller in size and are better able to offer emotional support to youth (Larson et al, 2002). Particularly in the West, parent-adolescent relationships are generally less hierarchical which can result in increased communication but has the potential to require ongoing negotiation of limits with the possibility for associated conflict. All of these changes impact family capacity and the availability of different kinds of resources (Larson et al., 2002).

As adolescents navigate significant physical, cognitive and social changes within a relatively short period of time, there is potential for misunderstanding as parent-adolescent relationships are gradually renegotiated (Sillars, Koerner, & Fitzpatrick, 2005). Sillars et al. found that parental understanding is associated with open communication and individual and family adjustment. The use of parental power to suppress communication with pressure to conform is negatively linked with parental understanding. Richmond and Stocker (2006) note that “cohesive families are characterized by connectedness, openness and flexibility” (p. 667). They suggest that in this type of family climate adolescents are better able to meet new challenges and more likely to seek the support of multiple family members.

Family stresses such as those resulting from divorce can negatively affect adolescents and result in problems such as substance misuse, relationship difficulties, and lower educational and occupational performance. Outcomes for adolescents in stepfamilies can be even worse, particularly for girls (Arnett, 2002).

Research in regard to sibling relationships is limited but it is understood that the quality of sibling relationships impacts psychological well-being over time (Richmond, Stocker, & Rienks, 2005). Sibling conflict and perceptions of less favorable parental treatment compared to treatment of siblings can be associated with internalizing or externalizing problems for adolescents while improvement in sibling relationships has been shown to reduce symptoms such as depression (Richmond et al., 2005), substance use, and sexual risk behaviors (East & Khoo, 2005).

Perceptions of Mental Health Problems

Adolescents who have mental health problems may experience prejudice, discrimination, and social inequity similar to other minority groups (Feldman & Elliott,

1990). Family members may also experience discrimination as a result of common stereotypes (Corrigan & Miller, 2004; Corrigan, Miller, & Watson, 2006). The concept of stigma was made popular in social science research through the work of Erving Goffman (Penn & Wykes, 2003). Goffman defined stigma as an “attribute that is deeply discrediting and that reduces the bearer from a whole and unusual person to a tainted, discounted one” (Goffman, 1963). According to Goffman, stigmas result from a transformation of the body, blemish of the individual character, or membership in a despised group. Link and Phelan have continued work in this area and offer the perspective that “stigma exists when a person is identified by a label that sets the person apart and links the person to undesirable stereotypes that result in unfair treatment and discrimination” (Link & Phelan, 2001). They suggest that stigma arises as a result of four social processes. They claim that: 1) people distinguish and label human differences; 2) dominant cultural beliefs link labeled persons to undesirable characteristics and to negative stereotypes; 3) labeled persons are placed in distinct categories so as to accomplish some degree of separation of “us” from “them”; 4) labeled persons experience status loss and discrimination that lead to unequal outcomes. These processes occur within the context of unequal power dynamics that allow the components of stigma to unfold and result in the marginalization of mentally ill youth.

Adolescents develop the ability to think critically which allows them to interpret cultural knowledge through reflecting on the past, and considering the future while comparing themselves to socio-cultural norms (Feldman & Elliott, 1990). This has implications for the experience of self, particularly for adolescents who have mental health difficulties. Adolescents who experience themselves as ‘different’ or ‘less than’ in

comparison to others may feel shame and/or humiliation that can interfere with their ability to engage in relationships that may support their growth (Hartling, Rosen, Walker, & Jordan, 2004). In turn this may lead to withdrawal, isolation, and even depression (Holloway, 2001).

Shame and humiliation are included in a family of emotions that Tangney and Fischer (cited in Hartling et al., 2004) describe as the *self-conscious emotions* that cause us to reflect on ourselves. Hartling et al. expand this view that is based on a traditional understanding of an independent self to include a relational perspective where we reflect on *ourselves in relationship* and become *relationally conscious*. A relational perspective regarding feelings of shame and humiliation acknowledges the intense and enduring nature of these experiences that involve “one’s *whole being in relationship*” (p. 106) and allows consideration of the contributing relational dynamics in all human interactions including practices that are based in socio-cultural constructions such as discrimination.

In his review of the literature regarding childrens’ views of mental illness, Wahl (2002) notes that the mass media depicts mental illness through a number of negative stereotypes in both adult and children’s television programs. For example, characters who are mentally ill may be presented as “physically distinct, unattractive, unsuccessful, violent, and villainous” and “referred to in disrespectful ways” (p. 152). Though no studies have been conducted to consider the impact of media representations of mental illness on childrens’ attitudes, given the suggestion that television and other mass media have become primary socializing agents (Wahl, 2002) in North America, it is possible that the media is contributing to the findings that “negative attitudes toward mental illness emerge early in childhood” (Wahl, 2002, p. 155) and increase with age. However, more research is

needed to understand the formation of negative attitudes, the role of the media, and how negative perceptions of mental illness affect the experiences of self for children and adolescents who have mental health problems.

Resilience

Resilience, defined as “a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000, p. 543) is an important area of study, particularly in relation to improving outcomes for vulnerable children and youth. The major frameworks for much of the current research place “emphases on multiple levels of influence on the children’s adjustment and on reciprocal associations among these diverse influences and the child’s adjustment status across different spheres” (Luthar et al., 2000, p. 552). One of the more prominent perspectives on resilience considers factors that are both internal and external to the child including: (1) attributes of the children themselves such as intelligence and ability to regulate their behaviour; (2) aspects of their families such as supportive, competent parents; and (3) characteristics of their wider social environments such as effective schools, and involvement with caring competent adults in their community (Alvord & Grados, 2005; Luthar et al, 2000; Masten, 2001; Masten & Garmezy, 1985).

Luthar et al. (2000) suggest that it is essential to understand the underlying protective mechanisms or processes rather than simply the protective factors that may contribute to positive adaptation. As well it is critical to recognize the bi-directional nature of influence in living systems (Masten, 2001), for example it is believed that a child’s behavior influences the parenting that they receive and conversely parents influence the behavior of their child.

Convergent findings from variable-oriented studies and person-oriented studies

identify attributes of children and their environment that support resilience and are also well-established correlates of both competence and psychopathology (Masten, 2001). This short list includes “connections to competent and caring adults in the family and community, cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment” (Garmezy; Luthar et al.; Masten et al.; Masten, & Coatsworth; Masten, & Reed; Wyman, Sandler, Wolchik, & Nelson; as cited in Masten 2001, p. 234). In light of these findings, Masten (2001) suggests that resilience may be seen as a “common phenomena arising from ordinary human adaptive processes” (p. 234). Thus, in order to reduce risk there is a need to support the underlying systems such as brain development and cognition, caregiver-child relationships, emotional and behavioural regulation, and motivation for learning and interacting with the environment.

Researchers identify a need to advance research on resilience through integrative multidisciplinary studies using a developmental psychopathological framework, considering psychological, social, and biological processes that may contribute to resilience for vulnerable individuals (Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Masten et al., 2005). Further consideration of “competence and psychopathology, of individual differences and normative patterns in development, and of how developmental processes unfold in normative compared with extremely deviant conditions” will inform our understanding about how to promote healthy development (Masten, 2001, p. 235).

Maton (2005) reminds us that “the risk and protective factors that affect children’s development are embedded within multiple levels of the social environment (e.g., setting, community, societal)” (p. 119) and the promotion of resilience will fall short if fundamental changes do not occur at all levels. They propose that “successful social

transformation requires simultaneous engagement of four key, interrelated processes: capacity building, group empowerment, relational community-building, and culture challenge” (p. 119). Relational community-building is focused on “the interpersonal facet of the environment” (p. 119), encompassing “the quality and nature of personal and intergroup relationships” (p. 119). Those “environments that are characterized by high levels of connectedness, inclusiveness, shared mission, support and belonging contribute to positive socio-emotional and behavioral outcomes (e.g., Henderson & Milstein, 1996; Moos, 1996)” (as cited in Maton, 2005, p. 125). Regrettably these characteristics are often not fostered in schools and other community locations, resulting in alienation of marginalized youth in particular, and lost opportunities to support youth development and positive experiences of self.

Multiple Family Therapy

MFT was introduced by Peter Laqueur in the 1950's (Laqueur, 1976) and was originally situated in the field of family therapy with roots in psychodynamic and systems theory (Saayman, Saayman, & Wiens, 2006). In family systems approaches, the family is viewed as systems within systems (individual, marital, parent-child) that relate to other systems (extended family, school, church, workplace) (Ryan, Epstein, Keitner, Miller, & Bishop, 2005). Psychodynamic approaches are intended to assist family members to better understand themselves and their interactions with each other (Barker, 1998). In MFT as in other group therapy approaches the group becomes a social microcosm of the participants in that the participants begin to interact with group members in the ways that they interact with their family members and others outside of the group (Yalom, 1975).

Over time, various models of MFT have been developed, incorporating psycho-educational and/or supportive group therapy approaches. Most formats are based on the

participation of at least two families with inclusion of the identified clients and representation of two or more generations with as many family members present as possible. A group of families participating in MFT contains sub-groupings, some of which are external to family boundaries (Saayman et al., 2006). These sub-groups are described by Cassano (1989) “as transacting at five levels: between clinicians and individuals (*practitioner/individual*), within families (*intra-family*), between families (*inter-family*), within the group (*group*) and between the group and the environment (*group/environment*)” (Cassano as cited in Saayman et al., p. 5).

Four classes of therapeutic intervention in MFT are described by McFarlane (1983). Type 1, *self-triangulation*, refers to interactions that occur directly between the therapist and individuals or families using interviewing techniques that are typically used in individual and family therapy. Type 2, *group interpretation*, includes group therapy skills such as labeling group dynamics, discussing group themes, and encouraging the involvement of participants. Type 3, *cross-family linkage*, and Type 4, *interfamily management*, interventions support connections external to individual families and are central components of the MFT model. Essentially, Type 3 interventions refer to communications directed toward the therapist being redirected to other group participants or families within the group.

The MFT literature is mainly descriptive and theoretical in nature and refers to a number of different models of MFT in a variety of settings with varying populations. Research in this area has been limited, with more interest in the area of treatment related to Eating Disorders and Schizophrenia. Thorngren and Kleist (2002) reviewed the results of several empirical studies that identified positive effects related to MFT. For example,

Meezan and O'Keefe's (1998) study of families who had been neglectful or abusive to their children found that families involved in MFT were more likely to stay engaged in therapy and made more improvements in both family functioning and child behaviour than the control group who were involved in traditional family therapy. Several authors report encouraging anecdotal feedback from families about their experiences of MFT (Bishop, Clilverd, Cooklin, & Hunt, 2002; Dare & Eisler, 2000; McKay, Gonzales, Quintana, Kim, & Abdu-Adil, 1999) however, qualitative research has not been published in relation to MFT and there is no reported anecdotal information that is specific to adolescents.

For the purposes of this study MFT can be described as the treatment of four to five families in a group format during weekly one and a half -hour sessions over a ten-week period. Each family includes one or more children or youth under the age of nineteen who have experienced difficulty related to a mental health problem. In this setting, the MFT groups use a supportive process oriented approach to empower group members to learn from each other, instill hope, and create the possibility for change. Psychodynamic and interpersonal interventions are used to promote self reflection and increase awareness and understanding of self and others in the group. Open group discussions allow all participants to share their experiences, insights, and ideas to improve communication, increase problem solving skills, and experiment with new solutions to areas of difficulty identified by individuals or families.

In summary, this literature reveals socio-cultural perspectives about adolescence and mental illness and identifies numerous factors that can influence adolescents' development and their experiences of self. The important role of significant other relationships in relation to adolescent development is clear. However, the literature is

lacking research that considers youths' experiences. In particular, research about the experiences of adolescents in therapy and consideration of the influence of socio-cultural factors is needed to increase understanding about how mental health practitioners can better support adolescents' positive experiences of self.

This study was designed to call attention to adolescents' subjective experiences of self in therapy. The central question guiding this study is: How do adolescents experience self in the context of MFT groups? This research question invites mental health practitioners to gain understanding about adolescents' experiences of self in therapy. This knowledge may also assist practitioners to consider the potential impact of biases and stereotypes on adolescents' experiences in therapy and to act in more informed ways when working with youth.

In the following chapter I describe the use of an ethnographic method to gather adolescents' descriptions of their experiences of self within the 'culture' of MFT groups.

Chapter 3

Tactics of Inquiry

The purpose of this study was to explore adolescent experiences of self in Multiple Family Therapy groups from a developmental perspective using an interpretive ethnographic approach. In this chapter the method and procedures used in the study are described and discussed.

Ethnography

Ethnography is actively situated between powerful systems of meaning. It poses its questions at the boundaries of civilizations, cultures, classes, races, and genders.

Ethnography decodes and recodes, telling the grounds of collective order and diversity, inclusion and exclusion. It describes processes of innovation and structuration, and is itself part of these processes. (Clifford, 1986, p. 2)

This study incorporates an interpretive ethnographic method to explore the meanings of behavior, language, and relationships in this particular culture-sharing group with a focus on the lived experience of adolescents (Creswell, 1998). Ethnography is a qualitative research method that originated in anthropology and has been used extensively in the social sciences. The ethnographer seeks “emic, or contextual, situated understandings” (Denzin & Lincoln, 1994, p. 506) and provides “thick descriptions” (Geertz, 1973) of culture that is represented by “collectively shared and transmitted symbols, understandings, and ways of being” (Miller, Hengst, & Wang, 2003).

Denzin (1997) explains, that “theory, writing and ethnography are inseparable material practices. Together they create the conditions that locate the social inside the text. Hence those who write culture also write theory. Also those who write theory write

culture” (p. xxi).

Ethnography has changed shape in recent years with the recognition that “firm claims about truth, knowledge, consequences, causes, and effects can no longer be made” (Denzin, 1997, p. 45). Denzin and Lincoln (2005) describe the current phase of qualitative research as the “*methodologically contested present*” (p.1116) where methodological, paradigmatic, perspectival, and inquiry contexts are open and varied and subject to debate. The blurring of these boundaries supports the increasing interest of researchers to “explore the multiple unexplored places of a global society in transition.” This new interpretive community has emerged with an ethic that includes a sense of interpersonal responsibility and obligation to research participants, respondents, consumers and to researchers themselves.

Initial contact

I contacted the Acting Manager of the mental health centre by telephone and email to explain my interest in accessing participants for the study. I had previously introduced my ideas to therapists at the site who were involved in MFT groups and they had expressed their support for the study to their respective Program Coordinators who were part of the management team. I met with the management team to provide additional information about the research plan, to answer their questions, and to discuss the benefits of the research to youth and the treatment centre staff. After reviewing my written proposal the Acting Manager provided me with a letter outlining their agreement to support my joint application for ethical approval from the Health Authority and the University of Victoria.

Identifying Participants

“Informants are first and foremost *native speakers*” (Spradley, 1979, p. 8) with

inside knowledge of some social world. They must be “capable of narrative production” (Holstein & Gubrium, 1995, p. 24) and have current or recent involvement in the area of interest (Spradley, 1979). Based on these criteria, I interviewed three youth who had recently completed their involvement in a series of MFT groups and who volunteered to participate in the study.

Initial contact was made through the Research Coordinator at the site, who distributed information letters to adolescents and their parents/guardians that had participated in MFT groups, at the end of their last group session. This individual was not involved in the MFT groups and had no previous contact with these clients. The information letter (see Appendix A) outlined details including the purpose of the study, the role of participants, and the limits of anonymity and confidentiality. Credibility was established by identifying the affiliation with the University of Victoria and the Health Authority Director of Research and Evaluation. The coordinator explained that I was available in a room down the hall to answer questions, however none of the adolescents or family members chose to meet with me at that time. The youth were also informed that they could choose to leave their phone number and first name in an envelope for the researcher if they were interested in receiving a phone call to learn more about the study. Three adolescents from the group left their phone numbers in the envelope and I contacted them by telephone several days later to answer their questions and determine whether they were interested in participating in the study. Participants were informed that research related to adolescent’s experience of self in MFT groups had not been conducted previously. Meeting times were arranged with the youth or with the youth and their guardian (for youth under the age of sixteen) at a time that was convenient for them to

obtain their written consent and conduct the first of two one-hour interviews with the youth. The first interviews occurred within one week following my initial contact by phone.

Sample

Purposeful sampling (Morrow, 2005) was used to select the participants. Three adolescents, between the ages of fourteen and eighteen years, who had participated in the same outpatient Multiple Family Therapy Groups at a mental health treatment centre for children and youth, volunteered for the study. Families who are referred to these groups have a child or adolescent member who is experiencing mental health problems. All adolescents from the group who volunteered and were between the ages of twelve and nineteen years were included in the study regardless of whether they were identified as having a mental health problem.

These participants were chosen since these youth were involved in the same series of groups and thus may have shared the same 'cultural experience'. Youth of this age are generally able to reflect on and share their experiences with others verbally based on their stage of cognitive development (Feldman & Elliott, 1990). It was therefore anticipated that the participants would be capable of sharing their thoughts and experiences in relation to the research question. Though at least one male adolescent participated in this particular MFT group, all of the volunteers for the study were female.

Each adolescent participant was interviewed twice and the two interviews for each youth occurred approximately four to five weeks apart. A focus group was also subsequently held with the three participants. Several months following the focus group a meeting was held with the two MFT group facilitators to elicit their feedback to the initial domain analysis. A research journal was also used to document my responses and

reflections throughout the research process. All of the above data were incorporated into the analysis.

Questions about the adequacy of sample size are sometimes raised, particularly when the criteria generally used to determine the trustworthiness of quantitative studies are applied to qualitative research. Increasingly however, there is recognition that the appraisal criteria related to qualitative studies are different, since to be relevant they must be consistent with the theoretical framework that is being used (Kvale, 1995; Morrow, 2005; Walsh & Downe, 2005). In qualitative research, sampling procedures that attend to issues such as “quality, length, depth of interview data; and variety of evidence” (Morrow, 2005, p. 255) are much more important than sample size. Purposeful sampling, for example, using more than one sampling strategy is frequently used to generate rich information. Further, this is supported by Patton (1990) who suggested that the validity and degree of meaningfulness and insights resulting from qualitative studies are related more to the richness of the data and the observational and analytic abilities of the researcher than to the sample size.

Research Ethics

Prior to data collection, ethics approval was obtained through the Joint UVic/VIHA Research Review and Ethical Approval Subcommittee. The anonymity and confidentiality of participants were protected as much as possible. Pseudonyms were used in the data collection and analysis, and identifying details were omitted or altered with the purpose of supporting anonymity. The data was stored in a locked drawer and in the researcher’s private password protected computer. All of the data will be destroyed two years after completion of the study.

The information letter and consent form provided details to the participants and

their guardians about how the study was conducted including issues related to confidentiality and anonymity (see Appendix A & Appendix B). These letters were written using language and a format that was developmentally appropriate for youth. The limits to anonymity and confidentiality related to participation in the focus group were explained. Written consent was obtained prior to the initiation of data collection. Participants were informed that they were under no obligation to participate in the study, they could withdraw at any time, and their choice would have no effect on their receipt of therapy at the treatment centre. Obtaining guardian consent in addition to youth consent for those under the age of 16 reduced the potential risk of coercion in relation to youth's decisions to take part in this study. Compensation was provided to the youth as a way to acknowledge their expertise in relation to this topic, and to recognize their contribution to the research and the time required to participate.

As an adult, possibly perceived by the youth to be in a position of authority, I considered and attempted to mitigate the impact of potential power issues throughout the research process. More detail about how this was addressed in the process of research is included in the section about the research interview.

Theoretical Framework

My intention throughout the process of the research was to maintain a position of open reflective inquiry with a goal to make visible the voices of youth related to their experiences of self in the context of therapy. As previously stated, my approach to this study was influenced by critical and interpretivist/constructivist worldviews. These paradigms assume: a relativist ontology with multiple realities; a subjective epistemology, in that the knower and respondent co-create understandings; and methodological procedures that are set within the natural world (Denzin & Lincoln, 2000). My theoretical

perspectives include feminist and developmental theories.

Critical theorists “seek to produce practical, pragmatic knowledge that is cultural and structural judged by its degree of historical situatedness and its ability to produce praxis, or action” (Denzin & Lincoln, 2000, p. 160). Interpretivists/constructivists are “distinguished by their commitment to questions of knowing and being” (Denzin & Lincoln, p. 158) and their “intention is to offer understandings of the world, via qualitative methodologies, and reconstruct it where it exists” (Avramidis & Smith, 1999, p. 28). Feminist theory emphasizes a voice centred, relational approach with attention to issues of power (Way, 2001). Developmental theory is concerned with physical, cognitive, and social changes that occur throughout the life cycle.

The ethnographer’s continued task is to interpret and describe. However, there is acknowledgement that “ethnographers can only produce messy texts that have some degree of verisimilitude; that is, texts that allow readers to imaginatively feel their way into the experiences that are being described by the author” (Denzin, 1997, p. 12). The fact/fiction binary is contested by the view that “the imaginary and the rational - the visionary and the objective vision - hover close together” (Haraway, 1991, p.192). No interpretation is privileged and “the meaning of a subjects’ statements” are “always in motion” (Denzin, 1997, p. 5) with “inevitable gaps between reality, experience, and [the] expressions [of that experience]” (Bruner as cited in Denzin, 1997, p. 7). When researchers attend closely to what their participants say, the participants “become active agents, the creators of the worlds they inhabit and the interpreters of their experiences” (Marecek, Fine, & Kidder, 2001, p. 34). And in the act of witnessing and “bringing their knowledge of theory and their interpretive methods to participants’ stories”, researchers

“too become active agents.”

Haraway (1991) urges us toward a feminist objectivity that is situated and embodied. This requires that we inhabit positions of vulnerability, acknowledging our mortality and resisting “the politics of closure” (p. 196) or “finality” (p. 196) in relation to knowledge. Haraway claims that through studying the particular we can find a larger vision. These places of situated knowledge will be “ruled by partial sight and limited voice” (p. 196) but offer the possibility of “connections and unexpected openings” (p. 196). It is from these places that new voices can be brought forward acknowledging “the possibility of multiple realities, ways of knowing, and stories, rather than accepting only universalizing narratives” (O’Riley, 2003, p. 43).

Bhabha (1994) emphasizes the importance of making difference visible since, “it is in the emergence of the interstices - the overlap and displacement of domains of difference - that the intersubjective and collective experiences of *nationness*, community interest, or cultural value are negotiated” (Introduction, para 4). He challenges us to examine the ways that subjects are formed “‘in-between’, or in excess of, the sum of the ‘I parts’ of difference (usually intoned as race/class/gender, etc.)” (Bhabha, 1994, Introduction, para 4). We must consider how strategies of representation or empowerment are formulated in the context of competing claims of communities, and why negotiation of values, meanings and priorities may be antagonistic rather than collaborative despite shared histories of deprivation and discrimination. Perhaps by making individual experiences of difference more visible these processes of negotiation can be influenced.

Shildrick and Price (1998) explore the idea of difference in relation to the vulnerability of the healthy body and suggest that all bodies have the potential to be(come)

disabled. The effect of mental illness on the healthy adolescent body can be variable and may not be easily observed by others. When the impact of mental illness on ability is not visible it may not be recognized, creating the possibility that these individuals with mental illness will be misunderstood and unsupported. Appreciating the fluidity of the boundaries between able and disabled assists us to move from a “liberal tolerance” of difference toward an “ethical openness” that creates the opportunity for understanding and support of difference (Shildrick & Price). As Spivak (1991) argues, “our ‘responsibility to the trace of the other’ is inseparable from an acceptance of our own vulnerability” (as cited in Shildrick & Price, p. 246). The healthy body is at risk and mental illness is merely one of the ways that shows the vulnerability of all bodies.

These epistemological positions have both individual and global implications. Recognition of a deeper kinship between ourselves and others (Bishop, 1998) leads to ‘connected knowing’ and to research that is based in community and does not leave space for positions of distance or neutrality. Foley (2002) suggests that ethnographers who engage in “all the varieties of reflexivity in practice” (p. 487) will be forced to give up the ‘god-trick’ (Haraway, 1991) of science and utopian thought, and “no matter how epistemologically reflexive and systematic our fieldwork is, we must still speak as mere mortals from various historical, culture-bound standpoints; we must still make limited, historically situated knowledge claims” (Foley, 2002, p. 487). Thus, as a researcher I will bring my personal ‘situatedness’ that will limit my vision and even with valiant attempts to be reflexive, my understandings will be partial and particular. Through this process of research it will be important to allow myself to be vulnerable and accept personal accountability for my actions in the context of our global society.

Also, as a researcher, mental health nurse, and adult I must recognize that I may be seen by adolescents to be in a position of power that is easily taken for granted. Heslop (1997) discusses the utility of poststructural theory in nursing inquiry in institutional settings through resistance to taken for granted understandings and consideration of “specific situations and particular struggles” (p. 54) that make the implications of preferred positions visible. This does not discard all aspects of a particular situation but rather offers expansion through creating the possibility for new positions, allowing individuals to ‘be’ in other ways.

Influence of the Researcher’s Role

In *A Coyote Columbus Story* (King, 1993), Coyote warns that “once you think things...you can’t take them back. So you have to be careful what you think” (p. 126). As a researcher I believe that I must take responsibility for what I think and for the knowledge that I co-construct since my research methodology and methods are embedded with my personal perspectives. It is important that I consider how I am situated in a place of privilege as a female, white, middle class professional, working in the field of mental health, married, with two adolescent children.

Throughout the process of the research I reflected on how I was positioned in relation to the participants, including my personal perspectives about MFT. Though I had previously been involved in developing and co-facilitating MFT groups I chose not to share this with the participants since I was concerned that it might inhibit their descriptions of their own experience. Through my involvement with these groups I had seen the approach as offering new possibilities for participants, and in particular adolescents, to explore their experiences of being in relationship with others. While my previous experience provided me with first hand knowledge about the ‘culture’ of MFT

groups generally, I realized that I needed to continually check that my interactions with the participants and my interpretations of the data were focused on eliciting and representing their expressions of their lived experiences and the ‘culture’ of the particular group in which they participated. During the research process, reflection about the impact of my previous ‘knowing’ on the ‘knowing’ of the participants was essential. As Morawski (2001) articulates:

knowing is situated and worldly: It involves intricate webs of social interactions and transpires in temporal planes. Knowing is relational in multiple senses: the knower’s position in a social order, the relations within a community of knowers, and the connections between knowers and the world to be known. In this last sense knowing is reflexive in that it can be realized only with various gazes back and forth, acts comprising what is commonly known as observing. (p. 64)

As an interpreter I was aware of the power that I held to shape the understanding of others’ expressions of their lived experience (Tappan, 2001). As I engaged in an ongoing process of reflexivity, I used a journal to document by thoughts, feelings, and responses to the narratives of the youth, and my own process as a researcher. I allowed myself to acknowledge my vulnerabilities and to explore the connections to my personal life including memories of my own adolescence. As a “vulnerable observer” I accepted the changes of self that occurred in the field (Behar as cited in Pitts, & Miller-Day, 2007, p. 180). This facilitated a deeper connection to the stories that were being told and supported my experience of the “visceral” nature of my emerging understandings (Denzin, 1997, p. 46).

Ethnographic Interviews

In the social interaction of the qualitative interview, the perspectives of the

interviewer and the respondent dance together for the moment but also extend outward in social space and backward and forward in time. Both are gendered, aged, and otherwise embodied, one person (perhaps) thinking about her topic, questions, rapport, consent forms, and the tape recorder, not to mention feeling nervous. The other is (perhaps) preoccupied with her relationships outside the interview, pressing tasks left undone, seeking information, getting help, or being loyal. These are the working selves and others at the centre of qualitative interviewing. And that is just the beginning. (Warren, 2002, p. 98)

Qualitative interviews become “a sea swell of meaning making” (Ellis & Berger, 2002, p. 853) as researchers and respondents connect with each other through their experiences and co-create “stories that open up conversations about how we live and cope” (p. 853). Acknowledging the researcher’s context and placing the researcher in the text better represents the intimacy of the engagement between the interviewer and the respondent and their reciprocal influence in this process. This recognition reduces the risk of othering and may assist researcher to be more honest in the processes of analyses, interpretation, and presentation of data (Eder & Fingerson, 2002).

It is critical to consider the dynamics of power in interviews, particularly the impact of inherent power imbalances between adults and vulnerable populations such as youth (Briggs, 2002, Denzin & Lincoln, 2005; Eder & Fingerson, 2002; Kvale, 1996). According to Fine and Sandstrom (as cited in Eder & Fingerson, 2002), equal status between adults and children is not possible due to influences of cognitive ability, physical maturity, and social responsibility. Thus, it is important for researchers to attempt to reduce power inequalities (Webb, 1993) in relation to child and youth participants.

Strategies to ensure that participants have some control in the interview process can be helpful in this regard. For example, youth should be aware that they are not required to have their interviews tape recorded and that they do not have to answer the researcher's questions. Minimizing the number of direct questions from the researcher and allowing youth to lead the interview can support youth to share only the information that they are comfortable expressing. Youth should also be offered the opportunity to ask the researcher questions, and the researcher should explicitly acknowledge the expertise that the youth are contributing to the research study. Finally, through "*participatory consciousness*" (Heshusius, 1994, p. 16) and awareness of connections between the researcher and the participant, "being with" (Morrow, 2005, p. 255) participants replaces "mere observation" (p. 255), a perspective that can help to mitigate inherent power imbalances.

Research Procedures

Data Collection

Collection of the research data occurred over a two month period in 2006 and included individual interviews or "conversations" (Corbin & Morse, 2003; Kvale, 1996) followed by a focus group. Several months later a meeting was held with the two MFT group facilitators. A research journal was used to document my reflections throughout the process of data collection.

Individual Interviews

Two consecutive one-hour interviews or "conversations" (Corbin & Morse, 2003; Kvale, 1996) were scheduled with each adolescent at times that were convenient for them four to five weeks apart. The interviews occurred in a meeting room at the treatment centre since this location was familiar to all of the participants and the room was

comfortable and private to facilitate building rapport (Spradley, 1980). I aimed to establish rapport within a short time, creating a balance between my interest in seeking knowledge and attending to ethical considerations related to emotional human interaction (Kvale, 1996). Introductions and informal discussion preceded the necessary formalities of signing consent forms and discussing the format and process of the interview. Drinks and healthy snacks were offered before the interview started and drawing materials were available on the table for their use.

The participants were initially asked a central question, described by Spradley (1979) as a 'grand tour question', and were encouraged to tell their story as they saw it, felt it, and experienced it (Corbin & Morse, 2003) with minimal prompting. Thus, the adolescent could decide where to begin, what to include and exclude, and how much detail to share in the interview. After introducing the topic of conversation, follow-up questions or probing questions were used to prompt the interviewee to clarify or extend their responses when required (Kvale, 1996) (see Appendix D).

The central question for this study was:

Can you tell me about your experiences of being in the MFT group and how this may have influenced the way that you see yourself?

At the end of the first interview each of the participants were given a small journal to document their thoughts and feelings related to their experiences of MFT and their involvement in the research if they wished. The researcher explained that using a journal can support the process of self reflection and there was no requirement to share their writing with the researcher. All interviews with the youth were audio taped and transcribed into a written text for the purpose of analysis.

The transcription of interviews may be seen as an interpretive process that involves transformation through translation from one language into another (Kvale, 1996). Prior to conducting subsequent interviews, preliminary analysis of each interview was initiated (Spradley, 1980). This allowed me to consider areas where I could use clarifying questions in the second interviews to deepen my understanding of the youth's experiences.

As Denzin (1997) reminds us, "we are our own subjects" (p. 27), and "how our subjectivity becomes entangled in the lives of others is and has always been our topic" (p. 27). Thus my use of a research journal to record my observations, feelings, and responses was an important part of the research process. This self reflection helped me to consider how my own experiences and personal perspectives may have been affecting my approach to each interview, influencing the stories that were shared and the ways that they were understood (Marecek, Fine, & Kidder, 2001). Marecek et al. elaborate saying:

When researchers listen with close attention to what respondents say, the respondents become active agents, the creators of the worlds they inhabit and the interpreters of their experiences. And as researchers become witnesses, bringing their knowledge of theory and their interpretive methods to participants' stories, they too become active agents. (p. 34)

Ong (as cited in Denzin, 1997) suggests that a fully interpretive text must include the "interior, feeling, hearing, tasting, smelling, and touching worlds of subjective human perception" (p. 137) however the mystery of experience remains and "there is no secret key that will unlock its' meanings" (Denzin, 1997, p. 36). Written text does not adequately represent nuances that are expressed through body language, facial expressions, speech tone and intonation, and silence; therefore this kind of information should be recorded by

the researcher immediately following each interview (Kvale, 1996). Writing detailed notes following each interview about participants, such as their style of clothing, personal hygiene, affect, eye contact, emotional tone of their responses provided contextual information that was important to support my interpretation of their responses throughout the analysis.

Focus Group

Focus groups are essentially group interviews or discussions among research participants that involve and are facilitated by the researcher (Wilkinson, 1998). This qualitative approach to data collection was used in social science research by Lazarsfeld and Merton as early as 1941 and is now a widely accepted method (Kamberelis & Dimitriadis, 2005, Barbour, 2005)). Focus groups allow participants to bring different issues into the discussion and can reduce unequal power imbalances particularly with vulnerable social groups (Warr, 2005, Wilkinson, 1999a). Participants may also feel that their experiences and views are validated through the opportunity to direct the discussion and to feel a sense of belonging to the group. There is a common understanding that “the focus group is itself a social context” (Wilkinson, 1999b, p. 67) and that the group interaction results in a “collective sense-making” (p. 67) that would not be produced without this group process. The group exchange makes it possible to “reveal unarticulated norms and normative assumptions” (Kamberelis & Dimitriadis, 2005, p. 903) and to move the interpretive process “beyond the bounds of individual memory and expression to mine historically sedimented collective memories and desires” (p. 903). Feminist researchers speak of the potential for “consciousness raising” (Kamerelis and Dimitriadis, 2005. p. 893) and creating space for women in particular to find and express “their own unique and powerful ‘voices’”(p. 893). The role of the researcher is important to facilitate the comfort

of group members, encouraging discussion among participants (Owen, 2001, Kitzinger & Barbour, 1999), and moderating the discussion so that all members have the chance to share their perspectives.

I chose to use a focus group to elicit expression of additional thoughts about the participants' experiences of self in MFT, and to receive their feedback about initial domains that had emerged from the interview data as a member check. One-and-a-half hours were scheduled for the meeting to facilitate in-depth discussion and interactions among all participants (Kitzinger, 1995). The focus group was held in a familiar meeting room at the centre ten days after the individual interviews were completed. We sat on comfortable furniture at one end of the room where we could see each other easily.

Since the participants knew each other from the MFT groups, formal introductions were not required. At the beginning of the session, group rules were agreed upon to guide the participants in sharing their thoughts and feelings with each other in a respectful and safe manner, minimizing the risk that they might feel uncomfortable or distressed. I reviewed the purpose of the study, outlined the goals of the focus group, explained the limits of confidentiality and confirmed their consent to continue.

First, the youth were asked if they wished to introduce any new thoughts or understandings about their experiences in MFT. Secondly, we reviewed a list of preliminary topics written on a flip chart that had arisen from the initial stage of the interview analysis. I also offered the participants the option to provide feedback non-verbally. Each participant was given a colored marker, a package of twelve cards with each preliminary topic printed on a separate card, as well as some blank cards. The youth decided to use stars to mark those themes that they agreed with, questions marks to

indicate when they were unsure, and a circle with a line through it if they disagreed with the theme. The blank cards were used to write down additional themes that they thought were missing based on their experience. I documented the participants' comments on a flip chart during the focus group, checking that they were recorded accurately, and wrote detailed notes immediately following the session to document observations about the process. All of the data obtained from the focus group were incorporated into the analysis.

Meeting with MFT group co-facilitators

Following the individual interviews and focus group with the adolescents, a meeting was held with both of the MFT group facilitators. General themes from the preliminary analysis were shared and their feedback was requested as a credibility check. No identifying information in was discussed in relation to particular individuals or families. The facilitators gave written consent for their participation (see Appendix C) and were cautioned not to share any identifying information with me about the MFT group participants. The feedback obtained through this discussion was incorporated into the interpretation of the results.

Analysis

Spradley's (1979) ethnographic method was used to complete a domain analysis, taxonomic analysis, and theme analysis. An analytic technique, the Listening Guide (Brown & Gilligan, 1993), was incorporated into the initial analysis to support sensitivity to each participant's voice. This facilitated attention to the subtleties within the data and served to deepen the analysis. The Listening Guide will be explained first.

Interview text may be seen as narrative accounts (Chase, 2005) and interpretation of narratives begins through the active work of listening to the narrators' voices and stories, thereby extending the narrator-listener relationship. First this involves listening to

the voices within each narrative. This strategy focuses on connections among the various stories that are told by the narrator during the interview bringing attention to both the complexity of each narrator's voice and to the diversity among individual narrators' voices through noticing the particular.

The Listening Guide is a feminist, voice-centred relational technique developed by Carol Gilligan and her colleagues (Brown & Gilligan, 1993; Gilligan, Spencer, Weinberg & Bertsch, 2003; Taylor, Gilligan, & Sullivan, 1995; Chase, 2005). Brown and Gilligan (1993) highlight the centrality of voice in this method explaining that:

Voice is...our channel of connection, a pathway that brings the inner psychic world of feelings and thoughts out into the open air of relationship where it can be heard by oneself and by other people. The physicality of voice – its sounds, resonances, vibrations – gives our work its naturalistic grounding...Voice, because it is embodied, connects rather than separates psyche and body; because voice is in language, it also joins psyche and culture. (p. 14)

This technique is based on the premise that each person's voice is unique and composed of a collection of different voices, embodied, imbued with culture, and in relationship with self and others. The guide involves a series of steps that bring the researcher into relationship with the polyphonic voices of each participant by "listening to distinct aspects of a person's expression of her or his experience within a particular relational context" (Gilligan et al., 2003, p. 159). The focus is on listening to the narrative rather than categorizing or quantifying the interview text. This requires multiple "listenings" to each audio-taped interview and includes documentation of the process through marking interview transcripts, and writing notes and interpretive summaries

related to each 'listening'. The three steps in the process that I followed include;

1. Listening to the plot, including the shape of the narrative and the researcher's response to the interview.
2. Listening to the narrator's first person voice, the voice of the "I".
3. Listening for contrapuntal voices.

Step one involved two parts. The first part focused on listening for the stories being told, attending to the multiple contexts including the cultural aspects of the group, and noting metaphors, dominant themes, contradictions, and missing topics. The second part involved listening for my own responses to the narrative, identifying my thoughts and feelings, and reflecting on how I influenced and connected to the voice of each participant.

Step two involved listening for the first person pronoun, the voice of the "I", and the creation of "I" poems (Gilligan et al., 2003). In this process the researcher stays in relationship with each participant by focusing on how the participant speaks about herself, thus reducing the risk of objectification. Each first person "I" in the text is underlined with the associated verb and other important related words. These phrases are then placed sequentially on separate lines to form the "I" poem. Focusing on this portion of the text "moves this aspect of subjectivity to the foreground" allowing the listener to "attend just to the sounds, rhythms, and shifts in this person's usages of "I" in his or her narratives" (Gilligan et al., p. 163).

In step three I listened for contrapuntal voices – voices that express psychological development on the one hand, and psychological risk and loss on the other (Taylor, Gilligan, & Sullivan, 1995), bringing "the analysis back into relationship with the research question" (Gilligan et al. 2003, p. 164). This provides a way of "hearing and developing an

understanding of several different layers of a person's experience" (p. 164) relating to the research question that are expressed simultaneously. One voice is listened to at a time and each voice is underlined in the text in a different colour. This visual marking allows the researcher to see the relationships among different voices and to the first person voice.

Aspects of the preliminary analysis using the Listening Guide technique are presented in the Appendices. Excerpts from this initial process in relation to each of the three youth participants; Tali, Gillian, and Cindy, are presented in Appendix E, Appendix F, and Appendix G, respectively.

The primary focus of analysis involved completion of a domain analysis, taxonomic analysis, and theme analysis (Spradley, 1979). Analysis using this approach was performed across each participant's two interview transcripts and finally across participants. This was accomplished through an inductive interpretive process that included repeated reference to the transcripts and occasionally to the audiotapes (Janesick, 2000).

First, each participant's two interview transcripts were compared. Similarities and contradictions were identified between tentative domains or groupings that had been determined by categorizing terms and phrases. Domains are the basic units of ethnographic analysis. These symbolic categories include other categories that are related by at least one aspect of cultural meaning (Spradley, 1979). Thus, the domains reflected topics that had been referred to repeatedly by the participants and were relevant to the research question.

The analytic techniques used in the early phase of analysis overlapped, thus some of the initial domains had already emerged through the listening process. The next step

was to develop a taxonomy or a structure that represented inclusive categories and involved more in-depth examination of domains (Spradley, 1979) for each participant. Once this was completed I constructed a taxonomy based on commonalities in domains across the participants.

Finally, I looked for themes that represented patterns of meaning that were relevant for all of the participants. This was accomplished by further review and comparison of information gathered throughout the analysis, including impressions recorded in my research journal, and feedback from the co-facilitators and the participant focus group. In the process of categorization, I continued to strive to maintain the complexity of the participants' expressed experiences.

Throughout the course of analysis, there was consideration of the researcher's voice that may be represented as: authoritative and separate from that of the narrator; supportive in that the narrator's voice is pushed into the limelight; or interactive, making visible the intersubjectivity between the researchers' and narrators' voices (Chase, 2005). I tried to move between the supportive and the interactive voice in my analysis since I wished to ensure that the voices of adolescents are heard while acknowledging the intersections of the researcher and the researched. This was supported by staying in relationship with the participants through listening repeatedly to the audiotapes, allowing for a more embodied approach, with increased sensitivity to intonation, pauses, and other subtleties in the exchange between the narrator and the researcher.

Quality of the Study

There has been extensive debate in the literature about how to evaluate qualitative research, which has been complicated by attempts to apply the same criteria that are used

in relation to quantitative research. Kvale (1995) identifies that this is problematic due to the differing nature of knowledge claims, explaining that “when the domain of the social sciences is extended from the prediction of facts to the interpretation of meaning, the criteria and forms of validation change” (p. 25). Through their review of existing frameworks and checklists that have been developed for the purpose of appraising qualitative studies, Walsh and Downe (2006) identified that relevant approaches should be based in a “subjectivist epistemology, which views knowledge as constructed and hermeneutic in intent, encompassing individual, cultural and structural representations of reality” (p. 108). They highlight the strength of qualitative research in “illuminating context” (p. 117) and suggest that emphasis in evaluation should be placed on integrity, transparency, and transferability.

Guba and Lincoln (2005) discuss the intersection of ethics and epistemology in relation to validity in that “the *way* in which we know is most assuredly tied up with both *what* we know and our *relationships with our research participants*” (p. 209). Anastas (2004) proposes that key parameters for evaluation of quality should include “clarity in the research question, identifying the epistemological framework, using theory and prior knowledge effectively, addressing ethical issues, documenting all aspects of the study method, ensuring trustworthiness of the data, and communicating findings effectively” (p. 57).

In the following section, four criteria identified by Whittemore, Chase, and Mandle (2001), are used to evaluate the validity of this study. Whittemore et al. assert that assuring validity is the process “whereby ideals are sought through attention to specified criteria, claims to knowledge are made explicit, and techniques are employed to address the most

pressing threats to validity for each type of inquiry” (p. 527). Criteria are defined as “the standards to be upheld as ideals” (Whittemore, et al., p. 528), while techniques are “the methods employed to diminish identified validity threats” (Whittemore, et al., p. 528). Whittemore et al. suggest that the four primary criteria that are relevant to all qualitative research include: credibility, authenticity, integrity, and criticality. In this study, these four primary criteria were used to ensure validity; each will be discussed in turn. Secondary criteria of sensitivity and creativity, developed by Whittemore et al., are also discussed in relation to this study.

Credibility

Credibility in qualitative research is demonstrated through internal consistency (Lincoln & Guba, 2000) and the degree of confidence that readers will have in the interpretation of the data (Whittemore, Chase, & Mandle, 2001). In other words, is the data interpreted accurately and “do the results of the research reflect the experience of the participants or the context in a believable way?” (Morrow, 2005, p. 534). In this study, techniques used to ensure the credibility of the results included multiple data collection strategies. Data were collected through in-depth interviews and a focus group with the adolescent participants, consultation with the group facilitators, and participant observation with the use of a reflective journal. Preliminary domains were confirmed by participants in the focus group and initial themes were reviewed and supported by the group facilitators. Use of a reflective journal allowed me to consider my reactions to experiences in the field; excerpts have been included in the research findings to reveal some of my personal perspectives. The participants’ experiences were portrayed as ‘believable’ through richness and clarity of the text using numerous examples and the participants’ own words. The “truth value” (Morrow, p. 256) of the evidence is supported

by my sense that based on development of sufficient rapport with the participants they were “telling the truth” (p. 256) as they knew it. Theoretical interpretations were supported with examples from participants’ accounts.

Authenticity

Authenticity relates to assurance that the results reflect “the meanings and experiences that are lived and perceived by the participants” (Sandelowski as cited in Whittemore, Chase, & Mandle, 2001). The researcher must attempt to remain true to the phenomenon under study, demonstrating sensitivity to the subtle differences in the voices of participants and attention to influences of their own perspectives (Whittemore et al., 2001). In this study the Listening Guide (Brown & Gilligan, 1993) was used in the preliminary analysis to ensure attention to each participant’s voice. A reflective journal was used to track my responses to the participants and to assist me to maintain an open position in relation to possible interpretations of the data.

Criticality

Criticality requires that the researcher demonstrates evidence of critical appraisal through use of a systematic research design (Whittemore et al., 2001). The method in this study is clearly articulated and is appropriate to the research question and the context. The influences of individual, social and cultural processes on adolescent participants’ constructions of self were considered throughout the processes of data collection and analysis. I referred to the transcripts and my reflective journals repeatedly for alternative understandings. Regular meetings with my research supervisor supported me to review my interpretations. I maintained an open position during the process of inquiry, continually considering my biases, and examining differences across interviews and between participants’ accounts of their experiences. In the second interview with each

participant I sought clarification and additional detail to explore ambiguities and deepen my understandings.

Integrity

While it is recognized that researchers make unique interpretations, in order to ensure integrity it is essential that those interpretations are “valid and grounded within the data” as demonstrated through the analytic process (Whittemore, Chase, & Mandle, 2001, p. 531). This requires transparency of the research processes, allowing the reader to determine strengths and weaknesses of the study, biases, thoroughness of the researcher, and evidence of checks of validity. Immersion in the data is also critical (Morrow, 2005).

The process of analysis for this study is clearly described. An audit trail was maintained through carefully documenting the details of the data collection and analysis process. The analysis included numerous readings of the interview transcripts with detailed corresponding notes using different colors of ink. A research journal was also used to record methodological considerations and decisions. The findings are presented with a balance between my own interpretations and the words of the participants.

Secondary criteria, namely sensitivity and creativity, are also relevant to the validity of this study. Sensitivity as a criterion of validity is demonstrated when research is conducted in a respectful manner that reflects sensitivity and benefit to the participants, and attends appropriately to context (Whittemore et al., 2001). In this study sensitivity was sought through thoughtful consideration of ethical issues in the design and implementation of the study, use of a reflective journal, and attending to and facilitating expression of participants’ voices.

Creativity as a criterion of validity can be shown through flexibility and use of novel approaches in the research process. In this study, creativity was sought through use

of the Listening Guide technique (Brown & Gilligan, 1993) in the preliminary analysis to highlight the complexity of participants' voices and perceptions of self. Creation of the 'I' poems and listening for multiple voices assisted me connect more intimately with the participants' experiences. The differences in the representations of each participant's voice that I co-constructed are based on variations in their self expression as well as my intuitions about their individual experiences.

In the focus group, in addition to group discussion, I included the option for youth to use a non-verbal approach to express their views individually. This alternative does not require verbal proficiency and may be more comfortable for youth who are less verbal or who are reluctant to speak in group situations. This approach elicited more information about the youths' experiences, particularly from one of the quieter participants.

Chapter 4

Presentation of Findings

Most people would agree that the experience of being an adolescent brings challenge and uncertainty. For those who have mental health problems this phase of life can be even more difficult. Youth generally have little awareness about the impact of socio-cultural constructions of adolescence and mental illness however they are experts in their own experiences.

The focus of this chapter is to present the findings of the data and to describe in depth, two major themes related to the experiences of self in MFT groups expressed by three youth participants. The youths' voices, which provide a partial view of the culture (Spradley, 1979) of the MFT group, will be interwoven with discussion of socio-cultural constructions of adolescence and mental health problems that impact the adolescent experience of self.

The format of this chapter is arranged in order to provide a glimpse of the multiple voices within and between the participants and the researcher. Gergen and Gergen (2000) refer to Banister (1999) when they explain that exploring polyvocality is one way that the potential of qualitative research can be expanded, recognizing the presence of multiple "competing and often contradictory values, political impulses, conceptions of the good, notions of desire, and senses of our 'selves' as persons" (Gergen & Gergen, 2000, p. 1037). The "written text becomes a montage...a meeting place where 'original' voices, their inscriptions (as transcribed texts), and the writers interpretations come together" (Denzin, 1997, p. 41). Inserting the researcher into the text reveals the intimacy and the mutual vulnerability within the researcher participant relationship, allowing more accurate

reflection on the effects of domination (Chataway, 2001). Including the voice of the researcher in the text also makes it clear who is speaking and who is listening in the process of analysis (Gilligan, Spencer, Weinberg, & Bertsch, 2003). I have included my voice with the voice of the participant in each section that follows.

Excerpts from the preliminary analysis related to ‘listening for the plot’, the ‘I’ poems, and ‘listening for contrapuntal voices’ are located in Appendices E, F, and G for Tali, Gillian, and Cindy respectively. Now I will present the voices of each of these three young women and provide a glimpse of their experiences of self in the context of the MFT groups.

Tali

Tali was fifteen when she participated in the first interview. She greeted me with a quiet smile and a nervous giggle when she arrived. Tali took her time reading the consent form, resisting her father’s pressure to co-sign it before she was ready. She chose something to drink and before we started the formal interview she proudly showed me some drawings that she had been working on. Tali appeared tidy and was uniquely dressed having taken obvious care in the manner that she wished to present herself. She wore a cap and had an interesting modern hairstyle. When we began our conversation Tali spoke tentatively and made limited eye contact. I noticed that I spoke softly, matching her tone, and I checked with her often to ensure that I understood her comments. As the interview progressed Tali seemed to become increasingly comfortable, responding more quickly and smiling and making eye contact more often. The room was quiet except for our voices, the sound of the tape recorder, and her pencil as she colored intermittently.

Tali’s Experiences of Self in the MFT Group

Before starting the group sessions Tali “didn’t really want to go because she had

been to previous counseling and “didn’t know if it would help.” Tali explained that before the group “I didn’t know what was wrong with me.” She said she “was always angry” with her father and her siblings and “they were afraid of me.” She was unable to communicate effectively with them and spent much of her time at home in her room reading and drawing. After starting “in the group I didn’t get angry...I let my family speak without getting angry at them.”

Tali said that in the group the most important thing that happened was “the group noticed that my family loves me and that they wanted to do things with me, and my anger’s been getting in the way.” Feeling some responsibility for the frequent conflict within the family and confused about her angry feelings, Tali was surprised when her family confirmed the observations of group members and expressed how much they cared for her. She said “now I realize that my family loves me even if I do the most stupidest things in the world and they won’t give up on me.”

After hearing the stories of other group members Tali understood that she was not alone. As she said, “I realized that people have their own secrets that we don’t know about...that they’re different from anyone else.” But in the group “there’s other people who have the same problem, that not just my family is that way of being angry, getting depressed and all that.”

Tali said that knowing that there are other people who are “different like me” allowed her to “feel the same instead of different and outcast.” Tali claimed that this helped her to change her mood, saying “it’s hard to explain but I feel happier and not all gloomy.” Based on her new understanding about how much her family cares for her she explained that “I decided I want to be ...um nicer and actually listen to my family instead

of yell at them... Now they can approach me. Back then my threats can actually happen, now they'd be just empty threats and we have fun.”

Tali is already feeling better but she says “a lot of times I still feel angry, it's just always... there... I guess you could say. ..but in the future it probably won't because it's sort of going away.” In the group setting, Tali began to realize that she could tolerate discussion about strong emotions even though “it was a little bit hard sometimes cause they were telling the truth and maybe sometimes people can't handle it, but then again they can.” She observed that “people learn how to take it and act differently about it, maybe to act better.”

Tali related that her experience in the group enabled her to begin to reflect on the sources of her anger and start to understand some of the things that were contributing to her feelings. Tali acknowledged that she was angry at her Mom, who the family had reconnected with recently, because she “hadn't her seen in nine years” and “she didn't do anything to contact me.” Though Tali said she was unable to discuss her feelings about this in the group, the group “helped a little bit” with “how I could talk to her more comfortably.”

Tali's lack of supportive friendships was another source of emotional pain. She explained that she “didn't make very good friends cause all they do is ignore me and that didn't work out for me at all and that made me quiet. I didn't want friends or anything cause my friends weren't very good friends at all.” Tali observed that “no one likes being alone or ignored or anything...and it got me angry.”

Tali found school to be challenging and felt shy about talking to her teachers. Though the summer holidays were not over and she had not returned to school yet Tali

imagined that things might be different for her in that setting. “Like probably before I wouldn’t even ask the teachers for help, I was self conscious or something like that, I was too shy to ask or too stubborn. Maybe this year if I need help I’ll probably ask them.”

Tali had already started to make different choices with her peers and was beginning to demonstrate more agency in these relationships. As she says:

I left the group of friends that weren’t treating me right and went with other people and they started treating me as if I was their friend and not ignoring me at all and that made me feel a whole lot better... With my [new] friends, if we get into fights we actually apologize. We won’t give up on each other either even if they know what I’m going through cause I told them about it and they’re still willing to be my friends.

Tali explained that as her family members began to understand each other through discussions that occurred in the group setting, they started to communicate more frequently outside of the group. She said “on the way back [home] we’d talk about it and we’d think of things that we’d bring up in the next group.” Tali also noted that she “talked way more in the car than I did in the group” and “sometimes now we have family meetings and talk about what happened or what’s wrong if we can’t work it out ourselves.”

Tali gained perspective about how hard her father was trying and how much he loved her and her siblings through listening to him talk in the group. She explained, “I think I learned about my Dad because he talked the most...that he’s trying his best that he could for all of us and he loves us even when he’s angry.”

Tali said that feeling connected to her family again “feels special, that I’m involved and they notice me and talk and they don’t mind, they don’t get angry or something.” She related that her new understandings and her increasing comfort with expressing her feelings have helped her to feel “more confident.”

As Tali's sense of her self was strengthened she was also able to begin looking outside of herself to consider the needs of her siblings. She said that now, "when my sisters lash out on me I try to make them feel better instead of getting angry back...and if my sisters fight each other and I'm not in it I don't take sides." Tali explained that her family is "getting along better" and "we're hanging out a lot too like doing stuff with each other instead of everyone going out somewhere." Tali said there's "no more tension in the air... we kinda joke about stuff and we talk about things more... everyone's just happy." As Tali shared, "even my Dad notices [that I'm happy], he says, 'look she smiles'."

Researchers Response to the Interview - Excerpt from Journal

During the interviews and listening to the tapes I was struck by Tali's gentle sensitivity and thoughtfulness. I saw and felt no trace of the anger that she described. I felt a real sense of intimacy in our conversation and I was touched by the depth of pain that she had experienced. Listening to Tali, I remembered some of my own struggles as a shy, quiet adolescent wanting to feel heard and understood. I felt a desire to support her and to reinforce her new strength and hope that was evident in her quiet peaceful presence. I wondered how much my feelings influenced the interviews. There were many moments of silence as Tali tried to find words to convey her thoughts and I was aware of choosing my own words very carefully, consciously avoiding the risk of slipping into a therapeutic role. I wondered if I found the right balance in our dialogue or whether I prompted or supported her more than I needed to, trying to ease her efforts to express herself.

Gillian

Gillian was eighteen years old at the time that she participated in the research

therefore guardian consent was not required. In our initial telephone conversation she expressed enthusiasm about participating in the study. Gillian had forgotten about the first interview but arrived half an hour after I called with a reminder. She seemed rushed and was very apologetic. I reassured her that I had no time constraints and thanked her for coming. She related that she had a busy day at her job and was still wearing her skirt, blouse, jacket and heels that she had worn to work. She was impeccably groomed and looked sophisticated and mature for her age. After signing the consent form and some initial general conversation Gillian settled in quickly, declining my offer of refreshments even though it was a very warm day. With very little prompting she spoke readily and extensively about her experiences related to the group in an energetic confident manner.

During the second interview Gillian confirmed many of the same comments that she had shared in our first meeting but she seemed to have continued reflecting and had deepened her learning since we had first talked.

Gillian's Experiences of Self in the MFT Groups

In her own words

Like the first day that we went there, I just had a sigh of relief. It was kinda like “oh I think we really, really needed that” because it’s not, you can’t, when you’re in your own house you can’t get your family to get together and talk and stuff cause no one will listen...So yeah it was just kind of like my own therapy as well. It wasn’t even for me it was for my brother... I don’t even know who it was for, it was for everyone. Everyone there had problems, like their own serious problems and we were all kind of equal because no one who was there was kind of, “oh my life’s great, I’m just observing you guys, like judging you guys like.” Everyone had their own problems so they couldn’t really put someone down because they were equally the same like with their own situations and stuff

and so it was comforting to know that I guess.

I never really had problems talking with my family but it definitely um confirms that after going through this. Like I feel like they understand a lot more about like emotions and problems and stuff because um because they went through that.

I feel a lot of changes have happened to do with me and my Dad but a lot of it also has to do with me and my brother cause that's the reason why we even went there was for my brother. And I feel that my Dad and my brother are a lot closer as well through this even though they are so different I think throughout this it kind of bridged the gap between my Dad and my brother a little bit more. And even though my Dad does not agree with anything my brother does, he knows that he has to just slow down and just understand my brother's situation more instead of just judging him all the time. And I think my brother's starting to grow up, starting to accomplish things, the whole maturity thing. And my Dad's not always wrong, he has some good things to say I guess. So I've noticed that there hasn't been like fighting at all with them lately.

When we got to the group we realized that a lot of the other families, some of them had worse problems than we did and stuff. And the kids for some reason were strong enough to get through that. And so I think my brother kind of was inspired by that because these kids were going through like horrible things but they're still like strong enough to get through. And so I think my brother was able to look at that and realize that he could get through it too if they can kind of thing, and so I think that was inspiring for him.

And my brother, he doesn't talk a lot but throughout the weeks I noticed that he was starting to get more outgoing and making more jokes and stuff. And me and him are still like not as close as ever, not really as close as we could be but we kinda like talk a

little more, we kinda like understand each other more and I don't question what he does. I just kinda let him be, let him do his own thing, cause it's not my life it's his. As long as he respects me then that's all that matters I guess.

And with my Dad, he shared some things about his family problems and his feelings about them and stuff. And um, like I always knew that the reason why he was really worried about his kids was that he didn't want us to end up like that, but like I didn't actually like fully understand like the deeper meaning until we had our talks and stuff. And I didn't realize how much it actually did affect him even though I knew that already, I didn't actually *know*. So like in the conversations people would be like "I can see that like this is affecting the way that you think about your kids like blah blah blah" and he'd be like "yeah I guess so" and I'd be like "oh yeah that makes sense" kind of thing, just little stuff like is some of the stuff that I realized.

Like before we'd have like conversations about like other people's lives and just like "Yeah it's really sad when someone does this like blah blah blah." But like we wouldn't like actually relate it to ourselves kind of thing, we wouldn't really be part of that. It'd just be like other things but we'd know it's kind of like our own problems kind of combined. But now it's just kinda like right to the point and like deep and like real.

Before, I thought I knew all the answers and throughout the therapy thing I realized that I don't even know the answers and I have a lot to learn about myself as well. And so that's how my perspective kind of changed. Just by listening to other people and other people kind of made comments about like what you have to say and stuff. And so that helped a lot to hear other people other than my family tell me advice and stuff. Even if you don't have problems, really serious problems in your family I think it's also good to go

there just to help yourself like learn who you are and to become a better person and an understanding person as well.

And I was away like for the last few weeks but I came to the very last one and I was just amazed at how much like everyone had changed. And one girl who hardly talked was like speaking so much and just like talking and talking and talking and I was just so amazed. Like what happened while I was gone?

So, just overall...I'm just really glad we did that. And if we hadn't of done that I think there would still be a lot of troubles with our family and a lot of stress and drama. And even though things aren't perfect I think all of us have more of a better understanding of each family member and we don't go out of our way to make troubles in our lives and we just take life as it comes now. And I don't know it just seems that things with our family, it just keeps getting better and better, like everyone's just more relaxed.

Researchers Response to the Interview - Excerpt from Journal

I am impressed with Gillian's confidence and maturity for her age and feel admiration for her as a capable young woman who is at the beginning of her adult life. Having a daughter who is at the same stage of life I realize that I am probably close in age to her mother and I wonder how this might have influenced her experience of speaking with me. Though she expressed her love for her mother I noticed that she spoke very little about her even though I asked specific questions to create the opportunity during the interviews. Her close relationship with her father reminds me that I felt closer to my own father than I did to my mother as an adolescent and I thought about my own children's relationships with me and with their father.

After hearing Gillian talk about her close male friendships I think about how

unusual this was when I was a young adult and how fortunate she is. It was interesting to see that her friendships seemed more important to her than having a romantic relationship at this point in her life.

Gillian was a very keen advocate for the benefits of participating in the MFT groups and I am surprised about how strongly she felt and how much she gained from the group even though she had many strengths to begin with. It seems that her involvement in the group at this time of transition has facilitated her reflection about herself and people close to her. This appears to have helped her to put things in perspective and to redefine her sense of herself in relationship with others.

Cindy

Cindy arrived at the treatment centre with her father for her first interview full of energy and smiles. It was a hot summer afternoon and she was dressed in casual clothing with a bare midriff that was typical of the current fashion for a fourteen year old girl. Her father left after co-signing the consent form with Cindy that she had read through quickly. She eagerly accepted my offer of a cool drink and a snack and sat down at the table. While I reinforced some of the details from the consent form she chose some drawing materials and began to colour in a design. It was quiet at our end of the building, being a weekend, but we could hear the sound of seagulls outside. As we started to talk Cindy continued to make frequent eye contact and spoke quickly and expressively. It seemed that she had been thinking about what she wanted to say and could hardly wait to share her experiences with me. When she expressed some of her concerns and painful experiences she was close to tears but she recovered quickly.

When we met at the same location for the second interview about five weeks later,

Cindy was more relaxed but still playful and engaging...She chose to sit on the couch by the window and pulled her feet up to make herself comfortable.

Cindy's Experiences of Self in the MFT Groups

Cindy said she “thought going to the MFT groups was actually pretty fun” but she remembered that “at first it was really weird cause I wasn’t really all that used to it so I was kind of shy and really, really quiet. She said it took her “about two weeks to actually feel comfortable.” After a while Cindy said “I realized that I could just say whatever and they would actually listen.” In the past Cindy said she was “used to not being listened to from like school and family and stuff.” This had made her feel “pretty much rejected...like nobody know you’re really there.”

In the group Cindy said “they kept encouraging us to talk” and “I didn’t have to talk but I wanted to talk.” As she explained, there was no need “to worry because you knew that what you were going to say was worth saying.”

Finding a safe place to talk was important for Cindy since she said before the group started “I was feeling *really* bad and I could *feel* myself getting *really* sad and I knew that in a couple of weeks I would have an emotional breakdown if I didn’t get to talk to someone.” Cindy related that being able to share her feelings in the group was really helpful “because at that point I didn’t really have anyone to talk to so all my feelings were being bottled up inside.”

Cindy said that being heard has led to her feeling “a lot more confident” and that it helped her to realize that her friends were not treating her respectfully. She explained that in the group “they’d talk about what I talked about and they wouldn’t just ignore me and stuff” and she thought “hey if people in here are respectful why can’t my friends be respectful. So I was just felt fed up with it.” Cindy described how she is beginning to

exercise more agency in her peer relationships and respond differently now if her friends ignore her. As she explains, “I already know I’m different because if they don’t listen to me and they don’t notice that I’m there I just pretty much get up and walk away. I just kind of go off and see like my other friends.” And when she spoke at length about losing a close friendship due to a misunderstanding involving other peers she said “next time I would definitely be able to handle it a whole lot better. Like I’d actually probably go and talk to them instead of keeping my distance and avoiding them at every expense.”

Cindy described a moment of realization in the group when:

we were talking about how parents usually butt in and stuff and I realized our Dad does that a lot and that might be one main reason why that we don’t really get along a lot because some of the parents they don’t let the children talk. Like if they’re upset or something or they’ve done something parents just butt in and yell at them and that’s not very good it doesn’t really help. All we really need is some comfort and stuff. .. So then my Dad was looking at all of us going “do I do that?” and we were all like yeah,...a lot.

According to Cindy, her family “talked about every session on the way there and on the way back and sometimes in between.” Over time she noticed that their father “really actually tried to be different.” And now “he’s letting us talk more” and he is more receptive to ideas that she and her siblings share, whereas “if we would have said it a few months ago he probably would have blew up at us.” Cindy said that this “feels pretty good because we actually get to stand up to him now knowing that he won’t get too mad at us.” Cindy explained that “now when we have family meetings we talk about pretty much anything” and “at the dinner table ...we talk about our day and what happened and what’s been going on and stuff.”

Cindy said that she and her siblings used to fight quite often but she is learning “to stop yelling” and she has noticed “that most of our family is more relaxed now rather than

being all tense and stuff” and “we’re all feeling quite a bit happier.”

Researcher’s Response to the Interviews-Excerpt from Journal

I felt immediately engaged with Cindy as she talked easily and at length about her experiences. When she shared some of her deeper feelings and concerns her affect shifted dramatically, and I was surprised by her sudden vulnerability that revealed such sensitivity underlying her bright exterior. I was careful not to dwell on these feelings but to move to more concrete discussion so that she did not share more than was appropriate in the research context. At one point we talked about where she could access additional support if she wished since the MFT group had ended, and I was relieved to know that there were people that she could talk to. At the same time I sensed Cindy’s growing resilience as she spoke of becoming more assertive and defining herself on her own terms rather than based on the expectations of others. I can imagine her using her drive and intensity in very productive ways in the future.

As I think about how eager she seems to be to please others I consider how this dynamic might have influenced her comments to me about the group. I’m not sure how she interpreted my role in relation to MFT since I did not make this explicit.

Focus Group

In the focus group the youth provided feedback about my understanding of the experiences that they had expressed in their individual interviews and generally they confirmed the topic areas that I had identified through my initial analysis. They did not provide a lot of additional data, suggesting that ‘data saturation’ (Creswell, 1998) had been reached with these participants.

Using the non-verbal approach seemed to be more comfortable for one of the youth

in particular as this youth added more comments to the marked cards and wrote comments on the blank cards that she did not share verbally in the focus group.

Meeting with Group Facilitators

When I met with the group facilitators I shared preliminary themes and contradictions that had emerged from the analysis. The facilitators generally confirmed the themes and also provided some additional perspectives that were helpful in deepening the analysis. For example, they shared their observations that involvement in the MFT groups instills hope, particularly for isolated families, through expanding their social network, introducing new feedback within a closed system and exposing them to new possible ways of relating to each other. The facilitators were surprised that quiet youth wanted to be asked questions individually, and related that it is often very difficult to know how a participant is experiencing the group when they speak infrequently. In this particular group, they explained that at times that they wondered if the discussions became too social. However in retrospect they realized the importance of this process that allowed the participants to identify common interests and connections that contributed to a foundation of safety and supported members to tolerate emotional intensity within the group.

The feedback from the facilitators was incorporated into the final thematic analysis.

Themes

In this section I identify and describe the two main themes that were elicited through the ethnographic analysis. To support this discussion, I first present a summary of the structure and processes that contributed to the co-creation of the group culture. This is important since it provides the context for the adolescents' shared 'cultural experience' within the group that influenced their experiences of self. Two interrelated themes are then

described with inclusion of the adolescents' own statements to assist the reader to gain a glimpse of their experiences.

Co-construction of the Group Culture

Group members co-construct the group culture through their involvement in group processes within the structure of the group. Group processes refer to the “relationship implications of interpersonal transactions” (Yalom, 1975, p. 122) within the group. The structure of the group refers to factors such as the group membership and the format of the group.

The group facilitators use strategies that contribute to “shaping the group into a therapeutic social system” (Yalom, p. 107). They provide structure to the group through decisions they make about the group format; including the number of sessions, the length of the sessions, and the guidance that they provide in developing group rules and norms for example. The facilitators also initiate the development of group safety and trust in the early stages of the group through a focus on ‘engagement’ (MacKenzie, 1997).

Interventions to support engagement include introducing all of the group members, establishing group rules, and promoting group cohesion and identity through highlighting commonalities between members, clarifying group boundaries, and reinforcing group norms.

Group rules are determined in the first group session with the guidance of the group facilitators through a process of discussion with group members. Modeling of these guidelines by the group facilitators exerts significant influence on the behavior of group members (Yalom, 1975). As the facilitators demonstrate nonjudgemental acceptance and interest in participants' strengths and problems, they contribute to the creation of a culture of safety and support that facilitates open and authentic communication. These strategies

for respectful communication are usually introduced to group members in behavioral terms, such as listening when other group members speak, not making judgmental comments about other group members, and other expectations such as keeping group discussions confidential. The maintenance of the structure and processes of the group depends upon the positive engagement of all group members in that the behavior of each individual influences the experiences of these structure and processes by other group members.

The data analysis revealed two main themes:

- (1) “I feel a whole lot better about myself”
- (2) “We knew it was possible to change”

The first theme relates to the youths’ experiences in the group that influenced their working self concept (Markus & Kunda, 1986). The second theme relates to transformations of the adolescents’ relational selves (Chen, Boucher, & Tapias, 2006), facilitated through participation in the group. These two themes are interrelated, and the youths’ experiences of self described in explaining the first theme contribute to their experiences of their relational selves as described in the second theme.

First Theme: “I feel a whole lot better about myself”

The first theme, “I feel a whole lot better about myself” relates to aspects of the group that supported the adolescent participants to experience a strengthened sense of self. The youth explained that they felt accepted, respected, and validated by group members. Within this culture of safety they felt more comfortable expressing their thoughts and feelings and were better able to listen to others, including family members. The youth indicated that in the group they revealed feelings and concerns that they had not shared previously with their families, and they gained new understandings about family members

through listening to and reflecting on the thoughts and feelings of family and other group members. They explained that in their experience, this kind of respectful, open communication about important individual or family issues had not been possible in their day to day lives with their families, either due to their own struggle to express themselves, or because family members did not listen to them. This was also relevant to some of their experiences with peers and other adults.

Through expressing their authentic voices and listening to others the youth described feeling more connected to others contributing to a sense of comfort, well-being and reduced anxiety (Hagerty, Lynch-Sauer, Patusky, & Bouwsema, 1993). As they learned to communicate more effectively within the group and gained new understandings about themselves and others, the youth described experiencing a strengthened sense of self. The youths' experiences of the interplay of self and the culture of group that supported them to develop a strengthened working self concept (Chen, Boucher, & Tapias, 2006; Markus & Wurf, 1987) are described and discussed in relation to the following examples.

All of the youth reported some initial apprehension about attending the group. Cindy explained that for the first few weeks she "sat back and watched everybody" until she realized that "nothing's going to happen except that fact that they're going to listen and they're going to respond back to you so you have no fear of being rejected." She worried that "people wouldn't hear me" given that she was "pretty much just used to not being listened to from like school and family and stuff." Gillian was surprised that strangers were so interested in what she had to say compared to the disregard and judgment that she experienced with her family when she tried to discuss issues that were

important to her.

It was really satisfying to grasp their attention and have them want to hear what I had to say...cause at home everyone would judge you and be like 'What are you talking about?'. And everybody would be up against each other, but in these things everyone has their own space to say what they want. No one can judge them, they just talk and everyone listens. That's just what happens.

The expectation by these youth that they will not be listened to by group members is based on previous experiences in personal and social realms. This may be seen as a reflection of societal attitudes toward youth in that often feel judged and their voices may be discounted or ignored (Brown & Gilligan, 1993; Daiute & Fine, 2003; Taylor, Gilligan, & Sullivan, 1995). When youth feel heard this encourages them to express their 'authentic voice' (Brown & Gilligan, 1993; Tolman, 2002) and Powell (2003) suggests that "young people tell different stories when they trust that their authentic experiences are genuinely valued and respected" (p. 201). This allows them to "believe" in their own experience and to develop more satisfying relationships (Brown & Gilligan, 1993, p. 14).

The youth acknowledged the role of the group facilitators in, as Gillian said, "making us all feel comfortable" and providing "guidance." She explained that this contributed to the sense of safety within the group and helped group members to "let out emotions that they weren't able to let out before" within their families. Cindy thought it was important that group members did not pass judgment on their comments because "it's easier to talk when you kind of feel like no one is going to judge you." According to Gillian, the voice of the adolescents in the group was privileged in that the older group members encouraged the youth to talk more and "if someone didn't agree with it [what the youth said] they wouldn't really say anything because they wanted those kids to feel comfortable."

Cindy felt encouraged to speak in the group because “they let me be able to talk about pretty much anything and that felt really, really good so I thought I should probably do that more often.” It also helped that group members “let you say what you wanted instead of pressuring you to say certain stuff” and expressing her thoughts “felt really good because I finally got to get that out.” Gillian agreed that “it helps so much to just get everything out there so it’s not in your mind, just like clogging up your thoughts you know?”

Cindy thought it was helpful “to be able to talk to everybody about what was going on in the family...[be]cause sometimes the parents would like to keep it a secret.” The value of sharing a secret depends on many factors but conforming to maintain family secrets over time can result in negative physiological and psychological outcomes (Afifi, & Olson, 2005; Vangelisti, Caughlin, & Timmerman, 2001). Sometimes family members feel guilt and shame about a secret that is unwarranted and in these instances it can be helpful to share the information to reduce negative feelings (Imber-Black, 1998).

Cindy described that she became conscious of a family dynamic when group members “were talking about how parents usually butt in and stuff and I realized our Dad does that a lot.” Cindy said “that might be one main reason why that we don’t really get along a lot because some of the parents they don’t let the children talk.” And “if they’re upset or something or they’ve done something parents just butt in and yell at them and that’s not very good, it doesn’t really help.” In the group Cindy noticed that her Dad “was looking at all of us going ‘do I do that?’” and Cindy and her siblings responded “yeah...a lot.” In this example, Cindy “felt safe to say stuff like that” about a potentially sensitive topic with the support of peers in the group who may have had similar experiences and the

presence of “two counselors in the room.”

As these young women demonstrate, they are eager to find safe spaces to share their thoughts and feelings with responsive adults. Families in North America have become so busy that they may share meals together infrequently let alone take time to regularly talk about feelings. Parents are not always available due to demands such as evening work schedules or the strain of maintaining single parent households, and extended family members often live in other geographic locations and are unable to provide significant support. Youth often maintain hectic schedules themselves, balancing school, sports, part-time work and other activities, reducing the opportunities for them to talk with their parents or caregivers.

Youth also said it was important that they had permission to be silent. As Tali said “we could speak out loud if we wanted and we didn’t have to speak.” The counselors modeled supportive respectful communication in their interactions with group members. According to Tali, “the counselors didn’t threaten you and like tell you you have to answer the questions, they politely asked if you wanted to answer them.”

Tali “listened more than talked” and appreciated not being pressured. She also found it helpful when the facilitators or other group members asked her direct questions since she found it difficult to interrupt others who were talking. As she described:

When they started talking to me and not the whole family in general that mostly helped me to talk because I was too quiet...And they asked me questions and it went alright, although sometimes it’s still uncomfortable for me to talk...It helped me to get my shyness out and talk a little bit more each time...When they asked me certain questions that made me uncomfortable, they backed off.

The youth acknowledged feeling valued and respected by the group members as a result of feeling listened to, which in turn can impact their ability to value themselves and

see themselves positively (Yalom, 1975).

Listening to others was another important part of the experience for all of the youth. Listening supported learning about alternative perspectives and stimulated self-reflection and formulation of new understandings about themselves and their family members. Tali said that the group helped her to learn “how to respect each other and listen to what other families have to say without judging what they act like and what they did.” Cindy explained that “You can...just sit there and just listen to everyone and not say a word and just get help from listening to other people’s problems” and “if you don’t want feedback that’s fine too.” Speaking about her family she said “we got to know everybody there and we all pretty much listened for once while we were in those groups. It actually helped us a lot.”

Tali was “kind of surprised” to hear that other families had similar problems and Cindy thought that it made a lot of people feel quite a bit better knowing they weren’t the only family” who were experiencing difficulties. Gillian said it was “nice to know you’re not alone...that everyone’s just kind of the same and goes through the same struggles, and that helped me learn a lot.” It was “nice to know that my parents aren’t the only ones who go crazy sometimes.” And as “for my brother, he knew that a lot of people were on his side ...and I think he felt a connection to those people and it made him feel good about himself.”

These examples suggest that families and youth can benefit from listening to others and sharing their own stories. Recognition of commonalities can normalize their experiences, resist societal stereotypes regarding families, mitigate effects of possible stigma and associated isolation, and create opportunities to establish connections with

others. A sense of belonging or connectedness is central to human growth and development (Jordan & Walker, 2004) and is known to positively impact cognition, emotions, behavior and general health and well-being (Baumeister & Leary, 1995). Reducing suffering related to stigma and cultural ‘norms’ can increase autonomy and control in defining images of self (Charmaz, 2005).

The presence of other families provided the adolescents with the opportunity to hear multiple perspectives from peers and from adults other than their parents and for youth who were living in single parent families there was the opportunity to hear both male and female adult views. Access to non-parental adults who provide “warm and accepting interactions” (Rhodes & Roffman, 2002, p. 231) can assist youth to “recognize the potential that exists in close relationships and to open themselves up to the people around them” (p. 231). Adolescents can learn social skills and new approaches to problem solving from adults and older peers who model effective communication and other pro-social behaviors which in turn can lead to positive changes such as improved self worth and extension of cognitive abilities such as self reflective and critical thinking.

When parents listen closely to youth it provides the opportunity to break down stereotypical perspectives about adolescents that are portrayed in the media (Arnett, 2002). Hearing youth talk about their pain, observing youth engaging positively within the group, and beginning to understand their perspectives has the potential to assist parents to engage in more open and supportive communication with their sons and daughters.

Within the group some youth related more strongly to particular group members and this sense of connection may have helped them to feel more comfortable. For example Gillian explained her response to another female adolescent in the group when she said:

I remember like the first day that we got there, there was something about her that was kind of interesting and I think we definitely kind of related to each other just because we're both really expressive and like have things to say...I could tell that she was just misunderstood ...and I kind of understood the stuff that she's gone through like being a girl growing up and like that time of your life and stuff.

Gillian also spoke of the potential for younger peers to view older peers in the group as mentors when she mentioned that, the “younger kids always look up to older kids” and “it's a relief when you're younger to have a role model or someone to listen to that's not a grownup because grownups always have the same thing to say and it's really predictable.”

All of the youth identified that it was helpful to learn new ways of approaching problems, however they stressed that sharing and discussing feelings was also a critical part of their experience in the group. Gillian stated “you need to feel it first to know” and Cindy said “if you think about it lots of stuff is mainly feeling. Like anger is feeling and that was the main thing that was there so if you didn't talk about anger you didn't really talk about anything.” The experiential nature of the group facilitated their understanding at an emotional level, creating openings for new insight and possibility for change in their sense of themselves and their manner of relating to others. Though learning new social skills is important, the related feelings and self perceptions must also be addressed to allow optimal performance and adjustment (Engels, Findenauer, Meeus, & Dekovic, 2001).

Gillian described an exchange with a peer in the group who provided feedback about Gillian's behavior that helped her to better understand her brother. She explained, “when like that girl said that...I was like glad to hear that because I kind of needed to hear that to know kind of how my brother felt and stuff.” Though Gillian was initially taken

aback by the comments from this peer, it prompted her to reflect. As Gillian said, “I was like thinking and like after that, I kinda didn’t really say anything like for the rest of the day. I was just kind of like silenced and stuff and like came home and was like thinking.” This experience changed her behavior towards her brother and she said “I kind of had more compassion...for my brother, and after that was more like understanding and didn’t really like get kind of as mad at him as I usually would because I kinda understood how he felt.” In these comments, Gillian demonstrates that through self reflection she gained new understanding and empathy for her brother, which influenced her to behave towards him in a more sensitive manner.

As these examples illustrate, within the safe culture of the group youth felt more comfortable expressing feelings and concerns that they had not shared with family members at home. They were also better able to listen to the thoughts, feelings, and experiences of other group members, including those of their families. Through expressing themselves, listening to others, and reflecting on the topics discussed in the group they gained new insights about themselves and their family members, and learned about respectful ways of communicating and relating to others. Through their descriptions of their experiences within and relating to the group the youth suggested they had developed a strengthened sense of self.

Cindy explained that she sees herself differently than she did prior to her involvement in the group. She said “like about three months ago I probably would have said that I’m shy, I’m quiet, I’m like a mouse” and since being in the group “I guess you could say I’m more confident and not as shy... and I think everybody’s noticed that I talk quite a bit more and I don’t hold as much stuff inside anymore.”

As Cindy is able to freely express her authentic voice (Brown et al., 1993; Gilligan, Spencer, Weinberg, & Bertsch, 2003; Tolman, 2002) she is developing a stronger sense of self that is reflected in the new motto that she placed on her bedroom wall “about being your own girl...just being yourself” not being “a follower.” Cindy contrasted the message of her motto with the behavior of a previous friend who “scared her” when she “started to dress in tight shirts and small skirts” and then “had a boyfriend from every letter of the alphabet.” Though she said she does not want this to happen to her she implied that there could be some risk. Rather than choosing “resistance for survival” as it appears Cindy’s friend did, she is choosing “resistance for liberation” (Erkut, Fields, Sing, & Marx, 1996, p. 62) from the pull of this feminine stereotypical expectation that having boyfriends and/or being attractive to boys is a priority for girls. While her friend’s resistance may lead to consequences such as “internalized negative images” (p. 62) or “disconnection from community” (p. 62), Cindy’s choice to name and address observed oppression is more likely to strengthen her sense of self. For Cindy, the group may have contributed to raising her consciousness about some of her patterns of behavior and of those around her, assisting her to gain awareness about her own desires and to attend less to cultural expectations and the demands and needs of others (Pastor, McCormick, & Fine, 1996).

When Tali was asked if she saw herself differently she said “I feel happier and not all gloomy” and “I feel more confident.” Tali appears to have moved from feeling “outcast” and being “left in the dark” to seeing herself as “special” and more “confident”, open to and worthy of the attention and love of friends and family. Tali’s anger is still “there” and her voice is still uncertain at times, but her anger is dissipating and she seems to be experiencing a strengthened sense of self.

Though Gillian described herself as verbally expressive and confident from the beginning of the group, prior to her involvement Gillian said “I usually always depended on my friends to help me get over things...and like make me feel better and stuff.” After having “a huge fight” with a close male friend and not talking with him for a while Gillian said:

sometimes the group would be really emotional, and going to the therapy sessions and not having my friend there I had to kind of rebuild myself without my friend’s help and stuff. And so it was kind of a battle for myself...but I found that now I’m so much stronger because I had to deal with it myself and not just let my friend help me all the time.

This example illustrates that Gillian’s experiences in the group assisted her to work through difficult feelings, becoming more self reliant and resourceful, and strengthening her experience of self.

As illustrated, each of the participants shared examples that suggested their participation in the group supported their experience of a strengthened sense of self. This first theme serves as a foundation for discussion of the second theme in the following section.

Second Theme: “We knew it was possible to change”

The second theme that emerged from the data relates to transformations of the youths’ relational selves (Chen, Boucher, & Tapias, 2006) that the youth described and identified as being associated with their experiences in the group. The second theme is interrelated with the first theme in that the youths’ strengthened working self concept or sense of self described in the first theme may have provided a stronger foundation for their continued participation in the group, possibly contributing to their openness to possibilities for change. As youth experienced a strengthened sense of self within the culture of the group they seemed better able to learn from group members, reflect on their own thoughts

and behavior, gain new understandings, consider doing things differently, and change their experiences of being in relationship with others. The youth described transformations in their experiences of their relational selves with family members and in peer relationships outside of the group.

Cindy explained that “I feel a whole lot better about myself when I’m at home so it kind of shows when I’m not at home”, suggesting that the changes in her self that she described as connected to her experiences in the group are influencing her behavior in settings external to the group (Yalom, 1975).

Cindy also shared an example of learning a new strategy from a mother in another family who “told us it would be really good to write stuff down.” She said that this helped her and her sisters to “actually figure something out” and when they had a conflict, “instead of yelling at each other we wrote it down and passed the letters back and forth, and talked that way so we wouldn’t raise our voice and stuff, and it really did help.” As Cindy explains, “We really don’t get into fights now.” This exposure to new ways of solving problems provided Cindy and her sisters the opportunity to increase their sense of mastery and improved their ability to relate positively to each other, thus changing their experience of their sibling relational selves. This improvement in Cindy’s sibling relationships has the potential to positively impact her psychological well-being over time (Richmond, Stocker, & Rienks, 2005).

Tali also described changes in her behavior and in her relationships with others. For example, instead of continuing to withdraw from her family, Tali expressed how much she is enjoying spending more time with them. As well, Tali explained, “before I didn’t want friends or anything”, because of negative experiences with peers in the past.

However, now she is beginning to demonstrate more agency and is feeling more successful in her peer relationships. As Tali explained, after being in the group:

I left the group of friends that weren't treating me right and went with other people and they started treating me as if I was their friend and not ignoring me at all and that made me feel a whole lot better... With my [new] friends, if we get into fights we actually apologize. We won't give up on each other either even if they know what I'm going through cause I told them about it and they're still willing to be my friends.

This example suggests that Tali is experiencing more authentic relationships with peers. The new insights and strategies that Tali has learned from participating in the group seem to be helping her to express herself and to relate to her peers more effectively. Tali's experience of a strengthened sense of self appears to be influencing her relational self with peers, providing her with new confidence and interest in connecting with others. This is a significant shift from her previous patterns of avoidance with peers and is important given the links that have been found between peer acceptance and adaptive outcomes such as lower levels of depression and improved social skills for adolescents (Marsh, Allen, Ho, Porter, & McFarland, 2006).

Gillian shared that although her family felt they already had knowledge about how they could change prior to attending the group, they were motivated to do things differently by the 'evidence' provided by group members that change was possible. As she explains:

when you hear that other families are doing the same things that we know we should be doing and it actually works for them, like once you have evidence like "oh this actually can work, like it *is* being done", then it kind of makes you want to do it... And so like hearing these people give advice and knowing that it helped them with some aspects of their life really helped us move forward because we knew that it was possible to change.

Gillian explained that her parents have changed the way that they interact with her

and her brother saying “I feel like they understand a lot more about like emotions and problems and stuff ... and so they react to me and my brother in a more understanding way I guess because of the sessions. They understand that they have to listen more and not criticize more.” This has changed the climate at home so that compared to their past experience of frequent conflict between her father and brother “there hasn’t been like fighting at all with them lately.”

The positive changes in family relationships that Gillian describes may be related to the use of more effective communication strategies and increased understanding between her family members learned through participation in the group. These kinds of changes have the potential to augment family cohesion and lead to long term improvement in family functioning and in adolescent symptoms for youth who are experiencing mental health problems (Hogue, Dauber, Sumolis, & Liddle, 2006).

Gillian also provided an example of how a new understanding gained through her involvement in the group lead to a change in her perceptions about male peers. She described that until coming to the group:

my Dad never really talked about emotions and his own problems and stuff, and so I used to think “he’s such a strong man.” And then after that I kind of realized he’s just like any ordinary person and he has like his personal issues too.

This new insight about her father caused her to reflect and think differently about male peers. As Gillian explains:

it kind of made me more like comfortable with like guys especially too, cause I know that they’re not all like as tough as they seem and like everyone has their own problems, not just girls. Like, guys have to deal with their own issues as well.

Gillian’s original perspective illustrates a predominant societal expectation of boys and men to be stoic and not to express feelings. Gillian’s comment about feeling “more comfortable with guys” now implies that viewing them as “tough” and without personal problems made her feel more vulnerable in these relationships. Her new perspective is

more accurate and has the potential to change her relational self with male peers to a more understanding, supportive position, with possible long term implications for future intimate relationships with men.

These examples that describe changes in the participants' experiences of their relational selves suggest that the adolescents carried aspects of their 'cultural experience' in the group to the 'culture' within their families and to their relationships with peers. They appear to have created safe spaces within their families, just as they experienced in the group. These new cultures of safety in their homes support the opportunity for them to express their authentic voices, listen to each other, and use constructive approaches to solving problems. It appears that the youth have become more aware of their behavior and feelings and are more understanding of others, influencing their relational selves with significant others.

Chapter 5

Discussion

The focus of this study has been on the experience of adolescents in Multiple Family Therapy (MFT) groups. The central research question guiding the analysis was: How do adolescents experience self in the context of Multiple Family Therapy Groups? The self-reported experiences of three adolescent girls were obtained and the data were analyzed using an ethnographic approach. Feedback from group facilitators and my own participant observations were included in the data. Spradley's (1979) ethnographic method was used to complete a domain analysis, taxonomic analysis, and theme analysis. An analytic technique, the Listening Guide (Brown & Gilligan, 1993), was incorporated into the initial analysis to ensure attention to each participant's voice.

In this chapter the importance of this study will be discussed as well as the limitations, implications for mental health practice, and directions for future research.

Significance of the Study

A central understanding that guided this ethnographic study is that "man is an animal suspended in webs of significance he himself has spun" (Geertz, 2003, p. 144). Geertz explains that these webs are culture and the analysis of culture is interpretive, in search of meaning. Culture is a context within which "social events, behaviors, institutions, or processes" can be "thickly" (p. 153) described. As Jordan and Walker (2004) suggest, relationship and culture are linked and relationships can be seen to "represent and reproduce the cultures in which they are embedded" (p. 3). As previously discussed, this study is concerned with adolescents' experiences of self in the context of

MFT groups. MFT groups may be seen to provide a unique ‘cultural experience’ for adolescents participating in such groups. My intention was to provide information for mental health practitioners about the particular meanings of each participant’s MFT experiences, and to make the taken-for-granted aspects of such experience more visible.

Knowledge about adolescent experiences of self in the context of an MFT group is important because there is a paucity of reported literature about adolescent therapy experiences. There is also limited research related to group therapy with adolescents (Azima, 1996; MacLennan, 2000). This research provides information about a positive therapeutic method of support for adolescents during the adolescent developmental stage that is filled with change and challenges. Furthermore, given that youth can be challenging to engage in therapy (Liddle, 1995), these results can inform mental health practitioners about youth-friendly approaches to treatment.

Summary of Themes

Two general themes emerged from data analysis. Both themes are interrelated and relate to the structure and processes that contributed to the co-construction of the group culture and adolescents’ perceptions of self. Participants expressed their experiences of self in the group in terms of their relationships with family and peers, demonstrating the integral nature of their relationships with significant others to their conceptualizations of self.

The first theme relates to changes in the adolescents’ working self concept, the aspect of self that is made up of “core self conceptions embedded in a context of more tentative self conceptions” (Markus & Wurf, 1987, p. 306) and is tied to the predominant circumstances. The second theme relates to transformations in their experiences of

relational selves or the self in relation to significant others (Chen, Boucher, & Tapias, 2006). As Chen et al. explain, “relational selves are composed of self-knowledge that is distinguishable from, but linked in memory to, knowledge about significant others” (p. 153).

The first theme, “I feel a whole lot better about myself” relates to aspects of the group that supported the adolescent participants to experience an enhanced working self concept. Within the safe, cohesive, therapeutic group culture the youth were able to communicate more effectively such as by expressing their authentic voices and listening to others. Through authentic communication with group members for example, whereby their feelings were validated, and youth felt understood and more connected to others, the youth described experiencing a strengthened sense of self. For example, two of the youth indicated an increase in their self confidence. Such changes in an individual’s working self concept are important since the working self concept influences their relational selves (Chen et al., 2006). Thus, when youth develop a more positive working self concept there is potential for this to contribute to positive changes in significant other relationships.

The second theme “We knew it was possible to change” relates to transformations in participants’ relational selves that they associated with their experiences in the group. The participants shared that the group experience supported them to learn from group members, reflect on their thoughts and behaviors, develop new understandings, consider doing things differently, and begin to change their ways of being in relation with significant others. Each participant described transformations of their relational selves within the group context that positively influenced their experiences with significant others within and outside of the group.

The results suggest that as adolescents express themselves authentically, listen to others, reflect, gain new understandings about themselves and others, feel understood, and experiment with new ways of relating in a safe, cohesive, group environment they may experience changes in their working self concept and their relational selves. For example, in the group setting, a female youth may experience changes in her self perception by changing some of her ways of communicating with her father, such as by speaking more assertively about her needs. This has the potential to also lead to change in other relational selves or in the youths' working self concept (Chen et al., 2006).

The Influence of Relational Selves on Development

Creating possibilities for positive change in relational selves is important because relational selves significantly influence the everyday interpersonal lives of adolescents (Chen et al., 2006). Chen et al. explain the impact of relational selves on adolescent patterns of interpersonal responding with significant and new others in terms of five propositions. First they provide evidence that relational selves shape a wide range of psychological processes and outcomes" (p. 161), including "affect and emotion, goals and motives, self regulation and defense, and interpersonal behavior" (p. 161). Second, they explain that relational selves are often automatically activated, "with little effort, intent, control, and awareness" (p. 166), and their impact is broad. As well, the accessibility of a particular mental construct is increased through repeated activation.

Their third proposition is that as rich and "readily activated sources of knowledge about the self, relational selves serve fundamental orienting and meaning functions" (Chen et al, 2006, p. 166). Two facets of this function are described. One facet is self-regulatory direction that orients "the individual toward others in the world" (p. 166) and guides their

behavior in “goal-serving directions” (p, 166). The second facet informs “the individual of his or her place in the social world” (p. 166) “imparting existential meaning and order” (p. 167).

The fourth proposition is that relational selves provide “coherence and continuity in personality as well as context-specific variability” (Chen et al., 2006, p. 161). In other words, a sense of order and integration in personality occurs through conforming forces of relational selves such as consistent activation of particular relational selves in particular situations, and chronic accessibility of significant other representations and corresponding relational selves. At the same time, variability in response is possible since individuals have multiple relational selves comprised of different aspects of the self that are activated contextually.

In the fifth proposition Chen et al. (2006) posit that relational selves hold implications for psychological well-being, focusing in particular on their role in authenticity. Authenticity is experienced as “freely choosing one’s actions and acting in accord with one’s inner thoughts and feelings” (p. 168). A study by Harter, Waters, & Whitesell (1997) demonstrated that adolescent perceptions that a significant other respected and supported their voice was positively associated with the level of voice they reported experiencing in their relationship with this significant other. As Chen et al. (2006) note, this finding highlights the “potentially important and unique impact that each significant other in one’s life has in promoting or obstructing authenticity in the relational self associated with him or her” (p. 169), and impacting their psychological well-being. This finding is particularly important in relation to parents and caregivers who interact with adolescents on a daily basis.

These five propositions explained by Chen, Boucher and Tapias (2006) highlight the important implications of relational selves for adolescents' experiences in their daily lives and ultimately their psychological well-being. This provides impetus for understanding how adolescents can be supported to develop positive relationships with significant others as a foundation for their future relationships as adults.

The experiences of participants in this study reinforce the perspective that in cohesive, therapeutic groups there is increased likelihood that group members will “express and explore themselves, to become aware of and integrate hitherto unacceptable aspects of self, and to relate more deeply to others” (Yalom, 1931, p. 67). The findings also lend support to Yalom's view that self esteem is influenced through participation in a cohesive group and social behavior that is heavily reinforced in the group is “eventually adaptive to the individual both in and out of the group” (p. 67).

The group setting provided a natural social context for therapy by including family members and other families with similar aged peers. This group model is in keeping with the developmental literature that recognizes the interrelatedness of adolescent relationships with significant others, including family and peers, and the complexity of the contribution of others to their functioning (Collins & Laursen, 2004).

The quality of sibling relationships is known to impact psychological well-being and perceptions of self for adolescents to the extent that improvement in sibling relationships has been shown to reduce symptoms such as depression (Richmond, Stocker, & Rienks, 2005). Thus, including siblings in MFT groups offers potential for such improvements. The presence of peers in the group context may increase youths' interest in participating given the tendency of youth to rely on peers for support and advice (Brown

& Larson, 2002; Larson, Wilson, & Mortimer, 2002).

The MFT model shifts the typical focus in family or individual interventions from the adolescent as an “identified client”, who may be viewed as problematic, to consideration of family strengths, challenges, and possible solutions. The inclusion of family members and other families in the MFT groups provides a subculture of the adolescents’ community within which the members are supported to recognize each individual and each family’s strengths, normalize challenges, and generalize the responsibility for finding solutions.

Supporting the positive youth development perspective (Lerner, Almerigi, Theokas, & Lerner, 2005) that recognizes the plasticity of adolescents and the potential for optimizing change through relationship, MFT exposes adolescents to new ideas and feedback from peers, their families, and other adults that can contribute to self exploration and positive identity development. The “abundant intrapsychic and interpersonal subsystems” (Thorngren, 2002, p. 168) that are created with multiple families participating in the group provide youth with the opportunity to broaden their perspectives and consider new possible selves (Hoskins & Leseho, 1996) while normalizing their difficult experiences, reducing stigma and isolation, and instilling hope.

Cultural experiences that foster connectedness, such as the culture of MFT, can positively influence growth and development. The youth who participated in this study provided examples of learning about self through group interaction with family members and peers. The participants suggested that these new perceptions of self contributed to shifts in their relationships, evident for example in their descriptions of enhanced communication and increased family cohesion. Participants described improvements in

the quality of their daily lives, for example they noticed that regular conflict no longer occurred within their families. Experiences such as this, related to improved parental understanding, open communication, and cohesiveness within their families, may assist these adolescents to meet new challenges and to seek the support of family members when needed (Hogue, Dauber, Sumolis, & Liddle, 2006).

The participants related that everyone in the group was encouraged to share their voice suggesting that power dynamics in the group were moderated through respectful listening and positive regard for all group members. There is potential for societal preconceptions of adolescents as problematic (Raby, 2002) to be countered when adults listen attentively and relate to youth as individuals who have their own unique strengths and needs. For youth who have been marginalized and dismissed by adults, such adult attention can be an empowering experience. The reduction of power dynamics within the culture of the group also has the potential to reduce the impact of stigma that youth and their families may have experienced in other settings related to being seen as different and receiving stereotypical labels.

Opportunities to speak about themselves and to receive feedback from peers and adults in a supportive environment can assist youth to resist oppressive gender structures (Banister & Leadbeater, 2007; Pastors, McCormick & Fine, 1996). For example, girls may be reluctant to speak in some settings due to their gendered experiences in a patriarchal society where cultural ideals of femininity can limit their voice (Brown & Gilligan, 1993). Within the culture of the group girls may feel able to express their authentic voice if they perceive that the risk to relationships with significant others is reduced. For example, they may be encouraged to speak when they observe that older female peers or adults in the

group model appropriate self expression. These kinds of opportunities for group members to play mentoring roles are important since there is a link between supportive relationships with non-parental adults and mental health (Scales & Gibbons, 1996; Spencer, 2006). As well, MFT can offer adolescents access to non-parental adults at a time in their lives when these opportunities tend to decrease (Scales & Gibbons, 1996).

Readiness for Change

Within the culture of the MFT groups it is possible to accommodate the needs of individual participants who are at various stages of readiness for change. Prochaska and Norcross (2001) provide a transtheoretical model of change that is useful in understanding the processes that facilitate change for adolescents participating in MFT groups. They describe change as “a process that unfolds over time and involves progression through a series of six stages: precontemplation, contemplation, preparation, action, maintenance, and termination” (Prochaska & Norcross, 2001, p. 443). Different processes of change support optimal progress at each stage. Group members may be at different stages of change in relation to particular issues that are raised in the group. For example youth who are in the pre-contemplative or contemplative stages of change in relation to a particular issue can benefit from those strategies that raise their consciousness and encourage self evaluation to promote the development of insight, preparing them to move to the action phase. Youth who are already prepared for action will benefit from considering possible solutions and learning new ways of behaving that are modeled or described in the group, by other group members. Youths’ experiences of feeling understood within the group are also significant in relation to change since as they realize that they “are more acceptable and comprehensible to the other or others than was originally feared” (Pocock, 1997, p.

293) they are better able to risk a shift in the coherence of self.

To summarize, it is important that youth voices are heard if we are to understand how we can improve acceptability and access to services (World Youth Report, 2003) and so that youth will engage in therapy when needed and treatment outcomes will improve. In particular, it is critical that we listen to the voices of youth who may be marginalized related to difficulties such as mental health problems. The experiences of adolescent participants in this study have contributed important information that will assist mental health practitioners to understand the structures and processes that support adolescents to engage in group therapy and to facilitate positive change in their perceptions of self and their significant other relationships. These findings provide knowledge about the experiences of adolescents in therapy that suggest implications for enhancing the psychological well-being of adolescents through participation in Multiple Family Therapy groups.

Limitations of the Study

It is important to consider the limitations of this study. Although this research contributes to knowledge about adolescents' experiences of self in the context of MFT groups is it limited to the descriptions provided by three female adolescents. The findings of this study illuminate developmental and structural influences on adolescent experiences of self in MFT groups for this specific participant group. The participants are situated within middle class Canadian culture and do not provide information about the full range of possible experiences within this socio-economic group or from other socio-economic groups or cultural groups. Since all of the participants were female, the male adolescent perspective is not included.

Even though richly contextualized data were generated from the three female

participants in this study, a broader perspective of the MFT experience would likely have been obtained with a slightly larger and more diverse sample. Focus group literature suggests a minimum of three participants though five or six are preferred for social science research (Kitzinger & Barbour, 1999).

The results of this research are not considered generalizable in the traditional sense (Chase, 2005) however the experiences of each participant are significant in providing insight into some of the possible experiences within this specific social context.

Based on similarities in findings between participants some tentative implications of these findings for mental health practice can be discussed and are presented in the following section. Additional research will be required before more complete recommendations can be made. It is recognized that the findings of this study leave many unanswered questions that will hopefully stimulate further research. In the final section I will explore possible directions for future research.

Implications for Mental Health Practice

This study provides information about three adolescents' experiences of self in MFT groups. It is important to consider how this knowledge relates to mental health practice and the promotion of mental health by mental health nurses, and other mental health professionals.

Adolescents are often reluctant to engage in counseling, therefore it is important to consider their perspectives about approaches to therapy to improve the likelihood that vulnerable adolescents in need of treatment will participate and benefit from treatment. Results from this study suggest that mental health practitioners need to facilitate adolescents' ability to express their authentic voice. The youth participants viewed this as one of the most important and helpful aspects of their MFT experience. The importance of

supporting youth voice is raised by scholars such as Gilligan and her colleagues (Brown & Gilligan, 1993; Taylor, Gilligan, & Sullivan, 1995), and Chen, Boucher, and Tapias (2006). As they explain, youth self expression leads to authentic engagement in relationships with significant others, supporting adolescent development and psychological health, and ultimately well-being in adulthood (Brown & Gilligan, 1993; Chen et al, 2006; Taylor et al., 1995).

Mental health professionals can also assist adolescents to become more aware of ways that socio-cultural constructions of adolescence and mental health may be influencing their experiences. This can be achieved through listening to adolescents' voices and supporting them to explore the particular meaning of their experiences and behaviors (Ungar, 2000). As their consciousness is raised there is potential for youth to resist potentially pathologizing perspectives and reduce or eliminate the possible negative impact of such views. For example, mental health practitioners can support youth to explore topics such as stigma through discussion about the benefits of difference and identifying the vulnerabilities of all individuals.

In this study the youth appreciated opportunities to learn about new ways to approach issues such as communication within families and coping with difficult feelings through listening to the experiences of peers and adults from other families. They also highlighted their increased understandings about perspectives held by their own family members after hearing them express thoughts and feelings about issues that were of concern to them. This suggests the potential benefits of including family members, other adults, and peers in therapy settings, representing a subculture of the adolescents' social world.

The adolescents expressed the desire that adult members create space for them, within the safety of the MFT group, to share their thoughts and concerns by asking them questions, even when the youth appeared reluctant to speak. This suggests that mental health professionals can encourage hesitant youth to speak by asking these individual youth questions in supportive, non-threatening ways as they become more comfortable within the group culture over time. Ensuring that individual youth have opportunities to express themselves can be particularly helpful for youth who are shy and tend to defer to others who are more vocal. Additional support for youth to speak also contributes to creation of a safe, trusting environment by helping to equalize power dynamics within the group where adults naturally hold more power. Mental health practitioners also need to be sensitive to adolescent participants' readiness for change and consider individual needs for support within the group context.

The idea that youth generally may be more willing to share their needs and concerns with adults and to listen to the advice of adults than we tend to expect has implications for nurses and other health practitioners working in other settings. This suggests that youth may benefit from more focused attention from adults about topics that are of interest to them such as youths' relationships with significant others. Nurses and other health practitioners in clinics and other settings should consider taking time to ask adolescents questions that convey their interest and assist the youth to articulate thoughts and feelings about issues that are relevant to their daily experiences and impact their health. This requires sensitivity and knowledge about youth perspectives on the part of these adults.

This study also reveals the benefits of supporting families to maintain open lines of

communication between members. In our Western culture where family members often engage in multiple activities with conflicting schedules, there can be minimal opportunities for regular conversation. Despite the prevailing view that youth prefer to be with their friends, the youth participants placed high value on time with their families. They reported that participation in the MFT group enhanced their family's communication and the frequency and quality of time together. This experience of increased family cohesion can support youths' ability to meet challenges and seek support from within their family when needed (Stocker, 2006). Thus it is important that health practitioners assist families to recognize the significance of regular, open communication and adolescent involvement in family activities.

In this study not all of the youth participants were experiencing or were identified as having a mental health problem. However they all indicated that they benefited from participating in the group. Group facilitators also noticed that vulnerable youth benefited from the participation of more capable peers who acted as mentors through offering helpful advice. This raises implications for the benefits of using groups that encourage youth voice and include family members, other adults, and peers in non-therapeutic settings for the purpose of mental health promotion. For example adolescents who are transitioning from middle school to high school, or older youth who are completing high school and preparing to transition to work or college may be interested in opportunities to talk about their hopes and fears with peers and their parents and to listen to the experiences of others. This type of group model that fosters respectful communication and provides access to the experiences of peers and adults across generations and family boundaries offers youth a safe place to better understand their desires and to create new

possible selves (Hoskins & Leseho, 1996) through experimentation with new ways of being.

Many youth in school and community settings may have mental health problems that have either not been identified or for which they have not been able to access specialized services. As Kirby and Keon (2006) suggest, mental health services must be made more accessible and waitlists must be addressed. Through provision of group therapy approaches in schools and other community settings, access to services by youth may be improved.

Finally, it is important for mental health practitioners and policy makers to recognize that the health of adolescents is influenced by every sector of society and in order to promote health, “contexts need to be shaped to integrate, rather than alienate, adolescents” (Call et al., 2002, p. 70) and adults must take responsibility to “invest in, not exploit, young people” (Call et al., p. 70). Providing opportunities for youth to share their knowledge and opinions in all community settings is important to support youth to express their authentic voice and to promote their healthy development. As well, practitioners and policy makers can learn from youth in developing services that are tailored to the particular needs during this challenging developmental stage.

Directions for Future Research

More research is needed regarding the use of group approaches to treatment with adolescents. Research that highlights adolescents’ voices related to their experiences of therapy is important to assist mental health practitioners in understanding the needs and perspectives of youth who have been labeled as having mental health difficulties. More knowledge of their experiences would contribute to the development of “youth friendly” approaches to treatment that are more engaging and better meet their needs, thus

improving outcomes. It would also be helpful to conduct research to identify and understand the barriers that interfere with or promote adolescent participation in research studies such as this.

Future research that includes the therapy experiences of male adolescents is needed. Given that no adolescent males volunteered for this study it may be useful to investigate particular conditions that might support male youth to participate.

The ethnographic approach to this study provided a means to generate rich data and insights into the particular experiences and meanings of those experiences for the adolescent participants. Using an ethnographic lens, the MFT group was viewed as a unique 'cultural experience'. This research approach was helpful in focusing the analysis on the adolescent experiences within the group while also recognizing broader cultural influences. Further research regarding the experiences of male adolescents and adult participants in MFT would deepen the understanding of experiences of the culture of MFT. This research also suggests the utility of using an ethnographic method to study other therapeutic group approaches.

The Listening Guide (Brown & Gilligan, 1993) is a useful technique that can enhance researchers' sensitivity to the voices of participants. This technique can also counter the potential for biased interpretations of the data due to preconceptions related to personal experiences or stereotypical socio-cultural perspectives for example. Through this process of listening, the complexity within each participant's voice and the differences across participants, prior to thematic analysis, can be highlighted. Use of the Listening Guide may be particularly helpful when there is a small sample size.

The youth appeared to enjoy the process of participating in the research. This may

be related to the use of a research method that was intended to promote youth voice. For example, during the interview conversations the adolescents were encouraged to express themselves authentically, were invited to initiate and discuss topics of their choosing related to the research question, and received individual attention from an interested adult. The youth also expressed satisfaction that by sharing their experiences they were contributing to research, and they may have felt validated by recognition from the researcher regarding the importance of their views. Thus, when conducting research with adolescents, researchers should be urged to consider not only the risks, but the benefits of particular methods for participants.

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Appendix A: Information Letter

You are being invited to participate in a research project entitled *Adolescent Experiences of Self in Multiple Family Therapy Groups*. This research is being conducted by Sandy Wiens a graduate student in the department of Nursing at the University of Victoria. You may contact me if you have questions about the study or are interested in participating in this study by calling 744-6631 (confidential cell phone) or emailing to smwiens@shaw.ca. This research will meet part of the requirements for a Master of Nursing degree. It is being conducted under the supervision of Dr. Elizabeth Banister. You may contact my supervisor at 721-4203.

The purpose of this research is to increase understanding about how adolescents experience therapy, especially their experience of themselves in Multiple Family Therapy groups. You are being asked to participate in this study because you have been involved in an MFT (Multiple Family Therapy) group in the last 6 months and you have expert knowledge about what it is like for adolescents to be involved in MFT groups. It is expected that up to six youth will take part in this study.

This kind of research is important because very little is known about youths' experiences in therapy and this information will be helpful in planning services that are better suited to youth.

If you agree to voluntarily participate in this research, you will be asked to participate in two interviews (1 hour each and about 2 weeks apart) and one focus group (1 ½ hours). During the interviews and focus group you will be asked to talk about your experiences in Multiple Family Therapy Groups by answering the question – Can you tell me about your experiences of being in the MFT group and how it may have influenced the way that you see yourself?

The researcher will request your permission to audiotape the interviews and the focus group. If you do not agree to this the researcher will take detailed notes after these sessions instead.

If you do decide to participate in this research study, you do not have to answer questions or share any information that you are uncomfortable talking about. You may also withdraw at any time without any negative consequence to your current or future treatment with the program you are currently involved with. If you do withdraw from the study your data will be destroyed.

Participation in this study may cause some inconveniences such as the time it takes for the interviews and focus group. There are also some possible risks such as uncomfortable feelings when you talk about your experiences in the group. If this occurs I will support you by listening to your feelings. If you need further support, arrangements will be made for you to talk with a counselor at the centre if you wish. If a counselor is not available immediately I will offer to call someone else (friend or family) and stay with you until that

person arrives.

The potential benefits of your participation in the research may include increasing your understanding about yourself and your relationships with others. The information that you share may be useful for health care providers who are working with youth to improve the services that they provide.

As a way to compensate you for any inconveniences related to your participation and in recognition of your expert knowledge you will be offered \$10.00 at the end of each interview, and \$15.00 at the end of the focus group. It is important for you to know that your participation in this research must be completely voluntary and it is unethical to provide significant compensation or incentives to research participants. If you agree to be a participant in this study, this form of compensation to you must not be coercive.

In order to protect your anonymity your name will not be used in any reports or research documents. However, anyone who agrees to participate in the study needs to recognize that even though we will require that group members keep all information from the focus group confidential, I can not guarantee that they will do so. For example, even though each participant will be asked not to identify any group member to people outside the group, I cannot guarantee that this will not take place.

Your confidentiality and the confidentiality of the data will be protected by keeping all forms of research documentation (audiotapes, papers, notes) in a locked drawer or in a password protected file on the researcher's or the transcriptionist's (typist's) personal computer. The transcriptionist will shred or delete any data that they handle as soon as they send it to the researcher and all data will be shredded (electronic files will be deleted) as soon as the study is completed or within two years. Only I, my supervisor, the transcriptionist will have access to this information.

I will discuss confidentiality at the beginning of the focus group and will emphasize that group members are not to share what was discussed outside of the group. Group members will be expected to maintain this confidentiality but I am not able to guarantee that this will take place.

Written consent is required from you and your guardian in order for you to participate in this study. To make sure that you continue to consent to participation in this research I will also check your consent with you verbally before each interview and before the beginning of the focus group.

The results of this study will probably be shared the Vancouver Island Health Authority, with others at professional conferences and in presentations to service providers, published in scholarly journals, and written in the researcher's thesis.

As well as being able to contact the researcher or the researcher's supervisor at the above numbers, you may verify the ethical approval of this study or raise any concerns you might have by contacting Dr. Peter Kirk, Director of Research and Evaluation, Vancouver Island Health Authority (250) 370-8261.

Youth Information Letter

Youth, age 12 – 18, who have been in Multiple Family Therapy groups are being invited to participate in a research project entitled *Adolescent Experiences of Self in Multiple Family Therapy Groups*. This research is being conducted by Sandy Wiens a graduate student in the department of Nursing at the University of Victoria as part of her work for a Master's in Nursing degree. If all members of the MFT group are interested, Sandy would like to meet with the group for about 10 or 15 minutes to provide information and answer questions about the research. Some of the information is written below.

The purpose of this research project is to increase understanding about how adolescents experience Multiple Family Therapy (MFT), and how these experiences influence the way that they see themselves.

- This kind of research is important because very little is known about youths' experiences in therapy and this information will be helpful in planning services that are better suited to youth.
- You are being asked to participate in this study because you are under 19 years old, have participated in an MFT group in the last 6 months, and you have expert knowledge about what it is like for adolescents to be involved in MFT groups.

If you volunteer to take part in this research, you will take part in;

- 2 interviews (1 hour each, about two weeks apart)
- 1 focus group (1 ½ hours long) about a month later

It is important for you to know that;

- You do not have to take part in the study
- You can stop any time that you choose
- You do not have to participate in the interviews or the focus group or answer any questions if you don't want to
- If you do not give permission for the interviews or focus group to be audiotaped the researcher will take detailed notes after these sessions instead
- If you stop being in the study the information that you have already shared will be removed from the study
- The researcher will try to keep all of your personal information private
 - Your name will not be used
 - During the study all your information will be locked in a drawer or in a private computer with a password
 - Only the researcher and her supervisor or the transcriptionist (typist name) will see the information
 - The transcriptionist (typist name) will shred or delete all of the information that she handles as soon as she sends it to the researcher and all of your information will be destroyed within 2 years after the project
 - All participants must agree to keep other people's information confidential. The researcher can not control what is talked about

outside of the group but will discuss confidentiality at the beginning of the focus group and will ask that no information be shared outside of the group

Possible risks to you

- Participating in this study might be inconvenient for you and it is possible that you could feel uncomfortable or get upset when you are talking about your experiences.

Possible benefits to you

- It is possible that you might learn more about yourself or your relationships with others by thinking and talking about the MFT groups with the researcher and other youth

Compensation

- To make up for your time and to recognize your expert knowledge you will be given \$10.00 at the end of each interview, and \$15.00 at the end of the focus group. It is important for you to know that your participation in this research is your choice and if this compensation is the only reason that you are interested then you should not take part

Results of the study

- The results of the study will be shared with the Vancouver Island Health Authority, at professional conferences and other presentations to service providers, published in scholarly journals, and written in the researcher's thesis
- You can hear about the results from the researcher if you are interested

If you have questions about the study or are interested in participating in this study you can call Sandy Wiens at 744-6631 or email her at smwiens@shaw.ca. The study is being supervised by Dr. Elizabeth Banister and you can call her at 721-4203.

You can also talk to Dr. Peter Kirk, Director of Research and Evaluation, Vancouver Island Health Authority (250) 370-8261 if you have questions or concerns about this study

(Paper to be attached to information letter)

I would like the researcher to call me at the phone number below to give me more information and answer my questions about the research study Yes No

Phone Number _____ My first name is _____

Appendix B: Youth Consent Form

For participation in the study

The Adolescent Experience of Self in Multiple Family Therapy

Sandy Wiens, graduate student in Nursing at the University of Victoria

1. I understand that I will be participating in 2 interviews (about 1 hour each) that will be about 2-3 weeks apart to talk about;

- my experiences in the Multiple Family Therapy groups
- how these experiences have influenced the way that I see myself

2. About a month later I will also take part in a focus group with about 4 other youth for 1 and ½ hours to;

- provide feedback to the researcher about the themes that she has started to find from the interviews and her understanding of what has already been shared
- share more about my experiences in Multiple Family Therapy groups

3. This kind of research is important because very little is know about youth's experiences in therapy and this information will be helpful in planning services that are better suited to youth

4. I understand that;

- I do not have to take part in the study
- I can stop any time that I choose
- I do not have to participate in the interviews or the focus group or answer any questions if I don't want to
- I do not have to agree to be audio taped during the interviews or the focus group and if I do not agree the researcher will write detailed notes right after the interviews or focus groups
- If I stop being in the study the information that I have already shared will be removed from the study
- The researcher will share only the general themes from the early analysis of the study, with no names or detailed information that could identify you, with one or both of the MFT group facilitators (if they volunteer to participate). The researcher will ask for their feedback based on their observations in the MFT groups. This feedback is used as another way to check the researchers' understanding of the experiences described by the youth participants and will be included in the written discussion of the research results
- I can ask the researcher for a summary of the research results.
- A final report of the research results will be provided to the Vancouver Island Health Authority. Results of the research will be written in the researcher's thesis

and may be shared at professional conferences and in presentations to service providers, and published in scholarly journals or on the internet

5. To keep my information private;

- My real name will not be written down and I can choose a different name for myself that will be used for the written information
- Details about my life will be left out or changed in the written report if needed
- The researcher will keep the information for the study in a locked drawer or in her private computer that is protected by a password
- Other youth who participate in the focus group must agree not to discuss any of my information outside of the focus group but this can not be guaranteed
- All the information from the study will be shredded or destroyed within 2 years
- No one but the researcher and her supervisor or the transcriptionist will see my information.
- The transcriptionist, who will help the researcher to type the interviews, understands the importance of keeping my information anonymous and confidential and will be reminded of this by the researcher. She will do the typing in her home office on her private computer using word documents that are password protected and can only be accessed by her. When she is finished she will return the audiotapes to the researcher, send the documents to the researcher, and then will permanently delete the word documents from her computer.

6. To make up for the inconvenience of taking part in the study and to recognize my expert knowledge;

- I will be paid \$10 for each interview and \$15 for the focus group
- If this is the only reason that I want to participate then I should not take part

7. I might benefit from this study if it helps me to learn more about myself and my relationships with others

8. It is possible that I could get upset during the interviews or the focus group and if this happens;

- The researcher who is a mental health nurse will listen to me and support me to take a break or end the interview or group if I choose
- If I want to leave the interview or group and need more support the researcher will call a family member or a friend if I ask for this
- If I want to see a counselor the researcher will arrange this

9. I can call Dr. Banister, University of Victoria student supervisor (250-721-4203) if I have any questions about the study or Dr. Peter Kirk, Director of Research and Evaluation, Vancouver Island Health Authority (250-370-8261)

10. Your signature below indicates that you understand the information that is written about this study above, that you have had the chance to have your questions answered by the researcher, you are volunteering to participate in the study and you are agreeing to keep the information that you learn about other study participants confidential.

<i>Name of Youth Participant</i>	<i>Age</i>	Agree to audio taping of interviews	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Agree to audio taping of focus group	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Youth Signature</i>		<i>Date</i>	
<i>Name of Guardian</i>		Agree to audio taping of interviews	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Agree to audio taping of focus group	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Guardian Signature</i>		<i>Date</i>	

A copy of this consent will be left with you, and a copy will be taken by the researcher

Contact number(s) for youth participant:

	Best times to call _____
	Best times to call _____

Appendix C: Group Facilitator Information and Consent Form

You are being invited to participate in a research project entitled *Adolescent Experiences of Self in Multiple Family Therapy Groups*. This research is being conducted by Sandy Wiens a graduate student in the department of Nursing at the University of Victoria. You may contact me if you have questions about the study or are interested in participating in this study by calling 744-6631 (confidential cell phone) or emailing to smwiens@shaw.ca. This research will meet part of the requirements for a Master of Nursing degree. It is being conducted under the supervision of Dr. Elizabeth Banister. You may contact my supervisor at 721-4203.

The purpose of this research is to increase understanding about how adolescents experience therapy, especially their experience of themselves in Multiple Family Therapy groups. This kind of research is important because very little is known about youths' experiences in therapy and this information will be helpful in planning services that are better suited to youth.

You are being asked to participate in this study because you were involved in facilitating a particular MFT (Multiple Family Therapy) group and your feedback about the expressed experiences of adolescents in this group based on your observations of adolescent participation in the group will provide an important credibility check for the results of this research

If you agree to voluntarily participate in this research, you will be asked to engage in a conversation with the researcher that is expected to take about 30 – 45 minutes. The researcher will provide general information about themes that are emerging from the preliminary analysis of data from interviews with adolescent participants. The information that will be shared with you will not breach the confidentiality of the adolescent participants since it will not include any names or identifying details. You will be asked if your observations from the group support any of the general themes from the expressed experiences of adolescents and whether you have additional observations about adolescent experiences of 'self' in the recent group. It will be extremely important that you do not share any identifying information with the researcher such as names or physical characteristics of the youth and that you speak in general terms so that you do not breach their confidentiality. Information about the possible participation of group facilitators as outlined here was provided to youth participants in the consent form. You will not be told which adolescents have volunteered to participate in the study.

You are under no obligation to participate in this research study and if you volunteer to participate you can choose not to answer any question and can choose to terminate the discussion with the researcher at any time with no negative consequence to you. If you do withdraw from the study your data will be destroyed. The study can still be completed without your involvement.

Participation in this study may cause some inconveniences such as the time it takes for the

discussion with the researcher. There are no known risks to your participation in the research.

The potential benefits of your participation in the research include increasing your understanding about the adolescent experiences of self in MFT groups, which may assist you in your work with adolescents and their families. The information that you share may be useful for other health care providers who are working with youth to improve the services that they provide.

In order to protect your anonymity your name will not be used in any reports or research documents. However, anyone who agrees to participate in the study needs to recognize that even though I will require that all participants keep information about other participants confidential, the researcher can not guarantee that they will do so.

The researcher will make notes to document the research discussion with you using a pseudonym of your choice. Your confidentiality and the confidentiality of the data will be protected by keeping the research documentation (paper and electronic notes) in a locked drawer or in a password protected file on the researcher's personal computer. The researcher will shred or electronically delete this data as soon as the study is completed or within two years. No one except the researcher and her supervisor will have access to this data at any time.

Written consent is required from you in order for you to participate in this study. To make sure that you continue to consent to participation in this research the researcher will also check your consent with you verbally immediately prior to the research discussion.

The results of this study will be provided to the Vancouver Island Health Authority and will probably be shared at professional conferences and other presentations to service providers, published in scholarly journals, and written in the researcher's thesis.

As well as being able to contact the researcher or the researcher's supervisor at the above numbers, you may verify the ethical approval of this study or raise any concerns you might have by contacting Dr. Peter Kirk, Director of Research and Evaluation, Vancouver Island Health Authority (250) 370-8261.

Your signature below indicates that you understand the above conditions of participation in this study and you have had the opportunity to have your questions answered by the researcher. In addition, you are volunteering to participate in the study and you are agreeing to keep all identifying information that you hold about adolescents, and others who participated in the MFT group, confidential and will only provide feedback about general themes and additional observations to the researcher if it will not jeopardize the confidentiality of MFT group members.

Group Facilitator Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher

Appendix D: Interview Guide

Prior to each audio taped interview the researcher will take time to have casual conversation with the youth to establish rapport and help them to feel more comfortable. A drink and a snack will be offered. The use of the tape recorder will be explained and the researcher will check whether the youth gives their consent for audio taping. The youth will have the opportunity to ask questions and they will be reminded that they do not have to answer any questions that they are not comfortable with and can stop the interview at any time. They will be told that even if they consent to audio taping they can turn off the tape recorder for portions of the interview if they choose. The researcher will explain to the youth that it is possible that some strong feelings will come to the surface when they talk about their experiences in the MFT group. If this happens and they are uncomfortable continuing they can let me know and we can stop talking at any time. If they become upset the researcher will make sure that time is taken to talk about their feelings and debrief, or if they wish the researcher will arrange for them to talk with a counselor at the centre. Participants will also be reminded that the researcher will maintain confidentiality except in the event that they share information about a) unreported sexual or physical abuse b) risk of self harm or suicide or c) risk of seriously harming someone else.

The central interview question is;

Can you tell me about your experiences of being in the MFT group and how it may have influenced the way that you see yourself?

It is anticipated that the researcher will need to explain the question by rewording and breaking the question down into several parts, for example;

Can you start by describing some of your experiences in the MFT group?

Do you think some of these experiences have affected or changed the way that you see yourself?

Can you share any new understandings that you have about yourself or ways that you see yourself differently because of participating in the MFT group?

The researcher will follow the youth's verbal and nonverbal cues throughout the interview/conversation and at times may attempt to elicit more detailed responses about topics that seem to be of importance to the youth or to clarify meanings using probes, for example;

Can you say something more about that?

Can you give a more detailed description of what happened?

What was it about ... (that experience)... that affected the way that you see yourself?

Are you saying that ... (summary of participant's statement about their experience)?

At the end of the audio taping the participant will be asked if there is anything else they would like to share about their experiences. The researcher will express appreciation and provide positive feedback about their participation. There will be an opportunity for the youth to ask questions and the youth will be given \$10.00 in compensation for their time and expert knowledge.

Appendix E: Tali – Excerpts from Analysis

Listening for the Plot

As I listened for the plot in Tali's narrative I heard the story of an introspective, withdrawn 15 year old girl who was confused and overwhelmed by her feelings. Her sadness and anger about feeling abandoned by her mother, difficulties with academics at school, and establishing positive peer relationships negatively impacted her ability to engage positively with her family. As her family relationships became increasingly conflictual and she was unable to express her feelings, she retreated to her room where she could escape by reading, drawing and spending time on her computer. Her isolation only added to her sadness and distress.

In the MFT group, Tali was able to listen to her family and hear how much they cared about her. She also realized from listening to other members of the group that she was not alone in having difficulty coping and she learned about how to express feelings, and strategies to improve her communication with her peers and her family. Feeling loved and understood, and knowing that she was not alone were key factors in strengthening and changing her sense of self. Tali has moved from feeling "outcast" and being "left in the dark" to seeing herself as "special" and more "confident", open to and worthy of the attention and love of friends and family. Tali's anger is still "there" and her voice is still uncertain at times, but her anger is dissipating and her voice is growing stronger as she experiences success in her efforts to be in-relationship differently.

Listening for the "I"

Tali's "I" Poem – Interview I

I didn't really want to go

I've been to enough counseling
I found that most of them really helped me
I think about what my family thought of me
I thought they didn't
I got upset most of the time
I didn't know how they felt
I didn't get angry
I let them speak
I'm not sure
I can
I more listened than talked
I guess
I can't explain
I was too quiet
I didn't make very good friends
I just got angry
I didn't know what was wrong with me
I haven't seen
I got angry at her
I believe they helped me
I feel the same instead of feeling different and outcast
I feel happier and not all gloomy
I believe so
I left the group of friends
I'm not ignored
I spent a lot of time in my room
I'm not sure
I guess
I've heard that a lot of times it's actually true that you want attention from your family
I decided I want to be ...um, nicer
I told them about it
I guess
I believe so
I don't think there's anything wrong with the group

Tali's "I" Poem – Interview II

I found out
I wanted to
I did
I like them a lot
I've been thinking about
I'm a forgetful person
I didn't remember, I don't remember, I don't even remember
I'm always angry, I don't know why or who I'm angry at or anything, it's just there
I was always angry and now it's OK

It's always...there? I guess you could say.
I guess the group noticed that my family loves me
I guess
I threw
I was angry
I say
I probably said
I'd actually
I'm not really sure
I'm kind of a shy person
I wouldn't even ask
I was
I was
I'll probably ask
I was shy but
I had to say
I was on my own, I was...um left in the dark?
I didn't want friends or anything
I may be shy at first
I'm not sure
I am
I just sat back and watched
I'm involved
I was happy and angry, well sad
I dreaded it
I had too much
I got annoyed
I got there
I had fun
I got to hang out with my family all together
I believe
I believe
I believe
I think I learned
I thought
I don't know
I see them differently
I'm letting it all out
I try to make them feel better
I try and cheer them up and try and solve it
I'll let them
I was too nervous
I don't know
I think
I guess
I think it was a good time to end

Listening for the “I”

In both interviews slightly more of Tali’s “I” statements are in the past tense than the present tense as she describes her experiences related to the MFT group that is now finished. In the two interviews her “I” statements reveal: past distress, for example “I just got angry” and “I didn’t know what was wrong with me”; uncertainty/not knowing, for example “I’m not sure” and “I guess”; new understanding, for example, “I think I learned” and “I see them differently”; agency, for example, “I didn’t get angry” and “I’m involved”; and continued challenges, for example, “I’m always angry” and “I’m a shy person.”

In the second interview Tali makes more “I” statements that indicate agency such as “I’m involved”, “I’m letting it all out.” I also noticed that she made several statements that revealed agency in relation to others such as “I try to make them feel better”, and “I try and cheer them up and try and solve it.”

Listening for Contrapuntal Voices

When I listened to Tali’s narrative for contrapuntal voices that expressed psychological risk and loss or psychological development, I determined that I heard two main voices. I named the first voice her *diminishing vulnerable voice* that represented her difficult feelings (anger, sadness, loneliness), her uncertainty/not knowing, and her struggles to express herself and to relate positively to others. This voice was more prominent in her story of the past but was still present as she spoke about her current experience revealing continued challenges in relationships. The second voice I called her *emerging connecting voice* that represented her increasing confidence and agency, her emerging authentic voice, and her developing ability to be in positive relationship with

others. This voice was becoming stronger, perhaps as she adjusted to her strengthened sense of herself as loved and worthy, her mood improved, and she became more comfortable and successful in her relationships with others.

Appendix F: Gillian - Excerpts from Analysis

Listening for the Plot

Listening to Gillian's narrative I heard a story of a mature, confident, articulate, and expressive 18 year old, who cares deeply about her family. Gillian was reflecting about herself and her place in the world as she began to navigate the transition from high school to becoming a responsible young adult. She is a hard working, motivated, capable individual who has a lot of friends including close friends who are important to her.

Gillian was introspective but also interested in supporting others and this motivated her to participate in the group. She related that one of the most important things she learned in the MFT group was to listen to others. Through this experience she explained that she learned a great deal about herself and her family members, and gained insights about her peers. Gillian feels that these new understandings have led to changes in her behavior and the behavior of her family members that have impacted their relationships positively. Gillian has let go of the parenting role she held to some degree with her younger brother and renegotiated a more supportive accepting relationship with him. This is based on her realization that he needs to be responsible for his own life and is capable of doing so. Gillian also spoke about her valued relationship with her father that has deepened through improved more meaningful communication between them related to increased understanding. Gillian is relieved that her father and brother are no longer fighting with each other and that her brother is "growing up" and is more relaxed and happy. She is excited as she anticipates what the future holds for her and begins making plans.

Listening for the “I”

Gillian spoke very extensively about her experiences and her transcripts were very long so I have chosen excerpts of her “I” poems below to illustrate how she used her “I” voices. In the first interview Gillian spoke with little prompting and made frequent strong “I” statements with more of them relating to herself than to others. In the second interview Gillian spent more time talking about the culture of the group and she made fewer “I” statements. Her “I” statements were also more balanced between reflections/comments about herself and reflections/comments relating to others.

This excerpt demonstrates the strength of Gillian’s agency in expressing herself.

I was able to talk
 I speak my mind with my family
 I will not hold anything back with my family
 I’ll tell them
 I don’t think it was really a shocker
 I’m just like that
 I speak my mind
 I don’t have a problem speaking my mind

The following section of her “I” poem demonstrates her process of reflection with the statements “I realize”, “I see”, “I thought”, “I think”, “I think”, “I think”, “I think.” Gillian is thinking/reflecting on her relationship with her father in relation to her transition to young adulthood and the experiences that they had in the group. Her wish to maintain a strong connection with him, her interest in pleasing him and taking care of him, and uncertainty about how much she can continue to rely on him are apparent. Though they have deepened their communication she is realizing that there may be other changes in the way that she will relate to him as an adult.

I don’t know
 I guess
 I don’t know

I would come home and think about it
 I felt like he felt like
 I probably wouldn't get him to talk like that
 I find that my Dad expresses himself a lot more now
 I can come running to him
 I realize that he's just like me
 I see that I'm just like him
 I can't always depend on him
 I thought he was
 I'm getting older
 I'm kind of more on the same level
 I'm kind of an adult
 I'm like in the same category
 I'll be able to tell
 I know
 I'll feel kind of responsible trying to like think of a way to make it better
 I know that no one else will be able to and
 I can try if I want to because
 I'm his daughter and he respects me
 I think he realized
 I always find that me and my Dad have really deep conversations
 I think after the therapy
 I think he realized even more I'm really wise
 I think he was proud of me

In the next excerpt Gillian is reflecting and acknowledging her limitations as a human being but there is still a sense of agency rather than vulnerability in her assertions.

I thought I had the answers to everything
 I thought I knew how to act
 I'm just a human being
 I can't hold it in and pretend I know everything
 I've know that all along I just needed something to push me to make me feel it
 I need to feel it first to know

Listening for Contrapuntal Voices

When I listened to Gillian's narrative for contrapuntal voices I heard a self-confident, connected voice that I called her *resilient voice*. This voice represents her strength and agency in relationship with her family and friends. I also heard a voice that demonstrated listening, self-reflection and change in her sense of herself and her

relationships. I called this her *transforming voice* to represent the conscious process of reflection and redefinition that she is engaged in as she begins her transition from high school to young adulthood.

Appendix G: Cindy – Excerpts from Analysis

Listening for the Plot

When I listened to Cindy's narrative I heard a lively, intensely emotional young woman who was looking for acceptance and support. Cindy had struggled with ongoing conflict at home and intermittently with peers and didn't know how to manage or express her feelings in ways that would support positive relationships. She often accommodated to the needs of others in order to avoid rejection and expressed frustration through angry outbursts at home.

As Cindy listened to other group members she gained perspective about her family and other relationships and learned about how she could try to do things differently. Feeling heard strengthened her sense of herself and gave her confidence to express herself more often, to consider how to meet her own needs, and to start working on changing her behavior.

Cindy felt the pain of others in her family but as communication between her family members improved and Cindy and her siblings felt able to express their feelings more openly this reduced the tension that they had all been experiencing. Cindy had also felt burdened with household chores. As she felt better about herself she started to set more appropriate boundaries and her siblings began to take more responsibility with helping around the house and meeting their own needs.

As Cindy realized that she deserved to be treated respectfully she also reassessed her friendships and began to interact with her peers more assertively. With her new found confidence she was better able to resist criticism from others and to identify her personal goals.

Listening for the 'I'

Cindy's transcripts were lengthy so I have represented excerpts below that demonstrate her shifting sense of her self. The first excerpt from the 'I' poem relates to her description of a misunderstanding involving her friends that she had no idea how to handle and retreated from. She demonstrates her uncertainty with 'I' statements such as 'I guess', 'I don't know', 'I just totally wasn't sure'. These contrast with her comments describing how she would handle it differently if it happened now when she says 'I'd handle it better' and 'I'd actually probably go and try and talk to them instead'.

I guess
 I don't know
 I guess
 I was really close to her
 I could actually hear her
 I don't know why we hang out with her
 I guess it was between those two that we kind of had that fight
 I just totally wasn't sure
 I highly doubt it
 I'd handle it better
 I'd actually probably go and try and talk to them instead
 I'm kind of like
 I'm me and the way I am

The second excerpt from Cindy's 'I' poem demonstrates her increasing agency reflected in her desire to express herself, voiced insights about herself, and positive statements about changes in how she views herself.

I guess
 I think
 I know
 I didn't have to talk
 I wanted to talk
 I talked
 I'm not as shy
 I'm more talkative
 I feel a lot more confident

I don't know
I guess it was because they let me be able to talk
I felt
I thought
I should probably do that more often
I realized
I could see
I think of myself as the same as before except a little more confident
I'm not really sure
I guess you could say I'm a little more outgoing now
I've realized that my face doesn't go red as much

Listening for Contrapuntal Voices

When I listened to Cindy's story for contrapuntal voices I heard two main voices. I named the first voice her *diminishing uncertain/conforming voice* that represents her hesitancy to express herself authentically with her family and friends, her felt pressure to conform to the expectations of others in order to gain acceptance and avoid rejection, and her uncertainty about her self as a developing young woman in relationship with others. This voice is becoming less prominent than the second voice that I called her *emerging resisting/transforming voice*. The second voice represents her emerging strengthening sense of self related to her increasing authentic self expression, her increased awareness and beginning resistance to the expectations of others, and transformations of her self in relationship with others.