

A Narrative Exploration of Identity in Female Adolescents with Type 1 Diabetes

by

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ABSTRACT

Type 1 diabetes is a chronic illness affecting approximately 200,000 children and adolescents in Canada (Canadian Diabetes Association, 2003). Throughout the school years, adolescents with diabetes go through a range of medical, emotional, educational, and familial challenges stemming from their experiences with diabetes (Kyngas, Hentinen, & Barlow, 1998). Research on identity formation in adolescents with diabetes, including youth voices, is limited. This research employed a narrative research design using auto-photography to explore narrative identity through female youth perspectives on self-descriptions and self-understanding. Content analysis and readings were conducted with interview transcripts. Analysis highlighted the complexity and multi-faceted nature of female adolescent identity. The salient aspects of across participant analysis included: (1) the importance of relationships, (2) diabetes as one aspect of self, (3) dislike of diabetes, (4) and the importance of knowing oneself (5) body awareness, (6) responsibility and strength. Implications for research, counselling, and health care practice were addressed.

Supervisor: Dr. E. Anne Marshall (Department of Educational Psychology and Leadership Studies)

TABLE OF CONTENTS

ABSTRACT.....	ii
TABLE OF CONTENTS.....	iii
LIST OF TABLES.....	vi
LIST OF FIGURES.....	vii
ACKNOWLEDGMENTS.....	viii
DEDICATION.....	ix
CHAPTER 1: INTRODUCTION.....	1
Purpose of the Study.....	3
Constructivism as a Conceptual Framework.....	3
Definitions of Terms.....	5
Narrative Identity.....	5
Adolescence.....	6
Type 1 Diabetes.....	6
Approach Considerations.....	6
Summary and Overview.....	7
CHAPTER 2: LITERATURE REVIEW.....	9
Introduction.....	9
Development of Narrative Identity.....	9
What is Narrative Identity?.....	9
Constructs of Narrative Identity.....	10
Infancy and Childhood.....	11
Adolescence.....	13
The Experience of Living with Type 1 Diabetes.....	15
Effects of Chronic Illness on Identity.....	19
Summary of Chapter Two.....	23
CHAPTER 3: METHODOLOGY.....	25
Qualitative Approach.....	25
Research Design.....	27
Participants.....	29
Data.....	30
Procedures.....	31
Data Collection.....	32
Study Soundness.....	35
Researcher Reflexivity.....	38
Summary of Chapter Three.....	39
CHAPTER 4: ANALYSIS.....	41
Within Participant Analysis.....	41
Analysis.....	47
Heloise – Following her own path	
Participant Profile.....	47
Themes.....	50

Timeline.....	55
Samantha – Trying to find her way	
Participant Profile.....	56
Themes.....	59
Timeline.....	63
Rachel – Sports and friends shape her life	
Participant Profile.....	64
Themes.....	66
Timeline.....	70
Liz – Jumping into life head first	
Participant Profile.....	71
Themes.....	74
Timeline.....	80
Jade – Laid-back approach to life	
Participant Profile.....	81
Themes.....	82
Timeline.....	86
Scarlet – Finding inspiration in the stories of others	
Participant Profile.....	87
Themes.....	91
Timeline.....	97
Participant Narrative Considerations.....	98
Across Participant Analysis.....	99
Meta-themes.....	99
Summary and Integration.....	114
Summary of Chapter Four.....	118
 CHAPTER 5: DISCUSSION.....	 120
Introduction.....	120
Participant Stories and Constructivism.....	121
Participant Stories and Narrative Identity.....	121
Multi-faceted Self-Descriptions and Self-Understanding.....	124
Diabetes and Lifestyle.....	125
Relationships Teach and Support.....	128
Photographs Enabled Depth and Variety.....	129
Research Considerations.....	129
Summary of Chapter Five.....	130
 CHAPTER 6: CONCLUDING REMARKS.....	 132
Female Adolescent Identity.....	132
Life with Type 1 Diabetes.....	134
Implications for Research.....	137
Implications for Counselling.....	139
Implications for Health Care Professionals.....	142
Personal Learning.....	145
As a Counsellor.....	145

As a Researcher.....	147
Conclusion.....	148
REFERENCES.....	149

LIST OF TABLES

Table 1 – *Participant Demographics*, page 50

LIST OF FIGURES

- Figure 1 – *One of Heloise’s collages*, page 47
- Figure 2 – *Heloise’s Timeline*, page 55
- Figure 3 - *Flowers are delicate and colourful -Samantha describes herself this way*, page 56
- Figure 4 – *Samantha’s Timeline*, page 63
- Figure 5 - *Rachel playing soccer, a “team sport”*, page 64
- Figure 6 – *Rachel’s Timeline*, page 70
- Figure 7 – *Lambs represent Liz’s soft side*, page 71
- Figure 8 – *Liz’s Timeline*, page 80
- Figure 9 – *Jade’s Timeline*, page 86
- Figure 10 – *Faith is the most important thing in Scarlet’s life*, page 87
- Figure 11 – *Scarlet’s Timeline*, page 97

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DEDICATION

I'd like to dedicate this to young people
who embrace life and inspire fullness of experience in the lives of others.

Chapter One - Introduction

Type 1 diabetes (also known as insulin dependent diabetes mellitus, IDDM) is a life-threatening disease affecting approximately 200,000 children and adolescents in Canada (Canadian Diabetes Association, 2003). Type 1 diabetes represents the inability, or limited ability, of the pancreas to produce insulin; insulin is required in order for sugar to be processed as energy. The majority of current research on Type 1 diabetes focuses on the causes, treatment, and care. However, there is limited research that explores the effect this disease has on the psychological growth and development of adolescents. In particular, the voice of adolescents on these critical issues is limited. Throughout the school years, adolescents with diabetes go through a range of medical, emotional, educational, and familial challenges stemming from their experiences with diabetes (Dunning, 1995; Kyngas, Hentinen, & Barlow, 1998; Williams, 1999; 2000). Although it is apparent that many youth share the same feelings, it is also true that each experience with Type 1 diabetes is different. The knowledge that exists regarding youth experiences with diabetes is lacking and is often described by health professionals or academics rather than the youth themselves.

The issue of identity as it relates to female adolescents with Type 1 diabetes interests me on both a professional and personal level. Professionally, I am interested in this topic because it is a relatively unexplored area. It is exciting to embark on an investigation that focuses on a topic for which little is known. The research that does exist speaks to the lifestyle restrictions placed on adolescents due to living with Type 1 diabetes, the singular focus on the disease in adolescents' lives, and adolescents' desire for professionals to view them as individuals rather than generic templates. I believe that these assertions have

important implications for identity formation in adolescents with Type 1 diabetes and because of this, I am professionally interested in this topic.

On a personal level, I am interested in the topic of identity because I believe it is a construct relevant across the lifespan. I believe that one's identity is constantly evolving as roles change and new experiences are lived in an individual's life. Furthermore, an understanding of identity is knowledge that is applicable to all people. I believe that personal growth and development are facilitated through exploring one's self-understanding. As a graduate student in counselling psychology, I am interested in learning about change and growth on multiple levels.

Individuals living with Type 1 diabetes must adhere to a "life-long, complex, multi-component treatment regimen" (Griva, Myers, & Newman, 2000). Daily injections of insulin are required. The maintenance of close-to-normal blood sugar levels requires a continuous balancing of diet, exercise, and medication. Individuals with this illness must plan their meals which helps to regulate the blood sugar levels in the body and they must engage in regular exercise which helps to lower blood sugar levels and reduce stress (Canadian Diabetes Association, 2003).

Adolescence is a time when youth step away from the security of childhood and enter a period of self-exploration. It is important for youth to have the opportunity to experiment with their sense of self so they may begin to discover who they are (Erikson, 1968). Adolescents with diabetes express concerns about a loss of independence as a result of living a regimented life closely monitored by health care professionals and parents (Dunning, 1995). This reported loss of independence has important implications for effective

functioning in relation to future life decisions about health, relationships, education, and work.

Little is known about the role that Type 1 diabetes plays in the development of identity in adolescents. The information that is known about adolescents with this illness is described by health care professionals and researchers; the voice of youth in the current body of literature is limited. Thus, the research focus for this study was an exploration of identity in female adolescents with Type 1 diabetes. The specific research questions was, “how do female adolescents, aged 13-18 years, living with Type 1 diabetes understand and describe their identity?”

Purpose of the Study

The general purpose of this study was to use a narrative approach to explore the self-descriptions and self-understanding of female adolescents aged 13-18 years living with Type 1 diabetes. More specifically, this research invited female adolescents with Type 1 diabetes to share their stories about their knowledge of self. This study was also intended to contribute to the existing body of knowledge regarding Type 1 diabetes by including youth voices that are lacking in current literature.

Constructivism as a Conceptual Framework

Constructivism is a theory that explains that the nature of human beings is to create and shape as we interact with and make sense of our environment (Spivey, 1997). For the purposes of this research, I worked within a constructivist framework as I explored how female adolescents with Type 1 diabetes construct their identity. Spivey asserts that human beings are “builders, shapers, and designers” who construct physical, tangible products as well as mental products (meanings). Meanings are represented through interpretations,

intentions, memories, plans, understandings, etc. Furthermore, Spivey maintains that human beings want to share our meanings with others. A constructivist view asserts that human experience stresses “meaningful action by a developing self in relationship” (Mahoney, 2003, p. 5). Thus, constructivism assumes that individuals actively create meaning in relation to environment and that individuals then desire to communicate these constructions with others.

Mahoney (2003) outlines five main themes in constructivism: (1) active agency, (2) order, (3) self, (4) social-symbolic relatedness, and (5) lifespan development. Through a constructivist framework, individuals are viewed as *active* participants in their lives (Mahoney). Thus, individuals are seen as “constructive agents” who build, rather than receive, meaning or knowledge (Spivey, 1997). The need for *order* as humans build meaning in their lives is the second theme of constructivism. Mahoney explains that “we develop patterns and create meanings, and we do most of this without being aware of what we are doing.” (p. 6). Furthermore, the process of sequencing and sense-making is shaped by the ways of seeing, thinking, and knowing that individuals bring to each experience (Spivey).

The organizing of our worlds begins with self-organization (Mahoney, 2003). Constructivism places emphasis on one’s relationship with *self* and recognizes that each individual’s self-organizing is distinctive. Furthermore, and most importantly for this study, constructivism honours “the unique perspective of the experiencing agent.” (p. 7).

However, the organizing of our worlds moves beyond self-organization to include our relationships with others. It is in relationship that we are born and this is where we continue to live and learn (Bandura as cited in Mahoney, 2003). We are social creatures. Bruner (1986) asserts that storytelling is one of our “favourite” ways to both organize and relate our experiences to others. Furthermore, Mahoney explains, “...a large part of our meaning

making is experienced and expressed as a narrative: our stories, our selves. Stories may teach and sooth. They can also challenge and inspire.” (p. 7-8).

Finally, constructivism emphasizes *lifelong development* that is experienced in cycles and spirals (Mahoney, 2003). Development may be characterized by periods of disorder and reorganization of core patterns. Furthermore, each individual’s development is unique.

Definitions of Terms

There are a variety of constructs relevant to this research. The following definitions are offered to facilitate understanding of the terminology used in this study. The subsequent terms will be defined: narrative identity, adolescence, and Type 1 diabetes.

Narrative Identity.

There is much diversity in the literature with regards to the definition of identity. The present research makes use of the construct of narrative identity (Singer, 2004) which has a distinctive and clear meaning and fits with both a constructivist framework and a narrative methodology. Narrative identity views identity formation as a lifelong, evolutionary, and relational process in which individuals construct stories about who they are (McAdams, 1990; Singer). It is through the telling and re-telling of a story, or stories, that narrative identity evolves. Identity is a construct that represents the distinctive personality structure of an individual and also includes the descriptions held by others of the personality structure (Bosma, Graafsma, Grotevant, & de Levita, 1994). A person’s awareness of their “personal sameness, continuity, and uniqueness” is occasionally included in the definition of identity (Bosma, et al., p.176). Furthermore, Hart, Maloney, and Damon (1987) state that identity consists of two components, (1) the acknowledgment that the self is continuous over time and (2) the acknowledgement that the self is unique, or distinct from others.

Adolescence.

For the purposes of this research, adolescence refers to 13-19 years of age.

The period of adolescence was chosen for this research because young people in this period are beginning to form a more consolidated, and integrated identity. Adolescence is a time in which individuals are faced with decisions that require individuals to reflect on who they are and where they want to go. Applying for university or starting a career are examples of life tasks that invite self-reflection. In late adolescence, the self is described in the abstract and includes internal qualities and characteristics of the individual (Harter, 1999a).

Type 1 Diabetes.

Type 1 diabetes is one of the most common chronic illnesses in children (Edgar & Skinner, 2003). This type of diabetes is not preventable and onset usually occurs in childhood and adolescence. Type 1 diabetes occurs as a result of an inability of the pancreas to produce insulin which is required in order for the body to turn sugar into energy (Canadian Diabetes Association, 2003). Various health complications (e.g. blindness, kidney disease, limb amputations) and even death can result from Type 1 diabetes (Canadian Diabetes Association).

Approach Considerations

Due to the scope of the general research approach (a qualitative design using narrative and photo essay techniques), I recognize the boundaries of the framework utilized in this study. The study involved 6 adolescent young women aged 13-18 years who have been diagnosed with Type 1 diabetes for at least 2 years. The understanding and insight gained relates to the data collected through narrative interviews and photo essays.

Participants were expected to be honest with their responses. Furthermore, given that living

with diabetes is a distinctive experience, the data collected may be representative of only those individuals that participated in this research. The timeline for this study was from March 2005 to May 2005. Because life narratives are bound in time and social context (Habermas & Bluck, 2000), the findings from this research study are situated within a particular space and time.

Summary and Overview of Thesis

Type 1 diabetes is the most common chronic illness facing children and youth in Canada and requires a regimented lifestyle. This strict schedule limits independence for adolescents in a period which is developmentally characterized by autonomy seeking. The majority of research that currently exists on Type 1 diabetes focuses on the medical aspects of the illness (e.g. treatment of the disease, regimen adherence). There is limited information that offers insight into the effect this chronic illness has on the psychological development of adolescents with Type 1 diabetes, specifically the development of identity. Furthermore, in the literature on diabetes, adolescent perspectives are minimal. Using a narrative approach, this study will add to the existing knowledge base concerning the experience of living with Type 1 diabetes through exploring female adolescent perspectives.

Relevant research and literature will be reviewed in Chapter Two. The following three areas will be discussed: (1) the development of narrative identity, (2) the experience of living with Type 1 diabetes, and (3) the effects of chronic illness on identity. Chapter Three will outline the methodology used in this exploratory study. Chapter Four presents the analysis of the data which consists of Within Participant Analysis and Across Participant Analysis. The discussion about the findings and considerations for this research are presented in Chapter Five. Chapter six includes a final summary of the key points and

outlines the implications this research has for future research, counselling, and diabetes health care.

Chapter Two - Literature Review

Introduction

Type 1 diabetes is a chronic illness that is generally diagnosed in children and youth during their school years. Throughout these years, youth with diabetes go through a range of medical, emotional, educational, and familial challenges that stem from their experiences with this illness (Dunning, 1995; Kyngas et al., 1998; Williams, 1999; 2000). Adolescents share many similar feelings and experiences, however, it is also true that each adolescent's experience with Type 1 diabetes is different. In order to recognize how diabetes can play a role in identity, it is important to understand how narrative identity develops in childhood and adolescence, the lifestyle led by an individual with this illness, and finally, how chronic illness can impact the formation of narrative identity.

Development of Narrative Identity

What is Narrative Identity?

Narratives are stories that have a beginning, middle, and end as well as characters and plotlines. Narratives rest on the assumption that we are storied individuals who make meaning through the telling of stories (Muller, 1999). Narrative identity views identity formation as a lifelong, evolutionary, and relational process in which individuals construct stories about who they are (Singer, 2004). Singer asserts,

To understand the identity formation process is to understand how individuals craft narratives from experiences, tell these stories internally and to others, and ultimately apply these stories to knowledge of self, other, and the world in general. (p. 438).

Stories about the self change to incorporate new life experiences. It is through the telling and re-telling of a story, or stories, that narrative identity evolves. Furthermore, our ability to tell

stories and make meaning from stories changes over the lifespan (Singer). Narrative identity is the meaningful integration and temporal organization of “self elements” into a “whole” (McAdams, 2001). The term *self elements* refers to roles, relationships, and experiences that exist within and surround a given life (McAdams).

Constructs of Narrative Identity.

A narrative approach to identity encompasses a multitude of constructs designed to represent the features of narrative identity. Choice is an element influencing narrative identity formation. McAdams (2001) asserts, “We choose the events that we consider most important for defining who we are and providing our lives with some semblance of unity and purpose” (p. 110). McAdams (1990) refers to the chosen events and life experiences as *nuclear episodes*. He describes two categories within nuclear episodes, episodes of change and episodes of continuity. Episodes of change are those events that are viewed by the individual as turning points. Contrastingly, episodes of continuity refer to certain events in the story that confirms an identity truth as viewed by the story maker.

The audience influences those decisions we make about what to share and how to share it. Singer (2004) explains that narratives “...force us to ask about their audience and how their construction seeks to answer certain problems raised by the various subgroups to which we belong.” (p. 444). Considerations of choice and audience in narrative identity means that narratives can be shared in a way that is free from a potential reductionist theory (Singer), allowing narratives to encompass variety and breadth.

Stories of identity are organized according to multiple dimensions. Global coherence represents the consistent and logical organization of memories and other “self-relevant” information into a life story (McAdams, 1985). Habermas and Bluck (2000) outline four

types of global coherence, they are temporal, causal, thematic coherence, and the cultural concept of biography. *Temporal* coherence refers to the organization of events in such a way that one is temporally related to another. *Causal* coherence is central to life narratives and represents the links and relationships between events in a period of life. This type of coherence also encapsulates the shifts in personality and values due to experienced events and is key to the life story when the individual seeks to make links between events and self. Themes that exist throughout the various elements of a life story is that which comprises *thematic* coherence. An example of a thematic category may be “life is a struggle”. Finally, the *cultural concept of biography* refers to “the normative cultural notion of the facts and events that should be included in life narratives (e.g. birth, affiliations with and transitions from the family)” (p. 152).

Questions about “who am I?” spark the search for identity. McAdams (1999) states that it is not until late adolescence and early adulthood that one begins to ask herself this question. Her reflection may include, “How do I fit into the adult world?” and “How do I construct a unified and purposeful life as an adult?” (p. 485).

Infancy and Childhood.

Even though the conscious search for narratives about the self begins in adolescence, an understanding of stories exists in infancy and throughout childhood (McAdams, 1990). McAdams asserts that quality of attachment in infancy can set “narrative tone”. At this phase of life, the attachment between infant and care-giver is being formed (Erikson, 1968). This attachment provides a long-lasting and unconscious outlook on people, the world, and the self (Sroufe, 1979).

Howe and Courage (1997) assert that in the second year of life autobiographical memory emerges. Autobiographical memory is comprised of a variety of personal information and experiences that may be unrelated to one's identity (McAdams, 2001). This memory is relevant to narrative identity because it represents the ability to have memories about the self. Applebee (1978) describes early stories as very basic, however as children grow older, they increase in complexity and distinction. Early childhood is "when children have consolidated a basic sense of 'I' and reflexively begun to build up a primary understanding of 'me'" (p. 104).

Children are able to share their own memories in story form (McAdams, 2001). In McAdams' life story model of identity, early childhood is a time in which stories centre on the presence of images (i.e. pictures, symbols). Intention and theme enter into stories when children are in elementary school. Habermas and Bluck (2000) explain that children possess "event representations that allow them to integrate temporally proximal episodes into a story format structured by goals." (p. 149). This ability, however, is limited to a single story. The understanding of simply structured, goal-directed stories exists at the end of childhood. McAdams (1990) states that prior to adolescence, thinking is limited to "the concrete and immediate world" (p. 164). Conceptions of self and self-evaluations are influenced by the normative developmental "all or none thinking" (Harter, 1999a). Children are only able to see themselves as "all smart" or "all nice." This phase of cognition creates generalizations about self and behavior. Rosenthal (as cited in Habermas & Bluck, 2002) asserts that because children have experienced fewer life events and transitions, they lack the motivation to generate a life story (Rosenthal as cited in Habermas & Bluck, 2002). However, to date, research has not explored the presence of life stories in children.

Adolescence.

Self-exploration occurs during adolescence as youth step away from the safety of childhood. Adolescence is a period marked by a multitude of developmental changes. There are physiological changes related to puberty, cognitive changes, and alterations in social expectations (Harter, 1999a). Habermas and Bluck (2000) explain that the impetus to create a life story is a result of the age-typical demands of adolescence. General life events in adolescence, such as applying for a job or going to university, afford adolescents with opportunities to reflect on the biography of their lives. Erikson (1968) believed that adolescence is the developmental period in which it is imperative that individuals have the opportunity to experiment with many identities. In order to experiment with and discover their identity, he said that adolescents must be presented with a time in which there aren't excessive responsibilities or obligations.

It is in adolescence when individuals begin to take a historical perspective in order to "integrate his or her own past, present, and future into a coherent and self-defining life story" (McAdams, 1990, p. 191). With the ability to take such a perspective, adolescents are able to reorganize past events in order to emphasize those experiences that signify self-continuity or change.

The period of young adolescence (approximately 13-15 years of age) is also associated with some all or none thinking; however, in this period, adolescents are able to recognize and acknowledge the existence of different relational contexts (Harter, 1999a). This means that an awareness of the self and feelings about the self are different depending on context. At this stage, social comparisons form the basis for feelings about the self (Harter, 1999a). Early adolescence contains contradictions in the way individuals define

themselves and they have difficulty understanding how the contradictions can co-exist. The presence of different contexts and different perceptions about the self in these contexts leads to “compartmentalization” of the self (Harter, 1999a). Thus, adolescents view the self as a certain way in one environment and as a different way in another environment. Abstract ideas and conceptualizations about the self are beginning to form in early adolescence. However, young adolescents are not yet able to connect the compartments of the self; thus, the self image is disconnected and separate.

Late adolescence (approximately 17-19 years of age) is characterized by the ability to think abstractly about the contradictions that exist within the individual (Harter, 1999). Furthermore, it is a period in which contradictions about self-descriptions can be present without causing distress. The abstract conceptualizations of oneself can become integrated (Harter). The contradictory information about the self is recognized as both normal and desirable. The self is viewed as flexible. Furthermore, as individuals develop, the focus on external sources of esteem changes to reflect the importance of internal structures. Harter states, in late adolescence “Attributes reflecting personal beliefs, values, and standards become more internalized.” (p. 85). Adolescents describe themselves according to internal qualities (private, unobservable) rather than behavioural abilities (Harter, 1990).

McAdams’ (1985, 1990, 2001) view of the cognitive abilities of individuals in late adolescence is in line with the above stated literature; however, McAdams refers to the internalization of values as the “ideological setting”. In adolescence, stories become rooted in the ideological setting which is just beginning to be explored and formed (McAdams, 2001). The ideological setting is “an internally consistent and logical system of beliefs and

values...that will put the self into context” (McAdams, 1990, p. 161-162). In describing the cognitive abilities of an individual in mid-late adolescence, McAdams states

...the 16 year old can step away, in a cognitive sense, from his or her operations on the world and perform operations on these operations, engage in analyses of prior analyses, think about thinking. The adolescent’s mind expands to consider even his or her own thought processes, taking thought itself as an objective of reflection. (1990, p. 164).

The Experience of Living with Type 1 Diabetes

A lifelong, complex, multi-component treatment regimen is required for those individuals living with Type 1 diabetes (Griva et al., 2000). The maintenance of close-to-normal blood sugar levels requires a continuous balancing of diet, exercise, and injections of insulin. It is important that individuals with diabetes are aware that other factors, such as stress, illness, alcohol, and other medicines, can impact blood sugar levels (Canadian Diabetes Association, 2003; Edgar & Skinner, 2003). Individuals with this illness must also engage in ongoing education; they must plan their meals which helps to regulate the blood sugar levels in the body; and they must engage in regular exercise which helps to lower blood sugar levels and reduces stress (Canadian Diabetes Association).

Adolescents with diabetes express worry about a loss of independence as a result of living a regimented life closely monitored by health care professionals and parents (Dunning, 1995). This regimented schedule interferes with every aspect of the adolescents’ life (Skinner & Hampson, 1998). Parents of adolescents with diabetes are often anxiously watching over their children; this excessive control can impede the adolescents’ developmental process of separating from family and orienting more towards peers (Cappelli,

McGrath, McDonald, Katsanis, & Lascelles, 1989). Adolescents unable to separate from the family become more childlike and dependent (Hamlett, Pellegrini, & Katz, 1992). All adolescents struggle to obtain their independence; for adolescents with diabetes the struggle can be more difficult due to restrictions created by their disease (Hoette, 1983).

The restrictive lifestyle necessary for those with Type 1 diabetes is one that requires self-discipline and responsibility. High levels of control and responsibility are unusual for the period of adolescence (Anderson, Auslander, Jung, Miller, & Santiago, 1990). Not surprisingly then, the literature on adherence to diabetes regimens points to a decline in adolescence (Williams, 2000). Furthermore, the restrictions placed on the lifestyle of an adolescent with Type 1 diabetes can cause difficulty in peer relationships (Connolly, White, & Stevens, 1987). Literature demonstrates that adolescents with chronic illness are often discouraged when forming close peer relationships (Connolly et al.). Such discouragement may be the result of feeling different from one's peers and the inability to live the same lifestyle (e.g. diet). Adolescents with Type 1 diabetes are only able to engage in the "typical activities of a teenager" (e.g. eating junk food or consuming alcohol) if they take special precautions or accept the health risks that accompany such behaviours (Seiffge-Krenke, 1998b).

Support networks are crucial for the well being of adolescents with chronic illness (Kyngas, 2004). Kyngas explored adolescent perspectives on support networks and found that parents, peers, health care providers, technology, and pets were important components of these networks. Parents who engaged in a dialogue with their chronically ill adolescents and demonstrated genuine interest in the adolescent's overall life, offered beneficial support compared to parents with an illness treatment focus. Similarly, health care professionals who

demonstrated empathy and understanding regarding the adolescent's life were viewed as helpful supports compared to "experts" who focused only on the illness. Peers were also important in the support network providing emotional support. It was found to be beneficial for chronically ill adolescents to have friends with and without chronic illness.

Health care professionals expect adolescents with Type 1 diabetes to be both competent and independent with regard to their self-care (Williams, 1999). Thus, many female adolescents feel obligated to demonstrate that they are in control and can manage their diabetes. Williams asserts that from these feelings of obligation comes adolescent behaviours that serve to hide non-adherence to the diabetes regimen; guilt and blame accompany these behaviours. Furthermore, Williams stated that young women with diabetes were often reluctant to request support because they believed others expected them to be self-caring. In a study of adolescents living with diabetes and the role of gender, Williams found that 4 out of the 10 female participants had an intentional and lengthy period of non-adherence. When asked to explain this non-adherence, many of the girls had difficulty identifying a reason.

Diet is an important component of the diabetes lifestyle as it relates to the control of blood glucose. Williams (2000) noted that girls showed an increased likelihood of adapting their diets, which can often negatively affect their health.

Girls overwhelmingly mentioned poor diet as the key reason for their sub-optimal control of diabetes, and this was usually combined with feelings of guilt and negative health evaluations. (Williams, 2000, p. 393).

Miller, Willis, and Wyn (as cited in Williams, 2000) noted that diet and weight is more of an issue for young girls compared to young males due to society's emphasis on physical

appearance and body shape. Erkolahti, Ilonen, and Saarijavi (2003) conducted a study exploring the various components of self image in chronically ill adolescents. They found that those adolescents with chronic illness scored lower on body image scales than healthy adolescents.

Youth report that their diabetes experience is unique (Hernandez, 1995). However, they often feel as though health care professionals' approach to diabetes care follows a template that is applied in exactly the same way with each individual. Hernandez's research on youth's responses to diabetes supports the desire for health professionals to treat each patient individually, taking into account the individual differences. Furthermore, adolescents with diabetes state that they want to work with health care professionals in setting goals for maintaining health. This would allow the adolescents increased control over their experience and health and ultimately create an environment in which adolescents are treated as individuals (Hernandez, 1995; Kyngas et al., 1998).

There is a tendency for diabetes health care professionals and family members to place major focus on the adolescent's diabetes neglecting the other aspects of their life (Kyngas et al., 1998), such as interests and extracurricular activities. This illness focus falls into what Conrad (1990) describes as an "outsider perspective". He explains,

Outsider perspectives view illness from outside the experience itself, minimizing or ignoring the subjective reality of the sufferer. They see the patient, disease or illness as an object or something to be affected. (p. 1259).

In contrast, the "insider" perspective places more emphasis on "the subjective experience of living with and in spite of the illness." (p. 1259). Thus, the insider perspective emphasizes participating in life while living with an illness. This perspective is of a broader picture not

limited to the illness. A singular illness focus is important to be aware of given that the opinions and beliefs of significant others are a primary source of feedback for the adolescent self (Harter, 1999a). If the feedback that adolescents receive is only on the diabetes, then it makes sense that the adolescent may begin to internalize a sense of self that holds diabetes as self-defining.

Effects of Chronic Illness on Identity

As mentioned earlier, there exists limited research exploring the role that Type 1 diabetes plays on the psychological growth of adolescents. However, the research that does exist highlights some important points for consideration when investigating identity in adolescents with a chronic illness such as diabetes.

Peer relationships are central in adolescence (Hartup, 2001). These relationships offer opportunities for socialization as well as for the regulation of emotions and self-understanding. Females demonstrate “higher identity exploration” when in peer and romantic relationships compared to males (Denmark, 1999). Adolescents may report having many best friends with whom they have regular contact (Reisman & Shorr, 1978). Hartup reviewed literature related to adolescent friendships, he found, “Friendships contributed to social adjustment, to feeling good about oneself, to being socially connected, and to being successful in subsequent relationships.” (p. 135).

Adolescents with diabetes express the same need as many youth their age; they want to feel normal (Dunning, 1995; Kyngas et al.; LaGreca et al., 1995; Standiford, Turner, Allen, Drozda, & McCain, 1997). However, injecting insulin and eating a restricted diet can set adolescents with diabetes apart from their peers. Connolly et al. (1987) state that adolescents with chronic illness may be discouraged from developing close peer

relationships. Discouragement can lead to social isolation which ultimately can have a negative impact on one's self-concept (Dean & Lin, 1977).

Research describes adolescents' strong desire to fit in socially with peers and the sometimes negative effect this has on the self-care of an adolescent with diabetes (Kyngas et al., 1998). Sickness (such as chronic illness) can be viewed as a "stigmatizing form of weakness or incompetence" (Williams, 2000, p. 4) thus, adolescents may make choices that serve to hide the fact that they live with a chronic illness. For example, an adolescent with diabetes may refrain from taking a necessary insulin shot while out with peers (Conrad, 1985). Nathan and Goetz (1984) conducted a study that explored peer interactions between 5 girls (aged 8 ½ - 11 years) living with diabetes who participated in weekly group psychotherapy sessions. They found that the girls were aware of and identified their "differentness" from both peers and siblings. Life details such as food options and leisure activities were mentioned as cues that they were different.

Adolescents living with chronic illness are more likely to have low self-esteem, more problems in psychological well-being, and poorer body image than those living without chronic illness (Patterson & Blum, 1996). Patterson and Blum reviewed psychosocial literature related to chronic illness and found the following individual factors that may predispose risk: male gender, poor psychological health, poor academic achievement, and low self-esteem. Contrastingly, some protective factors associated with the family were identified; they included family flexibility, social integration, positive meanings attached to living with chronic illness, good communication, and adaptive coping. Support networks were associated with positive outcomes for individuals living with a chronic illness. Huurre and Aro (2002) conducted a study comparing healthy and chronically ill individuals who

were 16, 22, and 32 years of age to determine differences in psychological well-being. They found that problems in psychological well being existed when chronic illness was related to perceived limitations in daily life. Furthermore, adolescents with limiting chronic illness had the highest scores of depressive and distress symptoms when compared to healthy adolescents.

Williams (1999) conducted a qualitative study to explore gender as it impacts on the meanings and management of diabetes during adolescence. Using semi-structured guided conversations, she interviewed 10 boys and 10 girls between the ages of 15-18 years. Female participants were viewed as integrating illness into their identity. Williams provides a participant quote which she explains demonstrates this finding;

Everyone should know [about my having diabetes] because then they can help if something happens. It is not a question of minding or not, it's my health, you know. People, everyone should know so that in case something happens, even if they don't know what to do they can tell someone. (p. 1165).

A gender difference was found in that out of the 10 male participants, 9 worked to make diabetes a minimal part of their lives, especially in the public world. When asked if he ever talked about diabetes with his friends a male participant laughed and stated, that they did not discuss diabetes at all. The interviewer then asked if he would talk to another boy who also had diabetes about this illness, the same participant said, that it was your own business if you are diabetic. Boys wanted to make their illness as small a part of their lives as possible; thus suggesting that they did not view diabetes as a central piece of their identity (Williams, 2000).

Another example in which females demonstrated the integration of diabetes into their identity was their willingness to inject insulin in public places (Williams, 1999). One participant was quoted as saying “I don’t really care about what people think.” In order to keep diabetes separate/removed from their social identity (who they are in the public realm), Williams (2000) found that males worked hard to ensure that all injections and management were conducted at home, in the private realm. By caring for their diabetes at home, the illness appeared invisible, hidden.

The issue of gender *roles* has been explored in its relationship to chronic illness. Coppock, Haydon, and Richter (1995) state that, because of the feminine stereotypes that describe women as adaptive and passive, women can be perceived as better able to cope with poor health. Contrastingly, masculinity presents a picture of a man who has self-control, independence, and self-sufficiency (Seidler, 1998 as cited in Williams). In Williams’ study, she found that a majority of the male participants reported being in control of their diabetes through “willpower” and “being very strong mentally.” For those males who reported being unable to be in control of the diabetes, they appeared to have “disparaged or denigrated identities” (Williams, 2000).

Some of the females in Williams’ study explained they adjusted their insulin levels to reflect the types of food they were consuming. This finding reflected Charmaz’s (1995) assertion that greater adaptability to illness was evident in adult women with chronic illness. Charmaz also noted that once women recognize and acknowledge that the chronic illness is permanent, they are less likely to attempt to recapture their previous selves. Williams’ research on personal and social identity in adolescents with diabetes points to interesting implications with regard to diabetes and its role in identity. Additional research is needed to

explore identity in adolescents with Type 1 diabetes using a comprehensive approach designed to explore the phenomenon in-depth.

Adolescents receive many messages about the self from a variety of sources (Harter, 1999a). These messages contain important information about the self however, given that they originate from a range of sources, they can often be contradictory. For example, literature describing adolescent development asserts that adolescents are likely to be treated both as a child and as an adult (Harter, 1990). This assertion is particularly relevant to adolescents with Type 1 diabetes because they are expected to act responsibly like an adult when they are caring for their diabetes and overall health (Williams, 1999). However, the same adolescents are often treated as children when interacting with a health care professional. The professional may talk to the parent about diabetes management rather than the adolescent with the illness.

These differences in behaviour can cause much confusion in the adolescent about who (s)he actually is and how (s)he behaves (Harter, 1990). When adolescents depend heavily on the opinions and acceptance of others, the creation of multiple selves is designed to obtain approval in different contexts by different individuals (Harter, 1999b). Harter further explains that adolescents, who receive contradictory feedback about how they should act, will struggle to gain an articulate sense of self. Thus, it is important to consider contradictory feedback and the implications it has for the development of identity in adolescents with diabetes.

Summary of Chapter Two

Youth with diabetes have particular issues, concerns, and helpful strategies regarding living with Type 1 diabetes. However, most research in these areas has not captured the

depth of adolescents' experiences with diabetes. Overall, the literature suggests that adolescents with diabetes want to be heard, treated as individuals, fit in with their peers, and acquire a sense of independence (Dunning, 1995; Grey, Sullivan-Bolyai, Boland, Tamborlane, & Yu, 1998; Hernandez, 1995; Kyngas et al., 1998; LaGreca et al., 1995; Standiford et al., 1997). These general themes demonstrate the lack of depth in knowledge about adolescents' experiences with Type 1 diabetes. The current project examines the experiences of female youth with diabetes by encouraging youth voices through the telling of stories about identity.

There were several reasons why females were chosen for this research. Firstly, the sample size is small thus, it is logical to limit the scope of the research to one gender. Secondly, given that I, the primary researcher, am female it is likely that comfort and ease of rapport will be better achieved among same gendered participants. Finally, previous research suggests that female adolescent with diabetes are better able than males to integrate diabetes into their identity (Williams, 1999) and I would like to further explore this research finding.

Chapter Three - Methodology

Introduction

This research explored the following question, “how do female adolescents, aged 13-18 years, living with Type 1 diabetes understand and describe their identity?” A qualitative, narrative research design was used in order to obtain rich information that serves to explore and describe the narrative identity of female adolescents with Type 1 diabetes.

In this chapter, I will discuss the rationale for the utilization of a qualitative approach to answer the above stated research question. I will also outline and describe the research design. A narrative inquiry with auto-photography comprised the approach to data generation. This section of the thesis will also describe the participants, data generation methods, the research procedure, and the analysis procedure. I will explore the criteria for study soundness in qualitative research. Finally, I will describe my reflexive process used in this research.

Qualitative Approach

The exploratory nature of the research question necessitated a qualitative approach. This study utilized a qualitative research paradigm in order to investigate and describe the identity of several female adolescents with Type 1 diabetes. A qualitative approach can facilitate an understanding of issues through obtaining personal meaning associated with events as communicated by the individuals who experience them (Charles & Mertler, 2002; Wiseman, 1999). A richness of these experiences can be better obtained. Mason (2002) explains the ability of qualitative research to

“...explore a wide array of dimensions of the social world, including the texture and weave of everyday life, the understandings, experiences, and imaginings of our

research participants, the ways that social processes, institutions, discourses and relationships work, and the significance of the meanings that they generate.” (p. 1).

Furthermore, Mason describes qualitative research as holding three principles. Firstly, qualitative research focuses on the social world and the manner in which it is interpreted, understood, experienced, produced, or constituted. Secondly, it is guided by environment sensitive and flexible approaches to data generation. Finally, Mason states that qualitative research emphasizes understandings of complexity, detail, and context throughout analysis, explanation, and argument building.

The contextual emphasis and layered understanding provided through a qualitative approach to research fits with the purpose of this study. Through the utilization of a qualitative approach, I was able to explore narrative identity as understood and articulated by female adolescents with Type 1 diabetes.

Data collection in qualitative research is often facilitated by the researcher and data may exist in verbal, written, or visual form. The exploration and/or questions are based on existing literature that either provides established and valid measures or provides information from which the researcher is able to generate his/her own questions (Wiseman, 1999).

Qualitative researchers attempt to make their presuppositions and interpretations clear in order to present the obtained data in a manner from which others can make their own decisions (Heath, 1997). My initial belief was that female adolescents with Type 1 diabetes were likely to display self-understanding as influenced by a restricted and closely monitored lifestyle, the contradictory feedback received from significant others, the major focus on the diabetes in the adolescents' lives, and the constant struggle for approval and a sense of normality. However, the impact that living with Type 1 diabetes has on female adolescents

may manifest itself in qualitatively different ways. It is possible that living with diabetes has led to some positive beliefs and feelings about oneself. Through the challenges experienced as a result of this illness, some individuals may recognize their ability and their personal strength. Contrastingly, some individuals may struggle with the belief that their body has failed them. How female adolescents with Type 1 diabetes understand and describe themselves will likely vary depending on the qualitative nature of their experience.

Research Design

Narrative inquiry was used as the specific research design for this study. This approach seeks to understand and learn through the elicitation of stories about the lived experiences of human beings. Narratives are described as “stories that relate the unfolding of events, human action, or human suffering from the perspective of an individual’s lived experience” (Muller, 1999, p. 221). These stories are constructions and Muller asserts that such stories are told in a way to attempt to give meaning to the experience of the individual. Alasuutari (1997) takes narratives beyond meaning making and states that storytelling allows people to “construct their individuality, a continuity over time” (p. 7). Furthermore, a sense of self can arise from telling and sharing stories.

The narrative inquiry approach is based on certain beliefs about human nature and these beliefs guide the research. Muller (1999) articulates some assumptions on which narrative inquiry is based. Narrative approaches assume that people like to tell stories as it is a way in which one organizes life experiences. Beyond simply organizing, stories enable humans to make meaning of those things we experience. Through listening to and exploring the experiences of the participant, the narrative approach to inquiry seeks to gain a

sociological understanding about groups, communities, and contexts (Marshall & Rossman, 1995).

Auto-photography was also used in this study. This technique makes use of photographs created or chosen by the participants that respond to the question, “who am I?” The creation of data that takes place through the use of photos is highly individualistic and can include various symbols, metaphors, and images that may not be possible through verbal or written forms of communication (Dollinger, 2001). Furthermore, auto-photography has the potential to obtain rich responses to a research question. Given this, auto-photography is a highly relevant and useful approach to qualitative research (Dollinger).

Auto-photography has been used in many studies that focus on identity (e.g. Combs & Ziller, 1977; Dollinger, 2001; Dollinger & Clancy, 1993; Monteiro & Dollinger, 1998). Clancy and Dollinger (1993) assert that through auto-photography, participants “have maximal control over how and where the photographs are taken and once developed, whether they contribute to a meaningful portrayal of who they are” (p. 491). Furthermore, given that the photographs are generated by the participants, the data presents a variety of categories related to identity rather than simply those generated by a pre-developed measure. Aspects of the self that may be overlooked by researchers can be captured through the use of auto-photography. Thus, auto-photography is an approach to research that can respond to identity explorations and can enable the depiction of a variety of aspects of the self.

Narrative inquiry and auto-photography were chosen as the research design for this study because of their flexible, creative, and natural qualities. Through the verbal sharing of stories adolescents were able to construct their understanding and description of self in a way that was personally meaningful. Furthermore, the female participants were able to share that

which they felt comfortable in a manner that is natural. Narrative sharing can be very informal and may resemble a conversation. Auto-photography provides a fun and creative way to express oneself that can appeal to adolescents. In addition, this technique allows for communication on a different level that may not be captured in the narratives due to shyness or difficulty in articulating oneself. Through the utilization of narrative inquiry and auto-photography as a research design, I was able to expand the existing knowledge base related to adolescents' experiences with Type 1 diabetes. In addition, through the employment of narrative techniques that encourage the communication of participants' stories, I explored narrative identity in female adolescents with Type 1 diabetes on a deep and comprehensive level. Information gathered will be of interest to adolescents with Type 1 diabetes, health care professionals, parents of youth with diabetes, diabetes educators, and other researchers. This research will shed some light on a topic that is largely unexplored in current literature. Furthermore, it is through the narrative research approach that future research may be informed and may explore this phenomenon using a variety of methods.

Participants

Participants for this study were recruited with assistance from the Paediatric Ambulatory Unit at the main local hospital. This Unit provides education and health care to patients with Type 1 diabetes. This study included 6 female adolescent participants.

Criterion sampling was utilized to select participants. Initial criteria for participation were:

- (1) Between the ages of 16-18,
- (2) Have been diagnosed as having Type 1 diabetes for at least two years and no more than four years,

(3) Be willing to participate in this study by telling their stories through verbal and photographic mediums, and

(4) Be willing to have their narratives audiotaped.

Criteria changed to reflect the limitations of the overall population from which to sample.

These changes are noted in the “Procedures” section of this chapter.

Data

Data included: (1) demographic questionnaire, (2) participant narratives, (3) photographs chosen or taken by participants along with a caption, (4) researcher notes, and (5) for some participants, a timeline. The demographic questionnaires provided information related to current age, age at diagnosis, family status (e.g. parents, siblings), and school grade/occupation. The utilization of individual interviews enabled a richness of data that speaks to the distinctive experiences of the participants.

Photographic data was also included in this study as it is a medium that offers a different way of communicating. Participants were supplied with a disposable camera in order to take pictures designed to respond to the question, “who am I?” Participants were also invited to include photographs that already existed in their collections (e.g. from photo albums).

I took notes at the end of the data collection session. These notes were used to jog my memory when reading the tape transcriptions and also when presenting the data in written form. In addition, the notes served to acknowledge any inferences made while in the session or directly after the session.

Procedures

The data collection for this study took place between March 2005 and May 2005. In the fall of 2004, I submitted an application for Human Ethics Review through the joint University of Victoria and Vancouver Island Health Authority review board. I received confirmation of ethical approval in February 2005. Following this confirmation, I contacted the Pediatric Ambulatory Unit to arrange to send out information letters to potential participants. Staff at Victoria General sent out information letters to female patients aged 14-18 years. The letters provided information about the research and invited participation. The letters invited interested individuals to contact the researcher either via telephone or email as listed on the information letter.

Following this mail-out, I was contacted by only one interested individual. Upon consultation with my supervisor, I altered my participant selection criteria in order to maximize the number of potential participants. The new criteria were as follows:

- 1) Between the ages of 13-18 years;
- 2) Living with Type 1 diabetes for at least 2 years;
- 3) Living in the Capital Regional District;
- 4) Willing to participate in this study by telling their stories through verbal and photographic mediums;
- 5) Willing to have their interviews audio taped.

Staff at VGH then sent another set of letters to individuals who met the broader criteria. Follow-up letters were also sent to those individuals who were a part of the first mail-out.

Following the second mail-out, I was contacted by six interested young women, plus the young woman who contacted me after the first mail-out, all of whom met the criteria. I

was able to arrange initial interviews with six of the seven interested individuals. The seventh individual was unable to participate due to a busy schedule. Participants were asked to select a date and time for the initial individual interview. The interviews took place at the University of Victoria in a space in which privacy was ensured or in the participant's home.

Data Collection

Following each contact from a potential participant, I arranged the first interview, the narrative interview. I restated that involvement in this research asked that they participate in 2 interviews arranged at a mutually convenient time.

Session One: The first session consisted of introductions and rapport building, information about the process of participation, and the sharing of the participant's narrative. I also explained to the participant about the inclusion of photo data in this research. The participant reviewed the consent form, asked any questions, and then we began the narrative interview.

Narrative Interview: I invited the participant to think about who she is as a person. I then stated, "I'm interested in who you are and how you spend your time. Tell me about that." Following this brief introduction, I proceeded to ask the following questions uncover the richness of the narratives.

1. How would you describe yourself to yourself? If you tell yourself who you really are, what would you say?*

INTERVIEWER: For each adjective ask: What do you mean by _____?"

2. What do you like/dislike about yourself? Why?*
3. Is the way you see yourself now different from the way you saw yourself in the past? What lead to the changes?*

4. When you think about your future, how do you imagine your life will be?*
5. When you think of your life, what have been the major life events or turning points that have helped shape who you are?
6. What role, if any, does diabetes play in who you are?

**Adapted from Leadbeater & Way (2001) "Growing up fast" Appendix B: Interview for Ethnographic Data*

The open-ended narrative format was intended to elucidate the participant's overall perception and understanding of self as well as how they believe diabetes has affected their lives. The interview began by looking at overall identity. This was a deliberate choice as literature states that much of the focus in the adolescents' lives is on the illness and the other aspects of their life are glossed over (Kyngas et al., 1998). Thus, I wanted to make sure that I recognized and respected the whole person while also understanding the role of diabetes.

This first interview produced a variety of responses across participants. Some young women were able to talk at length in response to these questions. Other participants provided just a few short words. This was a surprise to me at first. I did not fully appreciate that the idea of who they are is not something all young people consciously and purposefully reflect on. Furthermore, I imagine that having thoughts about who you are is quite different from articulating these thoughts to a stranger, me.

In order to draw the narratives out of the participants, my committee suggested that I use a probe that begins with, "Can you tell me about a time when..." I would then insert a word or phrase mentioned by the participant to encourage elaboration. For example, "Can you tell me about a time when you felt that you really embraced life?" This style of probe worked very well and enabled deeper exploration and reflection. It was also suggested that I

have the participants create a timeline indicating significant life events. After the participants constructed their timeline, I invited them to elaborate on the points they included.

Unfortunately, this suggestion came after I had finished both interviews with a couple of participants. However, I was able to use it with three participants. I will address the inclusion of timelines later in the data analysis section.

At the end of the first session, I provided the participant with a disposable camera and asked her to collect or take some photographs that describe who she is for our next session. I said to the participant, "I want you to describe how you see yourself. To do this, I would like you to take, or have someone else take, about 12 photographs that tell who you are. These photographs can be of anything just as long as they tell something about who you are. For example, they can include people, places, things, etc. You should not be interested in your skill as a photographer. Keep in mind that the photographs should describe who you are as you see yourself." (adapted from Dollinger & Clancy, 1993).

Session Two: The purpose of this session was for the participants to share their photo essays and to add to their narratives. Prior to this session I retrieved the cameras from the participants in order to have the film developed and the pictures available. I was interested in learning how the pictures they had chosen or taken described who they are. The inclusion of photo essays served to add to the verbal narrative capturing in image form what was not possible through the verbal sharing of a story.

Photograph Interview: At the start of this session, I asked the participants to write a caption for each photograph, if they were able to think of one. They used sticky notes to post the caption to the back of each photograph. The purpose of this was to (a) have the participant highlight the most significant aspect, intention, or message of the image, and (b)

to aid in the data analysis of the photographic data. I then began exploring the participants' photos by opening with the invitation, "Tell me about this picture." When necessary I used the following probes:

- ▶ How does this picture tell about who you are?
- ▶ What made you choose or take this picture?
- ▶ What is most important about this picture?

At the end of the session, I informed participants that I was preparing a "profile" of each participant that would act as a "snapshot" of who they are as described in their interviews. I asked them if it would be okay if I forwarded these profiles to them for review to make sure that they agree and are comfortable with the profile. Each participant agreed and I made sure I had the necessary email addresses.

Study Soundness

Qualitative research ascribes to a set of principles that serve to guide the creation of a sound study. Underlying the goal of soundness is the issue of trustworthiness (Marshall & Rossman, 1995). How can one be sure that the findings of this particular research can be trusted? Lincoln and Guba (1985) present four questions that speak to the trustworthiness of the research. Firstly, how credible are the particular findings of the study? *Credibility* is the principle that refers to the accurate identification or description of the participants (Marshall & Rossman). The credibility of the research is determined by the manner in which the investigation worked to ensure the accuracy of participant information. The present research endeavoured to achieve credibility through communicating with the participants following the completion of aspects of data analysis to ensure accuracy. All participants were contacted via email and invited to review their profile and inform me if changes were needed

in order for accuracy. The use of multiple quotes within analysis and discussion also served to address research credibility.

Marshall and Rossman (1995) describe a strength of qualitative research in its ability to achieve validity. They assert that “an in depth description showing the complexities of variables and interactions will be so embedded with data derived from the setting that it cannot help but be valid.” (p. 143). Furthermore, they stress the importance of setting the parameters of the research. In the current research, the identity of female adolescents with Type 1 diabetes was explored using an open-ended approach in order to enable richness and context. Identity was examined making use of an interview schedule used in previous research (Leadbeater & Way, 2001) and also utilizing a variety of mediums. These efforts served to respond to the validity of this qualitative research.

Secondly, how transferable and applicable are these findings to another setting or group of people? *Transferability* speaks to the ability of the research findings to generalize (Marshall & Rossman, 1995). Marshall and Rossman suggest that the acknowledgement of the parameters of the study can serve to respond to the above question. Furthermore, through the utilization of more than one data generating method a study can be strengthened in terms of its “usefulness for other settings.” (p. 144).

In response to the principle of transferability with regards to this research, I outlined parameters of this study in Chapter One and again in Chapter Five. This research was exploratory in nature. The purpose was to build a foundation for an understanding of what it can mean for female adolescent identity when living with Type 1 diabetes. The experience of living with diabetes is a distinctive experience. Thus, aspects of the participants’ stories will be true for many others living with diabetes and similarly, may not be true for others. In

addition to stating and acknowledging these parameters, I have also addressed the issue of transferability through the utilization of more than one data generating method. Information was generated through the sharing of verbal narratives, photo essays, and timelines.

How can we be reasonably sure that the findings would be replicated if the study were conducted with the same participants in the same context? *Dependability* refers to the researcher's attempts to account for changing conditions in the phenomenon chosen for study as well as changes in design created by increasingly refined understanding of the setting (Marshall & Rossman, 1995, p. 145).

Narrative identity is a lifelong and evolutionary process influenced by many things (e.g. mood, life experiences, growth, physical development) (Singer, 2004). In addition, narratives and meaning making are a relational collaboration. The data generated through this research was co-constructed in a sense. Thus, I do not believe that the exact findings will be replicated with the same participants in the same context. However, the design remained flexible as I embarked on the data generating phase of this research. This research made use of a variety of mediums (e.g. photographs, timelines) in order to elucidate rich stories of identity from the female participants. This research was dependable in that it was sensitive to participant differences thus the introduction of new probes. Through the inclusion of two interviews, this research also attempted to be responsive to changing conditions in the phenomenon.

Finally, how can we be sure that the findings are reflective of the subjects and the inquiry itself rather than a creation of the researcher's biases or prejudices? This question speaks to the principle of *confirmability* (or objectivity); it is important for the researcher to ask, can these findings be confirmed by another (Lincoln & Guba, 1985)? More specifically,

“do the data help confirm the general findings and lead to the implications?” (Marshall & Rossman, 1995, p. 145). Marshall and Rossman suggest a couple of ways to address confirmability; (1) have a person who plays the role as devil’s advocate who would critically question the researcher’s analyses, (2) create tests to check analyses and apply tests to the data, and (3) conduct a search of the data for negative instances (p. 145). The process of analysis included collaboration with my supervisor, Dr. Anne Marshall, who was able to highlight my biases when I was unable to notice them. Her awareness reminded me of the importance of constantly returning to the data to ensure that my analysis and writing reflected the data obtained. Furthermore, direct participant quotes were included to indicate and support the general findings.

Researcher Reflexivity

An important part of this qualitative research study was my process of reflexivity. Reflexivity can help to guide the research, it can highlight researcher biases, and it can help address issues of study soundness. Marshall and Rossman (1995) state that a reflexive process can help to ensure “goodness of research.” My reflexive process consisted of journaling about personal reactions, methodological issues, and wonderings. Researcher field notes and observations were also included in this reflexive process. These notes helped to keep my experience of the narratives and photograph sharing fresh. In some instances, the notes helped to suggest or guide changes I needed to make to the study in order to work to create effective and efficient data generating sessions. In addition, I engaged in conversations with my committee members and my colleagues about issues and concerns that arose. It is from these conversations that I gained the benefit of a range of perspectives, guidance, and support.

I soon found out how important this reflexive process is for a number of reasons. First of all, I am a young adult who spends time and energy thinking about who I am as a person. I have been engaged in such thought processes for a number of years now and it is likely that I take this process for granted. This is not something that all people, especially adolescents, spend time consciously reflecting on and articulating. Asking these young women how they would describe themselves and what experiences have shaped who they are, are questions that do not have easily articulated responses. Add to the complex and deep nature of these questions the fact that I am a complete stranger; it soon became evident that the interview guide and process was not as straightforward as I initially believed.

Secondly, I noticed that I was experiencing some anxiety during the interviews when the stories were not being told with the depth I thought there should be. I felt uncomfortable with my practical knowledge of how to proceed in a narrative interview when questions were met with a single word response. Thus, I initially held back from asking additional questions. In this instance, it was important for me to dialogue with my supervisor to better understand the guidelines of narrative research.

Summary of Chapter Three

This research focused on the understanding and description of identity as told by 6 female adolescents (aged 13-18 years) living with Type 1 diabetes. A narrative inquiry research design was used in order to obtain data with depth representative of the perceptions the adolescent participants hold with regard to their identity. Participants were asked to participate in narrative interviews making use of auto-photography; this approach was designed to elicit comprehensive responses. Data collection began in the spring of 2005. A thematic analysis was applied to the collected data which served to increase understanding

and expand knowledge in the area of identity in adolescents with Type 1 diabetes. Analysis is outlined in the following chapter. Results of this research will be used to inform health care professionals, diabetes educators, parents of youth with diabetes, adolescents with Type 1 diabetes, and interested researchers.

Chapter Four - Analysis

Within Participant Analysis

Following the transcription of the narrative and photograph interviews, I began a within participant analysis of the interviews. For each participant, I conducted readings of both interview transcripts several times. The purpose of each reading was to approach the text from a different perspective (Arvey, 1998). Brown (1988) asserts that it is through the reading of text utilizing different lenses that different meanings can be elucidated; in addition, one lens may highlight meaning that would otherwise be “hidden from view” through another lens. Each reading was assigned a different coloured highlighter to denote pieces of the narrative. Brown states that “this visual technique attunes the reader to the specific languages or voices of the narrator without losing sight of the larger story and context” (p. 34).

I chose the topic of the readings in consultation with my supervisor, Dr. Anne Marshall, and in response to my research question. The first reading was holistic in order to remind myself of the young woman and the story she shared. The second reading was for content analysis, using two columns on the right hand side of the page to summarize the content of the interviews. One column represented “general content” and the second column represented “life events”. Content analysis involves analyzing documents systematically (Miles & Huberman, 1994).

The third reading focused on identity as this was the main focus of my research question. Upon reflection and brainstorming, I created a list of ideas related to my conceptualization of identity based on the literature and my own knowledge. In consultation with my supervisor, we solidified a list of concepts to explore in this third reading. During

this reading, I went through the transcripts with a highlighter coding the following concepts as communicated by the participant:

- Who I am alone
- Who I am in relationship
- Likes and Dislikes about myself
- Who I want to be/Who I aspire to be like
- Lessons I have learned that guide me
- Roles that I play
- How I feel/How I want to feel
- How I interact with the world
- Needs

The final reading for within participant analysis focused on living with Type 1 diabetes. For this reading, I went through each transcript with a different color highlighter coding the following:

- How diabetes plays a role in my life
 - Negative role
 - Positive role
- My future living with diabetes
- Major players in the diabetes experience (i.e. family, friends)

The aspects of this reading were chosen because they relate to an overall sense of identity as influenced by diabetes.

Following the completion of all four readings for a given participant, I began to construct “participant profiles” that would serve as a snapshot of each young woman. I wrote

each participant profile; words and phrases of the participants are included in quotations. The profiles described each young woman according to her own narrative, where she has been, and where she is going. Each participant was very unique which meant that each narrative is distinct. The profiles reflect the individuality of each young woman and the manner in which they shared their story. Thus, the profiles are not constructed in a uniform fashion. This approach to analysis follows a constructivist framework in that it appreciates the distinct stories of each participant and reflects her own construction of her self-description.

After constructing the profiles I sent, via email, a copy of her profile to each participant. I asked them to review the profile and let me know (1) if they wanted to be called by a name different than the one I gave them, (2) if they wanted something removed, (3) if they believed something was missing and wanted to make an addition, and (4) if I had made any errors. Three of the young women requested changes in their profiles. One asked for the wording of a phrase be altered, another asked me to emphasize a point, and the third asked for a sentence to be deleted and her name to be changed.

The next step in the *within participant analysis* involved identifying themes within the stories of each participant. Themes are patterns found in information that allow for the description and organization of observations. Furthermore, themes can enable the interpretation of parts of the phenomenon studied (Boyatzis, 1998). A deep understanding is accomplished through the ability of themes to easily communicate observations, findings, and interpretations (Boyatzis). I read both interview transcripts once more and made notes as I read the different aspects of the stories. I identified a theme if it appeared throughout the story and/or appeared in different forms throughout the story. Most of the young women

discussed the same events or aspects of their lives many times. Often that which was shared about this same event/aspect was a repetition of what was stated earlier. Thus, the write-up of particular within participant themes may not show great length.

The creation of timelines constituted the next piece of the *within participant analysis*. This aspect was a co-construction in that participants either prepared the timeline or contributed to the organization of the timeline. I introduced timelines into the data collection process approximately halfway through which meant that three participants did not have the opportunity to create a timeline as both interviews were already complete. The decision to include timelines as a data collection approach was in response to some challenges I faced when encouraging participants to share their story; I believed that the interview schedule, on its own, was not able to capture the depth of some of these young women's stories. In consultation with my committee, I was introduced to timelines as a method of data collection. The sequential nature of timelines fits with the narrative methodology for this research.

Three participants created their own timeline and talked about the events they included and what these events meant for their self-understanding. The events on the timeline were noted by the participant, the comments below certain points were made by the participants; however, I chose which ones to include on the timeline. This choice was based on using words or a quote that succinctly noted the participant's thoughts and feelings about the event. For the remaining three, I constructed the timelines based on the significant life events they identified in their interviews. I then forwarded the timelines onto those three participants, via email, and asked (1) if this was the correct temporal sequence, (2) if there was something missing, and (3) if there was something that should be removed. There was only one change to be made in the ordering of events for one participant

Photographs were included in this research and were thus, included in the analysis process. Participants were asked to take photographs using a disposable camera. These photographs could be about anything as long as they told something about who the participant is. They had a total of 27 exposures on the disposable camera plus they were invited to choose photographs from their personal collection. The photographs formed the basis for the second interview.

The inclusion of the photographs served to be an effective tool that elicited additional stories from the participants and added to the description of themselves. That which the participants shared through the photograph interview added to their earlier narratives and enabled for a more full and rich story about each person. I was amazed at how the photographs acted as a launching pad for stories and personal reflection. The time between the narrative interview and the photograph interview provided participants with some space to make choices about what aspects of themselves could be visually represented. Upon viewing the photographs and listening to the young women talk about how each picture represents who they are, I appreciated how carefully the participants had chosen each photograph. I also appreciated the time they put into the gathering of the photographs. Some participants went to specific locations to take important pictures.

For the photograph analysis, the final step of *within participant analysis*, I reviewed each picture in each young woman's collection and recorded what was in the picture and/or what the picture was meant to represent as explained by the participant. I tallied the number of photographs that included the participants and also the number of photographs that contained other people. I categorized each picture according to descriptive/concrete meaning or metaphorical/symbolic meaning. Photographs reflected descriptive and concrete meaning

when they were meant to represent a place, event in time, relationship, inanimate object.

Metaphorical or symbolic meaning was applied to those photographs that were of ordinary objects but held figurative significance for the participant (e.g. flowers = delicateness).

The following sections are organized according to participant, thus, the profile, themes, and timeline are presented sequentially for each participant. The data presented in these sections comes from the narrative interview, the photographs, and the photograph interview. It is important to note that the data analysis used in this research endeavoured to encapsulate the participants' experiences and perceptions as fully as possible. I included quotations pulled directly from the interviews so as to capture the adolescents' voices and highlight emergent information. As the primary researcher for this project, I do not assume to know what it means to be an adolescent with diabetes, thus, I made every effort to stay true to the meaning they ascribe to their experiences. To maintain the individuality of the participants, their own words are included, in italicized quotations, throughout.

Analysis

Participant Demographics

Participant	Age	Age at Diagnosis	Pump or Injections	Family Composition	School Status or Occupation
Heloise	17	3	Injections	Mother, father, sister, grandparents	<ul style="list-style-type: none"> ▪ Grade 11 ▪ Volunteer work
Samantha	18	11	Injections	Mother, sister (one brother and sister living outside the home)	<ul style="list-style-type: none"> ▪ Grade 12 ▪ Gaining work experience
Liz	17	12	Injections	Mother, father, brother	<ul style="list-style-type: none"> ▪ Grade 12 ▪ Community college night course ▪ Employed at local restaurant
Rachel	13	10	Injections	Mother, father, sister	<ul style="list-style-type: none"> ▪ Grade 8 ▪ Actively involved in sports
Jade	17	6	Injections	Mother, brother	<ul style="list-style-type: none"> ▪ Grade 12 ▪ Employed at local restaurant
Scarlet	16	6	Injections	Mother, father (outside home), sister	<ul style="list-style-type: none"> ▪ Grade 10

Heloise – Following her own path

Heloise is a “self aware” and “dedicated” 17-year-old young woman who believes “*what doesn’t kill you makes you stronger*”. She describes herself as “honest”, “compassionate” and “very introverted”. She gets her energy from within herself and the down time she spends alone sleeping, meditating or writing poetry. She stands firm for her views. The ability to counsel and communicate non-



One of Heloise's Collages

judgmentally are two strengths Heloise sees in herself. Her openness to new experiences has helped to cultivate these skills. She is involved in a variety of volunteer projects that allow her to connect with people. Heloise notes that her least favourite characteristics about herself are her “addictive personality” and the “weight issues” she has experienced.

Over time, Heloise has changed. When she was in elementary school, she was very shy. In grade 8, her desire to belong and fit in with her peers led to her absorption in others’ wants for her. Currently, she is at a place where she needs to be comfortable with what she is doing. She no longer wants to be distracted by what others say. She is focused on the things she wants for herself and she is determined to follow that path.

Heloise speaks of strength as something she calls on to help her get through the tough days. Over the course of her pre-teen and teen years, Heloise experienced the harsher events life has to offer. She has been physically and sexually abused by boyfriends and male peers. Heloise said she has often felt like she has been “passed off” from one guy to another. Her relationships introduced her to drugs and alcohol which eventually led to addiction. When Heloise was in a relationship with her first boyfriend, she used drugs; when she was on her own, she worked to stay clean. This first relationship was characterized by break-ups and reunions. The hard experiences of life remind Heloise of the uncertainty of life and her desire to be strong and follow her own path. After each hard life experience, Heloise carried on with her life. She re-enrolled in a new school to complete her grade 12 year and she has made progress toward completion of this goal every day.

Heloise remarks on the significant people she has in her life. They embody or remind her of strength in some form. She looks to these people when rough days creep in. She is amazed when her friends, one male in particular (Shane), recognize when she is down and

work to support her and/or brighten her day. There are times when thoughts and beliefs about herself and men enter her mind. She recognizes how her relationship with Shane is different from her male relationships in the past. Shane's behaviour continually discredits most worries she might have about his intentions. She is reminded that many things in her life are different now.

Heloise sees strength in her mother. Although her life path has been much different from her mother's and different choices were made, she sees the strength it required for her mother to make the decisions she has. Heloise sees this same strength reflected in a different way in herself; she sees strength as existing in the choices she made to help get herself out of a downward spiral. Heloise acknowledges the support she received and continues to receive from her mother.

Heloise is motivated on a daily basis by the collages she creates and displays. She constructs elaborate collages that include personally meaningful quotes and images and she crafts, using precision, patience, and a creative eye, artwork that serves to inspire her each day. These collages live everywhere she may need inspiration - on her binders, in her locker, in her room at home. Not only are the words and images in the collages powerful for Heloise, but also they reach others who see them. She connects to peers and teachers through these collages.

In Heloise's future, she imagines that she will be creating change in one of two ways. She has envisioned herself being a strong feminist who "chains herself to something" to communicate a message. The other way she would seek to effect change would be through being successful and strong and working with AIDS organizations and traveling around. Her future plans will be guided by what helps Heloise feel great.

Themes

The main thread throughout Heloise's story is her experience with the harsher aspects of life and her effort to make it through the tough spots. Her story presents many instances of hardship and battles; she has now reached a point in her life where she is only interested in moving forward on her own path.

Self-Awareness. Heloise talks about the importance she places on being self-aware. Her life experiences have provided many opportunities for the cultivation of self-awareness. She continues to develop awareness through relying on the strength of people close to her and through creating collages. The intricate and precise work involved in crafting collages allows Heloise to disconnect from thoughts. Each collage represents pieces of Heloise. She said, *"When people look at [my collages] they get a sense of who I am...they say a lot of things about me without actually saying them."*

Heloise's self-awareness is reflected in her understanding of what she needs for herself, her relationships, and her future. Heloise is "very introverted" and she recognizes that she gets her energy from herself - *"rather than having to be out with people all the time...if I don't have my alone time, then I get kind of stressed out and I can't get anything done."* Her alone time is a regular occurrence during which time she sleeps, meditates, and writes poetry. In the past, Heloise noted that she was shy and often did things that her peers wanted her to do. This is changing and she stated,

"I need to be comfortable with what I'm doing and then I'm more focused on - this is what I need to accomplish and these are the roads to get there and I don't want to get distracted by what other people say."

Throughout her story, Heloise mentions how important it is for her to create and follow her own path.

Self-awareness exists within Heloise on another level in that she believes she is quite in tune with her body. She has been living with Type 1 diabetes since she was 3 years of age and asserts that it is because of the illness that she possesses this body awareness.

“[Diabetes] is like that baseline that keeps me stable...I know if something is wrong, my blood sugars go out of whack and then I focus more the causes of it and fix them.” Heloise appreciates the consistency and structure that living with diabetes brings to her life. She stated, *“It’s kind of like predicting the future.”*

In romantic relationships, Heloise has begun to learn what she needs and what feels good. The relationships of her past were painful. Her first romantic relationship stands out for her as an experience that greatly influenced who she is today.

“It [her first relationship] was just like a very, very huge contributing factor to who I am, just because it gave me a kind of sense of who I am and what I need and who I should say away from; kind of implied all of the don’ts of life.”

Heloise credits this relationship for teaching her about love. Following the final termination of the relationship, she realized that love is something that both people in a relationship need to have. She also learned about the importance of loving yourself. She recalls that she was focused on who her partner wanted her to be rather than having her own sense of who she was. She stated, *“I don’t even think I love myself yet.”*

Heloise’s future is guided by an awareness of her desire to feel good doing whatever it is she decides to do. She has concrete and clear beliefs about equality and feminism.

Thus, she wants to be an instrument of change through radical protests or through becoming strong and successful and working from the inside out.

Determination to Overcome Life Challenges and Downward Spirals. Heloise talked about the hard experiences of her life (e.g. physical abuse, drug abuse) as turning points that moved things upward, against the downward spiral. Many of the photographs she included reflected turning points (e.g. locations at which she experienced a hard time in her life). *“It [drug abuse] represents, like, the turning point like when I reached the bottom and then, like, it’s gone uphill from then on.”* Over the course of her teen years, Heloise experienced many changes in her life. Some of these changes sparked the beginning of challenges she would face later in life. She persevered in the face of struggle and at times, she fell into the downward spiral but never remained there. The desire to do something with her life meant that she would need to take action. *“I just cut off connections with all of my old friends, and so, like, I changed schools and, like, just kind of rearranged my whole life.”*

The challenges and downward spirals that Heloise has been a part of required, and continue to require, drawing on strength from others. Heloise views her mother as someone she can draw strength from. She says, *“She’s just very, very strong, and has very, very strong morals and values and she like tries to give them to me without actually giving them to me.”* There are differences in the values she and her mother hold but she sees the strength it took for her mother to make the choices she did. This inspires strength in Heloise. Even though there are differences between Heloise and her mother, she notes that sometimes “it is like looking in a mirror” when she looks at her mother.

Another relationship in Heloise’s life that inspires strength is with her best male friend. Her photograph collection includes an image of this friend and an object that

represents how they first met. Heloise views Shane and herself as so similar in many ways (e.g. mannerisms, characteristics). From early on in their relationship, this best friend has known everything about Heloise and the struggles she has experienced. He became someone her age with whom she could “exhale to”. She stated,

“He was my best guy friend I was able to like say anything to, that was, like, a guy that I could find strength in...I’ve never been able to relate to someone that’s a guy because of, like, everything that’s happened...we relate so much.”

Diabetes – A Strength that Helps Heloise Stay Healthy. Heloise was diagnosed with Type 1 diabetes at the age of three. It is always something that has “just been”. Instead of a hindrance and an annoyance, Heloise noted several aspects of living with the illness that she appreciates. She stated,

“I guess it’s just made me a stronger person too because it just mainly focused me more on like ‘I need to be healthy’...I don’t have a problem with it because it’s like that stable thing that I know, if something changes with it, something else is wrong...It’s just made me survive longer and...it’s made me more independent...and more responsible.”

The needles are another aspect of living with diabetes that Heloise is not adverse to. In fact, she likes giving herself needles because it “tends to freak everyone else out.”

Heloise noted the ways in which she is different from others because of living with diabetes. She has never been able to play sports because her blood sugar would get low. She has always been afraid to go to sleepovers at friend’s houses for fear that she would get low in the night and no one would know what to do. Heloise is also aware that high stress and drinking can also throw her blood sugar “out of whack”.

Use of Photographs. Heloise chose not to use the full 27 exposures available with the disposable camera. Many photographs were of locations at which a life event took place. Each of these location photographs represented a time in which Heloise was met with injury, both intentional and unintentional as well as self- and other-inflicted. She included a couple of objects in her photo collection, they included a stuffed animal, a favourite CD, and one of her many collages. She was not in any of her photographs and only 2 of her 11 pictures included people. Unfortunately, two pictures did not turn out; these photographs showed two people from her past who influenced who Heloise is today. Many of Heloise's photographs represent events that happened in the past.

Samantha – Trying to find her way

Samantha is a “goofy”, shy, and “playful” 18-year-old young woman who likes to laugh, listen to music, and spend time with her friends. She often play fights with her boyfriend, younger sister, and school friends. She is a “very colourful” person who loves the water and watching the waves.



Flowers are delicate and colourful - Samantha describes herself this way

Samantha noted that she can be shy when she first meets someone and it can take a while for someone to get to know her. It is easy for her to keep things hidden. However, once she gets to know someone, she becomes quite “talkative”. School is something that Samantha enjoys because it keeps her from getting “bored” and it provides her with opportunities to spend time with friends. Stubbornness is a trait that she believes she possesses and it can get her into trouble with her boyfriend. She explains that she “*always has to get the last word in.*” Samantha also notes that she has mood swings which can cause friction in her relationships. She states that she is “delicate” and “bruises easily” like flower petals.

Samantha describes herself as someone who is “not very responsible” about caring for her diabetes. She likes to pretend she doesn’t have it. Living with diabetes is the biggest thing in Samantha’s life that she does not like. She noted that it was easier to care for her diabetes when she had the help of her mother. Samantha had to assume the responsibility of diabetes management before she wanted to and feels alone in this responsibility. She believes that not many people are able to understand what it is like to live with this illness. She feels strongly that unless you too live with diabetes, that you cannot understand the

struggles. One particular struggle for Samantha is gaining weight; it is also a constant fear for her. She noted that you can lose weight by not taking your insulin.

The way that Samantha was in the past is different from the way she is now. She remarked that she used to be “more shy” and that she is now more outgoing. She stands up for herself which is something she never used to do. In elementary school, Samantha was teased and bullied; it was not an easy time for her. During these difficult times, she received support from her older sister who was someone Samantha could confide in. However, it was not until she met her best friend at about 14 years old that she really began to change. Samantha witnessed her friend standing up for herself. This enabled Samantha to do the same. She remarks that if it weren't for her friend, she would not be who she is today. Now in high school, Samantha befriends all types of people and does not tease or bully those students that are not “popular”. She remembers what it was like and she does not want others to feel that way.

Samantha reported being supported by everyone in her life. More specifically, her boyfriend supports her in the care of her diabetes. Samantha spends most of her time with her boyfriend. Her mother is the “most important person” in her life and she encourages Samantha to eat properly. Her older sister supports her “mentally” by being there to talk to about the troubles she might be having. Samantha's relationships with her siblings are also important to her. She noted that she does not get to spend much time with them for various reasons. Friends support her by always being there. She said, “*You can't live without your friends.*” Samantha also receives support from a teacher at school. This teacher is aware of the financial struggles Samantha's family experiences and thus, is working to provide

financial support so that Samantha can graduate. Samantha asserted that it is difficult for her to accept things from people.

Samantha's father does not live in the same province and she remembers being confused for a while about where she wanted to live. She went back and forth between her mother and father's home. This past summer, Samantha was sent to live with her father under the guise that she was going for a visit. This was a major life event for Samantha. She felt angry, upset, and depressed. She felt that she was taken from her life and from the people that she loved. She was not happy living away from her home on the West Coast and she really wanted to go back. Eventually she returned and now states that she is so "happy" and "thankful" for everything she has. She asserts that she is not able to forgive or forget about this event; her time away from home was a very painful experience in her life that changed who she is.

In the future, Samantha hopes that she will not have to struggle with money. She and her family have had to struggle and she does not want that in her future. She wants to be able to live on her own. Samantha wants to try and stay healthy and she hopes for a cure for diabetes. Finally, Samantha hopes for more peace in the world for the future.

Themes

First impressions of Samantha suggested that she was a fun and energetic young woman who has experienced some struggles in her life. The main threads throughout Samantha's story was the importance of relationships, the challenges with the "bad stages" in her various relationships, and her dislike of diabetes. Her story outlines her life struggles and the uncertainty of where her life is headed.

Relationships. Samantha has many relationships in her life and several of them are central to how she views and describes herself. When Samantha was younger, she had a difficult time with her peers. She was often teased and bullied and this was a painful experience for Samantha; she remembers it well. The relationship she has with her best friend is one she explained as having the main impact on who she is today. *“My best friend...totally made me who I am...if she was definitely not in my life, I wouldn't be me.”* Samantha identified the point at which she met her best friend as a major event that influenced who she became. Now that Samantha is no longer the recipient of bullying, she works hard to be friends with everyone.

“I'll be friends with anybody because of that fact...I get along with everybody now...I stick up for a lot of people in my school, just because you're popular doesn't mean you can't be friends with the more lower people, the people that aren't so popular, because I remember that feeling. I used to see all the popular girls and I would wish that I were in that group. They were all so pretty and glamorous and stuff like that so, I know what they're [the unpopular kids] going through.”

Samantha has changed over time, becoming more outgoing, thus she views her relationships with her peers as changing.

Another relationship of centrality to Samantha's understanding of herself is the relationship with her boyfriend. She noted that she spends much time with her boyfriend.

“We spend a lot of time together...it's pretty much my whole day is being with him...that picture [of her and her boyfriend] explains me a lot because we are always together, either I spend the night at his house or I go there the next morning or, so we do everything together.”

Samantha recognized that she does not spend as much time with her family, particularly her younger sister. One of the photographs she took was of her little sister and she noted, *“we never spend time together...I’m with [my boyfriend] everyday but I don’t always spend time with my little sister, so that day was pretty important to me cause we took a picnic to the park.”* Samantha explained that she and all of her siblings are very different. This fact helps her differentiate herself and recognize that she is unique in her family.

The Life Event that “Bruised” Samantha. Samantha noted that, like the delicate petals of a flower, she could be bruised easily. Her story included an incident that happened last summer which bruised her. Samantha’s parents are divorced and live in different provinces; under the guise of a visit, she went to see her father; when she arrived, she realized that it was meant to be a permanent living situation. Samantha was not impressed and was angered by her parents’ decision and the fact that she did not have a say in the arrangement.

“It was the worst experience of my life, the worst because they took me away from my best friend, my boyfriend, my, just my whole life...I was really upset. I left as me but I came back as a totally different person. I’ve been bruised from that summer for the rest of my life, I’ll never forget and I’ll never forgive because I was so hurt.”

Eventually, Samantha was able to return home to live again with her mother. She felt “so happy” to be back with all of the people that she loves. Her relationship with her mother has changed since this incident. Although Samantha stated that her mother is the most important person in her life, she also noted that she is unable to forgive her for what she did.

According to Samantha, her mother has lost some of Samantha’s trust.

Financial Struggles – what does the future hold? Samantha explained that her family has always struggled with money. There have been times when hydro was disconnected because they were not able to pay the bill. The financial struggles her family faces currently affect Samantha as she graduates this year and graduation is expensive. Her family history of money trouble appears to have influenced Samantha's thoughts about what her future will look like. When asked about her future, she said,

"I'm hoping I won't struggle with money. I'm hoping I won't have to struggle with being able to keep an apartment type thing, that's my main thing, like hoping I won't have to live with my mom 'til I'm 30 or something."

Samantha's thoughts about and hopes for the future centre on the uncertainty of financial stability.

Diabetes? I pretend I don't have it. When Samantha was 11 years old, she was diagnosed with Type 1 diabetes. Living with the illness is something that Samantha strongly dislikes about herself. She believes that it is unfair and she does not like the way it limits things in her life, particularly what she can eat. Samantha believes that her thoughts about living with diabetes turned really negative both when her mother stopped helping her manage the diabetes and when it came to birthday parties or trick-or-treating.

"When I first got it, I was taking care of it because my mom was doing it with me. And now there is no one to do it with me except for my boyfriend, but I don't live with him, so he's not there to always do my insulin for me."

When left to manage her diabetes by herself, Samantha began making up numbers for her blood sugar levels. Now she likes to pretend she does not have diabetes.

Samantha explained how she recognized the difference between herself and other kids.

“They always say it’s just like being a regular kid but it’s just, I never agreed with that because when you go to parties, you can’t eat as much cake as the other kids, you can’t, you have to stop and check your sugars when they are off playing and so I never really agreed with them saying it’s just like being a normal kid.”

She noted that now she is at a point where she will eat whatever she wants. If something, like cheesecake, is there in front of her, she is going to eat it. She acknowledges the detriment these choices will have on her health; *“I know eventually I’m going to pay for it in the end.”*

Overall, living with diabetes is something that Samantha views as affecting who she is and she does not like it. She feels that nobody can really understand what she is going through unless they themselves are living with the illness. She is aware that she is not very responsible about her diabetes and, at times, *she* does not know why it is so difficult to take her insulin. She asserts that “it hurts to have it” and that it has caused her many physical and mental problems. Samantha said, *“I’m hoping that pretty soon, they’ll come up with a cure.”*

Use of Photographs. Samantha’s photograph collection consisted of 26 photographs. Many of her pictures focused on things in Samantha’s life such as relationships, school, her favourite possessions, and a clothing label. She also took eight pictures of her friends, this includes her best friend as well as her boyfriend. One of Samantha’s photographs held metaphorical meaning. She took a picture of a bouquet of roses and explained that she is delicate just like flower petals. There were four pictures of Samantha’s cat and two pictures showing family members.

Rachel – Sports and friends shape her life

Rachel is a 13-year-old girl who is heavily involved in sports, has a lot of friends, and describes herself as “loud” and “hyper.” A majority of her life is spent at school, playing sports, and hanging out with her friends. She explains that she is “nice,” “really outgoing,” and “unafraid to try new things.” Rachel is full of energy and always on the go. She likes to be involved in extracurricular activities to keep her from getting bored. Her identified major life



**Rachel playing soccer,
a “team sport”**

events all centre on sports and friendships. It is clear that these two aspects of her life help her define herself. Rachel appreciates her outgoing nature and her desire to try new things.

About two years ago, Rachel was diagnosed with diabetes. The fact that she is living with this illness is one thing she dislikes about herself. When Rachel was diagnosed with Type 1 diabetes, she remembers feeling scared because she was unsure what was involved with this illness. Initially she thought it meant she was going to die. However, now after living with diabetes for 2 years, she remarks that things in her life have not really changed since the diagnosis. She still plays as many sports as she used to, she still eats the things she used to (in reduced quantities), and her friends continue to support and spend time with her. It can be challenging at times when “*you have to stop doing what you’re doing to take a needle.*” Diabetes is something Rachel would rather not have because it is something that will be with her for the rest of her life. She receives support from her family in the

management of diabetes. There are plans for her to take over the complete care. Overall, Rachel maintains that diabetes has not changed her.

Family and friends support Rachel in other ways too. They are always there for her when she needs them. Rachel has an older sister with whom she has a good relationship. Although they do not always get along, they still love each other and they treat each other nicely.

Rachel plays on a soccer team and two basketball teams. She has played soccer for about 7 years and was drawn to the sport because it is a team sport that requires working closely with teammates. It is also a “fun sport” and it has enabled her to form many strong friendships. Night league basketball is really enjoyable for Rachel because it too is a team sport and all the teammates possess a considerable level of skill. School basketball is also pleasurable; however, the atmosphere is more relaxed and the skill level is more variable. Rachel is a team player who is “tough” and takes chances for her team. She admires these qualities in her teammates also. Sports are central to Rachel’s life and her sense of who she is and who she wants to be.

Spending time with friends is another main leisure activity for Rachel. It is important to her to spend time with her close friends. When she and her friends are together, they are “crazy and loud”. She connects with her many friends through regular social events, informal hanging out, and her sports involvement. They watch movies, attend classic car events, and throw theme birthday parties. She enjoys camping and outdoor activities such as tubing and swimming.

In the future, Rachel hopes to attend University and train to become a doctor to help children who are living with diabetes. She desires to teach kids and share her experiences

with them. Her future will also include participation in sports, as this is something that is much a part of Rachel.

Themes

The main thread throughout Rachel's story is her considerable participation in sports and commitment to her peer relationships. The sports that Rachel is involved in and her peer relationships are often linked and provide the focus for Rachel's story.

Sports – Central to Rachel's Life. Rachel plays soccer and basketball. She has been involved in soccer for 7 or 8 years and basketball for 3-4 years. Her participation in sports provides her with opportunities to stay active, spend time with close friends, and have fun. Rachel noted what it was that she liked about soccer, she stated, *"It's a team sport and you're really close with your team mates and it's a fun sport, it's just a really good game. You have to work together to win."*

The idea of "team" is something that is present throughout each of Rachel's discussions about sports. She places a lot of emphasis on teamwork and supporting the team. Rachel took a picture of and talked about one of her teammates saying, *"she's usually hurting herself and taking chances for people."* This was something that she admired and noted that she tries to do the same thing for her team; she tries to be "tough". Rachel provided an example about a time when she believed she was being tough for the team.

"In a soccer game, my coach, our normal goalie wasn't there and I'm the second goalie so he wanted me to play it but I didn't want to because I play it every game because the goalie never comes, but I played it for the team."

Much of the language that Rachel used when talking about sports reflected her emphasis on the team. She talked about how "we" won or "we" lost. She also noted how the

team has to work together to accomplish tasks. Not only does Rachel support her own team, but she also attends school basketball games rooting for the senior girls team. Being a part of a team and supporting other teams is something that is central to Rachel's understanding and description of herself.

Importance of Peers. Rachel spends a lot of time with her friends. Throughout her story, she mentioned several different groups of friends and listed many "best friends". Her photograph collection reflected the emphasis on friends in Rachel's life. It is important for her to spend time with her friends talking, hanging out, watching movies, going to parties, and camping. When discussing her move from elementary school to middle school she stated,

"It was good, I met a whole bunch of different people from different districts that I would never have met before...it was nice to know everyone...it makes your classes easier because you don't know who's going to be in each class but then you go there and you know most of the people, so that was good."

Rachel's relationships with her peers are also directly supported by her involvement in sports. She has her "soccer friends" and her "basketball friends". There are many social events arranged with the various teams. For example, there are tubing and swimming events and trips to Dairy Queen.

Diabetes Hasn't Changed Me. Rachel stated that living with diabetes influences her life but it has not changed who she is.

"Diabetes doesn't make my life that different because it's not a physical thing...it's not something you can see on the outside, so it's just something on the inside, it's not

something people notice...I just have to poke my finger and people ask me what it is and I tell them and they don't care."

It has influenced her life in that she does not eat as much and when it is time to take a needle, she has to stop what she is doing to take care of it. These changes are inconveniences and Rachel does not like that she has diabetes. *"It impacts my life, like I'd rather not have it than have it cause I'm going to have it for the rest of my life unless they find a cure."* However, she continues to play sports and noted, *"My friends, they're just there for me, they don't treat me any different."*

Rachel has the support of her family in the care of her diabetes. She noted that *"they help a lot"*. Her parents will record her numbers and insulin but she will draw her insulin and do her tests. Eventually she will take over complete care of her diabetes but right now, she shares that responsibility with her family.

Rachel would like to share her experiences of living with diabetes with other children that have been diagnosed. She experienced some fear initially following the diagnosis; she thought that having diabetes meant she was going to die. Now, she recognizes that her life has continued on in quite the same way as before. Her long-term plans include getting the training to become a doctor to help kids with diabetes.

Use of Photographs. Rachel did not to use the disposable camera at all, instead she opted to include pictures from her personal collection. Of the 24 pictures, Rachel is in 12 of them. Each picture includes some of Rachel's friends. She has pictures of her friends when they are camping, at a party, having a movie night, being silly at school, and attending a Mini car convention. Another cluster of her photographs include sports related friends and activities. She included team shots of both her basketball and soccer team. There were

pictures showing the Dairy Queen ritual following night league basketball. There was an action shot of Rachel playing soccer. She also included a photograph of her and her band friends goofing off and “not following the rules”. Finally, there were two pictures of her and her sister during family vacation. Rachel’s photos are all descriptive and concrete representations of how she spends her time, who she spends her time with, and how she behaves.

Rachel's Timeline

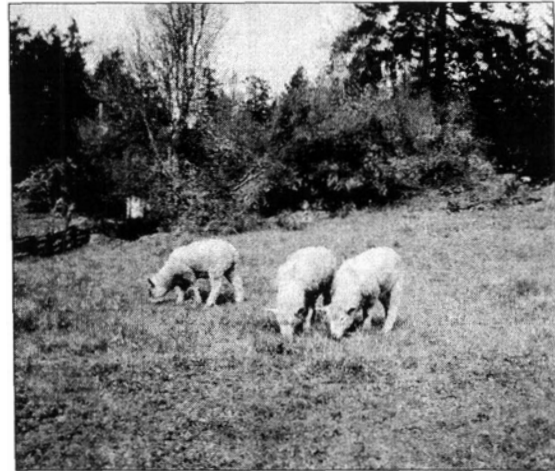
Met old Best Friend	Old BF moved, met new BF	Moved from elem. to middle school	Lost final for soccer	Moved to different high school	Met all my new close friends	Won night league bball final, came in 2 nd in school bball	Did a disappointing bad job in soccer	In final for Lower Island Cup (soccer)
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- Used to hate new BF
- It was "different" & "harder"

Liz – Jumping into life head first

Liz is a “crazy” and “very daring” 17-year-old young woman who likes to have fun. She admits that she jumps into things head first, “especially with relationships”. Liz has had many boyfriends; she states, *“I’d have to say that I’m probably obsessed with boys.”*



Lambs represent Liz’s soft side

She spends most of her time at work, school, and with friends. Dance and cooking are some of her favourite activities. She explains that she does them both very well. With her friends, Liz likes to go shopping, go to the movies, walk along the beach, and have sleepovers. Liz asserts that she is “pretty healthy” and believes that she is in good shape. Skiing is a leisure activity that becomes a big part of Liz’s life in the winter. This sport allows her to get some exercise and spend time with her father, aunt, and cousins. Liz states, *“I get to be in my own little world for a day and nobody can disturb me.”*

Work is a “huge” part of Liz’s life. She works at a local restaurant where she was just recently promoted to supervisor. Her place of work provides a “happy” atmosphere; everyone gets along and often spends time together outside of work. Liz takes pride in her work ethic, putting in extra hours and helping out whenever she can. At work, she gets to spend time with her best friend who also works there. Liz’s boyfriend works at the restaurant and it was there that they met. However, she maintains they keep their relationship separate from work. For Liz, work combines fun, friendship, and responsibility.

At age 12, Liz was diagnosed with Type 1 diabetes. This was a shock and she states it affects her life daily. Her understanding of what it meant to live with diabetes existed prior to her own diagnosis as she had a close friend living with the illness. Liz is still friends with this girl but she recognizes that she makes very different choices than her friend. Liz refrains from drinking and other potentially complicating activities as she knows what the consequences could be for her. However, this is not something that she always finds favourable – “[it] kind of sucks being the only one who remembers what happens afterward.” Living with diabetes is something Liz wished she did not have to contend with. She noted that sometimes she can be “lazy” when it comes to taking the required number of insulin injections. This is her least favourite time of day.

Liz’s relationships with her immediate family members are not sources of strength and guidance. Instead she turns to her two aunts who offer her support, understanding, and fun. She appreciates the lessons they have taught her over the years through their non-judgmental and open attitudes. She enjoys spending time with them and calls them her “fun parents.”

One of the things Liz likes about herself is her ability to get along with people of all different ages. She stated that she can interact with adults her parent’s age and she can also play on the floor with young children. Her ability in the kitchen is another aspect of herself that Liz appreciates. She noted that she learned to bake bread when she was 2 years old. Contrastingly, one of the things Liz dislikes about herself is her school grades. Liz wishes she got more A’s in her classes at school. She believes she tries hard but is not able to get straight A’s. She also dislikes that she is “very lazy”. She said, “...that’s one thing I’ve

always not liked and I know I really shouldn't be lazy, oh I know I should really get out and do this and I'm just like, 'never mind, I don't feel like doing that'."

Liz feels that she has changed over time. She believes that she has matured, mostly due to an increase in responsibilities. When she was diagnosed, she had to become more responsible about her eating habits, exercise, and diabetes management. Then, last summer she got a job which brought more responsibility. In addition, this is her last year of school and she notes that it requires her to be responsible. There are a lot of things she needs to complete in order to graduate. In general, Liz believes that she is now more mature and more responsible.

In the future, Liz plans to follow her early interest in cooking and pursue training as a chef. The fact that she would only need an additional 3-4 years of schooling is appealing to Liz. Eventually, she hopes to get her Red Seal which is the highest achievement you can receive as a chef. This would enable many job opportunities all around the world. Liz is interested in travel. In terms of starting her own family, Liz was hoping to be able to do her own thing for a while before settling down. However, she explained that according to her doctors, she has a three year window for pregnancy, between 25-27 years of age. She said, *"...[it] kind of sucks cause I was thinking early thirties maybe, I'd like to travel and do my own thing for at least like 10 years if I can."* However, Liz is interested in having children and she is aware this will have to figure into her future timeline. Overall, Liz's plans for her future include getting a career first, then getting married and having kids.

Themes

Liz described herself as having many "sides" that reflect different attributes about herself. She identified her wild/crazy side, her soft side, and her aggressive side.

Throughout her story, she chose to classify her behaviour and attitudes according to which side of her it belongs. Another main thread that ran throughout Liz's story was her enthusiasm for her job. It takes up a big part of her life and it is a part of who she is.

Many Different "Sides". When asked to describe herself and talk about who she is as a person, Liz was able to articulate many characteristics she possesses and roles she plays. She took it one step further to classify roles and characteristics into the different sides of herself. She first identified her "crazy" side, which she has also referred to as her wild side. She described herself as crazy and noted that many of her friends also describe her this way. She said,

"I'm very daring in the things I do and I kind of jump in head first, like I don't, depending on the situation, if it's really dangerous I'm gonna look and see what could possibly happen but I jump in head first with a lot of things, especially with relationships."

In the photograph interview, Liz explained how she wanted to take a picture of a horse, this would signify her "wild" side. Instead, she found a fast car parked somewhere and chose that to represent this side of her. She described the appeal of a fast car by saying, "*...you know, I like the rush of driving around in a fast car, I don't get it very often.*" Another aspect of her life that gives her that "rush" is skiing. Liz has been skiing for about six years and asserts that it is a big part of her life. Skiing gives her "*a little bit of excitement*". These interests and activities fall into the wild and crazy side of Liz. She noted that her wild side is something that she only shows "every now and then".

Liz's "soft" side dominates in her life. In order to depict this part of her, she chose to take a picture of lambs. She stated,

“...they were very cute and I guess, everybody always thinks, tells me that you know, I’m cute, I don’t really like being called cute, I’d rather be called pretty...I took a picture cause they represent my softer side and I’m usually a nice and soft person.”

According to Liz, being soft is the opposite of being mean. She described an incident at a recent dance competition in which many people “messed up”; in keeping with her soft side, Liz chose to say supportive words to her fellow dancers rather than yelling at them. She does not want to be a mean person but acknowledges that at times, she can be thought of as a pushover. When she is at work, she recognizes that two sides exist. In interactions with customers, Liz is soft but the rest of the time she is “a little bit more” aggressive. Her role as supervisor means that she needs to be telling people what they should be doing; she needs to “take charge”. It is at work that the softer side gets tucked away in favour of the aggressive side. However, she noted that she is soft “most of the time”.

“I Don’t Like Being Trapped”. Being trapped and restricted is something that Liz dislikes. She likes to be free and open. Throughout her story she talked about feeling trapped and contrasted this feeling to the more desirable state of being free. One picture Liz chose to include in describing herself was of the ocean; she explained this choice

“It’s not something that can be controlled kind of, you know it is free and I like that...personally I don’t like being controlled you know and it’s [the ocean] something that I’ve always been drawn to, it’s something you know, that’s free and does its own thing and nobody can really stop it from doing anything.”

Liz feels trapped at times when she is in school. This is a place in which she spends five-six hours of her day, inside looking outside at the clouds. Liz took other pictures that showed a pleasant sky with clouds. In her elaboration on these pictures, she shared that she

felt trapped inside on this particular day. All she wanted was to be outside laying on the grass and watching the clouds go by. This is something she used to do “all the time” and she found it very relaxing. The fact that Liz was inside when she took the picture demonstrates “...*being trapped but not being willing to you know, push the boundaries.*” She stated that she has always been a “goody two shoes” and has never skipped school. Given that this is her final year before graduation, Liz is not interested in doing anything that might give her a bad reputation.

Not only does Liz like to feel free and uncontrolled, but she also likes to be open. She stated that she “*accept[s] other people really easily*”. To represent this part of herself, Liz chose to take a picture of a “Welcome” sign. She explained,

“...*the reason I took that is because I wanted to express my openness towards other people, you know I can be an open book most of the time. I was going to take a picture of a “No Trespassing” sign at first and then I was like, you know I’m really not like that, I’m more of an open book.*”

Liz mentioned that if you want to know something about her, all you need to do is ask. She stated that she is not one of those people that it takes forever to get to know. Her openness is something that she believes others appreciate.

“*Work Takes up 1/3 of My Life*”. Liz’s role as an employee takes up much of her time. She said, “*I spend my life at work.*” She enjoys work and the friends she has made during her time there. “*I’m too attached to my job but it’s so much fun there.*” Work is a place where Liz can seek refuge from the sometimes crazy-making at home. It is also a place that requires Liz to be responsible and “take charge” of situations. Getting this job is a marker in Liz’s life and she sees it as contributing to who she is. She saw this job as bringing

more responsibility, as well as money, her way. Even when Liz is not officially working, she often visits her work site to see friends or just to lend a hand. Her promotion to supervisor was something she was really working hard for. She put in extra hours and made the effort to learn the ropes from her boss.

Even though Liz spends about 30 hours a week at work, she still tries to hold onto some balance in her life. She talked about sunrises and sunsets and about how they are “natural” and “beautiful” and something that she enjoys to watch. She states,

“I’m the kind of person that likes to take time to appreciate those kinds of things every now and then and I find that these days there aren’t as many people that do that cause their life is so hectic and I’m starting to become one of those people but I’m trying to keep a hold of being able to you know, appreciate those kinds of things in life.”

“Taking My Needle is the Part of My Day I Hate the Most”. At age 12, Liz was diagnosed with diabetes and from then on, she says, her life changed. Liz stated, *“I’ve always hated being diabetic cause I’ve never, ever liked needles, that’s always been a big thing for me...I still cry when they take blood from me, I just hate it so much.”* Living with diabetes has changed Liz; she noted,

“...[getting diagnosed] was...one of the biggest things in my life, it’s drastically affected everything, my eating habits, my exercise, um responsibility that became a big thing you know, I had to grow up faster than I really wanted.”

Liz views her increase in maturity as initially due to the responsibility required to care for her diabetes. She needs to take better care of herself and have a heightened awareness of what she is consuming and what activities she is participating in.

Becoming more responsible as she cared for her diabetes meant that some of Liz's "fun" was "restricted". It meant that she was not able to partake in some of the same leisure activities that her peers were engaging in. Having fun is important to Liz but she also recognizes that drinking alcohol when you are diabetic can have grave consequences. One of Liz's close friends has diabetes and on one occasion, she consumed alcohol and then went blind for a few hours and became unconscious. Liz asserts, *"You know after seeing, after her having that happen to her, I'm just like not going to let that happen to me, you know cause it's scary, I don't want to end up like that."*

Even though Liz had to become more responsible as a result of her diagnosis, she admits that she does not always behave this way. She calls herself "lazy" when it comes to taking all of the needles she is supposed to in a given day. "Get[ting] back on track" is where Liz desires to be however, it remains sporadic. She noted that a couple of her "weaknesses" include Slurpees and Frappacinos and she acknowledged that these treats are not the best thing for her to consume.

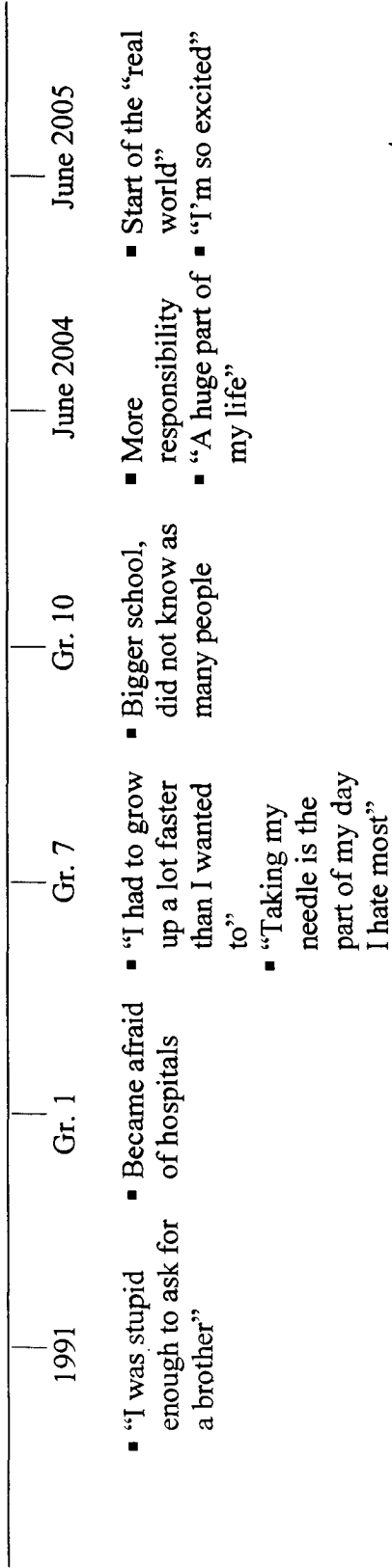
Use of Photographs. Liz took 27 exposures. She took pictures that presented descriptive and concrete meaning, metaphorical meaning, and social meaning. There was a lot of variety in the photographs that Liz took. She included pictures of friends, some at work, one at school. She included four pictures that displayed one aspect of work. Other pictures that showed locations included a picture of school, the ocean, and her favourite coffee shop. Photographs that included pictures of lambs, a welcome sign, a fast car, the ocean, and sunny days held meaning on more than one level. For example, Liz explained that the lambs were cute and soft and she has also been called "cute" and believes she shows

her “soft side” most often. She took a picture of the sunrise and sunset and described these as two of her favourite times of day; they are peaceful, relaxing and beautiful.

Liz's Timeline

| • Became more responsible

Brother was born	Hospitalized for Appendicitis	Diagnosed as Diabetic	Switched schools (from middle school to high school)	Got job at restaurant	Graduation
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1991

Gr. 1

Gr. 7

Gr. 10

June 2004

June 2005

- "I was stupid enough to ask for a brother"

- Became afraid of hospitals

- "I had to grow up a lot faster than I wanted to"

- "Taking my needle is the part of my day I hate most"

- Bigger school, did not know as many people

- More responsibility
- "A huge part of my life"

- Start of the "real world"
- "I'm so excited"

Jade – Laidback approach to life

Jade is a “laidback”, “caring”, and “creative” 17 year-old young woman who likes to have fun with her friends. She reported spending most of her time working, being out with friends, and doing photography. Photography has been a creative interest of Jade’s for about a year and half. She noted that her ability to take “cool” photographs is something that seems to happen without too much planning. Sometimes she will be taking a picture, not even trying, and it turns out looking really good due to some “weird” angle she took the picture at. However, Jade states that her creativity begins and ends with photography. She does not believe that her creative abilities reveal themselves in any other form.

Creativity is only one thing that Jade likes about herself. She also appreciates her ability to “*react to things that happen around me.*” She believes she is able to respond to situations of change with “commonsense” and a laidback attitude. Jade likes to have fun and stated she wished she was a little bit more outgoing because she can tend to be shy around new people.

Jade further described herself as “wacky” and asserted that her friends would agree. She has a nickname that originated from her wacky behaviour. She described this wackiness as arbitrary behaviour or comments. She may interject in a conversation to mention some random observation such as, “*hey, that dog’s tail is pink*”. Describing this aspect of herself was something she found humorous.

At age 6, Jade was diagnosed with Type 1 diabetes. Now, after living with the illness for 11 years, she noted that it is one of the biggest things she dislikes about herself. The daily management of diabetes can interfere with activities and plans with friends which can be annoying. However, Jade also noted, “*I don’t, like, make it like my life and everything,*

it's just something that I have to do." Living with diabetes has introduced Jade to stereotypes and misunderstandings applied to her by others. She noted that many people think that she has diabetes because she was not cared for properly when she was young. Jade explained that she often tries to educate people about diabetes but others disregard her knowledge. This experience has given Jade some perspective on other people living with different life circumstances such as Down's Syndrome; she is able to recognize that the person exists beyond the illness or disability they may live with.

Growing up, Jade was a member of a single parent family which she believes has influenced who she is. She states that she knows the value of a dollar and understands the important things in life. Jade said, "*...as long as you're happy and with the people that you care about and everything, that's all that really matters.*" Her relationship with her older brother is characterized by support and guidance. Jade explains that he filled the father role. She also receives emotional support from her mother and close friends. She has many people that she can turn to when needed.

In the future, Jade imagines herself "hopefully healthy". She hopes that she will maintain healthy eyes and kidneys and any other complications that may result from living with diabetes will be avoided. Jade also imagines that her life will be "good" and "exciting".

Themes

Jade was only able to participate in the narrative interview therefore, the information that is presented is restricted to that which she shared in the first interview. The main threads that existed in Jade's story were her fun and laidback demeanor in life, life lessons taught as a result of living in a single parent family, and the way diabetes has influenced her life.

Fun and Laid-back Manner in Life. The first word Jade chose to describe herself was “laidback”. Her elaboration on this trait was, “...*I don't get upset if I plan something and it goes the other way around, or like when something happens I don't freak out and throw a fit.*” This self-characteristic was also present in slightly different form when she mentioned that she reacts to change well. She noted that when change happens, she is able to respond with “commonsense”. When Jade was diagnosed with diabetes, she believed she was able to respond to this change in her life. She explained,

“...when I was diagnosed, cause I don't remember much of it completely, but, like, from what I'm told from the diabetic team at VGH, my mom, my brother, I was really calm about it and I remember I used to do my insulin shots in the hospital when I was there for 2 weeks.”

Life Lessons from a Single Parent Family. Jade noted that her father left when she was younger. Living in a single parent family is something she believes influences who she is today. Her relationship with her older brother appears strong. She stated that he filled the father role in her life and acts as a support and a guide when faced with decisions and challenges. Throughout her life, Jade has heard this message from her mother – ‘you don't need money to be happy’. Jade further stated, “...*my mom was always making it clear that you didn't need money to be happy and that as long as me and my brother were together, we were going to be okay.*”

Challenges with money have been a part of Jade's life and because of that she believes that she is more financially conscious. She stated,

“...just growing up and having, like, living with my mom as a single parent and having to deal with money problems and all of that kind of made me, like, a person, I don't like to spend money, and so, I don't know, I know the value of a dollar.”

Diabetes is Annoying but I Deal with it. Jade has been living with Type 1 diabetes since the age of 6. She noted that although she is used to living with the illness, sometimes it can be a “drag”. Jade stated,

“...having diabetes...I'm used to, like, having to watch, like, making sure I don't eat too much sugar or don't drink too much alcohol and all that stuff, it's also, like, sometimes a drag when I have to be like, 'oh I have to go home because I don't have my kit and I have to go do my insulin' and kind leave the things that I was doing.”

When Jade was younger, she believes that having diabetes did not matter as much. Now, however, depending on what is going on at a given point in time, it can be annoying.

Jade maintained that diabetes is not who she is nor does she make it her entire life. Living with diabetes and the management that comes along with this illness is something Jade says is just part of her life, just something she has to do. Her thoughts about the future include hoping for a life without complications from diabetes. However, she is able to separate the illness from the person to see beyond. Life with diabetes has shaped the way that Jade looks at people. She noted,

“...a lot of people like stereotype people and everything and I get that a lot because of my diabetes so it kind of made me...not just judge people because they might have it or they might be born with Down's Syndrome or something. So I guess it just made me more aware that it's not actually, you can't make it like, it's not always the whole

picture, it's just part of the picture and it doesn't actually make the person, it's just something that they have to deal with."

Jade has been the recipient of stereotypes and misunderstandings that place blame for the fact that she lives with diabetes. She explained that some people believe that she has diabetes because her mother did not take care of her or because she was overweight and unhealthy. When Jade attempts to properly inform such individuals of the genetic cause of the illness, they do not accept what she states as the truth. She shared,

"...if I tell them 'no, it's genetic, had nothing to do with anything that was going on', they would go 'oh no, you're wrong, I heard it on the news' and I'm like, it's been 11 years, I think I'd know."

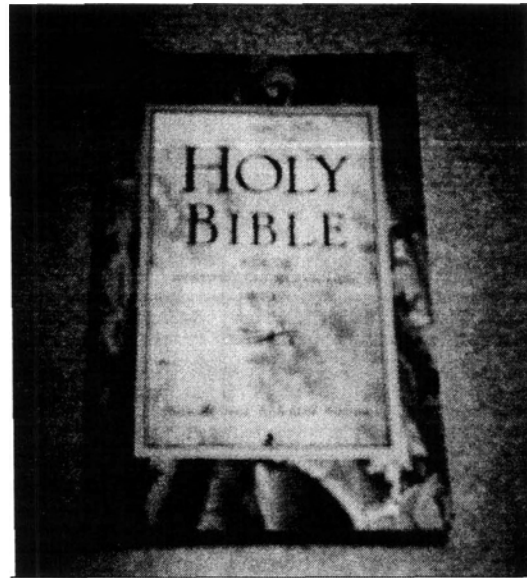
Use of Photographs. Due to a busy schedule and time of year, Jade was unable to participate in the second interview and thus did not generate any photographs.

Jade's Timeline

Became single parent family	Diagnosed with diabetes
<ul style="list-style-type: none">▪ Happiness = being with the people that you love▪ Taught me about money	<p>Age 6</p> <ul style="list-style-type: none">▪ "It's only one part of me"▪ I don't like living with diabetes, it can be a "drag"

Scarlet – Finding inspiration in the stories of others

Scarlet is a “fun”, “non-judgmental” 16-year-old young woman who wants to embrace life. Her Christian faith is her guide; she is open to inspiration and finds it in God, friends and family. Scarlet strives to surround herself with people that support and inspire her. Through knowing the life stories of friends and family, Scarlet is able to witness strength and perseverance which encourages her to overcome



Faith is the most important thing in Scarlet's life

hard times and live a full life. Scarlet makes every attempt to go after what she wants in life, she does not let her fears hold her back. A “people-person”, Scarlet loves spending time with family and friends doing creative and adventurous activities. She identifies her family as “not perfect” and asserts that her life has never been easy. She has been the recipient of negative judgments and her personal experience reminds Scarlet of the importance of not judging others. She is aware of the differences among people and life experiences. She appreciates that she is able to embrace all different people. She believes in fair and respectful treatment toward all individuals. Her strong opinions are often echoed in her behaviour as she stands up for what she believes in. Scarlet's skill as a listener means that she can often be put in between two people that she cares about. She wants to help if she is able, but does not want to get stuck in the middle of other people's issues.

Scarlet finds satisfaction with herself when she thinks about her strength as a Christian. She believes that her friends look up to her because of this strong faith. God gives

Scarlet a purpose in life. She notes that she sometimes can be teased because of her strong Christian beliefs but she tries hard not care what others think; however, sometimes she allows other people's judgments to affect the way she thinks about herself. She can be bothered by the opinions of others which frustrates her and she wishes she could only care what God thinks. Scarlet remarks that she is confused about who she is and about life a lot of the time. She hears so many different perspectives and opinions about right and wrong behaviour and choices and it is difficult for her to know which perspective is accurate. Often times, Scarlet will pray about decisions. She recognizes that she has to make her own decisions in life.

The way that Scarlet sees herself now is different from the way she saw herself in the past. In elementary school, she was very self-conscious and wanted to be associated with the "in-crowd". Now that she is in high school, she notes that this is no longer important to her. Her colourful dress and behaviour reflect her personality and she desires to follow her own path. At school, she belongs to many different cliques.

At the age of 6 years, Scarlet was diagnosed with Type 1 diabetes. Living with this illness has made Scarlet have to "grow up faster" than her peers. She has had to be more responsible for her life and she's had to learn a lot about herself. Diabetes has become such a part of Scarlet's life but there are still times when she gets angry and jealous of those who don't have to deal with the illness. She asks "*why did God do this to me?*"

Scarlet's best friend moved far away when she was 8 years old. Things were very hard at home for Scarlet and she sought refuge at the home of her best friend, her "second family". When they moved, she no longer had a place to get away from the "hard" times of

her home life. In grade 5, she met her current best friend whose family has become her new place of refuge. Scarlet notes that they've accepted her as part of their family.

When Scarlet was about 12 years old, her parents were divorced. The divorce was not a smooth one and it was "really, really hard" for her. There was a lot of adjusting she had to do. Her place of residence was changing, her relationship with her father was changing, and Scarlet and her older sister had to take care of themselves. Scarlet was left with feelings of abandonment and loneliness. It seemed as though no one loved her and she "need[ed] someone to love [her]". Following the divorce of her parents, Scarlet went away to camp. It was here that she found God. One of the camp leaders inspired her and Scarlet confided in this woman who then introduced her to a Christian life. Her relationship with God is one that inspires, challenges, and guides her. When she has God in her life, she no longer feels alone. It is hard to hold onto God at all times; Scarlet identifies that there are times when she can't find Him. Visual reminders such as pictures and quotes on the wall support Scarlet in moving through tough times.

When it came time for Scarlet to move on from elementary school, she felt that she was leaving behind all she had known. It was hard to step outside of her comfort zone and go to a new school where she knew only one other person. All of her elementary school friends were heading off to the same school; Scarlet was headed to a Christian school. For the entire grade 8 year, she was upset and emotionally distressed. She has since adjusted to her Christian school and now feels a sense of family and comfort in her peers.

Following her grade 9 year, Scarlet's mother was diagnosed as depressed and she quit working. This is significant to Scarlet's life because it represents another time in which she had to care for herself. Scarlet has to be her own parent and make her own decisions.

Despite the difficulties, Scarlet remarks that she is very close to her mother; they talk about everything and her mother is her role model as a woman, mother, and Christian. Scarlet felt that she was alone to care for herself when Scarlet's older sister graduated. Her sister had filled the parent role for so many years, making sure that Scarlet had eaten, taken her insulin, and made it to doctor's appointments. Upon graduation, her sister removed herself from that role and went on to pursue her own things.

In the summer of 2004, Scarlet went on an education missions trip with her church to Mexico and visited orphanages and churches. This experience touched her life greatly. Before she went on this trip, she felt like her life "sucked" and she took much for granted. When in Mexico, she saw a completely different way of life which placed value on family and relationships over possessions. She saw that happiness was achieved through providing for, living with, and enjoying in family. She remarks on the strong faith in God the people of Mexico appeared to have. Scarlet witnessed small children selling matches in the street; it broke her heart. It was hard to believe that even when people were existing in dire living conditions that they were still able to believe in and thank God. Scarlet saw Mexico as the place she wanted to be because she believed that she could help these people.

The future for Scarlet is one that involves faith, giving to others, and separation from family. She aspires to be a minister, she currently gives sermons in her church, and living in a Third World Country. Scarlet wants to live her life and have many experiences and see many things before she marries. She is clear that she does not want to be married and divorced at a young age. She believes that the age of 40 would have afforded her enough time to know who she is. Through spending time alone, with friends and through singing, she believes that she will come to know herself.

Themes

Scarlet's story includes overarching themes of inspiration seeking, the importance of faith, and knowing and being oneself. The thread of inspiration seeking that ran throughout Scarlet's story was evident when she spoke of both her relationship with God and her many relationships with family and friends. However, faith was a theme that also stood alone as inspiration was not the only way religion plays a role in Scarlet's life. Finally, Scarlet desires to know and learn about herself and to then exist in a way that reflects her understanding.

Inspiration Seeking. Scarlet asserts that she has not had an easy life. At times she has questioned her purpose in life and felt alone and unloved. She finds inspiration in the life stories and experiences of her family and friends. Witnessing how others carry on in the face of hardship tells Scarlet that if others can do it, so can she. Much of the photographs included in Scarlet's selection were of her friends and family. Each of these pictures was accompanied with a statement about individual hard times and how the person is "brave" to overcome his or her challenges. An example of such a statement is, "...my dad inspires me because he is someone who has overcome a lot of hardships and he has grown with them and worked on becoming a better person in the last couple of years." Overall, Scarlet asserts,

"I love my friends, they're all the best people I have, same with my mom and my dad and, like, they've all overcome stuff so I can too, they're all really good people, they all still work really hard and I'm like, well I can do that too."

Scarlet finds inspiration in her relationship with God. She stated, "*God is the most important thing in my life and reading his word (the Bible) shows me how to live my life.*" She explained that Jesus died on the cross for her and the fact that he gave his life for her inspires her to lead a better life. At home, in her bedroom, Scarlet has an "inspiration wall"

that includes posters, songs and verses from Church. She noted that her inspiration wall is something that she can look at when she goes to bed and it reminds her of her faith.

Playing guitar is another source of inspiration for Scarlet. She just learned to play the guitar this year and has begun writing her own songs. She stated,

“...it’s really inspired my life cause when I play her [the guitar] I feel really close to God, it gives me kind of a worshiping time and...learning to write songs...that really helps me like figure out stuff and get my feelings out.”

When Scarlet decided to learn how to play the guitar, she remarked that she did not realize how much it would help her. She said, *“...it just feels so good to get it out when I’m singing and I’m playing the guitar.”*

Scarlet really enjoys reading and she calls herself a “big reader”. Stories are yet another place Scarlet finds inspiration. She remarked,

“I read a lot and it inspires me to do more with my life, I like reading inspiring stories, biographies, and books about travel, it just shows me the possibilities I have...it reminds me that like, people can do these amazing things with their lives...if people can like do these inspiring things with their life then I can too.”

The Role of Religion in My Life. God is the most important thing in Scarlet’s life. He entered her life when she was 12 years old following the divorce of her parents. The divorce was hard for Scarlet and it left her feeling alone, unloved, and questioning the purpose of her life. She went away to camp and it was here that she met a “really strong” cabin leader who helped her get religion in her life. She stated, *“...I went and talked to her one day and I was like ‘I need someone to love me because I feel like no one loves me right now’ and she like*

life.” Now she explains that God gives her a purpose in life; she is living her life for God and that is “really important” to her.

Scarlet asserts that she appreciates her strength as a Christian. However, she acknowledged that her relationship with God has been one characterized by embracing and pushing away. She stated that she is not always able to find Him or hold onto Him. When things are going well in her life, she finds herself believing that she does not need Him, that she will be fine on her own. It is when life is difficult that she really embraces Him by reading her Bible and praying.

Scarlet strives to live a “Godly life”. For her this means being open towards all people, acting selflessly, and having strong faith in God. Scarlet is conscious in her efforts not to judge the lives and choices of others. She explained,

“...I try not to show [judgment] to other people because, like, you know, God gave us all different circumstances, we’re all different people, like, people have different ways of expressing themselves so I try to be, like, forgive people when they do stuff cause I can’t judge you, I don’t know why you did that.”

One of the characteristics Scarlet possesses that she appreciates in herself is her ability to embrace different people. An example of this is in her choice to refute the Christian belief that homosexuality is not okay. She stated,

“...I’m like, well you know what? That’s their life, they can’t choose it...I’m going to embrace everyone cause...everyone deserves to love someone...everyone deserves to be loved, everyone deserves to have a mate in life.”

Scarlet asserts that she embraces people because she knows that “Jesus would do that”.

Knowing and Being Oneself. When Scarlet began describing herself, she noted that she is trying to find herself and she gets confused sometimes. She elaborated by stating,

“I’m confused a lot of times like, ‘oh no Scarlet, you are beautiful’ and then I’m like ‘nope, no you’re not’ or like ‘Scarlet that is the right thing to say, that is the right thing to stand up for’ then I’m like ‘no, no it’s not’”.

Scarlet remarked that she does have some clear beliefs that she stands up for. One of those is that it is not okay to be mean to people. At school, when she hears people talking about others, she lets them know that that is not okay.

Another belief Scarlet holds onto is that it’s good to help women. She once tried out for a play for the women’s pregnancy crisis center because helping women was important to her. One thing that Scarlet is clear on is that she wants to “embrace life” and not withdraw from activities because she is “scared”. Trying out for this play was also an example of how she embraced life. It was something that she wanted to do even though she knew that she was unlikely to get a part because of her age.

When Scarlet was in elementary school she stated that she was “very self-conscious” and really wanted to be in the “in-crowd”. It was not until she reached high school that she decided that she wanted to be herself. She wanted to “be her own person” and she started to dress and act the way she wanted. Now she belongs to many different cliques at school and has many different friends.

Scarlet is beginning to realize that she needs to make her own decisions. She noted that her friends and family are not always going to be there and she will need to rely on herself. *“I have to realize, like do what I think is right, not what I think everyone else thinks is right.”* Reading the Bible and praying are two ways that help Scarlet make decisions.

However, in getting to know yourself, she believes one must both spend time alone and spend time with friends and family. She noted, *“I try to surround myself with people who can help me with [getting to know myself].”*

Scarlet believes that in knowing yourself, it is important to be able to express yourself. One way that she does this is through writing songs and singing while she plays the guitar. Another way she is able to express herself is in sessions with the school counselor. She explained,

“I go to see a school counselor because I’m like, you know what? I really, I have to make sure that, like, I can talk about my problems and I don’t keep them bottled up inside so, like, I can know who I am and stuff, so I don’t get, like, confused with all these other voices and stuff in my head.”

Another way Scarlet believes she will get to know herself is through time and experience. She explained,

“I want to experience all these things and I want to experience all I can in life and I think that that will help me figure out who I am and, like, by the time I am 40 I will have done all those things and I’ll have, like, seen all those things and I’ll, like, get to know more things about the world which I think will help me get to know more about myself.”

Use of Photographs. Scarlet made use of all 27 exposures. A majority of Scarlet’s photographs included pictures of her friends. She used these pictures to then describe how each friend brings something to her life and inspires her. Pictures depicting her faith included her Bible, her church, her role model for living a “Godly” life, and her Jesus wall in her bedroom. She included some photographs that she believed showed her personality.

These were pictures of her multicolored jewelry and one of the walls in her bedroom that is covered in posters, sayings, and images. She also took a picture of her guitar, which is a communication and worshipping tool and books that tell her of life's possibilities. A picture of Scarlet with her mother and then with her father was also included in her collection. She forgot to take one of her sister so she spoke about her as if she had taken a picture. Scarlet was included in eight of the photographs. Each of Scarlet's photographs represented descriptive and concrete meaning as she shared about her life.

Scarlet's Timeline

ELEMENTARY SCHOOL	HIGH SCHOOL
<ul style="list-style-type: none"> • "Very self-conscious" • Wanted to be in the "in-crowd" 	<ul style="list-style-type: none"> • "I saw myself really changing" • "I want to be my own person" • Started to dress and act the way I wanted

Diagnosed with Diabetes	Best friend moved away	Met new best friend	Parents divorced	Left elementary school	Became a Christian	Changed schools	Missions trip	Mom got depressed, stopped working	Sister graduated
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Age 6	Age 8	Gr. 5	Gr. 6	End of Gr. 7	Gr. 8	Gr. 9
<ul style="list-style-type: none"> ▪ Made me have to grow up faster than my friends" ▪ Still get angry about it 	<ul style="list-style-type: none"> ▪ Lost my place of refuge ▪ Felt alone 	<ul style="list-style-type: none"> ▪ Gained new place of refuge 	<ul style="list-style-type: none"> ▪ Really hard for me" ▪ Had to care for myself ▪ Felt that I was unloved 	<ul style="list-style-type: none"> ▪ "God is the most important thing in my life" ▪ "His word tells me how to live my life" 	<ul style="list-style-type: none"> ▪ Had to step outside of my comfort zone ▪ Had to learn how to make friends 	<ul style="list-style-type: none"> ▪ Was "really, really impactful"

Participant Narrative Considerations

It is important to remain cognizant of the contextual and evolutionary nature of narratives. The stories, themes, and perspectives reflect one point in time. Life narratives change to reflect new life experiences (Singer, 2004). The stories of these young women suggest the way they are making sense of their lives and experiences at this moment. Churchill (2000) asserts, “Our subjects describe, both for themselves and for us, their experience only as far as they are willing (and capable) to understand it.” (p. 55). Participant narratives may contain some “distortion” as the remembered event is told and transferred into knowledge (Churchill). Thus, it is possible that the young women’s stories are idealized, depicting an optimistic tone. For example, Heloise has been through many traumatic and trying life events with the most recent event taking place just seven months prior to the research interviews; thus, it is possible that Heloise’s story is somewhat idealized. However, at no point in the interview did she claim to be healed from these experiences. Through an awareness and understanding of self-deception, researchers can strive for “purity” in participant reflections of the original experience (Churchill).

Across Participant Analysis

Across participant analysis began as I was conducting the within participant analysis. As I reviewed the individual transcripts, I made notes about the commonalities I was noticing across participants. Following the completion of the within participant analysis, I used my notes about preliminary meta-themes to review the individual transcripts highlighting relevant areas. Each reading allowed me to approach the text from a different perspective (Arvay, 1998) thus, elucidating different meanings (Brown, 1988).

This phase of analysis was an ongoing process as meta-themes continued to emerge from the stories. A meta-theme was identified when an idea, thought, or concept occurred in at least two of the participant's stories. There is much variety in the following meta-themes with regard to the number of participants that made reference to the idea. For example, some of the meta-themes represent thoughts shared by all participants; others represent the thoughts of a few young women.

Due to the nature of across participant exploration, the thoughts and beliefs shared by each participant on a particular topic were not always identical. There was often some variation in thought around the same topic; thus, within each meta-theme, I have described the theme, outlined how it was connected across participants, and presented the variation. For many of the following meta-themes, the concept was true for participants but the way in which they related to the concept was different. The analysis presents both the commonalities and the variations.

Meta-Themes

Contribution of Photographs. All of the participants in this study, except for one, took photographs to further describe who they are as they see themselves. For each of the

young women, this tool proved to be effective and assisted in story sharing. Photographs enabled a depth in self-description that was not present in many of the narrative interviews. There were a couple of participants who were able to talk at length about who they are; however, each of the stories was enriched due to the inclusion of photographs.

The photograph interviews were qualitatively different than the narrative interviews. Obvious emotion was present for some of the girls as they explained how a particular photograph told something about who they are. For example, Rachel laughed as she talked about the picture with her band friends in which they were making silly faces. Scarlet became quite animated as she used her photographs to describe the life struggles and triumphs of her friends. It is difficult to capture the experience of listening to the sharing of these stories. I found that at times, I would get goose bumps as listened to the stories and looked at the pictures of these young women.

For some participants, most of the photographs served to support and add to the earlier shared narrative. For example, Heloise took some pictures that reflected the events she had shared previously. Also, Rachel's photograph collection consisted mostly of peers and sports events which was in direct support of her earlier narrative. However, her narrative interview proved to be the shortest and most of her responses to the questions consisted of a few words. Thus, the introduction of photographs for this participant was particularly useful in drawing out stories.

For other participants, most of the photographs introduced much new information to the narrative. For example, Liz mentioned her different sides in the photograph interview and took pictures to represent these sides. She had not explicitly discussed her different sides in the narrative interview. Scarlet's photograph collection consisted mainly of friends. As

she shared each photograph, she talked about the friend's life struggles and how this instills inspiration within her life. This was a new focus for Scarlet's story. Her narrative interview had focused primarily on religion.

Another important quality of the use of photographs in this study centered on the meaning that was applied to each photo. For the majority of participants, their photographs represented descriptive and concrete meaning. Heloise provided an example when she talked about a picture of a parking lot. She explained that this picture was of a location in which an abusive event took place that acted as a turning point in her life. Rachel provided many examples of descriptive and concrete meaning attached to her photographs. She took a picture of her soccer team and said, *"Those are my...uh...soccer friends and they're the people I'm usually with. So they are important to me."* Liz took a picture of a coffee cup and explained how going for coffee with friends is one of her favorite social events. One of Scarlet's photographs was of her Bible and she explicated this choice by stating,

"...just having, like, the Bible is really important to me and I read it and stuff, so it's really important to me cause it shows me just, like, if I don't know what I'm supposed to do about something then I pray about it and I read my Bible and that just helps me see what I'm supposed to do."

Each of the participants took pictures that held descriptive and concrete meaning. A couple of participants took pictures that held meaning on a symbolic or metaphorical level. For example, Liz took a photograph of a "Welcome" sign and explained that this was meant to signify her openness to other people. She also took a picture of lambs which she described as representing her soft side. Samantha was the other young woman who included a picture in her collection that held symbolic meaning. She took a picture of roses and stated,

“...flowers are very delicate, if it rains, if the rain hits the petal hard enough, it bruises, and for me I’m very delicate and I’m very sensitive so that kind of, I’m very colorful too and those are very colorful flowers.”

Thus, the use of photographs in this research proved to be an important part of the research design that resulted in increased richness in participant stories. Photographs sparked stories and served as launching pads and reference points for these stories. The use of this visual medium also meant that variety was rich and the meaning ascribed to images could exist on a couple of levels.

Importance of Relationships. Each of the young women talked at length about the relationships in their lives and explained their significance. Close relationships were credited for developing a sense of self, supporting one through tough times, providing sources of inspiration, and offering a much needed ear. Through being in a relationship, some young women demonstrated learning about life and the world. The life experiences of others tell us about what life is like. Peer relationships were particularly important for conveying such information and dominated the stories of most of the young women. Scarlet’s story included her many friendships and she identified each of her friends’ life struggles and then explained how they are an inspiration to her. She believes her friends are brave and their bravery gives her strength. Scarlet asserted,

“...a lot of my friends have been through a lot of things and if they’re brave enough to go through things like that, if they’re brave enough to overcome things like that then I can too because they’re all, like, I love my friends, they’re all, like, the best people I have, same with my mom and my dad and, like, they’ve all overcome stuff so

I can too, they're all really good people, they all still work really hard and I'm like, well I can do that too kind of thing."

Liz talked about a friendship with another girl with diabetes and she credited this relationship for teaching her about diabetes. This relationship has also provided opportunities for Liz to learn about the results of making poor choices. For example, her friend consumed alcohol one night and went blind for several hours. In response to this situation, Liz stated, "*...you know after seeing, after her having that happen to her, I'm just like not going to happen to me you know cause that's scary, I don't want to end up like that.*"

Samantha clearly asserted that without her friends, she would not be who she is today. Her best friend in particular, was given most of the credit when Samantha said, "*...my best friend totally made me who I am...she's changed who I am.*" It was because of this relationship that Samantha was able to stick up for herself and relinquish some of her shy tendencies. Scarlet believes that it is through spending time with people that you can get to know who you are. She stated, "*I want to know who I am and um, I try to, like, surround myself with people who can help me with that.*"

Relationships help these young women understand and learn about themselves. For some participants, they were able to see aspects of themselves reflected in their friends. Samantha took a picture of one of her classmates and explained, "*she has a personality like me...she's got attitude.*" Similarly, Rachel included a picture of one of her soccer friends who is a really strong team player; this attribute is something Rachel also sees in herself. It was through taking pictures of and talking about relationships, mainly peer relationships, that the young women explicated how these relationships told them something about themselves.

Some people with whom the young women were in relationship introduced negative aspects into their life; however, these provided examples of how relationships can shape who you are. For example, Heloise has been in a number of bad romantic relationships, from these she has learned the “don’ts” in life. Furthermore, she learned that she was not following her own desires for herself. She said,

“[the relationship with this guy showed me] that I needed to make better choices about who I was with and that I was more worried about having other people approve of me rather than feeling comfortable with what I needed.”

Relationships with friends and family were also reported to offer support in challenging circumstances. Heloise identified her mother when discussing someone who has helped her through tough times. She stated,

“...she’s just very strong, and has very, very strong morals and values and she, like, tries to give them to me without actually giving them to me, I don’t know, like she knows I smoke and, like, what she’ll do is, like, I thought that this was very, very good parenting tactic, she’s all, like, you can have the ten dollars, you can have the pack of cigarettes, or you can have my love. And, I don’t know, I found that kind of weird but it’s always kind of stuck in my mind, like, smoking’s not good, kind of thing, yeah, she’s just very unique and, like, she’s very understanding and yet sometimes she can be very judgmental.”

Through Heloise’s difficult life events, her mother was there holding her hand and trying to help her through. Samantha noted a similar relationship that offered her support through her “bad times”. In her case, this person was her best friend and the support was reciprocal.

There was consensus throughout the group of young women that friends and family are people they can talk to and share anything with. Each participant identified at least one person with whom they could talk to about anything. Heloise talked about a male friend who has become someone to whom she can “exhale.” Liz explained that her best friend is someone she can share anything with. Rachel’s friends support her in her life and she stated, “...*they’re just there for me.*” Jade noted that she receives support from her friends as well as her mother’s friends. Scarlet discussed her many friendships and explained how she is able to get different kinds of support from different friends. She and her friends share similar life challenges which provides Scarlet with supports on various different issues. Scarlet also noted that her mother is someone with whom she talks about “everything”.

Although each participant discussed the relationships in their lives and the many ways these relationships inform their sense of self and their sense of the world, a couple of participants also noted their will to refrain from being overly influenced by the opinions of others. Scarlet stated, “...*I like being different and not conforming to my friends’ and family’s ideas about what I should be.*” She further explained,

“I know that I have to make decisions for myself, I’m just starting to realize that, that like, my parents can’t always be there for me and my friends can’t always be there for me and like, I have to realize, like, do what I think is right, not what I think everyone else thinks is right.”

This sentiment was echoed in Heloise’s story when she stated,

“I need to be comfortable with what I’m doing and then I’m more focused in on this is what I need to accomplish and these are the roads to get there and I don’t want to get distracted by what other people say.”

Relationships with friends and family and God are important to these young women's lives. They offer support, opportunities to see the self reflected, and a bank of information on which to base future decisions.

Diabetes as a Part of Self. Throughout their interviews, the young women involved in this study discussed many things as relevant to their lives and who they are. The format of the interviews was such that participants could share about themselves in whatever fashion they chose and including aspects of their choice. Interestingly, the issue of living with diabetes was not a major focus until I asked the question, "how does diabetes influence who you are, if at all?" Some participants mentioned it early on but did not elaborate until later. For example, when listing things about herself, Rachel stated, "*I have brown hair, I guess I have diabetes, I play sports...um...I have a lot of friends.*" She did not elaborate about living with diabetes until probed later in the narrative interview. In the photograph interview, some participants did not mention diabetes at all. What all of the young women *did* talk about were the many roles they play, the multitude of relationships they are involved in, and the many attributes about themselves. Discussions about such areas of life are consistent with how many young people, living without illness, would describe themselves.

Jade was one of the participants who explicitly stated that diabetes is just "one aspect" of who she is and how she has been influenced in her life. She went on to say, "*I don't, like, make it, like, my life and everything, it's just something that I have to do.*"

It is clear from the participant profiles presented earlier in the chapter that each young woman has a varied and multi-faceted life. These young women are sisters, friends, daughters, students, employees, mentors, volunteers; they spend their time with friends, playing sports, working, relaxing alone, going to school, thinking about boys, attending

church. At times, diabetes is at the forefront of their lives, for example, when it is time to take insulin or make a choice about food. At many other times, diabetes recedes into the background allowing for the various other aspects of these young women's lives to take centre stage.

Responsibility and Strength. When listening to the young women's stories and then reading the transcripts, the concept of responsibility emerged for most. Responsibility was discussed as a result of living with diabetes. The young women explained they had to become more responsible in order to meet the requirements of managing the illness. Liz explained that having diabetes has meant that she has *"had to be more responsible and take better care of myself...because I'm diabetic it's made me more mature and have more responsibility, so in those ways it's influenced who I am."* Similarly, Heloise discussed how living with diabetes has made her "stronger". She stated, *"...it's just made me a stronger person too because it just mainly focused me more on like, I need to be healthy."* In a comparison to her peers, Scarlet stated,

"It's impacted who I am cause it's made me have to grow up I think a lot faster than my friends, made me have to be more responsible for my life cause you know, the rest of my friends, at 6 years old like, I had to be like, 'oh, oops, insulin time' and I had to pull out these needles and...it's made me have to grow up a lot faster."

When discussing their increased responsibility, a majority also identified it as a limiting circumstance. The responsibility was attached to eating habits, exercise choices, and leisure activities and it often affected enjoyment of these aspects of life. For example, Jade stated,

“...having diabetes...there’s always the factor of, like, although I’m used to and I’m used to having to watch, like, making sure I don’t eat too much sugar or don’t drink too much alcohol and all that stuff, it’s also, like, sometimes a drag when I have to, like, be like, ‘oh I have to go home because I don’t have my kit’ and I have to go and do my insulin and kind of leave things that I was doing.”

In this case, being responsible about the care of her diabetes meant that Jade had to interrupt her social plans. When engaging in activities, some of these young women discussed how they need to possess a heightened awareness, as well as a responsible mind frame, in order to make proper choices. Liz explained, *“...[I have] to watch out when I go and do stuff you know and be careful if I’m going out for dinner or going to hang out with friends and what I’m going to eat and what I’m going to be doing.”* Scarlet noted, *“I’ve had to learn a lot about myself.”*

Along with this concept of responsibility came the idea of “laziness”. This was raised in a couple of stories and it was also noted for some of the same young women who asserted they were more responsible. Liz identified her laziness as something she does not like about herself and explained that she can be lazy when it comes to the care of her diabetes. She stated,

“...so I’m supposed to be having three to four needles a day right now but sometimes I don’t take them all the time which isn’t good, I’ve been trying to get back on track but it happens, I get lazy sometimes.”

For the young woman who did not identify responsibility as a by-product of living with the illness, she did recognize that responsibility was required for the proper care of diabetes. Samantha was the one young woman who did not state that living with diabetes has

made her more responsible. In contrast, she noted that she is not responsible in her diabetes management. She admitted, *"I'm not too responsible about my diabetes, I don't take proper care of myself."* Samantha elaborated on the way that she is not responsible; she sometimes does not take her insulin and she eats whatever she wants. She further explained that there is too much required to properly care for the illness. Samantha noted "patience," "time" and support as requirements and explained that she does possess these. Part of her resistance to engaging in the proper care of her diabetes stems from her feelings about the unfairness of her situation and her awareness of her differentness from her peers. She stated,

"They always say it's just like being a regular kid but it's just, I've never agreed with that because when you go to parties you can't eat as much cake as the other kids, you can't, you have to stop and check your blood sugars when they are off playing and so I never really agreed with them saying it's just like being a normal kid."

Dislike Having Diabetes. Part of the narrative interview asked the young women what they dislike about themselves - half stated "diabetes". All of the other participants, except for Heloise, talked about living with diabetes as a negative experience in their lives. Having diabetes for most of these young women meant that leisure activities were interrupted, food options were limited, needles were a scary part of the day, and overall life was affected. Samantha stated, *"My biggest dislike is the diabetes, that's my biggest problem."* Liz asserted,

"I've always hated being diabetic cause I've never, ever liked needles, that's always been a big thing for me...I'd say that's the one part of my day that I've always hated um, I still hate needles but they're a big part of my life and I know that it's something that I can't avoid for a long time probably till there's a cure or something."

Scarlet articulated her dislike of diabetes and also believed that she needed to accept the illness as part of her life. She said,

“I still get angry about it and I still like, you know like, I still get jealous sometimes of people who don’t have to deal with it and stuff but it’s just so much a part of my life that I’m like well you know what, you’re going to have to deal with it, so you might as well accept it, it’s just, like, being part of you.”

One aspect of diabetes that participants did not like was that it is a lifelong illness; this is something they will have to deal with forever unless there is a cure. Samantha was clear in her dislike of diabetes, she stated, *“I’m hoping they come out with a cure for diabetes. I’m really praying for that because it affects your life a lot.”*

Liz discussed how diabetes can affect your life on a grand scale. She explained that she wants her future to include a career, a husband, and children, in that order. She had planned to live life for a while before she pursued a family; however, her doctors have informed her that she has a limited window of opportunity to get pregnant. This limitation affects Liz’s larger life plan. She stated,

“...my doctor’s all tell me that if I want to get pregnant that I need to plan a year ahead and that I have a three year window and I’m like ah, from 25 to 27 and I’m like I don’t know if I want to have kids that early, and they’re like “that’s your best opportunity to have one” which kind of sucks cause I was thinking early thirties maybe, I’d like to travel and do my own thing for at least like 10 years if I can.”

How I’ve Changed Over Time. When asked if participants believed they had changed from the past to the present, many young women stated they had. Most of their examples

were in response to the interview question. Other changes over time became evident as the young women told their stories.

A majority of the participants noted that they used to be “more shy” when they were younger and in elementary school. Samantha stated, *“I’m way different...I used to be more shy when I was younger, now I’m more, more shy but outgoing at the same time. I never stuck up for myself when I was younger, now I stick up for myself.”* Both Heloise and Scarlet reported that they were more concerned with the opinions of others when they were younger; now they assert they follow their own wants and needs. Scarlet explained,

“...in elementary school and stuff I was a very self-conscious person, I was very like, I really wanted to be in the “in-crowd” ...then going into high school I was like, you know what? This doesn’t matter to me, I want to be my own person so, I really saw myself changing in that way and I started to dress the way I wanted to dress, I started to act the way I wanted to act, like, I didn’t care if people were in the in-crowd.”

Heloise discussed strength in her story and explained that she sees strength in others and she sees strength in some of the choices she has made. This is one of the ways she has changed. In the past, Heloise explained she followed the choices of her peers, now she follows her own path and strives not to be distracted by the opinions of others.

Liz described her change over time as obvious in her maturity level. She attributes her increase in maturity to the increase in responsibility she now has in her life. She explained,

“I think I’ve matured a lot definitely...I think having more responsibility and you know, now I have a job and that brings more responsibility, you can’t be late for work

and stuff and making sure my uniform is clean...being in grade 12, more responsibility, I have to get all my school work done this year.”

Body Awareness. A thread that wove throughout many of the young women’s stories was that of body awareness. This refers to issues with and awareness of their body, discussions about their weight, and discussions about the food they eat and the exercise they may or should participate in. For some of the young women, the awareness of what is going on with their body is a direct result of living with diabetes. For example, Heloise stated that diabetes is the “*baseline that keeps [her] stable*”. She is so in touch with her body that she is able to notice when something is wrong because her blood sugars “go out of whack”. Liz is aware of the choices she makes with regard to what she eats. She acknowledges that Slurpees and Frapaccinos are not good for her and she consumes them on occasion. However, it is not without an awareness of how such a choice is going to impact her body. Samantha states that she does not care if what she eats is going to affect her negatively; she is focused on the unfairness of living with diabetes. These discussions about food and health were integrated aspects of many of the participants’ stories.

Just over half of the participants mentioned concerns and/or issues directly with how their body looks. A couple of girls noted that fluctuating weight has been a challenge for them in the past. For some of these participants, weight issues are directly related to living with diabetes. Samantha stated,

“When you have diabetes you gain more weight faster, you can lose weight by not doing insulin and so that’s one of my biggest problems is my weight and so I, my biggest scare is gaining weight, that is I’m just one of those typical teenagers that doesn’t want to gain so much weight”.

Heloise supported the above statement by acknowledging that having diabetes makes it harder to lose weight. She too has had weight issues in the past and mentioned that she had an eating disorder.

For other participants, body appearance was mentioned without the context of living with diabetes. Liz believes that she is a healthy individual who “looks good” and compares herself on numerous occasions to her unhealthy family members. Being healthy and eating well was something Liz placed value on. Jade simply noted that one of her dislikes about herself was her weight. She stated, “*I could be skinnier.*”

Time Spent Alone, Getting to Know Myself. Spending time alone, both now and in the future, was something that three of the young women mentioned or discussed. Spending time alone was credited with de-stressing, relaxing, learning about oneself, being spiritual. Heloise described herself as an introvert who needed to spend time alone in order to re-energize. She explained this was a regular event during which time she would meditate, collage, sleep, and write poetry. This time alone was central to Heloise’s effective functioning in the world. Scarlet was another participant who identified alone time as important. She recognized that being alone afforded her with opportunities to get to know herself. It is also a time in which she could connect with God.

When reflecting on the future, a couple of young women noted that they hope to be able to spend time alone and experience life. They plan to hold off on marriage until 30 or 40 years of age in order to experience things and learn about themselves. Liz outlined her future timeline when she said, “*I think in the future I definitely want to be able to have a career first and then get married and then have kids.*” Scarlet explained her perspective on her future,

“...I want to experience all these things and I want to experience, like, all I can in life and I think that that will help me figure out who I am and, like, by the time I’m 40 I will have done all those things and I’ll have, like, seen all those things and I’ll, like, get to know more things about the world which I think will help me get to know more about myself.”

Summary and Integration

Across participant analysis highlighted many meta-themes that are reflected in literature on adolescent development and life with Type 1 diabetes. This summary will integrate previous literature with the findings from this research. The young women in this research each shared an individual story filled with distinctive life experiences. However, the stories also presented some similarities. Some of these similarities related to life with diabetes and others related to life as a teenager. These young people are teenagers who are living with diabetes. Their lives are filled with roles, activities, concerns, and challenges that reflect a life that is not defined by illness.

The young women in this study talked about many life experiences and events which contributed to who they have become. These nuclear episodes (McAdams, 1990) largely reflected episodes of change. For example, Heloise identified many past events that acted as turning points for her. *“It [drug abuse] represents, like, a turning point, like, when I reached the bottom and then, like, it’s gone uphill from then on.”* The major episode of change for Samantha occurred when she was sent to live with her father. She credited this experience for changing who she was. In Liz’s story, she identifies her diabetes diagnosis and employment as events that have shaped who she has become. She became more responsible and more mature. Scarlet was another participant who identified many life events as

changing who she was as a person. Her parent's divorce led her to question her purpose in life. When she discovered God, she felt his love and began to realize her purpose.

There were two participants who stated they have not changed over time. Rachel and Jade reported that they have stayed the same. When Rachel was diagnosed with diabetes, she thought a lot of things in her life would change. Instead, she noted that things remained the same. She still had the support of her friends and she was still able to participate in the same life activities. Jade noted that growing up in a single parent family influenced who she has become. However, her description of herself and her life reflected her experiences as part of a single parent family. The values she reported, such as the importance of family, were not new, they began to form when her family changed many years ago. Thus, the stories of all of the female adolescents in this research included episodes of change or episodes of continuity. However, it was not clear that an individual story included both types of nuclear episodes.

Several of the young women discussed the importance of getting to know oneself. This was an interesting meta-theme. Reflecting on oneself, thinking about who one wants to become is consistent with the process of narrative identity formation. It is in adolescence that young people begin to think about their past and organize it in a meaningful way (McAdams, 1990). Adolescence is also a time when individuals are planning for their future. Thus, it follows that these young women would be engaging in self-reflection and future planning. However, it was interesting to hear how this reflective process was taking place on such an active, conscious, and purposeful manner.

Photographs have been used in the past in research on identity (see Dollinger & Clancy, 1993). This research used auto-photography to uncover depth and richness in the stories of young women. Dollinger and Clancy (1993) assert that through auto-photography,

participants “have maximal control over how and where the photographs are taken and once developed, whether they contribute to a meaningful portrayal of who they are” (p. 491). This was true for the current study as participants chose each picture and then explained how the photograph reflected something about who they are. It was through photographs that self-description was elaborated on. For some, photographs sparked active reflection. For example, Liz described a thought process in which she initially planned to take a picture of a “no trespassing” sign. Upon reflection, she realized that a “welcome” sign would more accurately reflect her openness. The meaning attached to each photograph for these young women was either concrete and descriptive or metaphorical and symbolic. This is consistent with Dollinger’s (2001) explanation that the creation of data that takes place through the use of photos is highly individualistic and can include various symbols, metaphors, and images. To date there has not been any research that explores how the use of photographs may be influenced by developmental factors.

Adolescents living with diabetes must adhere to a regimented lifestyle (Skinner & Hampson, 1998). Often times, this lifestyle translates into the need to be responsible in order to be healthy. Many of the young women in this research reported an increase in responsibility due to living with diabetes. Such control and responsibility is unusual for the period of adolescence (Anderson et al., 1990). Thus, at times, adherence to the treatment regimen may decline (Williams, 2000). This was evident in the stories of these young women. Some stated they were “lazy” in the treatment of their diabetes. One young woman noted she was not sure why she was unable to care for her diabetes. Just like the health care professionals, she would ask herself “*why?*”

Research highlights the tendency for health care professionals and family members to place emphasis on the diabetes in the adolescent's life while overlooking other aspects of their life (Kyngas et al., 1998). The current study outlines the many other features of these young women's lives. Some explicitly articulated that diabetes is only one part of who they are. The participants discussed the many roles they play and the many activities they are involved in. For some, diabetes was not mentioned in their discussions about identity until explicitly asked by the researcher. This strongly suggests that the other pieces of these young women's lives are very important to them and to their understanding of self. Adolescents with diabetes express the same need as many youth their age; they want to feel normal (Dunning, 1995; Kyngas et al.). By directing attention and focus to the other parts of the lives of adolescents with diabetes, we may be able to support their endeavor to feel normal. Many parts of these young people's lives are normal. Furthermore, support networks consisting of individuals interested in the overall life of the adolescent contribute to well being in chronically ill adolescents (Kyngas, 2004).

However, even though life with diabetes did not dominate the stories of these girls, most asserted that they dislike living with the illness. Often times, having diabetes meant they would have to remove themselves from a social event to take their insulin; this was "a drag". A couple of the girls compared their lives to the lives of other people their age identifying how they were different from some of their peers. Furthermore, some noted that it was not fair they had diabetes. Injecting insulin and eating a restricted diet can set adolescents with diabetes apart from their peers at a time when they just want to feel normal (Dunning, 1995).

All of the young women placed emphasis on the relationships in their lives. For these participants, relationships were credited for teaching them about themselves, about life, and about who they want to become. In adolescence, the opinions of others are important (Harter, 1999a; Hartup, 2001). It is at this stage that young people's feelings about the self are largely based on social comparisons. Adolescents receive many messages about the self from a variety of sources (Harter, 1999a). The participants in this study echoed this sentiment as they explained how certain friendships told them something about who they are. Each of the young women identified multiple peer relationships in their lives; this was a theme existing within all participant stories. Being in relationships offer opportunities for social connection and social adjustment which can lead to success in future relationships (Hartup).

Body awareness was a topic for many of the young women in this research. Some noted that they have, or had in the past, weight issues due to diabetes. Diet and weight is more of a concern for young girls compared to young males because of the body shape expectations of society (Miller, Willis, & Wyn, as cited in Williams, 2000). Furthermore, Erkolahiti et al. (2003) found that chronically ill adolescents had poorer body image than healthy adolescents. For the participants in this study, body awareness was not limited to weight and size concerns. These young women also explained how they are connected to their body. They have to pay attention to how they are feeling and what their body might need.

Summary of Chapter Four

Within participant analysis elucidated the individual and distinctive stories of six young women living with Type 1 diabetes. The lives and self-descriptions of these

participants were characterized by complexity. Across participant analysis identified a number of constructs and ideas that were shared among participants. Some pertained to living with diabetes, others related to life as a female teen. Overall, elements of the stories supported and refuted previous research and identified some interesting areas for future exploration.

Chapter Five – Discussion

Introduction

The research question in this study was, *how do female adolescents, aged 13-18 years, living with Type 1 diabetes understand and describe their identity?* In chapter three, I stated several beliefs about what the findings from this research would indicate. I believed that (1) female adolescents with diabetes would likely display self-understanding as influenced by a restricted and closely monitored lifestyle, the contradictory feedback received from significant others, the major focus on diabetes in the adolescents' lives, and the constant struggle for approval and a sense of normality, (2) the impact of living with Type 1 diabetes will manifest itself in different ways for different people, (3) living with diabetes has led to some positive beliefs and feelings about oneself, (4) some people may struggle with the belief that their body has failed them, and (5) how female adolescents with diabetes understand and describe themselves will likely vary depending on the qualitative nature of their experience.

In this chapter I will explore the research question and present results in the context of my initial beliefs. Analysis for both within and across participants elucidated a complex and multi-faceted response to the research question. The young women involved in this research identified a number of features that comprise who they are as they see themselves. They described characteristics they possess, roles they play, relationships they are a part of, significant events that influenced who they have become, and the role that diabetes plays in their self-understanding.

Participant Stories and Constructivism

The principles of constructivism were present throughout the stories of the young women in this research. The young women were active participants in their world and in the meaning making of this world. They constructed information about themselves based on memories of their life experiences and of their interpretation of events. Constructivism recognizes the uniqueness of the individual (Mahoney, 2003). This research sought to capture the uniqueness of each young women through listening to their stories as they choose to tell them. As is evident in both the within and across participant results, the young women live distinct lives with specific interpretations and understandings of life experiences. This is consistent with constructivist theory.

Participant Stories and Narrative Identity

When applying the principles of narrative identity formation to the young women in this research, it is clear that their process supports those principles. A component in the development of narrative identity in adolescence is the cognitive ability to think about the self, be aware of thought processes, and “think about thinking” (McAdams, 1990). This cognitive ability was evidenced in a number of the young women’s stories. One participant was able to explain her thinking about an aspect of herself, take a picture that symbolically captured this aspect, and then reflect on this process. This participant explained herself in parts which she called the different “sides” of herself, she then took pictures to represent these sides. Finally, she was able to reflect on her thoughts about each side of herself and explain how the pictures reflect them. Her processing was taking place on many levels. Another participant was able to talk about herself in past situations and outline her thinking at this time. She explained how her thinking has changed over time to reflect her shift in

values. She was able to think about her thinking, evaluate it and then use these evaluations to guide her future action.

McAdams (1990) asserts that the formation of narrative identity begins to include a historical perspective in adolescence. This means that the adolescent is able to reflect on past, present, and future events and organize these into a meaningful portrayal of who they are as influenced by these events. The young women in this study were invited to reflect on their past, present, and future and to include their thoughts in their stories. Each participant was able to identify past events that helped to shape who they have become. Some noted more past events than others. They were also able to explain how these events impacted their lives and sense of self. For several, the past events centred on changes in peer relationships, school transitions, and family composition alterations. The meaning behind these events was different for each participant. For example, the youngest participant explained how the past events changed her life circumstances and her peer group, which was central to her self-understanding. Other participants discussed how past events changed their life circumstances as well as attributes about themselves. For example, upon the ending of a romantic relationship, one participant realized that she was more concerned with what others wanted for her rather than what she wanted for herself. Following this awareness, she decided she wanted to be true to herself. Thus, the meaning behind this event was translated into a conscious shift in who she aspired to be.

Harter (1999a) explains that during adolescence, individuals are able to acknowledge different relational contexts which translates into an awareness of self as different depending on the context. This was evident in Liz's story as she discussed her different "sides". These sides reflected different ways of behaving depending on the situation. For example, at work

as a supervisor, she often displays her aggressive side. When interacting with customers or supporting peers, she shows her soft side. Liz's explanation of her many sides did not suggest the compartmentalization of the self that can be a result of existing differently depending on the context (Harter, 1999a). She appeared to move flexibly from side to side depending on what she felt was needed of her.

In adolescence, the organization of stories about the self are thematically and temporally structured (Robinson and Taylor, 1998). This research asked the young women to identify events in their lives that influenced who they have become. The participants' presentation of these events displayed loose temporal organization. Events were attached to ages or grades but the presentation in the verbal narratives was not sequential. The story bounced around from idea to event to understanding about self. When participants were asked to create a timeline of significant life events, some were then able to organize them temporally and sequentially.

Thematic organization was also present in many of the young women's stories. For example, Heloise's thematic structure for life events centred on instances of injury or harm. She further explained that each of these incidents acted as a turning point in her life and ultimately, who she would become. For Scarlet, the theme throughout her listing of significant life events was life is not easy. The major life events centred on people in her life who had left, on divorce, on loss, and, as a result of these events, increased self-responsibility. Rachel identified sports related events as significant and thus, her story was organized accordingly.

Causal coherence is another way in which stories are organized (Habermas & Bluck, 2000). This type of organization refers to the process of linking events and also to shifts in

personality and values due to experienced events. Causal coherence was evident in the stories of these young women. They identified life events and explained how such events were either related to a series of events, such as Heloise and her downward spiral, or related to shifts in values and personality. Samantha experienced a shift in her personality upon forming a new friendship with her current best friend. Scarlet's values shifted when she found God. Strength as a Christian is now something she strongly values in herself and in others.

The stories of these young women included many components of narrative identity. Organizing features of the stories were significant life events, past and current self-understanding, and ways of knowing oneself. These stories were an evolution in that they took place over two interviews and were depicted in verbal and visual form.

Multi-faceted Self-Descriptions and Self-Understanding

The meta-theme that highlighted the complexity of who these young women are is reflected in the statement, "There's me and one part of me is diabetes, I have many parts". 'Diabetes as a part of self' encapsulated the many aspects of what it means to be an adolescent. These young women talked about the entirety of their lives which included diabetes as just one part. The focus of their stories did not rest on diabetes. As Kyngas et al. (1998) described, there is a tendency for health care professionals and family members to place all attention on the illness in the adolescent's life while neglecting the other aspects. Through the narrative and photograph interviews of this research it became clear that diabetes is only one part of how these young women see themselves. This research enabled an "insider's perspective" (Conrad, 1990) that explores what it means to live with, and in spite of, illness. These young women reported living full lives that consist of multiple peer

relationships, school and work responsibilities, and leisure activities. Each of these young woman's story was unique and all of them featured normal events and activities in the lives of adolescents.

Diabetes and Lifestyle. Living with diabetes means a lifestyle that is closely monitored and regimented in order to ensure the absence of complications associated with this illness. This type of lifestyle translates into a demand for responsibility and control in one's life. Anderson et. al (1990) explain that this level of responsibility is unusual in adolescence. This period of life is a time for exploration and autonomy seeking with an emphasis on peer relationships. Many of the young women in this study discussed responsibility and maturity as present in their lives. They explained that living with diabetes has meant they have needed to be more responsible. Taking better care of themselves, eating properly and exercising, were seen as necessary. One young woman explained that she refrained from alcohol consumption because she knew the risks.

However, some of the same young women who stated they were more responsible also noted they could "be lazy" in their diabetes management. When it came to taking the required number of insulin injections, some of the participants admitted they did not always do them all. Some also noted that their food choices reflected poor decisions for healthy management of diabetes. For example, one young woman reported that she loves cake and she is going to eat it no matter what. Another participant asserted that she loves Slurpees and Frappacinos and acknowledged that these were not the best beverages to be consuming. These assertions are consistent with research that shows that adherence to a regimented lifestyle due to diabetes is poor in adolescence (Williams, 2000). Research describes

adolescents' strong desire to fit in socially with peers and the sometimes negative effect this has on the self-care of an adolescent with diabetes (Kyngas et al., 1998).

However, participants in this study did not identify their desire to fit in with their peers as the reason for non-adherence. Instead, they noted the demands of the regime were, at times, too much; some participants reported feeling overwhelmed or lazy. One participant noted that she did not feel ready to be dealing with the care of her diabetes on her own. She believed her mother handed over this responsibility before she was prepared and now believes she is alone in her diabetes management. In a review of the literature on chronic illness and psychosocial development, Patterson and Blum (1996) noted that support networks are related to positive developmental outcomes for those living with chronic illness. These networks include parents, peers, health care professionals, technology, and pets (Kyngas, 2004). Each component of the support network provides a different kind of support (e.g. emotional, instrumental). Most of the participants identified people in their lives who supported them; many noted being independent in their diabetes care.

Laziness was also an identified factor for non-adherence. One participant acknowledged that taking 3-4 shots per day was hard and sometimes she just did not want to. In addition, this same participant stated that she hated needles and felt like she was a "pin cushion". This may have also contributed to her non-adherence at times.

Williams (1999) conducted guided interviews with male and female adolescents living with diabetes in order to understand how gender influences the meaning and experience of living with diabetes. She concluded that females appeared to integrate diabetes into their identity. Females explained how they believed it was important to tell others that they had diabetes so that, should a situation arise, those surrounding them would know what

to do. According to Coppock et al. (1995), feminine stereotypes describe women as adaptive and passive, and thus, women can be perceived as better able to cope with poor health.

Many of the young women in this thesis research noted that they did not like living with diabetes. In fact, it was reported as one of the main things about their lives that they did not like. This was not something noted by Williams' (1999, 2000) participants. Although many of these young women talked openly about what diabetes means to who they are, many of them stated they wished they did not have the illness. One young woman, who has been living with diabetes for about 7 years, said she pretends she does not have it. She noted in numerous parts of her story the ways in which the illness negatively impacts her life and how she hopes for a cure. Charmaz (1995) stated that once females recognize and acknowledge that chronic illness is permanent, they are less likely to attempt to recapture their previous selves. Samantha hopes for a cure which may keep her from accepting diabetes as something she needs to care for.

The fact that diabetes is something they will have for the rest of their lives was an attribute that many participants in this study reported as particularly undesirable. Several were able to identify and discuss the inconveniences associated with diabetes and living with these inconveniences for the rest of their lives was not something all of them were able to accept. A couple of participants talked about their hopes for a cure. Huurre and Aro (2002) explain that individuals who perceive limitations in their lives due to illness likely experience decreases in their psychological well being.

However, one participant viewed living with diabetes as a strength in her life; it is something that has helped her stay healthy and want to make better decisions for her life. When asked to list events that had contributed to who she has become, this young women did

not list diabetes as such an event. Instead she explained that it is something that has influenced all of the other events she listed. For this participant, it may be true that since she does not perceive diabetes as limiting her life, she is better able to accept the illness and experience psychological well being. The fact that she has been living with diabetes since the age of 3 likely contributes to this integration. She has not known life without diabetes whereas all of the other participants had known life without the illness.

Relationships Teach and Support. The overwhelming inclusion of discussions about relationships, mainly peer and romantic relationships, in the stories of these young women does not support previous research that found living with an illness as a discouragement from forming close peer relationships (Connolly et al., 1987). According to other research, individuals living with an illness may be discouraged from forming close relationships because they view themselves as different from others (Connolly et al.). The young women in this study recognized themselves as different from others. This became evident for them when it came to food limitations or when they needed to remove themselves from a leisure activity to take an insulin shot.

However, despite the acknowledgement of these differences, all of the young women identified many relationships in which they were involved. Rachel noted that her friends do not care that she has diabetes. The peer relationships for the young women were central to their lives. These assertions are consistent with research stating that friendships are a “prominent feature of the social landscape in adolescence” (Hartup, 2001). The relationships of these young women offered support, fun, opportunities to learn about themselves and to grow as a person, and guidance. This supports Hartup’s review of adolescent friendship literature; he found that friendships between girls are often

characterized by self-disclosure and greater intimacy. This was certainly evident in the stories of the young women in this study, each of whom noted close female friends with whom they are able to talk to about anything. Some noted that their close friends know everything about them.

Photographs Enabled Depth and Variety

The use of photographs in this research provided an interesting and thought-provoking addition to the stories of these young women and thus, to the research overall. As mentioned earlier, the photographs served as a launching pad for the elaboration of self-understanding and descriptions. The majority of photographs taken across all participants reflected concrete, descriptive meaning. The young women mainly took pictures of places in which an event occurred, friends, and inanimate objects (e.g. stuffed animal). These photos helped to describe a time in which they learned something about themselves, or about something/someone who was important in their life or to their self-understanding. A couple of participants took pictures that held meaning on a symbolic or metaphorical level. For example, a picture of flowers was meant to convey delicateness and lambs represented a soft side of the self characterized by pleasant and positive behaviour.

Research Considerations

Living life, and living life with diabetes is a distinctive experience and thus, the themes and meta-themes identified attempted to capture the experience of *these* young women. The narrative approach to research recognizes the evolutionary, relational, and contextual nature of the stories shared (Habermas & Bluck, 2000). Therefore, the stories and information communicated through this research project reflects a point in time in which I, the researcher, worked with the young participants to explore their identity. Adolescence is a

period of change, physiological, relational, and psychological, and growth and it is likely that elements of the stories shared by these participants will change over time. It is important to keep these points in mind when considering the results of this research.

The narrative and auto-photographical approach to this research enabled rich and deep insight into the lives of six young women living with Type 1 diabetes. These women were invited and encouraged to share their stories about how they understand and describe themselves. The format was open-ended and flexible which allowed for sharing that truly reflected the process of each participant. Participants were able to construct stories about who they are in a way that was personally meaningful. The use of photographs provided a creative medium for self-expression and enabled the production of multiple aspects that comprise identity. The time lapse between the first and second interview provided the participants with time and space to reflect on who they are. Furthermore, taking pictures was meant to capture an aspect of identity, the young women were required to reflect on how they would signify moments in time important to identity or characteristics about the self important to identity. During the analysis phase of the research, I constructed participant profiles that presented a snapshot of each participant. I then invited each young woman to review these profiles to ensure they were accurate and constructed in such a way that they felt comfortable with the profile. Overall, this research provided a place in which these young women could share their stories and have their voices heard.

Summary of Chapter Five

The young women in this research included life with diabetes in their self-understanding and description; this is consistent with one of my initial beliefs. However, receiving contradictory feedback from significant others was not a life experience shared by

these participants. Instead they reported the many ways in which they are supported by and learn from their relationships. These female adolescents did not describe individuals who focused only on the diabetes in their lives. Their self-descriptions included the many activities they participate in with others. For most, they identified being different from other peers. These differences were okay for some and for others, it was a reminder about all the ways their life was impacted due to this illness. Life with diabetes influenced these young women in a number of different and person-specific ways. This is consistent with my initial belief. Finally, some participants were able to identify strengths or growth associated with living with diabetes; others saw the way that diabetes hindered their lives. Overall, female adolescents with diabetes describe and understand themselves in a distinctive way that is characterized by person-specific events and common experiences.

The identity of these female adolescents include complexity and many facets. The stories of the participants included episodes of change and continuity as they identified the many events that contributed to who they have become. The process of learning about oneself, as explained by these young women, included spending time alone and spending time in relationships. Diabetes is a part of these participants' lives however, there are many features that comprise who they are. Their involvement in multiple roles adds to the complexity of identity. A life with diabetes is not desirable and there are many aspects that can interfere with daily life events. Such interference was labelled as annoying and a drag. However, despite the inconveniences, these young women reported intact and multiple relationships and full lives characterized by roles and experiences.

Chapter Six – Concluding Remarks

This research provided an in-depth exploration of self-description and self-understanding in six young women living with Type 1 diabetes. Through engaging in a dialogue both verbally and visually, these young women were able to share their voice on topics of relevance to identity. The narrative approach enabled the young women to construct stories about who they are in a way that was personally meaningful. It allowed them to include experiences and thoughts of their own choice. This research provides detail and richness which serves to deepen current understanding of what it means to be a female adolescent living with diabetes. In this chapter, I will summarize the findings of this research, outline implications for future research, counsellors, and health care professionals, and describe my personal learning.

Female Adolescent Identity

This research sheds light on female adolescent identity in general, irrespective of illness. Findings from the present research demonstrate that female adolescent identity includes a variety of elements that relate to roles, responsibilities, personal characteristics, life experiences, and plans for the future. This research highlights the complexity of female adolescent identity and the difficulty in capturing such a phenomenon. The initial narrative interviews only hinted at the identity of the young women. When asked to describe themselves, participants struggled listing all of these elements. For most, this was not a question they had actively given thought. However, given time and various ways of sharing about self, all of the participants identified features of who they are. Photographs with elaboration and timelines achieved greater depth in understanding how these females describe and view themselves.

The initial struggle for some was likely a result of lack of cause for self-reflection. For example, Rachel was only 13 years old and thus far her life included sports and peers. Her immediate future includes school, sports, and peers; she does not yet have to consider where she wants her life to go. For others, such as Heloise, there has been much reason to reflect. Serious or challenging life events are likely instigators for self-reflection. Impending life changes, such as graduation, would also stimulate thoughts about self – past, present, and future. Thus, the ability to communicate about one's identity is influenced by individual perceptions about the need to self-reflect.

Adolescent identity is further complicated by the fact that life changes on a daily basis for young people. New friendships form, old ones deteriorate; the acquisition of employment brings new elements into one's life; significant life experiences shape who they become. Some participants in this research credited close friends for instigating major shifts in who they have become. Liz explained how getting a job shaped her as a person; she noted additional responsibility, the opportunity to participate in an activity she was passionate about (cooking), the introduction of new people in her life. Thus, female adolescent identity is influenced by time and therefore evolves over time.

The impetus for such evolution differs for each individual. The involvement in extracurricular activities (e.g. sports) serves to strengthen one's self-understanding. Likewise, experiencing a traumatic event (e.g. physical abuse) also shapes the way one views herself and the way in which one interacts with the world. There is variation in life experiences that act in the same way to influence female adolescents' self-understanding.

This research supported the evolution of narrative identity in that adolescence is a time in which values are identified, begin to solidify, and shape the way one interacts with

the world. The young women in this research identified personal values which form the basis for the ideological setting (McAdams, 1990). The articulated values reflected the life experiences of the participants. The values indicate who they are and how they interact with their environment. Heloise experienced many challenging and dangerous events due to her desire to follow her peers. Because of these experiences, she now places importance on being true to herself and her own wants and needs. Liz values physical health and nutrition. She discussed these values in the context of life with diabetes and being involved in meal preparation since a young age. These values influence the way these young women interact with their current environment and their plans for future interactions.

Future plans were clear for the participants in this study. These young women were able to articulate their hopes for the future features of their lives (e.g. family, career). For example, Heloise talked about desiring to be involved in something that made her happy. Scarlet identified a sense of knowing oneself as her key to future success. Thus, female adolescent identity includes an orientation to the future and an understanding of how individuals want to feel.

Life with Diabetes

This research demonstrates that these young women living with diabetes view themselves as individuals with roles and responsibilities in the world. Some of these are related to life with a chronic illness, many are connected to life as a female adolescent. This is important as previous research indicates that youth living with diabetes are often seen as “diabetics” first and teenagers second (Kyngas et al., 1998). The young women’s stories in this research demonstrate the opposite. They have described themselves as teenagers who are nice, fun, crazy, loud, honest people who are students, employees, volunteers, sisters, and

friends. Stories also included the fact that they live with diabetes. This fact did not dominate in their stories of identity.

This research uncovered stories about the ways in which living with diabetes can interfere with life. Social events are often a time that is met with the inconveniences of life with diabetes. One has to remain cognizant of how health will be affected when making a choice. What will it mean for my blood sugar levels if I eat this piece of pizza or drink this beer? Will I get low when I sleep over at my friend's house? Daily events in the life of a female adolescent require thought and planning. Participants asserted that it was extremely undesirable and annoying to have to remove oneself from an activity to take an insulin shot. Adolescence is a time in which peer relationships are key. Given that living with diabetes interferes with peer interaction, it is logical then that adherence to treatment regimens decline in adolescence (Williams, 2000).

Constant awareness of one's body and its needs, requires responsibility. This research clearly demonstrates how responsibility is a part of each of these young women's lives. Responsibility was an attribute that many stated they possessed; however, at times, it appeared to fluctuate depending on mood. Liz described herself as responsible due to life with diabetes. She also admitted that there are times when her ability to act responsibly (e.g. taking the required number of insulin shots) is limited. Samantha casually mentioned that she does not believe she is responsible because she does not take her shots when she is supposed to. Responsibility is a construct that pertains to life with diabetes, the way in which it manifests itself depends on mood, setting, and individual differences.

The participants in the present research highlighted the importance of relationships in their lives both as general supports and supports to living with diabetes. This research

indicates that a support network is important for adolescent females with diabetes. Who comprises this network varies individually. For some, parents are the best fit for diabetes support. One participant stated that her parents record her numbers because she does not like to. Another mentioned that she still needed the support of her mother; this support stopped before the young woman was ready. Friends are another source of support in the management of diabetes. They can provide assistance when it comes to making healthy choices or offering reminders about insulin. It is important that when needed, young females with diabetes have access to assistance. This research indicates that the support needs of female adolescents with diabetes reflect the individual differences of the person.

Life with diabetes includes a heightened focus on diet and exercise. Participants in this research discussed the challenges they have faced with weight due to life with diabetes. For a couple of girls, life with diabetes meant a struggle with weight. Society's expectations regarding body size and shape for women can mean that girls are more likely than men to place emphasis on their physical appearance (Miller, Willis, and Wyn as cited in Williams, 2000). Shape concerns are an issue for many young women and life with diabetes translates into an increased focus on diet and exercise, it follows that body issues are potentially heightened in female adolescents with diabetes.

Type 1 diabetes is a chronic illness that requires specific daily treatment. There are many other types of chronic illness, such as rheumatoid arthritis and cancer, that also require specific treatment. Thus, some of the information presented in this research relates generally to life with chronic illness. Chronic illness impacts life on a regular basis and necessitates some form of consistent treatment. The same inconveniences associated with living with diabetes are also associated with chronic illness. For example, the sense of differentness as

noted by the participants in this research, is an experience that likely fits for others living with chronic illness.

Overall, this research demonstrates that female adolescents are able to think about and articulate their description and understanding of self. These young women were able to reflect on who they are and then convey this information both verbally and visually. When given the space and time to engage in such a process, these young women were able to offer much insight into who they are and the experiences that have shaped them. Thus, the voice of young people can offer insight and perspectives that have the potential to shape the way in which we interact with, support and educate adolescents.

Implications for Research

This research provides a foundation of understanding identity in female adolescents with diabetes. It suggests many branching off points so that we may better understand how those living with this illness describe and understand themselves. Firstly, future research could explore the narratives of both female adolescents living with and without diabetes. This would be an interesting point of comparison and would serve to differentiate commonly held beliefs, experiences, and thoughts from those more likely associated with living with diabetes.

Previous research suggests a difference in the way that female and male adolescents with diabetes deal with their diabetes (Williams, 1999; 2000). Qualitative research exploring the identity of male adolescents with Type 1 diabetes would be fruitful. Such an investigation would serve to differentiate gender specific experiences from illness specific constructs and experiences.

Quantitative research could also examine adolescents with Type 1 diabetes through administering questionnaires that investigate self-esteem, identity, and perceptions of illness. The current research uncovered variety in sense of self which is likely influenced by personal characteristics, perceptions of illness, and life experiences. Several participants in this research discussed issues with body shape. An exploration of protective factors would prove useful. Quantitative research could compare those females determined to have health body image with those determined to possess unhealthy body image in order to elucidate such factors.

Future research should explore perceptions of illness in adolescents with diabetes. Distinguishing between those with positive perceptions of illness and those with negative, data should then be collected regarding personality and life circumstances to determine those factors that suggest positive adjustment to and integration of life with diabetes. With knowledge of such factors, health care professionals may be better able to identify those individuals who would benefit from additional support and services. Much of the research that focuses on diabetes and adolescence explores adherence, or lack thereof, to treatment regimens. It is unclear if research has attempted to engage youth in a discussion on their beliefs and ideas about supporting youth adherence. It is likely that the youth perspective on this issue will provide insight on how to ensure the health of young people living with diabetes.

The narrative approach to exploring the identity in female adolescents with Type 1 diabetes was an effective way of uncovering stories and obtaining a richness of experience. The utilization of the probe “Can you tell me about a time when...?” was extremely useful in assisting the participants in elaborating on personal characteristics, roles, and responsibilities.

Engaging female adolescents in a dialogue about their sense of self was a challenge at times. Through approaching the research with a variety of data collection tools, I was better able to encourage the stories of identity. Future research with female adolescents would benefit from a multi-mode approach to story telling.

Another aspect of this research that served to add to the richness of stories, was the inclusion of a time lapse between the first and second interview. Due to the introspective and potentially novel nature of the questions, participants benefited from having time to think about who they are. This was further enabled through the use of photographs because participants were required to think about how a picture could capture and display a self-defining feature.

This research highlights the effectiveness of photographs to encourage self-reflection and stimulate stories in young women. The use of photographs allowed for variety and individuality in the way that each participant expressed herself. Photographs were an open-ended tool that allowed the participants to use their imagination and creativity to communicate who they are. It stimulated storytelling in a way that was deeper and more full than was achieved through narrative interviews. Other creative media such as collaging and painting would likely produce similar richness, depth, and range.

Implications for Counselling

This research provides implications for counsellors working with female adolescents both living with chronic illness and living without. When asked how they would describe themselves, many of the young women in this study initially struggled with how to respond. However, given the space and time to reflect, all were able to provide various characteristics

and experiences associated with their identity. Approaches that were useful in drawing out the participant stories were photography, open-ended questions, and specific probes.

Photography was an extremely useful tool in this study. It required that participants reflect on how aspects of self can be visually presented. This process also served as a way in which to tell stories about a particular event or experience. It is a creative way of expressing oneself and provided opportunities for humour, elaboration, and ultimately, deeper understanding. Auto-photography has also been used in the therapeutic setting (Combs, & Ziller, 1977; Ziller, 2000). The benefits for using this tool with teens in a counselling setting are that it may be viewed as a safe way of communicating about issues that are potentially difficult; it is also a creative medium which may appeal to a variety of individuals. Ziller also explains how photographs can be used to demonstrate changes over time as they capture a moment in time. The way in which photographs facilitated the telling of these young women's stories is an important consideration for counsellors working with youth.

A specific probe worked particularly well in this research. This probe was "Can you tell me about a time when...?" After experiencing some difficulty in eliciting a narrative from the youngest participant, I consulted with my committee who presented the above probe. It allowed a different kind of sharing for some participants. It stimulated a response that both told of a life event and demonstrated how a certain personal characteristic manifested itself. The use of this probe is a tool that may be constructive for counsellors working with youth.

As with counselling for any life issue, counsellors working with female youth living with diabetes should not assume how the youth feel about their illness or what their life with the illness is like. It is clear from this research that the experience of diabetes is different for

each of the young women. There are some constructs that may apply more universally, such as the increase in responsibility, however, there are many variations within shared constructs. Similarly, counsellors working with this population should not assume that diabetes is viewed as a negative feature in the adolescent's life. As was demonstrated in one participant narrative, it might be true for some that living with diabetes is an experience with positive attributes.

Given that the experience with diabetes is unique, it may be beneficial to organize a group, psycho-educational, support, or therapy, for female adolescents living with diabetes. There are gender specific issues (e.g. body image) that would benefit from same gendered groups. It is clear that areas are challenging for some and are not challenging for others. One participant indicated strong interest in connecting with peers with chronic illness. Kyngas (2004) explained that it is important for chronically ill adolescents to have friends also living with chronic illness. These relationships provide support in a way that might not be possible from healthy peers. Adolescents would likely benefit from interacting with peers facing the same, or even different, illness.

It would also be useful to consider the role that adolescents may play in such groups. One participant in this research indicated a desire to educate children about her experiences of diabetes. Many of these young women have much knowledge and awareness that would benefit others. Perhaps a group with a mentoring focus or with peer facilitation would add a useful dynamic and serve to emphasize the importance of youth voices.

A couple of the participants noted that the level of responsibility required to care for diabetes can be too much at times. Counsellors may need to work with the family or other networks in order to best support these young women in their health care. Dialoguing and

brainstorming with the adolescent and her support network would be a useful first step in identifying the needs of both parties and strategies in response to needs. It is important to ensure youth collaboration in the development and implementation of support strategies. Young people with diabetes want to have control in the care of their illness and yet, some also report needing some assistance. It will be important to maintain a balance between these two needs.

Implications for Health Care Professionals

The health community is aware of the challenges associated with adolescence adherence to diabetes treatment regimens. Literature suggests that most interventions and dietary counselling with adolescents emphasizes regimen adherence while neglecting psychosocial aspects related to life with this illness (Barlow & Ellard, 2004). Anderson and Wolpert (2004) suggest dietary counselling that includes a focus on developmentally relevant issues, such as alcohol use, in an effort to identify strategies for health care. The following points to considerations for health care professionals implementing programs and personal counselling with this population.

As stated previously, the female participants in this research demonstrated, both explicitly and implicitly, that there are a multitude of features that comprise their lives and their understanding of self. Although it is true that diabetes is part of their lives and self-understanding, it is also true that the illness is just one part. The stories were coloured with explanations of peer relationships, leisure activities, school, and work responsibilities. Thus, it is unbalanced to only show interest in the illness; there is much more going on in the lives of these young women. Although this research focused on the identity of six young women living with diabetes, it is highly likely that a majority of other adolescents with this illness

also possess a multi-faceted view of themselves. When focusing only on the diabetes, we are missing out on the entirety of the young person. It is a mistake to neglect the other aspects of the person.

The many roles and responsibilities in the lives of these young people directly impacts on how they live with diabetes. Factors such as family support, peer relationships, personal values can all influence the experience of living with diabetes. In considering the other aspects, health care professionals may gain greater insight into how to better support and educate adolescents in the care of diabetes. The other features of life hold relevance and importance for these young people; it is key that those who provide care to them recognize the importance too. In better understanding these person-specific features of lives, we can better meet the health care needs, both physical and mental, of these young people.

Given that some of the young women in this study stated that they need help in the care of their diabetes, it is important to engage in this dialogue with youth to discover how to better support them both physically and mentally. Diabetes care success depends on family and social supports (Anderson & Wolpert, 2004). However, adolescence is a time in which many individuals are seeking their independence from family. Thus, supporting the health and well being of young people while providing room for autonomy-seeking is an important balance. This is why including youth in the treatment regimen plan will be a key aspect to developing a plan that works for the youth and for their health. Pyorala (2004) found that two-way interactions between a health care professional and an adolescent, compared to interactions involving parents, resulted in a better understanding of the status and needs of the “patient”. Furthermore, adolescents became active respondents in this dialogue.

The fact that diabetes requires the adherence to such a strict regimen and the fact that the necessary responsibility is a challenge in adolescence speaks to the importance of remaining cognizant of this incongruity. The difficulty associated with the incongruence is something health care professionals should explore. How can we better support those young people living with diabetes at a time when autonomy is of prime importance?

In adolescence, females are met with an increasing awareness of their body and its changes. Self-esteem drops for female pre-adolescents and adolescents and this drop is associated with decreases in self-perceptions of physical attractiveness (Harter, 1993). Females with diabetes likely have an increased body awareness as they focus on food and exercise choices each day and must be in tune with their blood sugar levels. Many of the young women in this research identified weight concerns and body image issues. Specifically, one participant explained that weight is a major issue in her life and identified refraining from taking insulin as a way to help lose weight. Wysocki, Hough, Ward, and Green (1992) noted that significant concerns regarding weight in female adolescents with diabetes may indicate an underlying eating disorder. This is particularly concerning and highlights the need for more focused attention on the importance many young women place on physical appearance and how living with diabetes can play a role in altering physical appearance.

It is problematic that young women may feel they have to choose between physical health and physical attractiveness. Although they may understand the importance of physical health on a cognitive level, it is more challenging to put this understanding into practice; particularly when adolescence is a time in which individuals want to feel normal and fit in with their peers. Thus, it is important to consider how we can support the physical health

needs of these young women while understanding and acknowledging the presence of body image importance.

Health care professionals should consider the creation of an education and support group for girls with diabetes. Such a group could include a peer component which would enable youth-friendly communication and interaction. One of the young women in this research viewed diabetes as a strength in her life. She was able to identify the ways in which it has helped her. It is possible that others with diabetes have the same views; thus, it is important to consider how the experiences and thoughts of these young people can provide assistance to those struggling with the illness. A mentoring program or support group, in which young people with a positive perception of the illness are integrated with those holding a negative perception, would be an effective way to offer support. The group should also focus on aspects of lifestyle and self that are not directly related to diabetes. It is important to foster the growth of a person defined by many features rather than a person who defines herself solely by her illness.

Personal Learning

As I reflect on the process of carrying out this research, I am able to recognize what I've learned along the way. This research has offered me insights into how to translate the experience and knowledge into practical considerations for my own counselling and research practice.

As a Counsellor. Conducting the narrative interviews was one of the most powerful aspects of the research for me. Listening to the young women's stories was a stimulating experience. Each of their stories were very different and each of the young women experienced different life events (with the exception of diabetes). It was fascinating to listen

to how they made sense of their experiences and lives. The interview process will shape how I approach counselling in the future in that I recognize the importance of listening to the stories of the clients. It is through the telling of stories that the client can be heard and I, as the counsellor, can begin to understand who the person is. This experience reminded me of approaching each client with curiosity, to understand fully before jumping into the implementation of a therapeutic plan.

Another aspect of conducting the interviews that will influence my practice as a counsellor, was the use of time and space. These young women were provided with more than one opportunity to communicate about themselves. There were two interviews, photographs, timelines, and email communication. The use of different tools enabled a richness of story and understanding. As the interviews with these young women transpired, the stories of who they are evolved and began to contain a richness that would not have been present had the space for sharing been limited. Furthermore, it was through the use of photographs that a different process took place. Photographs stimulated reflection with some of the young women causing them to ask themselves, "how can I show something about myself through a picture?" I believe this tool transfers nicely into the therapeutic setting for many reasons. First, some clients may be more comfortable communicating through images rather than words. Photos are a nice image producing tool in that it requires little skill. Secondly, photography offers a creative medium which may likely appeal to children and adolescents. Overall, the use of photographs may serve to evoke stories that may not have come to the surface through talk therapy.

This research involved participants ranging in age in the period of adolescence. Though not initially planned, this dynamic proved to be interesting. Listening to the story of

13-year-old female was quite different than listening to the story of a 17-year-old female. There were differences that were likely due to development, and others due to personality. The quality of the 13 year old participant's story was much more concrete than the quality of some of the older participants. I had not anticipated such variation and was quite surprised in the interview. This informs how I work with young people. It is important to be aware of developmental differences and to employ strategies that are most effective given the age and interests of the client. For this particular 13 year old, the use of photographs proved to be a useful tool when it came to eliciting her story. This will be an important consideration in my approach to therapy.

Being involved in research that listens to the voice of young people, specifically young women, reinforces my interest in youth health and well being. I believe that young people have much to offer and I am excited to continue to work with this population.

As a Researcher. Engaging in qualitative research has been both interesting and challenging. I appreciate the contextual nature of qualitative research and it's ability to uncover richness and depth. Qualitative research is a good fit for me as I am interested in individuals and individual differences. This fit is further reinforced because some aspects of qualitative research are echoed in counselling practice, such as engaging in a dialogue. Along with my appreciation of qualitative research, I have a better grasp of how qualitative and quantitative research can complement each other. One can fill in the gaps of another ultimately, leading to a more comprehensive understanding of an issue or phenomenon.

At times, I found the ambiguity associated with qualitative research difficult to manage. I felt uncertain at times during the interviews wondering if I was conducting them properly. When it came to analysis, I wanted to have the process clearly mapped out before I

attempted it. It was quickly pointed out to me that often times, this is not the way that qualitative research works. Sometimes, you need to get into and think about the data before you can proceed with analysis. This proved to be useful advice.

Being that I am a beginning researcher, I found it extremely helpful to have knowledgeable researchers to turn to when I was stuck or needed clarification. This is something I will carry with me into future research endeavours. I believe it is important to have a network of individuals who can offer insight, guidance, and a different perspective throughout the research process. Having such a network during this research process, served to enhance the experience and ultimately, the data collected.

Conclusion

Female adolescents living with Type 1 diabetes describe and understand themselves as young women who possess a variety of interests, numerous personal characteristics (desirable and undesirable), and fill many roles. They each recognize diabetes as a part of their lives and for some, an undesirable part. There are events and experiences that have shaped who they are and they have hopes and plans for the future. The young women in this study were able to articulate, through various medium, their view of themselves. This required active reflection, which for some, was a familiar process, and for others, more of a stretch. Overall, these young women spoke of the importance of relationships, the variety in the features of who they are, the dislike of diabetes, and the importance of knowing oneself. This research was stimulating on many levels. It contributed to knowledge and indicated implications for counsellors, future research, and health care professionals. The stories of these young women provide a foundation of understanding and a path to future exploration of life with diabetes according to a holistic view.

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