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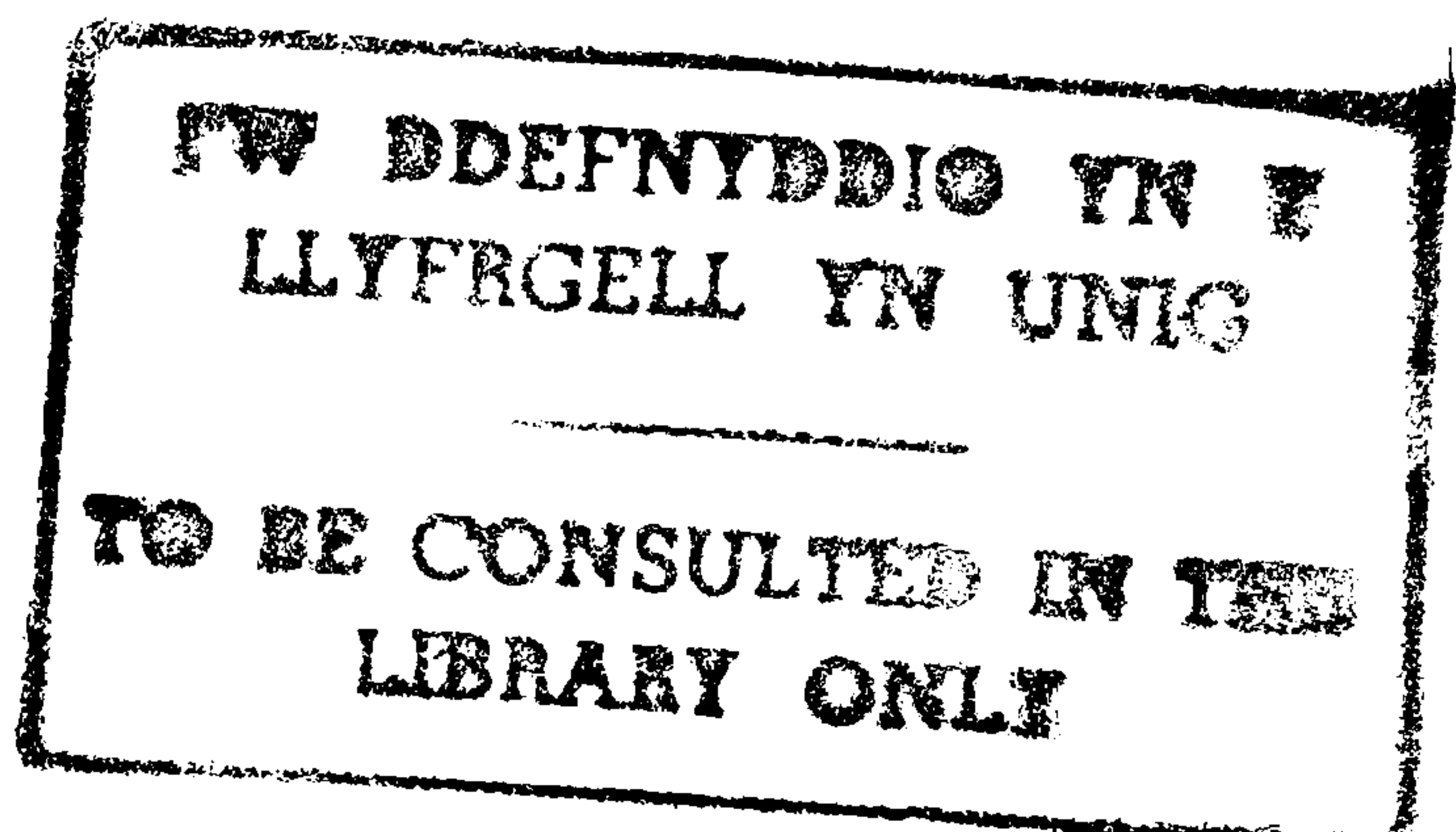
**A STUDY OF THE MULTIPLE WAYS
IN WHICH
ADOLESCENT BOYS TALKED ABOUT
THEIR ADMISSIONS TO A REGIONAL ADOLESCENT UNIT**

1998

Carolyn McQueen

**Thesis submitted in partial fulfilment of the requirements of the
degree of Doctorate in Clinical Psychology (D.Clin.Psy)**

34,342 words (excluding appendices)



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Abstract

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ABSTRACT

Changes in the profile of adolescent boys' and young men's mental health and behaviour has occurred over the last twenty years, with increases in rates of suicide, parasuicide and conduct disorders. Factors contributing to these changes are unclear but have been theorised by academics within the fields of social psychology, clinical psychology and sociology to be linked to a contemporary 'crisis' in masculinity. This study explored the multiple ways in which five adolescent boys talked about their experiences which had led to their admission to an adolescent unit. The study set up a theoretical framework for researching the ways in which the boys constructed their accounts. It used a combination of narrative, thematic and discourse analytic methods, focusing on tensions within the boys' narratives and how they drew on wider cultural discourses. The main findings suggest that the boys talked about their distress and emotions in multiple and diverse ways which may not be immediately apparent. The positionings they took up within their accounts appeared constrained by influences from cultural discourses, power relations of their immediate and wider social contexts and their life-histories. The research highlights the need for clinicians to be sensitive to issues of gender subjectivities and culture in their work and in the future development of services for young men. Limitations of the study are discussed.

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1. INTRODUCTION

1.1 General Introduction

Over the last two decades there have been changes in the patterns of behaviour and mental health of adolescent males and young adult males. Within these groups there have been rises in the recorded rates of suicidal behaviours (HMSO statistics, in Williams, 1997, p.22), and parasuicidal behaviours (Hawton, Fagg, Simkin, Bale and Bond, 1994). Over a similar timespan there has been an increased prevalence of depressive disorders in young males (Smith and Rutter, 1995). Concurrent with increases in affective problems, rates of offending behaviour have risen and there has been an increased occurrence of conduct disorders in adolescent males (Archer, 1994, Smith, 1995). The clinical problems presented by this group are further compounded by the difficulty of engaging adolescents in therapeutic relationships (Mishne, 1986, Kazdin, 1988, Kendall, 1991, Rutter and Rutter, 1993).

This changing profile of young male mental health has important implications for the provision of mental health services to young males. A key part of current UK and Wales Health policy is the targeting of the increased risk of suicide and depression in adolescent males (Welsh Office, 1996). Furthermore, debates continue concerning the structure of services and the most efficacious intervention approaches for young men with disruptive behaviour (Goodman, 1997).

Reasons behind the shifting patterns of young male mental health are unclear. It has occurred over a time period which has seen rapid changes in British and Western culture. The rapid development and expansion of technologies and communications has effected radical social and cultural shifts which have impacted upon individuals in multiple ways. Academic writers from a range of disciplines, including social psychology, sociology and clinical psychology have attempted to theorise how societal changes may have led to a change in the nature of identity, or concepts of 'self' (Frosh, 1991, Connell, 1995, Baumeister and Muraven, 1996, Edley and Wetherell, 1995). They suggest that these may have been especially problematic for men. Frosh and Connell write of a 'crisis' in contemporary masculinity, where men experience fragmenting of self-identities which

are founded upon traditional images of masculinity. The consequences of such a 'crisis', and the way men interpret and make meaning of their experiences have important implications for male mental health and clinicians working with them (Bruckenwell, Jackson, Luck, Wallace and Watts, 1995, Coyle and Pugh, 1998). For service providers and clinicians to respond appropriately and effectively to meet the needs of adolescent males there needs to be an increased knowledge of adolescent male psychological processes and how they make sense of their experiences

Some researchers have begun to look at how mens' experiences and self-identities affect psychotherapeutic processes (Frosh, 1995a, Walker and Goldner, 1995, Hart, 1996, Frosh, 1997). As yet little of the clinical research has focused on adolescent boys, although there is a growing body of literature looking at the experiences and constructions of masculine identities within non-clinical samples of adolescent boys (Edley and Wetherell, 1997, Epstein, 1997, Sewell, 1987, Pattman, Frosh and Phoenix, 1998). It would seem that research incorporating analyses of young mens' experiences, self-concepts and their social and cultural worlds may highlight contemporary issues concerning their mental health and the development of therapeutic relationships.

A theoretical framework for research approaches looking at boys' experiences and self-identities needs to be established by the convergence and integration of ideas drawn from rhetorical and discursive psychology (Bruner, 1986, Potter and Wetherell, 1987, Billig, 1991) and contemporary social psychological theories of identity and subjectivities (Wetherell and Maybin, 1996, Henriques, Hollway, Urwin, Venn and Walkerdine, 1984, 1998). This framework will inform the development of a suitable research epistemology and methodology which considers language and language structures as the medium through which meaning is conveyed. Within the framework the researcher will use the terms language and discourse interchangeably. Discourse researchers differentiate between language as a formal abstract concept where words refer to an objective reality and discourse as actual talk and texts in action, thus highlighting the constitutive function of discourse. The researcher acknowledges that both concepts are useful.

In this introduction the researcher will consider the literature concerning changes in young male mental health and proceed to set up a theoretical framework for the development of an appropriate research methodology to study how adolescent boys in a clinical setting make meaning of their experiences of mental health and behavioural difficulties. Throughout the thesis, the terms 'boys' and 'young men' are used interchangeably to reflect the ambiguity of terminology in the literature. Following the definition provided by Pattman, Frosh and Phoenix, (1998), the researcher refers to 'a period mainly in the teenage years in which boys are becoming acculturated (or acculturating themselves) into increasing salient masculine identities' (p.141).

1.2 Changing patterns of young male mental health and behaviour

1.2.1 Suicidal and parasuicidal behaviour in adolescent males

Epidemiological studies indicate that in the United Kingdom suicide is the second most common cause of death in males in the age group 15-34 years (Charlton, Kelly, Dunnell, Evans, Jenkins and Wallis, 1992, Hawton, 1986, Platt, 1968). Analyses of official statistics shows that since the early 1980s there has been an increase in the suicide rate in men under 45 years of age, with approximately 40 per cent of all male suicides occurring within the age range 15-44 years (Williams, 1997, p.23). The steepest increase has taken place amongst males aged 14-24 years. Males also tend to use more lethal methods of suicide than women, including firearms, jumping from a height, vehicle exhaust fumes and hanging.

Over a similar time period the pattern of recorded parasuicidal behaviour in young males has altered. Historically, parasuicide appeared to be more of a problem to younger women than to young men. Prior to the 1990s in England and Wales, the number of women parasuicide cases was greater than men. However, figures from Oxford (Hawton, Fagg, Simkin, Bale and Bond, 1994) suggest that the number of males attempting suicide may now have overtaken rates for women. Statistics also indicate a reversal of the female to male ratio for parasuicidal behaviour. Whereas in the mid 1970s in Oxford, the female to male ratio of parasuicide cases was 2:1, it is now approximately 1:1. Data from other cities within the UK, for example Leeds, lend support to this trend observed in Oxford, with the

female to male ratio of parasuicide cases in the city being 1:1. The fall in the ratio does not seem attributable to a decrease in the rate of parasuicidal behaviour in women, since this has increased over the same period. It is apparently a consequence of the steep rise in male parasuicidal behaviour

There are a number of constraints to the interpretation of suicide and parasuicide rate statistics (Hawton, 1986, Williams, 1997). For example, discrepancies are likely to exist between official suicide rates and the real incidence of suicide. This may partly be a consequence of the criteria needed to record a death as a suicide, which varies from country to country. Within England and Wales a coroner must be assured beyond all doubt that the death was self-inflicted and a consequence of an intention on the part of the deceased (Hawton, 1986, p.16). In England and Wales death verdicts are public announcements and it may be that alternative verdicts to suicide are given to prevent distress to relatives. Coroners in England and Wales also have a verdict of 'undetermined cause of death', as well as 'accidental death' or 'suicide'.

Even greater under-reporting of suicidal deaths may occur for children and adolescent deaths than for adults (Hawton, 1986). Coroners may be reluctant to record suicidal deaths to limit the distress to parents that a suicide verdict would bring. A further factor may be that the relative rarity of the event in this age group may deter a coroner unless there is strong evidence to the contrary.

When considering attempted suicide statistics, there are difficulties with definition, case identification and recording of statistics. Differences in definition of parasuicidal behaviour may exist between studies. Cases may be identified from admissions to psychiatric hospitals, or referrals to general hospitals, thus ignoring attempted suicides in jails and other health care settings. For children and adolescents there needs to be a clear distinction between accidents and deliberate attempts. Some studies suggest there is a reluctance among health professionals to acknowledge the presence of suicidal actions in this age group (McIntire and Angle, 1973). Consequently, such health professionals would be reluctant to record an act as self-harm.

One way to address the problems of under-reporting in suicide and parasuicide statistics is to look at open verdict statistics. In England and Wales, the age, sex and social-class profile of the deceased in open verdicts is similar to the profile of known suicides (Williams, 1997). Thus, if open verdicts had been recorded as suicides the overall profile of suicidal deaths would not alter. Indeed, previous research suggests that trends in suicidal and parasuicidal behaviour are hardly altered if statistics on open verdicts are included (Sainsbury, Jenkins, and Baert, 1981). Although suicide and parasuicide statistics should be interpreted with caution it appears that the recorded changes in young male suicidal and parasuicidal behaviours are representative of trends within our society.

1.2.2 Changes in depressive disorders in young males

Linked to the changing patterns of young male suicidal and parasuicidal behaviour is the increase in depressive disorders in young males. Depression is a strong correlate of suicidal behaviour with a number of studies showing that depression is related to the suicidal act. For example, Barraclough et al (1974) found that high rates of depression preceded adult suicides. Similarly, Shaffer (1974, 1988) found levels of depression to be higher in suicidal adolescents, and the second strongest predictor of suicide. Although there are methodological difficulties in establishing accurate prevalence rates of depressive disorders in young people, it appears that they are increasing, with the increase being slightly greater in males than in females (Fombonne, 1995, Diekstra, Kienhorst, and de Wilde, 1995).

1.2.3 Conduct disorders and youth crime

Adolescent males with conduct disorder may show a diverse range of behaviours, including aggressive acts, theft, vandalism, firesetting, truancy (Kazdin, 1993). The clusters of behaviour associated with the disorder are of a type which are often criminal and their presence may be recorded within crime statistics. Studies suggest that recorded crime is increasing within the young male population in the UK (Archer, 1994, Smith 1995), which may be linked to increases in the rate of conduct disorder in adolescent males.

Trends in crime rate figures are not necessarily a true reflection of the number of criminal acts committed. For example, they may be compounded by changes in policies dealing with juvenile offenders (see Smith, 1995). Crime, as measured by convictions, arrests, or self-reports rises from low levels pre-adolescence to a peak at approximately 17 years of age. There is a steep decline in crime rate after the age of seventeen. Crime is mostly committed by adolescents and young adults and the rate is much higher among males than females. The male to female ratio is approximately 8:1.

The development of effective ways of working with young men who have conduct problems is critical. Many suffer significant psychological difficulties which persist into adulthood. The link with crime not only means that the problems of one individual impacts upon others, but that there are huge monetary costs as young men enter several systems, such as mental health, juvenile justice, and social services (Kazdin, 1993).

Although the social, psychological and financial costs of the problems presented by this group need to be addressed, it is difficult to assess the effectiveness of intervening with young men with these difficulties (Kazdin, 1993). A recent study of 100 admissions to an adolescent secure unit noted that 79 were males (Bailey 1996). Of these, 22% had received previous inpatient psychiatric treatment and 41% had attended outpatient clinics. Clearly, a number of young men come into contact with mental health services and fail to engage in effective therapeutic relationships, in some cases, continuing on a path of aggression and offending.

In summary, a critical review of the statistics concerning young male mental health and behaviour suggests that significant changes have occurred throughout the last twenty years. This shift is likely to partly reflect a high level of hopelessness and depression in young males. For some young men there is no contact with mental health services, suggesting that they are unable to talk about their distress, or to do so in ways that are recognisable to family and peers. Indeed the idea of men's distress itself contradicts stereotypes of masculine rationality and emotional distancing. For others, once within the service they experience difficulties in working in effective ways with mental health professionals (Rutter and Rutter, 1993, Bailey, 1996, DiGiuseppe, Linscott and Jilton,

1996). Reasons for the failure of professional intervention are unclear, but are likely to be complex and include issues of therapeutic engagement and intervention approach.

1.3 Factors contributing to the changing profile of young mens mental health and behaviour

Several writers have attempted to explain the changing profile of young men's mental health and behaviour in Britain in the 1990s (Frosh, 1991, Connell, 1995, Williams, 1997).

1.3.1 Cohort effects and period effects

Williams (1997) proposes two classes of explanation for the rising trend of suicidal deaths in young men. The first is a cohort effect. This occurs when 'the rise is part of an unexplained change in rate within a group of people born within a few years of each other' (p. 41). The second effect is a period effect, where the rise is considered to stem from the contemporary social conditions, for example, unemployment or drug abuse. Figures from the Office of Population Census and Surveys in 1992 suggest that there is a cohort effect for male suicide rate in England and Wales. Men born between 1962 and 1971 have a higher risk of suicide than those born between 1952 and 1961, whilst it appears that the rates for more recent cohorts are still rising.

Period effects are a product of conditions within current society. Since the increase in suicides is within the young male age group, there may be factors which differentially affect young men. These could include a range of factors, such as reduced employment opportunities and accompanying status, an increase in the divorce rate and the rise in drug and alcohol abuse. Research shows that young men who are single or divorced are more at risk of committing suicide than men who are married (Charlton et al, 1992). Recent work in Edinburgh suggests that the increase in young male suicides was occurring more in the working-class populations (Kreitman, Carstairs and Duffy, 1991).

The rising trend in young male suicides is only part of the shift in the profile of young mens' mental health. The occurrence of steady increases

across several domains of young mens' mental health suggests that changes in society, including demographic and social changes are experienced as especially problematic for young men. Attempts to theorise how the changes in modern society have impacted upon young men have been made by academics in the fields of sociology, social psychology and clinical psychology.

1.3.2 The 'crisis of identity'

In his book 'Identity crisis, modernity, psychoanalysis and the self' Stephen Frosh writes of the vast changes in British society which have occurred postwar and discusses them from a psychoanalytic perspective. He sees modern states of mind, and concepts of self constructed within a context of instability, uncertainty and rapid change.

'Culture itself has no clear identity,.. it is characterised by rootlessness, instability, rapid transition from one state to the next, one fetish to another. Communicational immediacy, interchange of ideas and style without establishment of a frame within which to view and understand them... under these conditions, discovery of one's own roots, one's own centre of consciousness and growth, becomes an impossible task. Consequently, the instabilities of society are internalised as instabilities of the self, the rapidity of external change is experienced as inner turmoil...'. (Frosh, 1991, p. 187-188)

The changes in British society since the war have seen increased mobility of the workforce and people in general, a move away from construction industries towards the development of new technologies and increased communication. Thus, contemporary identities are no longer based in relation to production but to consumption. People are no longer fixed in one location. They are able to access different cultures and different attitudes through modern communication systems and modes of transport. People in contemporary culture now have available to them a huge range of experiences and images which were not possible previously, including a proliferation of diverse images of men. Consequently, all these changes

have had a tremendous impact on individuals' sense of identity (McNamee, 1996, Frosh, 1991, Gergen, 1991, Connell, 1995). This impact is potentially beneficial and problematic. The benefits are that individuals now have multiple opportunities open to them from which to construct a sense of self. Yet problems may emerge from the constantly changing culture of the modern world. This has the potential to disrupt the consistency of an individual's sense of self. For individuals whose self-concepts are embedded within particular cultural concepts, contradictions, fragmentation or dissolution of those concepts may be especially problematic.

1.3.3 Gender and the 'crisis of masculinity'

Research on gender differences in mainstream academic psychology has historically focused much of its attention on how men and women differ in terms of concepts such as personality traits, intelligence, or types of psychopathology. Within these frameworks women have been portrayed as the 'other' compared to an homogeneous masculine norm (Ussher, 1991). Prior to the 1980s little serious theoretical analyses of men and male experiences had taken place (Wetherell and Griffin, 1991, Edley and Wetherell, 1995). Since that time there has been a burgeoning interest in researching and theorising men and masculinities, drawing on analyses and conceptualisations from diverse academic disciplines such as feminist studies, social psychology, sociology and cultural studies. Critiques of gender and masculinity have used mainly social constructionist theoretical frameworks to focus on the way cultural ideas construct gender as different and the meanings that are attached to that difference in social and interactional contexts. Social constructionism takes a critical stance towards knowledge, holding it to be constructed through language and having historical and cultural specificity (Burr, 1995).

The critiques and deconstruction of masculinity by social theorists and feminist writers have highlighted how within our society, masculinity appears to define much of the way the world is organised and perceived psychologically (Seidler, 1989, Segal, 1990, Frosh, 1995). There is a masculine-feminine polarisation where masculinity is defined against the feminine 'other'. Associated with the category masculine are attributes such as rationality, lack of emotion and agency. Femininity therefore, as

the opposite to masculinity, is irrational, emotional and passive. These dominant representations of men within modern society are some of the cultural concepts upon which men draw to form their identities. What happens if these dominant representations begin to fragment as changes in contemporary culture begin to highlight the contradictions and inconsistencies in traditional concepts of masculinity?

Connell (1995) writes of how contemporary masculine identities are constructed within a changing world which has seen the rise of the feminist movement and the 'collapse of the legitimacy of patriarchal power', yet a coexisting inequality of women and men. The number of women in the workforce has increased postwar, and Connell argues that there are tensions and inequalities in men's chances of benefiting from the wealth created by changes in industry and labour patterns. For example, some men are excluded from its benefits by unemployment, others are advantaged by their connection with new physical or social technologies. Tensions also arise from changing attitudes to sexual inequality and men's rights in marriage, accompanying the rise of the women's movement. This is summarised as a crisis of gender order inherent in several structures of gender relations, including power relations, and production relations. There is a 'crisis' of masculinity.

The alterations of established gender patterns in working and power relations is accompanied by challenges to ideas of a masculine-feminine polarity. As feminist ideas have begun to reconstruct women and femininity as positive, male experience becomes decentred (Frosh, 1995, 1997). No longer are rationality and prominent traditional assumptions considered to be superior. Frosh argues that the fragmenting of the traditional western view where masculinity is identified with rationality, together with the disappearance of the work-based domain of masculine experience has defined masculinity and the experience of being male as problematic. That men and masculinity is in question is suggested by media preoccupation and proliferation of interest in images of men, including images of their body and health (Coyle and Pugh, 1998). For adolescent boys who are beginning the process of acculturation, defining themselves and their position within contemporary culture, it may be especially difficult to exist within or find alternatives to the traditional, fragmented category of masculinity. They are faced with heterogeneous,

competing masculinities (Segal, 1993, Edley and Wetherell, 1995), taken up in specific contexts of power relations and an individual's life history.

By looking at how young men who have experienced mental health difficulties view themselves and their experiences, and which cultural concepts they use to describe their experiences, we will gain a greater understanding of the problems facing young men and their self-definition. Such research will also be useful for addressing issues of therapeutic engagement and intervention.

1.4 Issues of therapeutic engagement and intervention: The role of language

Adolescents are recognised as difficult to engage therapeutically. Several reasons have been cited to explain these difficulties, including: poor motivation for treatment (Rutter and Rutter, 1993), distrust of adults (Mishne, 1986), referral by agents other than self (DiGiuseppe, 1988, Kazdin, 1988, Kendall, 1991), longstanding histories of behavioural problems (Wells and Forehand, 1985). Adolescents with behaviour problems often do not link motives, actions and consequences in their behaviour (Kernberg and Chazan, 1991). A recent review of the therapeutic alliance in child and adolescent psychotherapy, notes several gaps in the research literature, in the areas of therapeutic process and the child's expectations of therapy (DiGiuseppe, Linscott and Jilton 1996). One possible way forward would be to develop therapeutic approaches which agree 'goals' of therapy with the young person. Such endeavours are considered beneficial since dependence, independence and self-determination are important developmental issues for adolescents.

Although acknowledging that the establishment of therapeutic goals is important, other questions are arguably more fundamental to the complexities of therapeutic engagement and intervention. Therapeutic approaches, from a range of theoretical orientations, use the medium of language to establish client-therapist relationships, explore clients' meanings and provide possible alternative meanings or behaviours. From this perspective, several questions appear pertinent to the client-therapist interaction. How do young men talk about their experiences and difficulties? How do they construct a sense of self through the language

they use? Are we, as clinical psychologists, sensitive to the ways in which they talk about themselves and their distress? Before clinicians can begin to agree therapeutic tasks and goals and develop an effective therapeutic relationship with young men, there needs to be a shared understanding between the therapist and the young person of the young person's perceptions of their experiences. It is also important to acknowledge differences of viewpoint related to differential socialised identity positions.

From the ideas presented it is possible to set up a theoretical framework in which to explore the various ways young men talk about their experiences, and define themselves in contemporary culture. Theories concerning the role of language and its relationship to self-identities are found in the academic literatures of rhetorical and discursive psychology, and contemporary social psychology.

1.5 A theoretical framework for exploring young men's experiences and self-identities

1.5.1 Epistemological considerations

The inadequacy of traditional research approaches in psychology to study human interaction and experience has been written about extensively and is especially salient to psychotherapy (Gergen, 1985, Mair, 1989, Billig, 1991, Rennie, 1994, McLeod, 1997, Yardley, 1997). Traditionally, psychology has adopted the propositional approach to research used in the natural sciences, based upon a realist theory of knowledge (epistemology). Woolgar (1996) notes that science is based upon assumptions that objects in the natural world are objective and real and 'facts' about them can be discovered by an objective observer. This particular theory of knowledge therefore does not consider that social context or culture, including the beliefs, previous experience and assumptions of the observer, affects the uncovered 'facts'.

These assumptions have been criticised by discursive theorists. Drawing upon theoretical perspectives such as post-structuralism, post-modernism and social constructionism, discursive theory addresses the socially and linguistically mediated nature of human experiences (Yardley, 1997). A

main tenet of discursive approaches is that people explain their experiences, both to themselves and others, using the language and cultural concepts available to them. Hence, individuals' beliefs, identities and behaviour are produced and constrained by their social context and culture (Shotter and Gergen, 1989). Such approaches are therefore based upon epistemologies which reject the notion of a single knowable objective reality outside of society and discourse.

1.5.2 Language, stories and narratives

Individuals do not just talk about an 'actual reality' of experience, but they put personal meanings on their experiences. When they come to the therapeutic situation, they tell their *stories* of the difficulties which have led them there, conveying, among other things, a sense of self, an identity (Bruner, 1986, Sarbin, 1986, Polkinghorne, 1991, McLeod, 1997).

The 'narrative turn' within psychology in the 1970s and 1980s has emphasised how individuals make meaning of their experiences in the world through stories (Bruner 1986,1991) There is ambiguity concerning the exact boundaries of stories, compared to more general narrative. For example, stories appear to be accounts of discrete events, whilst narrative refers to 'a story based account of happenings, yet contain other forms of communication in addition to stories' (McLeod, 1997, p.31). Stories are sequences of events situated within an overall sequence or plot (Bruner, 1991). In psychotherapy, it is common for individuals to speak of events in different sessions, which are linked and form part of a broader story. Through stories, individuals appear able to express emotions (Sarbin, 1989, Lindsay-Hartz, de Rivera, and Mascolo, 1995), problem-solve (McLeod and Balamoutsou, 1996), and convey a sense of self, both to themselves and their audience (Polkinghorne, 1991).

Stories, therefore, appear to be a universal way through which individuals communicate their subjective experiences. Yet stories are socially constructed within specific historical and social contexts. They convey information about the social context and identity of the teller, as well as their social and cultural location. As individuals tell their stories, they report events situated in time and context, and construct an identity, drawing upon the linguistic resources and cultural concepts available to

them at that time. What linguistic structures do young men with mental health difficulties use to communicate their experiences?

1.5.3 Concepts of selfhood and identities

Western cultural models of the person have assumed individuals to be rational, unitary wholes, who are able to achieve a coherent sense of self which is consistent across time, and context (Henriques et al, 1984, McLeod, 1997). Within such a framework, theories such as Erikson's developmental theory of identity therefore, propose that it is possible to reach 'identity' resolution (Erikson, 1968, Marcia, 1966, 1980).

Erikson defined identity as 'the accrued confidence in the inner sameness and continuity of one's meaning for others' (Erikson, 1950, p.235.). His conceptualisation of development was that it occurred in stages, each of which encapsulated a dialectical struggle between two poles of experience. Thus identity, as a sense of continuity and consistency about oneself was opposed to a sense of confusion about one's identity and role. The outcome of the psychosocial struggle at each stage modified the outcomes of all the following stages. Erikson theorised adolescence as the time context for identity resolution, since it is a period when young people have the maximum opportunities to try out different experiences and commitments, to achieve a sense of who they are. It preceded the 'intimacy versus isolation' stage, indicating that for true intimacy to be established, there needs to be a sense of continuity and commitment to one's values.

Erikson's model came under criticism from a number of academics, not least from feminist writers, who viewed it as describing male developmental life-cycles, emphasising separation and individuation, whilst ignoring girls' and womens' development (Gilligan, 1982).

In an attempt to move beyond theories based on separation-individuation and male developmental experiences, several theorists developed models emphasising the relational aspect of identity (Gilligan, 1982, McLelland, 1979, Surrey, 1983). These highlight the role of dynamic interaction for the development of the self, seeing a person's identity as 'being-in-relation' to others. Hence, the primary experience of oneself is in relation to others.

Developmentally, relationship differentiation occurs, leading to greater complexity of relationships with others.

Although the relational perspectives of Gilligan and Surrey stress the concept of identities developing within the context of relationships, rather than in the separation and individuation of individuals, their theories are problematic. Critical analysis of developmental theories of identity and dominant models of the person in modern Western culture note that they are structured around assumptions that the self is a naturally occurring entity, about which there is a discoverable truth.

Contemporary post-structuralist researchers have focused on language and meaning to construct an understanding of an individuals' experiences as situated historically and culturally, and constructed through language (Foucault, 1981, Henriques et al, 1984, 1998, Weedon, 1987, Hollway, 1989, Shotter and Gergen, 1989). From this perspective there is no discoverable truth about selfhood. Hence people's sense of selves, or identities, shift and vary according to context. It may therefore be more valid to speak of 'subjectivity' rather than experience, since the psychic domain is constituted by multiple, shifting, fragmented and contradictory meanings (Henwood, 1996).

On rejecting the idea of the self being a unitary whole, theorists see individuals as taking up *subject positions* within their speech. The self is always *positioned* in relation to another. This means that there are a multiplicity of positions which an individual can take up at any one time. For example, within the category 'man' there are multiple possible subject positions, related to the 'roles' ascribed to men by society. Within his account of a particular experience a man may therefore position himself as 'active' rather than adopt subject positions of 'passive' or 'not bothered'.

Within this framework when individuals tell their story about their experiences they may simultaneously occupy contradictory subject positions. Problems may arise for an individual who is unable to find a subject position which overcomes these opposing positions and tensions will emerge in the narrative.

A number of questions are raised by these contemporary views of the self. People clearly have a sense of continuity of self across time and context, rather than experiencing themselves as fragmentary and contradictory. What accounts for this continuity of subjectivity? Also, they appear to account for themselves in similar ways across contexts, rather than taking up alternative subject positions. What influences them to take up particular positions, and reject others? Although these questions are not easily answered some attempts have been made to address them.

First, Wetherell and Potter (1992) argue that available subject positions are always constrained by linguistic resources and power relations, both within the immediate and the wider social context. Second, the positions that individuals take up are influenced by their own personal life-histories, and hence they have '*emotional investments*' in particular subject positions (Henriques et al, 1984, 1998, Edley and Wetherell, 1995). It should not be assumed that individuals necessarily have conscious awareness of any of these factors. Recent moves to develop the theorising of subjectivities has focused on using psychoanalytic theory to provide a framework for interpreting individual's emotional investments in specific subject positions (Hollway, 1989, Frosh, 1995)

To summarise, this theoretical framework presents language as the historically, socially and culturally situated medium through which individuals communicate their experiences. As such, it is constrained by the linguistic resources and cultural concepts available to an individual within a given context. Shared meaning necessitates shared access to these linguistic resources and concepts. Using language, individuals construct a sense of self, or identity, which is not whole, but fragmented, shifting across contexts as individuals take up different and sometimes contradictory subject positions in their talk.

1.6 The study

1.6.1 Research Questions

Using preceding framework it is possible to formulate specific research questions to explore the multiplicity of ways in which adolescent boys

within a clinical setting talk about their experiences leading to their admission to an adolescent unit.

1. What linguistic structures do the boys use to construct their accounts of their experiences?
2. Where do contradictions and tensions occur in their narratives?
3. Where do the boys locate their distress and emotions within the linguistic structures they use?
4. Where do the boys locate their 'problems' within the linguistic structures they use?
5. What cultural discourses do they draw upon to position themselves and others in their narratives?

1.6.2 Epistemology

The epistemological assumptions of this study draw upon symbolic interactionist and post-structuralist theories and are set within a feminist framework. First, this means that the dualism between realist and relativist research is rejected. Second, language is a focus of study in its own right. Yet it is not viewed as merely discursive patterns through which phenomena are 'constructed, reconstructed and ignored' (Willott and Griffin, 1997), but a medium through which individuals construct shared understandings of experiences. Third, the language used and the accounts people give for their subjectivities is constrained by the linguistic resources and cultural concepts available to them. Finally, the particular subject positions that people take up within their narratives are influenced by power relations and emotional investments emerging from their life-histories, of which the subject may not be consciously aware.

1.6.3 Methodological considerations

Since this is an exploratory study informed by non-referential epistemologies it will use qualitative methods. Narrative, thematic and discourse analytic methods will be combined. This will allow the researcher to move from an holistic overview of how the boys tell their stories about coming into the unit to a more detailed analysis of recurring themes, and how the boys position themselves and others within their narratives.

The study is interpretative and the researcher acknowledges that alternative readings of the texts are available. She has attempted to make her data and interpretations transparent, to enable the reader to make their own readings and consider the plausibility of the account presented. In her analysis and account she has tried to be reflexive, looking at multiple positions, drawing on available sources of knowledge and clarifying connections between the readings of the text and her interpretations (Henwood and Pidgeon, 1995). By using such methods, the qualitative researcher helps 'others in the process of knowledge construction and evaluation and defends the analysis from accusations of covert prejudice or excessive idiosyncrasy in interpretation' (Yardley, 1997 p. 39,).

The researcher's interactions with the boys in this study and her subsequent interpretations are influenced by her past experiences and main research interests. As a white, middle-class, final year clinical psychology trainee, the researcher is interested in how clinicians can develop ways of working with people who are considered difficult to engage therapeutically, as well as the social and cultural influences on the ways men and women talk about their experiences and construct their identities. She takes the epistemic standpoint that it is important to adopt a feminist standpoint in the research in the specific sense¹ that she attempts to incorporate an awareness of moral and political dimensions, both within the immediate context of the research interviews, and the wider context of society. She hopes to attend to the ways these young men talk about their distress and the ways in which they construct their experiences in their narratives.

Notes

1 There are a number of feminist standpoints (Henwood, Griffin and Phoenix, in press). The researcher's definition also encompasses other critical perspectives such as a multi-cultural perspectives.

2. METHOD

2.1 Study Design

The research was a study of the narratives of adolescent boys within a clinical setting. It was a qualitative methodological study, utilising active interviewing methods (Holstein and Gubrium, 1995) and a combination of narrative, thematic and discourse analytic approaches to explore how the boys constructed their narratives about their experiences.

2.2 Ethics Approval

Three months before the study commenced an ethics proposal was submitted to the University Ethics Committee and the North Clwyd Ethics Committee (see Appendix 1). The researcher attended a meeting of the latter Committee to answer any questions relating to the research. Ethics clearance was received from both Committees.

2.3 Participants

2.3.1 Participant recruitment procedure

All potential participants were attending a regional adolescent unit, on a residential or daily basis. All were adolescent boys aged between thirteen and seventeen years. Boys of different ages, and with different ICD-10 diagnoses were asked to participate. This enabled the researcher to look at the multiple ways in which boys with affective and conduct problems spoke about their experiences.

At the time of the study the researcher was undertaking a clinical placement at the unit and was known to the boys, although she had been involved in clinical work with only one of them (participant three). On first arriving at the unit, the researcher was introduced to all the young people at a morning community meeting. They were informed that she was carrying out research looking at some of the difficulties the boys at the unit had experienced and would be approaching the boys individually to see if they were interested in taking part. Over the next four months the researcher asked to speak to seven of the boys individually.

In an informal talk with the boys, the researcher explained the research and asked if they would be interested in participating. On each occasion it was stressed that they were under no obligation to take part and could withdraw at any time, without the help they received at the unit being affected. Each boy was given an information sheet (see Appendix 2) and asked to read it over the following few days, talk about it with their parents and ask any questions of the researcher. If they agreed to participate in the study they were asked to sign a consent form (Appendix 2). This was witnessed by the researcher and sent with a letter to the boy's parents, requesting parental consent (Appendix 2). When parental consent had been obtained research interviews were arranged with the boys.

2.3.2 Participants

Five adolescent boys participated in the research study. They ranged in age from thirteen years and ten months to sixteen years.

Two of the boys who were approached declined to participate. One gave his reason as 'not wanting to talk about feelings'. The second agreed to take part initially, but withdrew when the researcher attempted to arrange an interview with him. He stated that there was no point in conducting the interviews because he would soon be leaving the unit.

Of the five boys who agreed to take part, two attended the unit as inpatients, staying overnight from Monday to Friday. The remaining three boys attended the unit daily, Monday to Friday. On admission to the unit they had received an ICD-10 diagnosis from the consultant psychiatrist. Two were classified as having unsocialised conduct disorder; one had a diagnosis of mixed anxiety and depressive disorder; one a diagnosis of intentional self-harm; and the fifth social phobia. Brief synopses of the boys' individual case histories are given within each case analysis in the Results section.

2.4 Interviews

2.4.1 Mode of interview: Active interviewing

Interview approaches commonly used in research ask questions about people's lives. Traditional approaches to methods of interviewing emphasise the need to control researcher-respondent interactions. Interviews are seen to be concerned with maximising the flow of valid, reliable information, while minimising distortions of what the respondent knows (Gordon, 1987). The aim is that the researcher elicits 'facts' from the respondent. Postmodern analyses of talk in context have led to a questioning of whether it is ever possible to merely engage in neutral processes of information exchange.

A number of theoretical perspectives see the researcher-respondent interaction as collaborative, fundamentally shaping the form and content of what is said. These perspectives stress the role of language in social inquiry, and include poststructuralist, postmodernist, constructionist and ethnomethodological approaches. These view interviewing as a social encounter in which meaning is created by the interaction between the researcher and respondent (Holstein and Gubrium, 1997, Mishler, 1986, Silverman, 1993). Active interviewing, considers the interview as an ongoing, mutually collaborative and interpretative process. In particular, it allows the production of meanings directly related to research concerns.

"Active interviewing is a form of interpretive practice involving respondent and interviewer as they articulate ongoing interpretive structures, resources and orientations with what Garfinkel (1967) calls 'practical reasoning'." (Holstein and Gubrium, 1997, p.121)

This standpoint has obvious similarities to therapist-client relationships in psychotherapy. Clinicians working from constructivist and social constructionist frameworks within clinical psychology also stress the collaboration between clinician and client in the construction of meaning in psychotherapy (Epston and White 1992, Neimeyer, 1995). Active interviewing was considered by the researcher to be the most suitable for

studying how boys make meaning of their experiences and the implications for clinical practice, especially given the concern for how to engage boys in therapy.

In practice, adopting such a mode of interviewing, meant that the researcher was attending to the way the boys described the 'hows' and 'whats' of their experience. What linkages were made? By suggesting alternative considerations and linkages to the respondents, the complexity of meanings about their experiences were able to be explored. An illustration of this is given in the following example taken from the second interview with Gareth, (participant four). The researcher has just asked him whether he had a girlfriend.

G: I can't really keep girlfriends and that's a worry.. something always goes wrong, after about a month or something it wears off, it happens really quickly and it's dead nice and then a couple of months or a month it's just, it's like there's nothing there.

R: Is that from your point of view or her point of view?

G:I'm not clear about hers, it's from mine... I think my life's a bit too complex for a girlfriend.

R: What might be too complex about it?

As Gareth finishes describing how his relationships with girls always seem to go wrong, the researcher picks up on his final point and attempts to establish whether the statement 'there's nothing there' is his point of view or his girlfriend's. Similarly, as he states that his life is too complex for a girlfriend, the researcher, asks what might be complex. In this way the researcher attends to how he constructs his narrative about his experiences with girlfriends.

2.4.2 Interview procedure

Two interviews were conducted with each participant. The first interview was transcribed by the researcher, and gaps and contradictions in the narratives were noted. During the second interview the researcher further explored the meaning of topics raised in the first and looked at contradictory themes and narrative tensions.

Using an active interviewing approach meant that the interviews were loosely structured, but aimed to cover a number of research areas (see appendix 3). The list was drawn up to explore the boys' experiences leading to admission and their significant social relationships and social contexts. This allowed the researcher to focus on how the boys related with others, and which subject positions they took up in their accounts. Questions in the area of suicide and self-harm, and drugs were included because they are clinically significant problems.

First Interview

In the first interview, the researcher explained the research briefly and proceeded to ask 'Tell me about your family'. This was to help the boys become accustomed to the interview situation. The interviewer 'followed' the boys' lead and further explored issues they raised. In all cases this question led on to 'Tell me how you came to be in {adolescent unit}'. The first interview lasted approximately forty-five minutes.

The first interview was transcribed by the researcher and read and re-read to become fully familiar with the context and identify gaps and contradictions in the boys' talk. Questions asked by the researcher at this stage included: 'what topics and issues did they talk about', 'what were they not talking about?', 'what was difficult for them to talk about?' 'did they present contradictory positions in their narratives?' The researcher noted these areas for further exploration in the second interview. Research areas which had not been covered in the first interview were addressed in the second interview.

Second Interview

In the second interview the researcher showed the participant the transcript of the first and explored the areas noted. This procedure also allowed the researcher to check out and further explore meanings with the participants. Again, the researcher followed the 'lead' of the participant. Research areas which had not been addressed in the first interview were also discussed. Second interviews lasted between fifteen and forty-five minutes.

2.4.3 Transcription

Transcription Conventions

All interviews were transcribed by the researcher. Transcription is a representation of speech. This process of representation can only be incomplete and partial (Mishler, 1984, Riessman, 1994). Intonation, inflection and body language may be lost or obscured, depending on the transcription conventions used.

In this study, the researcher wanted to illustrate the differences in the ways the boys' spoke, for example, the speed and fluency of their speech, pauses, silences and the interaction with the researcher. With this in mind the following transcription conventions were adopted (from Riessman, 1994, p.115).

- (i) Participants and researchers utterances were recorded verbatim and identified by appropriate name initial and **R** for researcher.
- (ii) Lexical and some non-lexical utterances were recorded, including researcher's interactions during extended narratives by the participants.
- (iii) Pauses in the interview interaction less than 3 seconds were noted as (.), and longer than 3 seconds as the time in seconds within brackets, for example (6).
- (iv) In the display of the narrative analytic outcomes, core

narratives only are shown in the results section. Full transcriptions are shown in the appendices. The length of some of the boys' narratives precluded inclusion of the whole text.

- (v) The core narratives shown in the text are arranged with a clause positioned on each line.

Transcription procedures

Following the first interview, a rough transcription was prepared by the researcher and taken back to the participant. The second interview was subsequently transcribed in draft form. Copies of these rough transcriptions were given to those participants who had requested them.

The interview transcripts were refined by replaying the tapes and attending to verbatim content, silences, and non-lexical sounds. Field notes were also useful, since the researcher had noted times when the boys had found it difficult to talk and sometimes had seemed distressed.

Sections of the interview which were chosen to be included in the narrative analysis were further refined. Core narratives were extracted (see Narrative Analysis Method), and displayed in a systematic, clause per line structure.

2.5 Narrative Analysis

Identification of stories

Following transcription, interview scripts were read and re-read to identify stories the boys told about their admission to the adolescent unit. These usually immediately followed the question "Tell me how you came to be in {adolescent unit}". Sometimes the boys told more than one story about their experiences, which extended throughout substantial periods of the interview. Stories were identified as having a specific phenomenology (McLeod, 1997). Each story was an account of specific events the boys had experienced. When the boys told several stories about their

difficulties, they were linked by intervening sections of talk, where the boys and the researcher reflected upon the stories and their meaning.

Extracting the 'core narrative'

'Core narratives' of the boys' stories of how they came to be in the adolescent unit were extracted using Labov's framework (Labov, 1972, 1982). Stories are organised in particular ways, which provide the listener with an **abstract** or 'headline' of the story; **orients** the listener to what the story was about; carries a **complicating action** with key enacted actions and experiences; **evaluates** the meaning of the action; and **resolves** the action. The researcher identified these structural features of the story and presented them in a retranscribed form, which is shown in the appendix. A 'core narrative' was taken from this retranscription for identification of key themes within the story. This 'core narrative' was organised around the structures of abstract, orientation, complicating action and resolution.

Identification of themes within the narrative

'Core narratives' of the boys' stories were read and re-read carefully to identify key themes within them. Following Riessman, (1993, p.61) the researcher sought to keep to the following guidelines in making sense of the boys' accounts.

- (i) What is the structure of the narrative? Why is it organised in this way, with this listener?
- (ii) What are the tensions within the narrative? Are themes, perceptions of the boys' counterposed?
- (iii) What social, cultural and institutional discourses are drawn upon in formulations of the narrative? Do the boys use specific metaphors or features of speech?
- (iv) What are the boys not talking about?

Once the themes had been identified in the boys' stories of how they came into the adolescent unit, the researcher proceeded with a thematic analysis

of the rest of the boys' talk, to clarify the meanings and ways of structuring talk that they used.

2.6 Thematic and Discourse Analyses

The thematic analysis used drew upon a constructivist grounded analysis approach (Henwood and Pidgeon, 1992). The method involved the identification and coding of recurring themes and figures of speech (tropes) throughout the boys' talk. Once identified a discourse analytic approach was used (Potter and Wetherell, 1987). This enabled the researcher to develop interpretations about the boys' talk by looking at contradictions in the subject positions taken up by the boys, interfaces between opposing themes, and drawing upon existing knowledge sources.

Preliminary Thematic Analysis - Identification of Tropes and Recurrent Core Narrative Themes

The researcher identified tropes within the boys' talk by attending to recurring figures of speech within the boys' narratives. By reading and re-reading transcripts and replaying the taped interviews the researcher noted repeated phrases to which the boys gave a particular emphasis, marked by voice intonation and inflection. For example, Michael (Participant One) repeatedly used phrases such as 'feeling strange', 'no-one can control me' and 'I hated that'. These phrases did not just occur in the initial core narratives, but throughout other areas of the boys' talk. Each trope was located and highlighted within the interview transcripts. Tropes with a particular theme or recurring single word were clustered together to form preliminary themes. For example, David (Participant Two) repeatedly used the word *pressure* as he talked about his relationships with others. Occurrences of this word were grouped together to form the trope cluster called **pressure** (see Appendix 5).

In addition to identifying tropes, the researcher followed themes identified in the core narrative to see if and where they occurred elsewhere in the interviews. For example, the theme of 'expectations of self and others' occurred in David's core narratives, and at other points throughout his talk.

Secondary Analysis - Identification of Main Themes

Following identification of trope clusters, and recurring core narrative themes the different contexts in which they occurred were noted. Each occurrence and context was given a code representing the theme of that specific chunk of text. After coding the researcher grouped together identified themes of trope clusters into main themes. For example, for David (Participant Two), a main theme of "Isolated/Not understood" was identified from the the trope clusters, and core narrative themes '*not understood*,' *talking*, '*had to get lost*', '*too much*' and *pressure*.. Preliminary themes were not necessarily exclusive to one main theme and often straddled several.

Discourse Analysis

A discourse analytic approach was used to study in detail the main themes of the boys' talk. The researcher adopted a similar position to Edley and Wetherell (1997) and employed an analysis which considered not only the cultural narratives and subject positions in the boys' discourses but also attempted to address the action orientation of the talk.

Within each main theme of the boys' narratives the researcher looked at the following aspects of their discourse.

- (i) Where are the boys positioning themselves in relation to significant others and what might be the multiple effects of those positionings?
- (ii) Do the boys use any recurrent patterns of discourse which have been noted in other discursive studies? How might these constrain their attempts to make meaning of their situations? In particular, do they use any gender-specific discourses?
- (iii) What is the effect of the way each boy constructs each account? How does it position him with respect to the researcher?

By considering these aspects of the boys' talk, the researcher was able to focus on the way each boy was positioned by cultural discourses but also how they constructed their individual accounts to the researcher and made meaning of their experiences.

3. RESULTS

PARTICIPANT ONE: MICHAEL

Background

Michael, a sixteen year old boy, had been resident in the adolescent unit for six months at the time of first interview.

Michael's initial assessment prior to admission formulated his difficulties in terms of generalised anxiety. His ICD-10 diagnosis on admission was social phobia. His mother reported concerns about her son which dated from infancy, although she was unable to clarify the exact nature of her worries. At the time of assessment Michael's behaviour at home had been causing problems. This had included teasing his younger brother and demanding his mother's attention. His mother had found this very distressing and had requested that Social Services find alternative accommodation for him.

Michael had experienced problems attending school for the previous two years. He had not attended at all for eight months prior to admission. There were also reports of obsessive compulsive problems, including an obsessional phobia of contamination, although Michael denied these. It was also noted that he had experienced concerns about his body image.

Michael lived with his natural parents and had two brothers, one aged 21, the other aged 11. Michael's developmental history was normal, although he was described as being 'demanding' as a child. He had not experienced any difficulties starting school. Despite finding his present behaviour difficult, his mother perceived her relationship with Michael as mutually close. He had an acrimonious relationship with his father.

Michael's Story

Michael volunteered to participate in the study during a 'community meeting' at the adolescent unit. He took part in two interviews which took place within two weeks of each other. His style of speech during the interviews was fluent and easy for the researcher to follow. At the time of

the first interview the researcher had just started her placement at the adolescent unit and was not known to Michael.

Michael's story about the difficulties which led to admission to the unit was told early in the first interview. The core narrative was extracted from the text and is shown in Box 1. A detailed transcription (after Riessman, 1994) is shown in Appendix 4. The structure of his narrative fitted into Labov's analytical framework, having a linear and temporal structure which is commonly found in Western culture (McLeod, 1997, Riessman, 1988).

Michael tells a story of a time when he was unhappy at school and was involved in a bus crash. A number of themes emerge in the subsequent narrative as Michael attempts to make meaning of his experiences and convey this to the researcher.

(i) *'Feeling strange' and physical symptoms*

Michael links 'feeling strange' to not liking school, feeling dizzy and stopping eating. The repeated use of the trope 'feeling strange' on line 016 and 020 has the effect of emphasising Michael's confusion about this state. He *'felt strange'*. Although he is able to articulate some physical and action aspects of his state at this time, for example, feeling 'really dizzy' (line 019) and 'I stopped eating' (line 020), he does not elaborate further in this narrative. The use of the word 'strange' implies an unusual or extraordinary feeling, one that is not easily explained. The location of the phrase in the narrative suggests there were physical manifestations linked to 'feeling strange'. The researcher, as a clinician drawing on clinical psychological knowledge and language could read this sequence as the manifestation of symptoms of anxiety, yet Michael does not. At the time of interview he had been a resident at the adolescent unit for six months, and had received individual and group interventions focusing on anxiety management. However, his talk does not use therapeutic or clinical language. In this initial story he presents his problem as an unusual physical experience.

Box 1.1 Narrative: Michael's Story**Abstract**

012 R: I wonder if you could tell me a bit about how you came to be here
in {adolescent unit}

Setting/Orientation

013 M: when I was unhappy with school
015 when I was in the third year of school

Initiating Event/Complicating Action

016 we had a bus crash with the school

Internal Response/Complicating Action

017 and after that I felt *really strange*
018 and didn't like school
019 and felt really dizzy
020 and I stopped eating
021 and felt *really strange*
022 and felt that I could
023 I could mix in well with me friends
024 but sometimes I thought I didn't *want* to
025 and I tried to feel that I was better than them,
028 and they like didn't quite understand what I was going through
029 and it was making it difficult for me

Resolution

030 well I couldn't take school anymore
031 and I wanted to stay at home.

Reaction/Evaluation

032 But I still wanted to do work
033 that was the main thing,
034 I didn't want to leave school and not do any work

(ii) *Self, others, difference and conflict*

In the next section of the transcript, Michael begins to elaborate on his feelings and perceptions (lines 021-034). A number of themes emerge in his talk which are co-present and counterposed, creating tension. The themes of 'mixing in well with friends' versus 'not wanting to mix in' (lines 022-023); those of 'trying to be better than them' versus 'not being understood' (lines 025, 028). There is also the contradiction between 'mixing well with friends' and 'they didn't quite understand what I was going through' (lines 023, 028), suggesting that Michael felt different from his friends. As in the first part of his narrative Michael locates his problem internally. He summarises his struggle to resolve his contradictory subject positions as 'making things difficult for me', rather than explicitly stating his emotions.

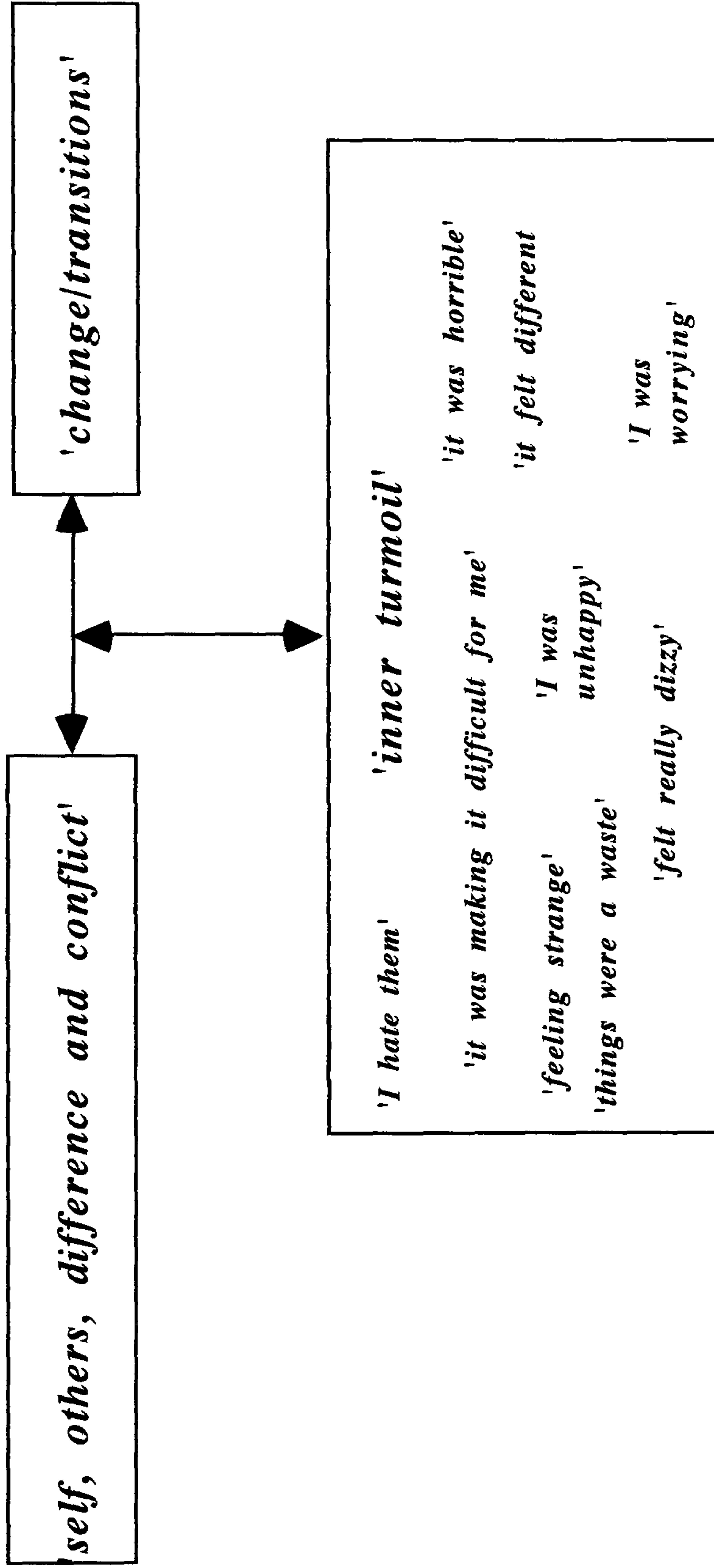
(iii) *'Self as agent'*

However, woven in with these themes is a theme of 'self as agent', suggesting freedom to determine one's own actions and behaviour. In lines 022-023, Michael says 'I could mix in well.... but ... I didn't want to'. The words imply choice, Michael was able to mix in, but made a decision not to.

Michael presents a possible resolution of his situation in lines 030-031. He indicates that he 'couldn't take school any more' and 'wanted to stay at home'. By choosing to stay away from school he will no longer be presented with the opposing themes of 'mixing in well with friends' versus 'not wanting to mix in', or faced with 'not being understood' by school peers. Yet as he evaluates this possibility he is presented with a further dilemma: if he left school would he still be able to continue school work?

In summary, Michael responded to the task of telling how he came to be in the adolescent unit by telling an extended narrative. A number of parallel and opposing themes emerged in the telling. These appear, in part, recognisable as 'cultural stories' available to adolescents in Western society: stories of a struggle for individual identity, of not being understood. Interwoven with these opposing themes, is a theme of 'self as

FIGURE 1: SCHEMATIC REPRESENTATION OF MAIN THEMES AND NARRATIVE TENSIONS IN MICHAEL'S TALK



agent'. Michael locates his difficulties within himself, with his distress apparently located within a narrative encompassing notions of 'self, others' conflict and difference' and counterposed narrative themes suggesting a struggle to position himself with respect to peers. It is formulated in terms of physical symptoms, 'feeling strange' and the use of expressions such as 'well I couldn't take school any more'. The effect of this is to gloss over Michael's emotional distress.

Thematic Analysis

A schematic representation of the main themes occurring throughout Michael's talk is shown in Figure 1.

The themes articulated by Michael in his initial story recur in other areas of his talk and there appears to be a wider story of negotiating self in relation to others at times of change. Themes of 'self, others, difference and conflict' and 'changes/transitions' overlap. Located at the interface between these two themes is intense inner turmoil for Michael. He uses tropes to describe, unusual and unpleasant experiences, for example, 'feeling strange', 'it was horrible'. Other tropes suggest an inability to cope and emotional detachment: 'it got too much', 'can't cope', 'not bothered', 'don't care'. Yet he also expresses strong emotions, speaking of experiencing anger, unhappiness and worry.

By looking at where these tropes occur in Michael's talk, at the interface between between the themes of 'self, others, difference and conflict' and 'changes/transitions', it can be seen how he negotiates meaning of his experiences and attempts to resolve complex personal and cultural dilemmas and contradictions.

'Feeling strange': Self as invisible, self as different

Michael's use of the trope 'feeling strange' emerged in his initial narrative (Box 1.1). It appeared linked to strong emotions and inner turmoil, occurring at times when Michael seemed to find it hard to articulate his distress.

Extract 1

R: OK, (.) so why do you think you were feeling strange at that time?

M: {voice low} Cos of my family and everything, how they treated me and how I felt in the family (8).

R: Could you tell me a bit more about that, how you felt in the family?

M: I felt that like me dad preferred me little brother and me mum preferred me older brother and I was just like stuck in the middle and I was like torturing them and just trying to do all these things for attention and then getting paid back (.) but I like erm was trying to let them know that I existed, they knew I existed but I felt I was trying to be more cos of how I'd seen them with me brothers.

Michael places 'feeling strange' in the context of his family, linking it to their treatment of him and his feelings within the family. He recalls being 'stuck in the middle' between his parents, 'torturing them' trying to get their attention, trying to let them know he existed. Torture is a metaphor which communicates strong images of physical and emotional pain inflicted on others. Michael tells of being 'paid back', suggesting that the pain he inflicted on his family is returned to him. The account is a poignant description of his distress, yet he does not position himself as emotional, but as a person attempting to gain control over the situation. He is 'trying to let them know I existed', 'trying to be more'.

In the subsequent dialogue, the researcher suggests an alternative subject position of being lonely.

Extract 2

R: Right, that sounds like quite a lonely time for you?

M: In school people like erm, how they were, they would see everyone else but people like me and other people were different and they just like chose me to <ignore>.

In this context, positioning himself as emotional appears problematic. There are a number of possible interpretations of this. Michael may not have wanted to appear vulnerable to the researcher. Loneliness is associated with dominant cultural discourses of vulnerability and femininity (Segal, 1989, Edley and Wetherell, 1995, Frosh, 1995). Within the unit Michael was seen as popular and a 'leader'. At the time of the interview he was the adolescent who had been there for the longest period of time. Positioning himself as lonely to the researcher would be inconsistent with his present image within the unit. Taking up a position of loneliness would also place Michael in the simultaneous yet contradictory positions of having friends that he could mix with if he wanted (Box 1.1) yet being lonely. Michael neither agrees nor disagrees with the researcher, but instead describes himself as different, not seen by people. He invests others with the decision not to see him. People chose to ignore him. By doing this he again draws on the 'self as agent' discourse (Box 1.1). This time he locates the agency in others. In taking up this position he relinquishes an alternative one where people did not notice him, because he did not stand out in any way. Not being seen might place him in similar distress to his experience of feeling he did not exist in his family (extract 1).

The researcher asks why he thought people saw him as different.

Extract 3

M: It was cos I was more of a (.), sort of like, I don't know, not like *dead*, going round reckoning that I'm *dead smart* or *beating people up* or talking like dead (.), y'know, *dead horrible*.

Michael constructs his difference from others by defining the characteristics of those he is not. He is not 'dead smart' and does not beat people up. Said (1978) proposed that people often gain a sense of identity by defining themselves negatively, stating who they are not rather than who they are. Michael's use of the 'dead' metaphor emphasises the extreme difference he perceives between himself and his peers.

'It was horrible': self and peers

As Michael describes his relationship with peers in his fourth year of school, there is an interface between the themes of 'change/transitions' and 'conflict with peers'. He had to move classes and was placed with a different peer group. By using the specific, opposed emotions 'liking' and 'hating' he presents himself and his relationship with peers in two distinct, mutually exclusive ways.

Extract 4

R: What was horrible then in the fourth year, do you remember?

M: It was mixing in with all the others.

R: You were with people you didn't know very well?

M: No I knew them all 'cos they were in my year, but I didn't *like* them, they're just (.) they were *horrible* and it felt really strange after it (6) you know, going to different classes with people that you knew before you hated and you kept away from them, or you liked and it was OK (.) but most of them were *horrible*.

Michael's problem was not mixing with peers that he did not know, but mixing with ones he did not like. They were 'horrible'. He contrasts 'not liking', and 'hating' some peers with 'liking' others. By stating his emotions as oppositional, 'hating' and 'liking' he emphasises how he felt different from most of his class. As he elaborates on his relationship with the peers he hated, a tension appears to emerge as Michael appears reluctant to identify with positions of power and influence within the class.

Extract 5

R: And what were the things about them that you didn't like?

M: How they acted and their influence on the rest of the class and things, and I wanted to be part of that, {**R:** right}

but in a way I couldn't cope, (.) you know I knew I could, you know, be like them (.) but in a way I thought, 'I don't want to be like them, 'cos my life should be like what I want to do not how others should, cos you could tell that most of them were just copying the, like the top people in the class {**R**: mmm}.

Within this narrative Michael describes his difficulties with 'mixing in' with peers he doesn't like. These peers are described as the 'top people', suggesting a hierarchy of influence within the class. As previously, there are counterposed themes of wanting to be part of a group, which he perceived as exerting influence over others, yet knowing he couldn't cope if he was part of such a group. There is conflict with others (males), but also within himself. By positioning himself as not being able to cope, Michael relinquishes control of his actions. He proceeds to identify himself as being able to be like them, but not wanting to be like them, thus moving his narrative to one that constructs him as a person in control. Thus, he draws upon the 'self as agent' discourse (Box 1.1, extract 2).

Traditional views of masculinities see men as authority figures, tough and competitive (Rutherford, 1988). Michael's dilemma appears to be that he is reluctant to position himself in this way. At this point in his talk there is distress, he describes his peers as 'horrible' and describes himself as 'feeling strange'. He is able to adopt an alternative subject position by presenting himself as having the choice to do so, but not wanting to. He draws on another western cultural discourse of the self as in control, autonomous. This is recognisable as the separate and relatively autonomous individual, typically male, described by identity development researchers such as Blos (1962), and Erikson (1976). By rejecting a subject position linked to competition among peers, Michael requires another identity position (Edley and Wetherell, 1997). He presents an 'agentic self'.

In the context of 'conflict with peers' Michael is able to position himself as an emotional being, expressing emotions of liking and hating, and using tropes to indicate his distress. The adoption of the identity position of an agentic self allows him to alleviate the inner turmoil associated with the

conflict whilst enabling him to retain an identity which is recognisable within wider society as individual and masculine. This particular subject position appears significant for Michael, and he takes it up in other contexts, where he experiences conflict with peers.

Conflict with peers: Showing affection

In the following extract Michael is asked whether he identifies with any men he knows. He responds by describing how he identifies with his mother, and how this defines him as different from his (male) peers.

Extract 6

R: Do you think that you felt you had to be like particular men or maybe you didn't want to be like some of the men that you saw?

M: I just wanted to be like me mum (laughs), when I was little. And then I felt 'well, I have to change' and I would eventually like, cos I grew up. (.) I was just normal like, but normal people like, if they're walking to the shop with their mums they wouldn't hold her hand but I'd *want* to, you know what I mean so, if they like, if she come in the yard they wouldn't (.) like I'd run up to mine and give her a kiss and they'd all be looking at me, but *they* wouldn't do that, and me brothers don't do that either.

Michael states that he when he was younger he wanted to be like his mother. He emphasises that he was aware he would have to change and recounts how 'normal' people would not want to openly show affection to their mothers, but he wanted to. In this respect, although on one level he defines himself as 'normal', he proceeds to take up a contradictory subject position, describing himself as different from normal people. The implication in this passage is that since boys do not usually openly show affection to their mothers, those that do risk being cast as pathologically different from the norm (Phoenix 1990). It also reflects the common cultural discourse where emotionality is linked to femininity and pathology (Ussher, 1991, Frosh, 1995)

In his struggle to come to terms with wanting to show his mother affection, whilst being aware of societal norms that position him as abnormal, Michael positions himself as 'self as agent'.

Extract 7

R: Right, but you said you knew you had to change, was that because, again you felt you were different?

M: Yeah.

R: (.) But you were quite willing to show that you loved your mum?

M: Well there were some people that were like that but they were (.) like people (.) they were like *fat and with glasses* and people would make fun of them you know. So I thought 'I don't want to be made fun of', but then in the end I was like (5) I grew up and I thought 'I don't have to be scared or ashamed of anything, like *it's my life* and I'll do and show whatever I want, *no-one can control me* or tell me what to do'.

Michael emphasises his individuality and sense of control by defining himself as different, not only from young people who do not openly show affection, but also from those who do. He constructs such people as undesirable, people who are made fun of. By positioning himself as an autonomous adult, he is able to reject the emotions of being ashamed, or scared, and present himself as a young man, who is able to openly show and express affection to his mother.

Summary

The main themes recurring throughout Michael's talk are 'self, others, conflict and difference', 'changes and transitions' and 'inner turmoil'. Michael's distress appears to be located at the interface of the first two themes. He talks about his distress in multiple ways, often positioning himself as 'different', not seen by others, someone who is paid back for the pain he has inflicted on others. Sometimes he positions himself as an emotional being, expressing anger, unhappiness, worry. At other times he

glosses over his emotions with expressions such as 'not being able to cope', 'feeling strange'. Yet frequently he finds ways of retrieving, salvaging or creating possibilities for feeling agentic or in control, by drawing upon a cultural discourse of 'self as agent'.

Michael's reluctance to take up a competitive male identity position amongst his peers, may be linked to his life-history, where he has had acrimonious relationships with his father and brothers, and identified with his mother (extract 6). He seems to adopt a strong masculine identity by placing himself in the position of 'self as agent'. Although this seems useful in his constructions and reconstructions of his experiences, it has obvious limitations, since it is context limited. Individuals cannot always be in control. When in such situations, without alternative identity positions Michael may experience further distress. The strength of the position for him may lie, not only in its rejection of the 'competitive male' position, but in his internalisation of his problems. By seeing his problems within himself, but locating himself as a powerful person, in control and autonomous, he is able to resolve his distress.

PARTICIPANT TWO: DAVID

Background

David was fifteen years and 10 months at the time of interview. He was admitted in September 1997 with an ICD-10 diagnosis of intentional self-harm.

David had been referred by a consultant child and adolescent psychiatrist based in a district child and adolescent mental service. He came from a middle-class background and lived at home with his natural parents, three brothers, one sister and a foster child. He is the second sibling.

David had made two serious suicide attempts within a two-month period. The assessment report noted that immediately prior to the first incident he had been talking cheerfully with his parents. The psychiatrist noted that there appeared to be no evidence of auditory hallucinations, but he had experienced feelings of depersonalisation, seeming to observe his own behaviour from a perspective outside his body. During the time period his perception was changed, with a period of over an hour seemingly compressed into a few minutes. His parents had reported a change in mood state in the few months prior to the suicide attempt, with David's mood being more elevated than usual. David denied this.

David's experiences were viewed as unusual by the assessing consultant child and adolescent psychiatrist and his behaviour appeared out of character. The first assessment report suggested organic etiology and recommended further investigation.

Following this assessment David had a CT scan which was negative. He began to see the referring child and adolescent mental health psychiatrist, with apparent progress. He then made a second unexpected and unpredictable suicide attempt, in which he sustained multiple injuries. He was admitted to the regional adolescent unit to provide him with the opportunity of developing his skills to cope with the difficulties he was experiencing.

David's Story

David was keen to take part in the research, agreeing immediately to participate in the study. At the time of the interviews he was considered by unit staff to be a high suicide risk.

David's story of the difficulties which led to his admission to the adolescent unit comprised three separate narratives. It was told throughout the first twenty-five minutes of the first interview and was generated during much interaction with the researcher. During the interviews David seemed to find certain topics difficult to talk about, particularly his relationship with his father. On a number of occasions the researcher felt she 'rescued' him from long silences in which he seemed distressed.

The core narrative was extracted from the main text (see appendix 5 for full narrative). His story had a linear, temporal structure which was easy to follow.

Narrative 1: 'Getting myself too involved'

The first narrative is shown in Box 2.1. David tells a story of attempting suicide. The narrative is structured around the themes of 'becoming too involved in a relationship' and 'suicide as problem resolution'.

David places his initial narrative of a suicide attempt in the context of 'becoming too' involved with a girlfriend (line 044). Thus his problems are located in the relationship (line 041-044). But as he progresses with the story the position of his problems and distress shift to being located within Julie. For example, he was 'worrying about' her problems (line 044). He positions himself as emotional, but his worry is about her difficulties, rather than his. He describes the situation as 'playing' on his mind and becoming 'too much' (lines 046-047). His use of tropes and deflecting some of his emotions onto Julie effectively gloss over his emotional distress.

Box 2.1 Narrative 1: 'Getting myself too involved'**Abstract**

035 R: I wonder if you could tell me the background to coming into
{adolescent unit}, what led up to it?

038 D: I came here

039 cos I tried to commit suicide

040 I [attempted suicide]

Setting/Orientation

041 but leading up to that

042 I was having problems with Julie

Initiating Event/Complicating Action

044 I was getting myself too involved into her problems

Internal Response/Complicating Action

045 and worrying about her problems

046 and that <played> on my mind

047 and it all got too much

Resolution

052 I felt it was the only option to me

055 it was the only thing what felt right

Reaction/Evaluation

056 I was pleased

057 that I could finally sort it all out

058 and get away from it all

(ii) 'suicide as problem resolution'

David attempts to resolve his distress by trying to kill himself. The act is constructed as 'the only option' (line 052). He describes himself as 'pleased' that he could 'sort' the situation out (line 057). It allowed David to 'get away from it all'.

In this initial story, David attempts to lessen his distress in several ways. For example, although he talks about worrying about Julie's problems, there is some projection of his distress onto her. This has been recognised by Hollway (1998), who writes of how men often project dependency and feelings onto women. Furthermore, by presenting suicide as a way of 'sorting out' the emotional situation in which he found himself, David introduces pragmatism and rationality as ways of dealing with his overwhelming emotions. His suicidal act is not an emotional one, but a practical solution to a problem.

David's first story appeared 'complete' or 'finished', with no residual dilemma as he ended it. Only later in the interview did it become apparent to the researcher that David was experiencing more problems, and in different areas of his life than this first narrative indicated.

Narrative 2: 'Circled out and under pressure'

In the next narrative about his difficulties, shown in Box 2.2, David talks about his experiences when a teacher at school 'circled' him out from other pupils because of his potential to do well (lines 177-178). David states that he did not want to do well and responds to the teacher's actions by doing less work. At the end of the narrative he elaborates on the meaning of the situation for him and themes of 'expectations of self and others' and 'pressure' emerge (lines 186-200). David describes his response to his own and other's expectations of his academic success as 'pressure'. Eventually things become 'too much'. As in his first narrative (Box 2.1), he uses tropes to describe difficult feelings.

Box 2.2 Narrative 2: 'Circled out and under pressure'**Abstract**

173 R: Are you able to talk about that a bit more, what was going on
for you around that time?

Setting/Orientation

174 D: Well there was a lot of small things
175 at school
176 there was this one teacher

Initiating Event/Complicating Action

177 who circled me out from the rest
178 because he thought I had the potential to do well
179 but I didn't really want to do well.
180 So he would like embarrass me in front of the class
182 the more he did it

Resolution

183 the more I didn't do the work
185 in the end it got too much.

Reaction/Evaluation

186 it was probably an image
187 I built of myself
188 but everyone sees me as
189 he's going to do well
190 he's going to do this
191 and then it's pressure
192 or I see it as pressure
194 like our teacher
195 he knew I was supposed to be doing well
196 so he was pushing me
197 just little things
199 which seemed to me
200 to put a lot of pressure on me.

In the third narrative David further describes his response to his own and other's expectations and how he attempted to resolve them.

Narrative 3: 'Doing my own thing'

David places his rebellious behaviour (lines 053-054) in the context of a difficult time in his education where he did not appear to be progressing (lines 216-219). His initial response was not to work as hard, but this created tension within himself, as he attempted to meet his parent's expectations. He felt he had let them down (lines 220-249).

His attempt at resolution of this inner tension appears to be an adoption of a rebellious attitude. He constructs himself as emotionally detached ('not bothered'), needing to escape (having to 'get lost'), a rebel ('doing my own thing'). Although he adopts the emotionally passive position of 'not bothered', he also presents himself as a rebel. It may be that by being unable to find an acceptable identity position through school work, as previously, he is attempting to find one through rebellious behaviour. This parallels McDonald's work (1997) where adolescent boys seemed to draw upon a discourse of 'reputation and enhancement' to locate an acceptable masculine identity position.

David's story extends across three narratives, within which are emergent themes 'becoming too involved in relationships', 'suicide as problem resolution', 'expectations of self and others', 'pressure', and 'doing my own thing'. From this narrative analysis, David's distress appears located within the themes of 'becoming too involved in relationships' and 'expectations of self and others'. He describes his distress using tropes, and frequently positions himself as emotionally detached. He occupies multiple and sometimes contradictory subject positions throughout his story, including emotionally detached, emotional, a high achiever, a failure, and a rebel.

Box 2.3 Narrative 3: 'Doing my own thing'

Abstract

209 R: Was there anything else do you think?

211 D: The fact that all the teacher's

212 were always telling my parents that

213 I was doing well

214 and I did have the potential to do well

Setting/Orientation

216 I got to a difficult patch

217 where I couldn't see

Initiating Event/Complicating Action

218 no matter how hard I tried,

219 it just didn't seem to get anywhere

Internal Response/Complicating Action

220 so in the end I said look just forget it

222 don't do as much work

223 just slow down

225 and then me parents couldn't understand

226 that everything was going downhill

239 cos I thought

240 'Oh no I've got to do well here I've got to'

246 I felt

249 I'd let them down

252 I got to a stage where I wasn't bothered about life

Resolution

253 it was just 'do whatever you want David'

254 it was a bit of a daredevil stage

Reaction/Evaluation

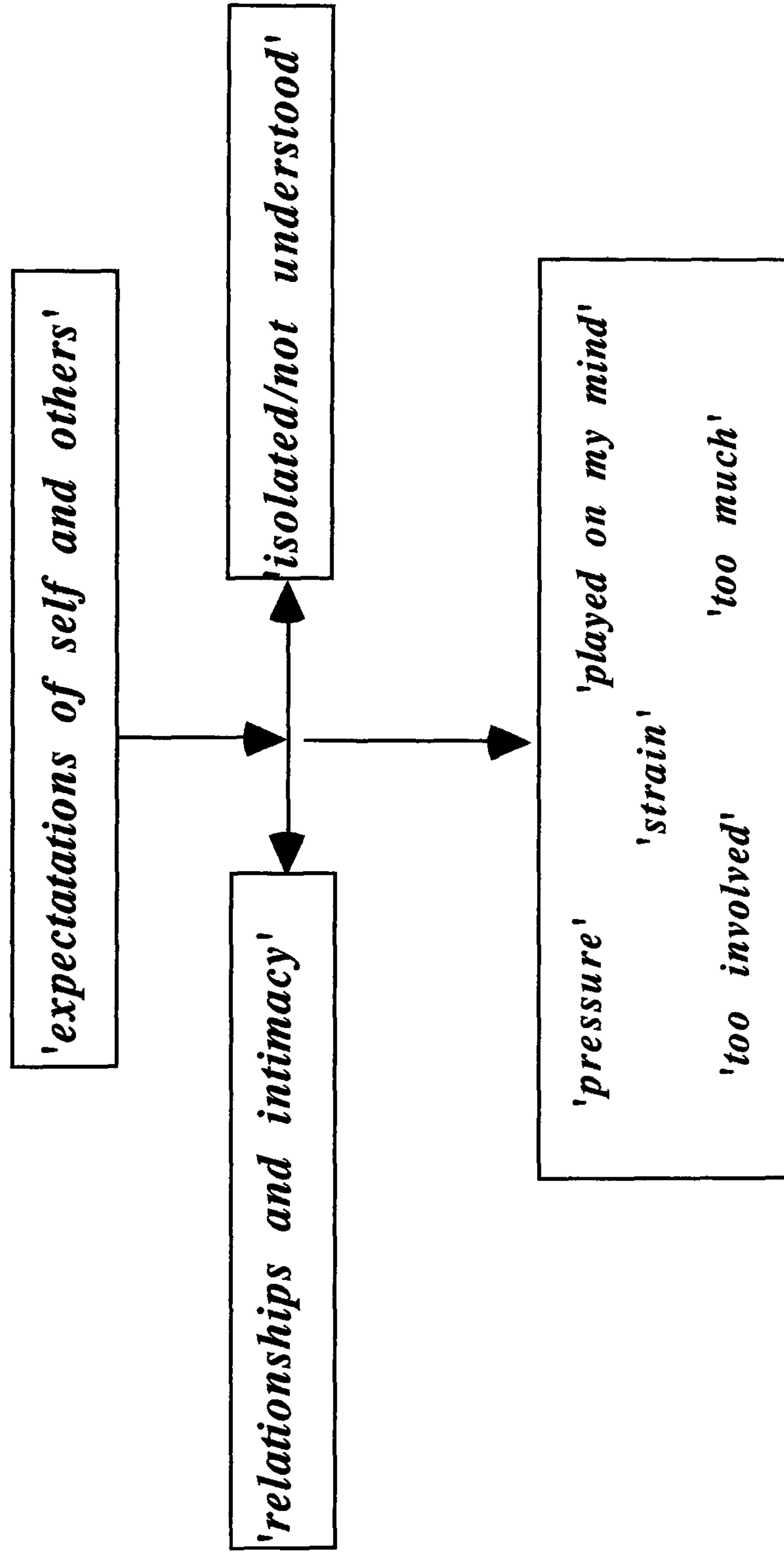
257 I just wasn't bothered

258 I just had to get lost.

261 I'd given up on school

262 I was just doing my own thing.

FIGURE 2: SCHEMATIC REPRESENTATION OF MAIN NARRATIVE TENSIONS
IN DAVID'S TALK



Thematic Analysis

A schematic representation of the main recurring themes in David's talk, and the apparent tensions between them is shown in Figure 2. The themes of 'relationships and intimacy' and 'self as not understood/isolated' appear opposed suggesting that the pattern of David's talk seems to form a wider story concerning the dilemma of trying to position himself within relationships. Interfacing with these is the theme of 'expectations of others and self'. It is at this interface that David's distress is located.

By considering the complexities of David's talk it becomes apparent that he is attempting to resolve dilemmas of changing relationships, and locate himself as a relational being at a time of changing societal and cultural expectations of his behaviour.

'Relationships and Intimacy' versus 'Self as isolated/not understood'

At the time of his 'giving up' on school and his attempted suicide, David positions himself as both 'not understood' by others and 'too involved' with Julie. The phrase 'too involved' suggests issues of dependency and intimacy in relationships which clinical psychologists such as Frosh (1993), theorising from a psychoanalytical framework, have argued are often threatening and difficult for boys and men. Dominant masculine ideals within society and culture idealise independence, and lack of emotion in men, reflecting the struggle away from oneness with the mother. In the following extract David recalls how his relationship with his older brother changed.

Extract 1

R: What about your brothers, what was their reaction when you started to do this?

D: I dunno, cos I used to be close to my brothers cos me and my elder brother used to share a room, but my parents decided that we shouldn't share a room anymore, we needed our own space once we got into the secondary school. So from then, since we weren't, you know, talking to each other at night and that, our relationship with my brother's gone (10) not gone totally, but it's not as close as it used to be (9) it's just the same now as the relationship with the rest of the family.[**R:** Right] and er I mean when he found out that I'd {attempted suicide} he wouldn't talk to me, my older brother (6) he came in to see me once and he just sat there reading my magazines you know (8)

R: What was that like for you?

D: I just try to get on, cos its his opinion, you know. Cos none of my family understood or do understand (.) what's going on inside my head.

As he constructs his account David moves from a position of closeness with his older brother to a position of isolation from the whole family. He described how he and his brother had been 'close' and used to share a room, which gave them the opportunity to talk. After they were given their own rooms their relationship changed and David's brother became like his other family members. David states that none of his family understood his situation, either before the suicide attempt or now. However, he is not only isolated, but also appears resigned to the inevitability of the situation ('I just try to get on'), again adopting an emotionally detached position (Box 2.3).

The separation occurred at a time when both boys were likely to be nearing puberty. Although the researcher did not explore this with David, the physical and emotional separations may partly reflect both the parent's and the boys' fear of same-sex experimentation in a culture of traditional,

prevailing masculinities and fear of homosexuality (Nayak and Kehily 1996, Epstein, 1997)

Concurrent with his changing relationship with his brother David recalls a change in his relationship with his father. Whereas previously he had idolised him, he now felt that his father was pushing him away, unable to understand him.

Extract 3

R: What do you think it means to you that the relationship between you and your dad's changed?

D: It's important to me but (.) it's not really. I mean it's not me who's losing a dad it's him losing a son, that's the way I look at it. (.) Cos he's the one the other day getting, not aggressive, but swearing and saying things like 'you don't care about the rest of the family and that'. But it wasn't the case, you know it's him that's pushing me away (7). I, well, that's how I look at it, he reckons that I push him away by doing all the things that I've being doing and that but he doesn't understand (11)

R: Would you like your dad to understand what's going on for you?

D: It's impossible cos he's never been at that stage in his life basically where he's felt the need to act like I've done (6).

R: What in trying to kill himself?

D: yeah, he's never (.) well (.) he's never, you know, he's always been able to think around it, he's always been thinking there's a better way than this (5) he's not going to understand even though he's told me, he's told me straight 'I'm not going to understand this one David'. (4).

R: What does that feel like for you?

D: I understand that (.) you know I understand no one's going to understand unless they've tried it themselves, like Julie.

Here, David states that it is impossible for his father to understand his position. Furthermore, the only people who could understand are those who have tried it themselves, such as Julie. He locates himself as isolated, as in other areas of his talk (extract 1). His dilemma is how to connect with and relate to others, experiencing closeness in relationships as he has previously with his brother and father. In the following extracts it seems that his alternative to being isolated is to overwhelm others with his distress.

In the following extract David is asked whether he would be able to tell his friends why he had attempted suicide.

Extract 5

D: I don't think I could tell my friends, cos its a bit too much really isn't it if you start to (.) it's ok to discuss it with people who aren't linked to you emotionally but your friends and that, you know they care for you (5) it's ok coming here you know and openly talking about it cos you haven't got to think about 'if I tell this person will they tell someone else'.

R: Is that what you think, if you did talk to your friends, is that what would happen?

D: I think it would be erm (.) I'd be saying something to them and then they'd have it on their mind and they'd have to tell someone else and in the end it would just go round everyone

David's concern is that his friends are linked to him emotionally and would have to disclose his story to others since they would 'have it on their mind'. This is similar to David's metaphor in his initial narrative

(Box 2.1) where he describes how Julie's problems 'played on' his mind. It appears that David is identifying with their possible experience on the basis of his past experiences with Julie.

Extract 6

R: Would you like to be able to? {talk to them}

D: No cos I don't want to put them under all the *strain*.

R: Right (.) the strain of (.) [would that be...]

D: [the strain of] understanding, no not understanding but knowing something and knowing you can't do something about it, it would be quite a lot to ask, cos they're all still growing up the same as me (5) they haven't had the experiences what I've had, they're not going to understand.

R: So you see it as a strain?

D: It would be putting pressure on them and erm (.) you know if they acted in that way because of the pressure it would be difficult to live with wouldn't it?

David uses the tropes 'strain' and 'pressure' as he attempts to describe how his friends would respond to hearing about his suicide attempt. The metaphors imply an intense, continuous force of emotion. He fears that, like him, (Box 2.1) they would be unable to cope with their emotions and would attempt suicide.

David adopts a relational perspective in his talk (Gilligan, 1987). He is aware of his friends' feelings for him and also of the possible effects on them of hearing his distress. Yet he projects his own experiences of distress onto them, not considering the possibility of alternative feelings and responses from them. He therefore positions himself as isolated, because of the perceived consequences of disclosure.

By locating himself as either isolated or 'too involved', David is at the opposite poles of the themes of 'relationships and intimacy' and 'self as isolated'. He seems unable to find an alternative subject position, balancing intimacy and self as understood because of his projection of his experiences of distress onto others. Clues to why he projects distress in this way are found in his talk about relationship with Julie. For David, understanding another person is linked to feeling their pain and distress.

The researcher asks David to talk about understanding Julie's problems.

Extract 7

R: What would it mean, when you say you understood Julie, you understood her pain and her difficulties, how do you feel about that, how can you explain that?

D: Well basically I understood because when she said things to me, like she cuts herself. Well it's not my problem but I'd go away and do it to see if she'd feel the same way when I did it. And then, I only did it once, but I did try it to see.

David's response to hearing Julie's distress was to copy her cutting behaviour. She inflicted pain upon herself and he inflicted pain on himself. His motive was to see if she experienced the same feelings he did when she told him she had been cutting herself.

These passages indicate that David is struggling to negotiate a subject position within relationships. However, the alternatives he presents in his talk are that people are either isolated and not understood or overwhelmed by the other in the relationship, paralleling object-relations interpretations of masculinity (Hollway, 1984, Frosh, 1993). By precluding the possibility of alternative positions, David is located in a difficult position. He is either alone, with no expectation of the closeness he has previously experienced, or he is overcome by another person's emotions. He describes the intensity of his distress as 'pressure', a continuous force from which he needs to find a way out. He attempts to resolve his distress by attempting to commit suicide.

Whilst talking to the researcher about Julie's cutting behaviour, David states it is not the 'same value' as his attempted suicide.

Extract 8

R: It's not of the same value?

D: It doesn't seem to (.) you know when you're killing yourself you feel like, happy, like you don't have to face your problems anymore, but why cut yourself (.) I know why they do it cos I've read all the articles, but for me it's not the same. I knew that after I cut myself the problem would still be there, but yet if I killed myself, the problems would still be there, but I wouldn't.

By comparing the 'values' of cutting and a suicide attempt, David presents his behaviour as an act of worth, something that has a purpose. Its value lies in not having to 'face your problems anymore'. If he cut himself his problems would still be there, but if he killed himself, his problems would be there but he would not. David locates the problem outside himself introducing a contradiction to his initial story (Box 2.1) where he presented his suicide attempt as a rational and practical response to his distress. A pertinent question might be, 'what is rational or practical about killing yourself, when you are not the problem?' It allows David to escape, a frequent explanation given for attempted suicide (Hawton, 1986). But by presenting it as rational, David also rejects the emotional subject position which appears so problematic for him.

Summary

David begins his story with a narrative of suicide as a way of sorting out his problems. He glosses over his distress, locating some of it within his friend Julie. Main themes emerge throughout the interviews of 'self as isolated/not understood', 'relationships and intimacy' and 'expectations of self and others'. David's talk about distress is mainly located at the interface between these themes. His speech implies both a tremendous,

overwhelming force of emotion, with tropes such as 'pressure', and 'strain', 'it all got too much', and emotional detachment, 'I just wasn't bothered', 'I just had to get lost'.

Although David experiences distress at the interface of 'expectations of self and others' and 'self as isolated/not understood', his main struggle appears to be between the subject positions of self as isolated and self as overwhelmed by others' distress. Indeed, it is here that he locates his suicidal behaviour. For David, his emotional investment is in the subject position of 'self as isolated'. By adopting this position he can stop others experiencing distress, as he did in his relationship with Julie. Yet such a position is difficult for him. He has previously experienced close relationships, for example with his brother and father. He adopts a subject position where his suicide is presented as a rational response to overwhelming distress. By doing so, he further hides his emotional distress under a rational masculine identity.

PARTICIPANT THREE - ANDREW

Background

Andrew is a fourteen year old boy who was referred to the unit by a social worker at a district child and family service. His ICD-10 diagnosis on admission was unsocialised disorder of conduct. He had been attending the unit for approximately four weeks at the time of the first interview.

Andrew is an only child from a working class background. He lives at home with his mother. His parents divorced when he was a baby. He has limited contact with his father and Andrew reported the relationship as acrimonious. The initial assessment report for Andrew noted a progressive and long-standing history of problem behaviour, starting at around age 5 years. Andrew found secondary school particularly difficult and was perceived by teachers as 'disruptive'. He had been physically and verbally aggressive towards his mother. He routinely used marijuana and alcohol. He had received police cautions because of threatening and fire setting behaviours. He had been excluded from school on two occasions. Before admission to the unit his mother had seen a local social worker and expressed her concerns about Andrew's behaviours.

The staff at the unit perceived Andrew to be a composed and articulate boy. He appeared highly motivated to look at the difficulties in his relationship with his mother and how he managed his anger.

Andrew's Story

The researcher experienced some difficulty engaging with Andrew. He presented a more 'episodic' approach to talking about his problems. However, on a number of occasions he would reflect on the stories he was telling in the interviews and the meaning of them for him. He also had a strong sense of irony.

There was a period of about one month between the first and second interviews because Andrew was given prolonged time away from the unit for aggressive behaviour. In the second interview he refused to discuss any of the issues raised in the first and appeared angry. His manner may

have been influenced by a meeting the previous day at which the researcher had been present in a clinical capacity. During this he was told he would have to return to school on leaving the unit. He had been adamant that he would not return.

Andrew's story was told in episodic form throughout the interviews. He talked in fairly general terms about being 'naughty', 'not fitting in', 'fighting' and making his mother feel 'dead frightened'. The structure of his talk was such that it was often difficult to place within Labov's narrative analytical framework. Consequently, full transcripts of Andrew's talk about specific areas are provided.

Box 3.1 shows Andrew's initial narrative of why he was admitted to the adolescent unit.

Andrew's account is one where themes of naughtiness, authority and 'proper' selves emerge. His immediate response to the researcher is to describe himself as 'naughty' (line 002). He locates the problem within himself. Yet the effect of using the word 'naughty' is to gloss over his history of violence and the implications of some of his behaviour, by introducing the implicit subject position of a child within a child-adult relationship. Thus, he has diminished responsibility for his actions. Having had prior clinical contact with the researcher, Andrew may have wished to present himself in a more favourable light, as well as protecting himself from anxieties associated with considering the effect of his behaviour on others. For example, reflecting upon his later example of bad behaviour, there are potential life-threatening consequences to locking someone in a room during a real fire.

As the narrative proceeds, Andrew redefines 'naughty' as 'badly behaved' (line 006). He contrasts his behaviour in the context of two systems of authority, the adolescent unit and his school (lines 006-025). At school the consequence of his behaviour was admission to the unit (line 028-029) whilst within the unit, he is sent home if he misbehaves (lines 007-009). From his perspective, time away from the unit is foolish because staff do not see what he is really like (lines 011-013). Although the statement is that what Andrew is 'properly like' is 'pretty bad', he places his badness within the context of having lessons with a 'pushover teacher' (lines 013-

Box 3.1. Episode 1: 'Cos I was naughty'

001 **R:** Why do you think you came to be here, how do you see it?

002 **A:** Cos I was naughty

003 **R:** What's naughty mean?

004 **A:** naughty {ironic intonation} (laughs)

005 **R:** Give me an example

006 **A:** Badly behaved

007 well I have to behave here though

008 because if I don't

009 I just get sent home

010 I think that's stupid

011 because they're not seeing

012 how I properly am like

013 but I really am pretty bad

014 especially if I'm having a lesson with

015 like a pushover teacher

016 **R:** Right, what would happen then?

017 **A:** Just really naughty

018 impolite

019 you know what I mean

020 er you know just getting like really annoying

021 stuff like trying to lock her in

022 when the fire alarm went off

023 and stuff went off

024 **R:** You've done that here, since you've been here?

025 **A:** No

026 **R:** No, that was when?

027 **A:** [name of school]

028 just stuff like that,

029 that's what got me here

030 in here

031 I just don't feel like

032 I fit in

033 enough at school

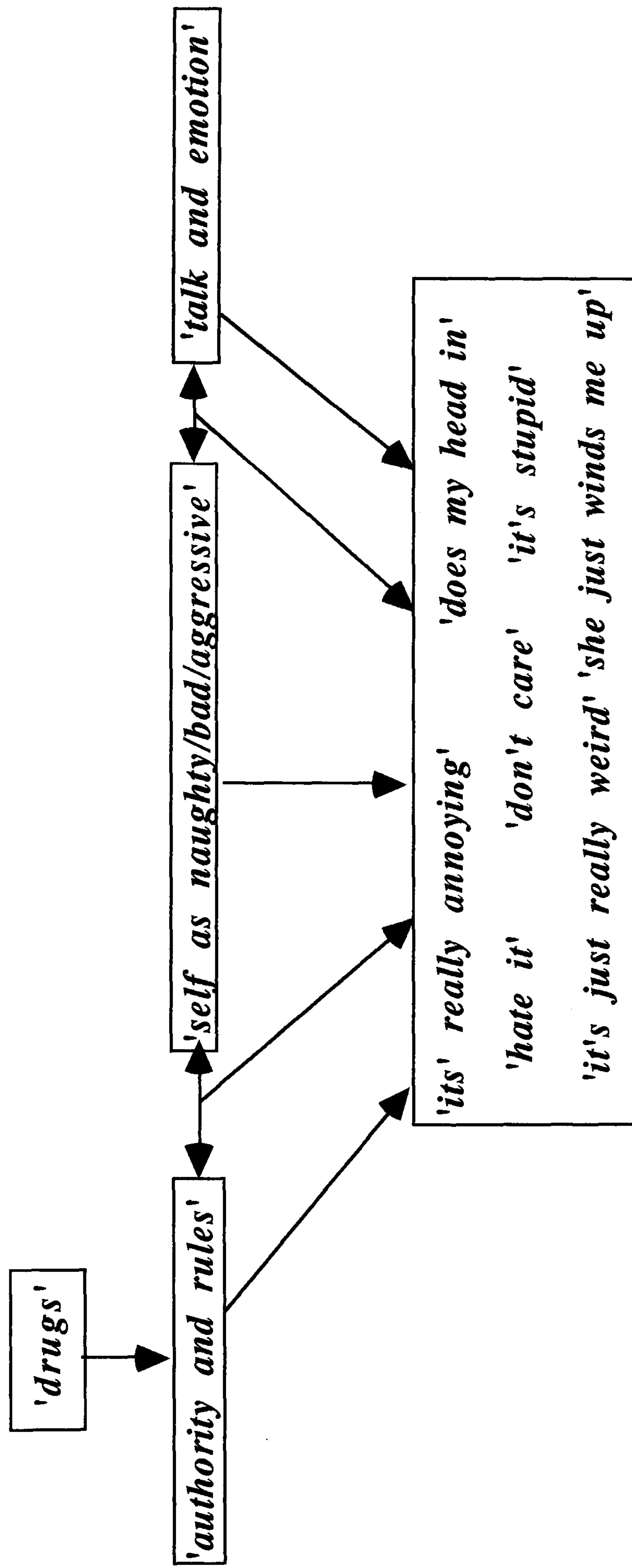
034 and stuff like that

035 I just feel that

036 I fit in here more than that

015), thus suggesting it is limited to particular situations. In such situations, Andrew appears to challenge the teachers' authority and he refers to a specific incident where he locked a teacher in a classroom during a fire alarm (lines 017-023). The use of the term 'pushover teacher' suggests a lack of control by an authority figure and it may be that Andrew views his behaviour as justified in such circumstances. Although he misbehaved and did not 'fit in' at school (031-033), he believes he 'fits in' more at the unit, where people do not see his true character (035-036). One reading of this part of his narrative is that he is not constrained to the particular subject positioning of naughty by peers and adults at the unit. In other parts of the interview Andrew seems angry when he perceives staff to be seeing him in that position.

FIGURE 3: SCHEMATIC REPRESENTATION OF MAIN NARRATIVE TENSIONS
IN ANDREW'S TALK



Thematic Analysis

Themes present within Andrew's initial narrative, 'self as naughty/badly behaved', 'authority' and a 'proper self' recurred throughout Andrew's talk. A schematic representation of the main themes in Andrew's talk is shown in Figure 3. This suggests that the theme of 'self as naughty/bad/aggressive' was one in which Andrew struggled to position himself with respect to authority figures. Certainly, within Andrew's initial narrative there appeared fissures in his presentation of self, switching between being naughty and badly behaved, and fitting in more when he wasn't showing his 'proper' self. He seems apparently unable to reconcile his past threatening and potentially dangerous behaviour with the subject position of 'naughty'. These contradictions suggest that emotions may be located at the interface of these themes.

By exploring Andrew's subject positioning within two themes, 'self as naughty/bad/aggressive', and 'talk and emotions', the researcher shows how Andrew attempts to find a suitable identity position.

'Self as naughty/bad/aggressive'

As Andrew contrasted his behaviour at the unit and at school, he suggested that staff did not see what he was like. The researcher explored this with him.

Extract 1

R: What you said was that 'people don't see what I'm really like', what do you mean by that?

A: Well, everyone's got problems, you just have to put them down a lot so you can stay in here. But if I look at when I go to school, I'm bored mostly whenever we have to have to have work with adding up and I don't want that, cos I have to behave here, they'll see how I'll probably be, won't they, that's what happens.

Andrew places his problems in the context of other people. Everyone has problems, yet they have to be repressed to stay in the unit. The

implication is that he has to repress his problems to stay in the unit. For him this means behaving appropriately. If he is verbally or physically aggressive he is given time away. This is one of paradoxes of working clinically with young people who have difficulties with externalised aggressive behaviour. Often presenting with longstanding histories of extreme difficulties with obeying rules and working effectively within authority structures (Loeber, 1990, Rutter, 1985), clinical intervention in adolescent units is based on their conforming to specific regimes. The consequence of not conforming, which is equivalent to showing the problem, is to be given time away, or have the intervention removed. Conversely, young people with affective disorders are not excluded from interventions because they are obviously anxious or depressed. There is a sense of injustice from Andrew, which recurs at another point in his interview (not included). This may be especially hard for him, since he locates the problem within himself. Andrew is apprehensive that if he becomes bored during maths lessons at the school unit, staff will see what he is like. The implication is that he will behave badly and challenge the authority of the teacher in the class. His not wanting staff to see his bad behaviour, suggests he is unhappy with some of his behaviour and the consequences of it.

Extract 2

R: It sounds that you behave in quite different ways at different times...

A: yeah

R: So we do see some of how you behave but it seems to be that, if you like, the naughty side of you, you feel that we don't see that here?

A: mmm, yeah, that's right (.)

R: So do you feel then that there are like two sides to you?

A: Definitely, in fact I would say there were three.

R: Three (.) what's the third side?

A: Erm, just like (.) I can be dead naughty and I can just be dead aggressive and I can just be like normal.

The researcher presents the possibility that Andrew has two sides, one of which is the 'naughty' side. He sees himself as having three sides, one 'dead naughty', one 'dead aggressive', and one 'like normal'. The use of the 'dead' metaphor emphasises the extremes of his behaviour and contrasts them against the third, where he can 'just be like normal'. Hints that viewing himself as aggressive was problematic for Andrew were found in his initial narrative (Box 3.1), where he glossed over his aggressive history. By presenting 'naughty' and 'aggressive' as different sides and extremes compared against a norm, Andrew struggles to come to terms with the contradictions and inconsistencies in self that his behaviour and his reflection upon it introduces.

Extract 3

R: Are you saying that there's one side you'd like to get rid of, or would you like to be able to?

A: [Just one side, yes]

R: That's the naughty side you'd like to...?

A: [Get rid of that (.) you know like fighting]

Andrew would like to get rid of the side that included fighting. It appears it is his physically aggressive behaviour that he finds most difficult to resolve. Within a later section of the interview he links fighting to aggression and his emotions about his behaviour become more explicit. The narrative is elicited when the researcher asks him what was good about being a teenager.

Extract 4

R: Is there anything about when you became a teenager that was good, or what was good about it?

A: Well I've just got worse haven't I? I thought 'oh I'll be able to go out and get drunk with me mates' and it's just wrecked everything'

For Andrew becoming a teenager was not a good experience. His language has a different quality to that of his initial narrative of being 'naughty', conveying potent images of 'self' deterioration and destruction. He has become 'worse' since he became a teenager. His fantasy of being able to go out with friends and get drunk, which he presumably lived out, had 'wrecked everything'. The reasons seem located in the effect of his behaviour on his mother.

Extract 5

A: Cos me mum's not very big, she's only about up to there {demonstrates chest height}, and when I'm drunk I'm staggering around the house, she feels dead frightened by me cos I'm big. I'd never hit her or anything, but you know, I'm stumbling away, and I get quite aggressive as well, and I'll be moaning or something, about something that had happened during the night and she'll just think I'm taking it out on her, she'll think I'm going to stand on her or something and I'm not. So that's why, cos of the fighting, I don't drink any more.

Andrew constructs his account around themes of drinking, aggression, and being a source of fear to his mother. When he is drunk his size and staggering frightens his mother to such an extent that she fears he will be physically aggressive towards her. Andrew admits he is aggressive but denies that he would hit his mother. This contrasts with his assessment report which noted that he had used physical aggression towards his mother on a number of occasions (see Background section). Andrew's self-characterisation within this narrative puts limits on his aggression which he knows he has already transgressed. Although, this may, in part reflect a desire to present himself in a more acceptable way to the researcher, it also seems linked to Andrew's own concern about his aggressive behaviour and his struggle to find another subject position (extracts 3, 4). In this extract he locates himself as 'aggressive', an identity position implying intent and intimidation, contrasting with the childlike position of 'naughty' (Box 3.1). The polarity of the positions

suggest a fracturing of his self-identity with him finding it hard to locate an alternative which will bridge the two opposing positions.

The struggle for Andrew to locate his aggressive behaviour in a way that is acceptable to him appears, in part, embedded in the social context in which it arose.

Extract 6

R: Thinking back can you see how it started or not? (being naughty)

A: {Nods}

R: You can? How did it start?

A: I got picked on (.) people started picking and taking the mickey out of me, so in the end I started taking the mickey out of them and there you go.

R: And that helped?

A: Yeah, cos nobody, sort of, when you're naughty and that lot, people sort of back off a bit.

Andrew's 'naughtiness' arose at secondary school when people began to pick on him and tease him. He retaliated by teasing them. As with his initial narrative his language plays down aggressive elements in the situation. It took some time ('in the end') before he was provoked into responding. He also couches the account of others and his own behaviour, in the language of teasing, using the term 'taking the mickey'. Yet his statement 'when you're naughty... people sort of back off a bit', suggests that not only was there a degree of intimidation towards others by the way he behaved, but that he himself felt threatened by others. His 'naughty' behaviour is constructed as a way of defending himself. Yet there may be other elements, influencing his accounts. Andrew describes how he enjoyed being 'naughty'.

Extract 7

A: Just naughty, I liked being naughty.

R: You liked being naughty?

A: Yeah, (.) I had nothing else to do, people were telling me, Oh you're just finding a way of getting out of work and that, but it wasn't (.).

By being 'naughty' Andrew provided himself with an activity he enjoyed. It occurred when he was bored (see extract 1). This, together with his denial that it was a way of escaping work has similarities to the gendered cultural discourse of 'men as workers'. Willot and Green (1997) noted specific discursive patterns in unemployed working class men which contrasted 'men as breadwinners' against 'idle, unemployed' men. It may be that some of Andrew's talk about the activity his 'naughtiness' provided is a rejection of laziness, paralleling these patterns which occur within his cultural context (see extract 1).

Andrew's distress as he struggles to overcome the inconsistencies in self posed by the contrasting extreme positions of 'self as naughty' and 'self as aggressive', emerges further as he considers the future.

Extract 8

R: Do you see it ending, this naughtiness?

A: No

R: How does that feel then when you look at that?

A: I dunno (.) it just gets me stressed out cos me mum gets upset. {R: mm} I don't really like it either.(5)

He cannot see his naughtiness ending, and finds considering the fact that it may not stop stressful. He presents some of his distress in terms of his mother's distress (Hollway, 1984), yet also owns it. He does not like the thought of his 'naughtiness' continuing.

Fissures appear in Andrew's accounts of his behaviour as he attempts to position himself as either 'naughty' or 'aggressive'. He speaks of these positions as representing 'sides' of himself, suggesting either one or the other is present at any one time. Yet he plays down the aggression, and

emphasises the 'naughtiness' of his behaviour, diminishing responsibility for his actions. His emotional investment in behaviour that is intimidating to others appears embedded in experiences of self-defence (extract 6), cultural concepts of useful activity (extract 7) and justifiable challenges to authority (Box 3.1). Positioning himself as aggressive is clearly problematic and seems linked to emotional distress (extract 5, 8), particularly when this is linked to his mother. Andrew had a close relationship with his mother. He had been brought up by her, describing her as 'the opposite' of his father, whom he had no respect for. By continuing to position himself as 'naughty' Andrew can protect himself from the emotional distress associated with positioning himself as an aggressor, a potential aggressor to his mother (extract 5) and the consequences of his behaviour. Yet as he talks about being 'naughty', associated emotions begin to emerge. Although he partly explains his distress by referring to how unhappy his mother is, he admits that he also is unhappy.

Further indications of the difficulties Andrew has with positioning himself within different contexts are found in another main theme identified in his interviews: 'talk and emotions'.

'Talk and emotions'

Throughout the interviews Andrew explicitly links talking about himself and his difficulties with emotions.

Extract 9

R: Is there anything about the place that has been useful for you?

A: No {laughs}. (.) yeah (.) talking to Mike (male nurse) has been the only decent thing around here. I've only talked to him twice {R: mmm} (.) I don't like talking to me named nurse cos she just winds me up. I just hate it, I hate talking to her. The way she talks and the way she acts just winds me up and she digs deeper and I'll say something and she'll always assume the worst and she'll dig deeper and deeper and she'll try and pin stuff on you

and you'd think she was on your side but she's not (.) I hate her (.) In fact I don't know anyone who likes having sessions with her (6).

In general, Andrew does not view the unit as having been a useful experience for him. However, he has found it valuable to talk with a particular male nurse. He contrasts this with the experience of talking to his named nurse. These sessions take place in the unit at least twice a week. Andrew describes these sessions using 'hate' as a focal emotion. He uses powerful metaphors to convey how he experiences the relationship. She 'winds him up', 'digs deeper', and 'assumes the worst'. These tropes imply provocation of intense feelings, intrusion into his privacy and pre-judgment of him. He further implies that she is trying to get him into trouble. Andrew positions her as oppositional to him, 'you'd think she was on your side, but she's not'. This links with another main theme in his talk, concerning authority (see Box 3.1). Research indicates that adolescents with conduct problems frequently perceive authority figures as interfering and unfairly punitive (Somers-Flanagan and Somers-Flanagan, 1995). Yet for Andrew, the experience does not appear either interfering or punitive but personally intrusive. Comparing with previous extracts, (2, 3) It seems possible that Andrew's named nurse confronts him with accounts of his behaviour which position him as aggressive rather than naughty, reflecting his contradictory polarised subject positions (extract 8) His sessions with Mike did not have this intrusive quality.

Extract 10

R: When you talk to Mike do you find that useful?

A: Yeah, I feel like I've got a huge weight off my shoulders. When I talk to Mary I just get depressed, cos she'll bring things out that'll depress me but Mike won't, he'll bring me back up as he talks about stuff things in a happier way, makes me happier and happier but Mary she just brings me lower and lower and I just walk off feeling like there's a cloud over me, she's just not helping, she's making it worse.

Andrew's experience of talking to Mike is again contrasted with talking to Mary. When talking with Mary she seems to force him to look at things which he finds depressing. He uses the term 'bring things out', again suggesting an intrusion from her (extract 9) and a reluctance from him to consider them. This may be a defence against the problem of positioning himself as aggressive and the accompanying emotions. Yet he notices a different quality about Mike's way of talking. Mike 'talks about stuff in a happier way', which in turn makes Andrew 'happier'. Although the researcher did not ask Andrew specific questions about the content of sessions with the two nurses, she was aware from attending clinical review meetings that different emphases were placed on the interactions. Mary had been requested to be more challenging and confrontational, speaking to Andrew about his drug abuse and the effects of his physical and verbal aggression within the unit. Mike had been asked to provide more of a 'role' model figure to Andrew. This further supports the idea that Andrew found positioning himself as aggressive problematic and emotionally distressing. He views it as threatening and intrusive. By presenting a more accepting figure, Mike might have begun to make Andrew aware of alternative positionings of self. Andrew's response to the interviewer in the second interview, when he was reluctant to answer more specific questions about the meaning of concepts such as 'fitting in', and his conflict with his father, also support this argument.

Summary

Andrew's initial story was structured around themes of 'self as naughty' and 'authority'. Andrew often took up this position as he attempted to locate himself within the theme of 'self as naughty/bad/aggressive'. As he positioned himself as the problem, he also positioned himself as both naughty and aggressive. The positioning as aggressive appeared especially problematic for him, with implications of possible aggression towards his mother. He seems especially sensitive to other's locating him in this position. As he reconstructs his stories of his past experiences, Andrew's emotional investment appears to be in the position of 'naughty'.

Andrew's clinical history highlight important clinical issues with working with young men with conduct problems. A key point appears to be creating just right amount of tension and accompanying emotion within

the client's narrative, thereby introducing multiple possibilities for change rather than, for example, the fixed position of aggression. Yet it is also necessary to introduce extreme positionings if a young person's location within their narrative is fairly fixed and defends against looking at or altering their aggressive behaviour. This is likely to be particularly important when the young person is just beginning to adopt a new subject position within a narrative theme.

PARTICIPANT FOUR: GARETH

Background

Gareth was sixteen years old at the time of interview. He was referred to the unit by a consultant child and adolescent psychiatrist working for a district child and adolescent psychiatric service. His ICD-10 diagnosis at the time of admission was mixed anxiety and depressive disorder. On admission he had not attended school for seven months. Gareth had attended the unit as a day-patient for eight months prior to being asked to take part in the research.

Gareth came from a working-class background. He lived at home with his adoptive mother. His assessment history notes that he suffered from temper tantrums as a youngster and was still moody with his mother. He has 'always' had problems with self-esteem and had a history of being bullied.

The assessment report noted that Gareth was very motivated to sort out his problems and was able to verbalise his unhappiness generally and dissatisfaction at his own lack of self-confidence and self-esteem.

Gareth's Story

Gareth readily agreed to take part in the study. He participated in two interviews which took place within one week of each other. The researcher found Gareth very easy to engage in the interview process. This appeared in part a consequence of his reflective style. He would often spontaneously reflect upon his feelings and thoughts about particular situations. Although his story was one of having experienced great trauma and distress, he was visibly distressed on only one occasion, when he spoke about missing his grandfather.

In response to being asked how he came to be in the adolescent unit Gareth told a story which extended over three narratives. In the first, shown in Box 4.1, he speaks of being isolated and bullied and having to leave school. Towards the end of this narrative, as he evaluates it, Gareth indicates that other stories are to be told, ones of the loss of people he loved, and aggression from males.

Box 3.1 Narrative 1: 'I think that's all affected me a bit'**Abstract**

P37 001 R: Can you tell me a bit about how you came to be in here,
and why you are in here? [adolescent unit]

Setting/Orientation

P38 003 since I've been in school
004 I've been bullied
005 From primary school
006 I was really alienated
007 and antisocial
008 and didn't have much friends
009 if I did I was bullied by them
010 so I just lived with it

Initiating Event/Complicating Action

012 the second year in high school,
015 it really got bad, the bullying,
018 I just took it,
019 I didn't say nothing to the teachers
020 And one
021 got a rock
022 and he punched me with that
023 and I got infected in the eye
025 I went to a disco one night
026 and I didn't really want to go
030 the lad who beat me up came in
032 he goes 'do you want a fight'
033 I said no
034 one of my friends stirred for me
035 and said that I'd been saying stuff about him
036 and that I wanted a fight
037 I ran out to go home
038 he came out drunk
039 and he punched us
040 and kicked us
042 I got a psychiatrist then,

043 cos I wasn't going out or nothing
044 I went back after about a month .
046 and the lad who beat me up
047 put my clothes in the shower
048 and I had to go home with them wet

Internal Response/Complicating Action

049 and that was like the last straw for me
053 after I went back
054 I wasn't focused
055 or concentrating on the work or nothing,
056 cos I was thinking about the lad
057 and I was thinking if he was going to beat me up after school

Resolution

063 I left then for good
064 and I got a home tutor
068 and I had that a couple of months
069 and came to {adolescent unit}

Reaction/Evaluation

072 I think that,
073 before I was bullied really bad,
074 me nan and Grandad died
076 Me mum's husbands
077 they punched
078 and they were a bit aggressive with me,
079 so I think that's all affected me a bit.

Narrative 1: 'I think that's all affected me a bit'

Gareth places the first part of his story within the context of his long history of being bullied and socially isolated from his peers (lines 003-008). Within this, he positions himself as a passive victim ('I just lived with it') who is bullied even by the few friends he makes (lines 006-010). The effect of this is to convey a sense of helplessness and hopelessness about his situation. In the narrative that follows he elaborates upon these themes as he tells of three separate incidents of physical aggression from a male peer at school.

As his bullying worsened (line 015) Gareth emphasises his passivity and lack of retaliation (line 018-019). On one occasion he attempted to run away when challenged to fight (line 037). Although he was apparently being subjected to quite severe aggression and intimidation (lines 020-023, 032, 038-040), he does not speak of being frightened or worried. Yet the psychological consequences for Gareth were serious. He was unable to go out, was off school for a month and had to see a psychiatrist (lines 042-044). When he returned to school he was unable to concentrate, and was preoccupied with the thought of being attacked again (lines 053-057). He left school and eventually was admitted to the adolescent unit (lines 063-069).

In this initial narrative, the themes of aggression, social isolation and passivity are interwoven. For the researcher, Gareth's immediate audience, his emotional distress was glossed over and played down as he presented it in terms of 'not being able to go out', and 'I wasn't focused'. This presentation is continued when, towards the end of his narrative he links his difficulties with the loss of his grandparents and past physical abuse from his mother's partners. His conclusion is, 'so I think that's all affected me a bit'.

In his second narrative (Box 4.2) Gareth talks about the loss of his grandparents.

Box 4.2 Narrative 2: 'Here's the world, get on with it yourself'**Abstract**

P54 001 G: and then after me nan and grandad died
 002 I think I lost confidence totally

Setting/Orientation

004 I stopped with me nan and grandad
 005 for about two years,
 009 me mum didn't want me
 010 seeing her getting beaten up

Initiating Event/Complicating Action

011 me nan went into hospital
 012 and she died
 013 I stayed with me grandad

Internal Response/Complicating Action

015 it was nice
 016 because I was sheltered
 021 there were no worries
 022 as soon as he died
 023 it was like
 024 'here's the world, get on with it yourself'

Resolution

026 I had to click
 027 from living there
 028 to living with me mum

Reaction/Evaluation

029 and that was quite hard
 030 I don't think I've got used to it yet
 031 and I've been there for years now.

Narrative 2: 'Here's the world, get on with it yourself'

Gareth tells a story of losing confidence after the death of his grandparents (lines 001-002). The themes of hopelessness and helplessness, present in his first narrative, recur. This time they are embedded in the context of loss and abandonment. Gareth had to leave the protected environment of his grandparents' home after the death of his grandfather (lines 015-024), and return to his mother who suffered physical violence from her partner. The suddenness of the change, and his apparent feelings of abandonment are reflected in Gareth's stark comparison where one moment he was sheltered from worry (lines 015-021), then suddenly 'here's the world, get on with it yourself' (line 024). This is continued as he speaks of having to 'click' from one environment to the next. The use of the metaphor emphasises a sudden change, which seems not just limited to the physical environment, but applicable also to Gareth. He had to change and adapt to living with his mother. Although Gareth presented the change as sudden and difficult (029-031) he did not explicitly state what was hard about having to adapt to living with his mother, or what worries he was protected from at his grandparents (line 021). It is possible that prior to living with his grandparents, he had also been subjected to violence from his mother's partner. Elsewhere in his narratives he spoke of being hit (Box 4.1, 4.3). The 'worries' he alludes to might be concerned with fear about his mother's and his own safety.

A further point is that Gareth spoke about his grandfather's death in terms of the physical consequences of it, rather than his feelings about it. He communicates a strong sense of abandonment, but does not speak explicitly of how he felt. By doing this he seems to 'distance' himself and the researcher from his feelings. In the second interview, when the researcher talked to him about his grandfather, he became visibly distressed and spoke of how 'he missed him every day'.

Gareth introduces this part of his story by speaking about how he 'lost his confidence totally' (line 002). On one level this suggests a loss of self-reliance and boldness, whilst on another it indicates an overwhelming sense of uncertainty about the world. In the context of loss, disruption and

physical violence, Gareth is uncertain about himself and aware of the unpredictability of the world.

Narrative 3: 'I didn't have any escape'

The final part of Gareth's story is shown in Box 4.3. He recalls an incident where he had a fight with his mother's husband (lines 001-009). The themes of aggression, passivity, helplessness and hopelessness, present in his first narrative emerge. As Gareth speaks of the incident he is placed contradictory subject positions. He is both an aggressor (line 008, 023-025), and the victim of aggression (line 020,027). His becoming involved in the fight contrasts with his non-retaliatory stance towards his bullies (Box 4.1). It appears to be a direct response to seeing his mother hit (line 023), and it is not clear whether it was done impulsively as a consequence of his anger, or to protect his mother from further violence, or both. As he reflected back on the incident Gareth may have been uncomfortable with his response, attempting to reconcile his previous position as a victim of violence (narrative 1) with his own act of aggression. He speaks of 'pushing him a bit', yet with sufficient force to cause him to fall over (line 023-025). Another alternative is that he is protecting himself from potential criticism from the researcher. He openly speaks of his distress at the consequent violence towards him (lines 027-032).

This incident seems to have been especially significant for Gareth, as he links it to becoming aware of the hopelessness and powerlessness of his situation (lines 076-088, 085). His response is emotional detachment and he moves from being worried about himself (line 073) to 'blocking it out' (line 075, 081).

In summary, Gareth's story of his difficulties were told in three main narratives in the first interview. All had a linear, temporal structure which fitted within Labov's analytical framework. Gareth's distress appeared concealed within these narratives, being alluded to rather than explicitly stated as emotions. The main emergent themes were: aggression, social isolation, abandonment, helplessness, hopelessness, passivity and emotional detachment. Within these Gareth took up several, sometimes contradictory, subject positions.

Box 4.3 Narrative 3: 'I didn't have any escape'**Abstract**

P.40 001 G: My dad in Scotland strangled me
 004 and me mum's second husband
 005 he threatened me
 008 we had a fight
 009 I got taken by the police

Setting/Orientation

P42 014 he came in drunk,
 016 he didn't live there
 017 he kicked the door in

Initiating Event/Complicating Action

019 I got in the way
 020 he tried to hit me
 021 he missed me
 022 and he hit me mum
 023 I pushed him a bit
 025 <he> fell over
 026 mum ran out to go to the police
 027 and he started on me,
 032 I was crying

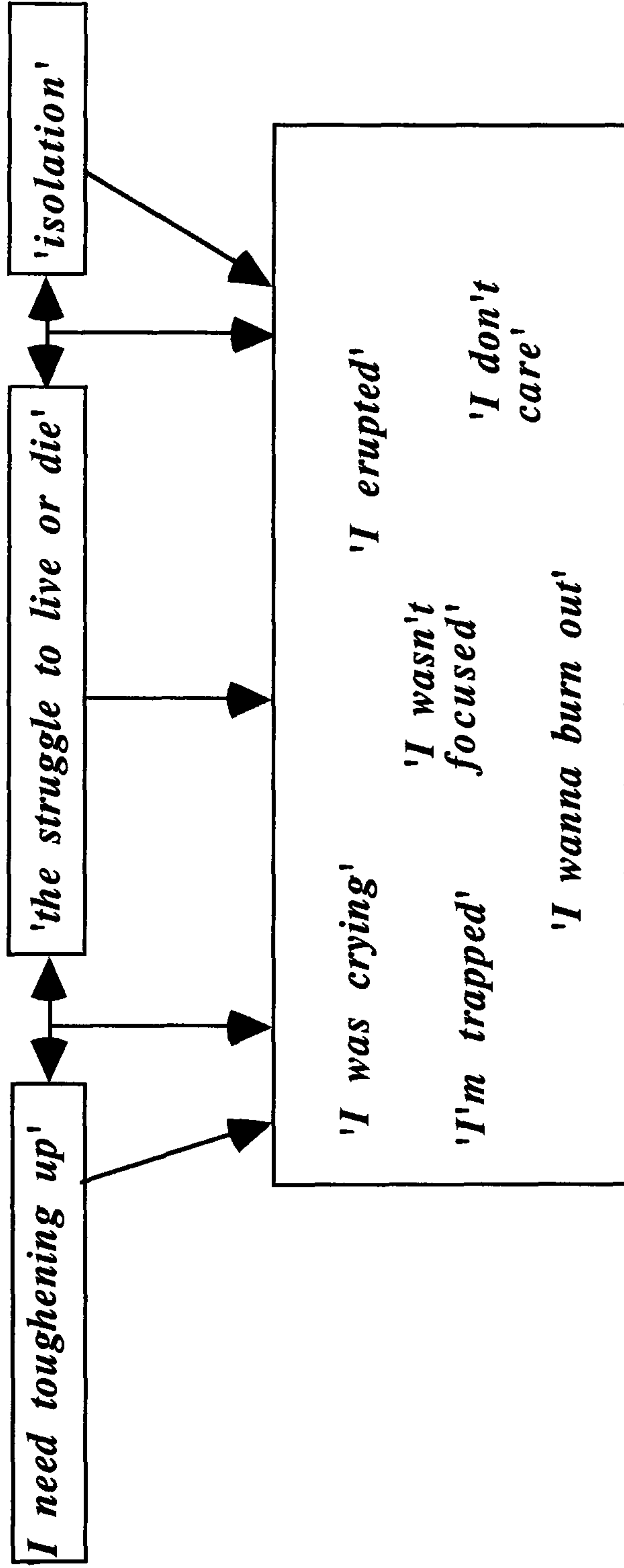
Resolution

036 and the police came
 038 I haven't seen him since.

Reaction/Evaluation

P46 073 I wasn't worried about me anymore,
 075 I was just blocking it out,
 076 I was getting bullied at school
 077 I was getting hassle at home off him
 080 I got used to it,
 081 I just blocked it out
 085 I didn't have any escape

FIGURE 4: SCHEMATIC REPRESENTATION OF MAIN NARRATIVE TENSIONS IN GARETH'S TALK



Thematic Analysis

The themes which emerged in Gareth's initial story recurred in other areas of his talk. They were interwoven in complex and sometimes contradictory ways, yet there appeared to be specific points of tensions between some of them. These are represented schematically in Figure 4. Clusters of tropes and themes are shown in Appendix 7

One of the themes 'isolation: unseen and unheard' appeared to reflect some of the ambiguity and glossing over of Gareth's distress which the researcher had noticed in his initial narratives. By exploring this further it seemed that much of Gareth's distress was linked to his struggle to find a masculine identity that was acceptable to him, given his history of violence from males.

'Isolation: unseen, unheard'

Gareth lived alone with his adoptive mother. Feeling socially alienated from peers early in his school life, this continued until he stopped going out as the bullying worsened. At this time he was unable to talk to people about his difficulties.

Extract 1

G: No (.) I couldn't talk to me mum cos she had other problems really and I didn't want to worry her. And I couldn't talk to me mates cos I didn't really trust them totally (8) there was a bit of doubt in my mind. And I couldn't talk to teachers or anything cos if you do grass, do you know what I mean, you get it worse. {R: Mmm} (5) So I just kept it in and took it everyday and that (.) and that's it really (.) like a mountain, a volcano. I erupted I think, really.

Here Gareth takes up a number of positions which prevent him talking to others about his bullying. He is unable to talk to others about his bullying because either he might worry them, or he is unsure whether to trust them, or he will make the bullying worse by breaking peer rules on 'grassing'. By taking up these positions and rejecting others in which he might communicate his distress, he becomes isolated. He uses a metaphor of an erupting volcano

to describe his response, conveying an image of uncontrollable and powerful emotions.

In the next extract he speaks of how his mother does not see his current unhappiness and suicidal feelings.

Extract 2

G: And she thinks I'm really happy and I'm not, I'm really like, you know, suicidal at the moment and she can't see it and she has a go every night and I hate going home and I couldn't stop here either cos it's a bit complicated, you know what I mean, I couldn't get on with everybody.

Not only does his mother not see that he is suicidal and dreads going home, but she thinks he is happy, suggesting that his demeanour fits in more with being happy than being suicidal. He is also isolated from some of his peers in the unit. Reflexively considering why Gareth felt able to tell the researcher that he was suicidal, but does not appear to have told his mother, one possibility is that telling her his problems would worry her (extract 1). This consideration might be accentuated for him since he had made several suicide attempts since then. He was also aware that the researcher was a trainee clinical psychologist, and he had become familiar with talking to mental health professionals since attending the unit. Some researchers have noted how adolescent boys will often talk to an adult researcher about their emotions in private, suggesting the concepts of 'public' and 'private' masculine identities (Walker and Kushner, 1997). Yet as he begins to elaborate on his suicidal feelings, Gareth focuses on the method and the meaning of the act, rather than his feelings or the experiences which led him to contemplate it. As he does so he seems to repeat his earlier pattern of glossing over his emotions and distress (narrative 1, narrative 2). He does not position himself as emotional but instead positions himself within a struggle to live or die.

'Struggle to live/die'

Gareth spoke of himself as split '60-40' between wanting to live and wanting to die. Part of his struggle appears embedded in wanting his death in some way to symbolise his life.

Extract 3

G: I dunno, cos like now I wouldn't just hang meself cos I don't want to die like that, I want to die quite long because I've lived for sixteen years I'm not just going to fade away quickly, I wanna burn out (6). Like if I slit my wrists that would take ages or something (.) and then I could write like a suicide note and all that and think about my life and everything. Cos if I jumped off a cliff or out a window and I do die it's going to be over and I can't stop can I? (9) Not that I'd change me mind anyway cos if I've done it but (.) do you know what I mean yeah?

Gareth wants his death to be significant, he contrasts not wanting to 'fade away quickly', to wanting to 'burn out'. The first metaphor communicates slowly diminishing or disappearing, whilst the second implies a much more visible event. He wants his death to be significant, to be seen by others. As he speaks of writing a suicide note he states that he could 'think' about his life, yet implicit in this is the idea that others would be able to read about his life and (presumably) his distress which led to his suicide. By restating his ambivalence about committing suicide it seems that Gareth's struggle is constructed in terms of attempting to find an identity position which will make him distinctive. As the researcher reflects this ambivalence, emphasising the 'wanting to live' position Gareth further considers the meaning of living or dying.

Extract 4

R: Well it sounds like the 60-40, well 40% is quite a big bit of you that wants to live?

G: Yeah I know, that's cos like I wanna get better and all that you know, I wanna be normal in some way. I'm only like sixteen. It seems quite long but it's not really so (.) and why should I? Just for me to kill myself, that's the only reason I'm going to get my name in the papers for doing something like that you know, and give (name of home town) a name or something, just for killing yourself (8). and like if I do kill myself it's like I've wasted ten

months, I've been here ten months now, it's wasting my time and everyone else's init? (p) I'm really really unsure I am..

In this extract Gareth locates himself in a number of different and contradictory subject positions. He wants to live because he wants to be 'normal' and 'get better'. This positions him as both different from others and ill. The problem is his 'difference' and his 'illness'. This is drawing on the normalisation-pathologisation cultural discourse (Phoenix 1990). Yet it also suggests a belief of Gareth's that he can get better. Dying would mean 'wasting others' and his time. When he speaks about dying, he again speaks of his death being distinctive (extract 3) and gaining public attention. He seems to be drawing upon a cultural discourse of 'reputation and enhancement' which has been observed in adolescent boys (McDonald, 1997), where they attempt to construct identities which give them some public distinctiveness.

A pertinent question here is, that if Gareth wants to live because he wants to get 'better' and become 'normal', what does he mean by 'normal' and how is this reflected in the way he positions himself in relation to others?

''I need toughening up'': the struggle to find a masculine identity'

In response to the researcher's question concerning what he means by 'normal', Gareth immediately adopts a gendered position, where he is counterposed to a the concept of a 'typical' male.

Extract 5

G: People see different things as normal don't they so (.) just like going out and going to school and things like that, cos I'm not like a typical male, you know what I mean (.) you know, I don't drink and stuff like that.

R: Is that how you see a typical male?

G: That's what most of the males here are like, you know what I mean. They're always going on about (6), I dunno, it's weird because I wanna, I don't *really* want to do it but I suppose you've got to do it to fit in haven't you? I

wouldn't I suppose (6) they're like a threat to me cos like
 (.) I hang around with females mostly more than males
 cos they're like a threat, because of me experiences of
 males I don't really get on with them at all, I can't relate to
 them or anything and I can't see the way they're thinking.

Gareth initially acknowledges that there are multiple possible subject positionings of normal, yet he takes up the position of different from a 'typical' male, who drinks alcohol and 'stuff like that'. This is how he sees most of his male peers within the unit, perceiving them to talk constantly about their experiences of getting drunk. This is similar to a dominant cultural discourse of the 'lad', who drinks and boasts of his exploits. Gareth is aware that if he rejects this identity position, he will be placed in the dilemma of not fitting in. Although, obviously sensitive to peer expectations, Gareth speaks of how difficult it is for him to relate to men. He positions them as a threatening, homogeneous group and emphasises his difference by positioning himself as unable to relate to them or understand how they think.

Given his past experiences of violence from male peers (narrative 1) and adult males (narrative 3), it is not surprising that Gareth finds it difficult to take up a traditional 'macho' masculine identity associated with drinking. His dilemma appears to be his difficulty locating males, and hence himself, in alternative subject positions. Again, considering his background, where apart from his grandfather, his main experiences of men were as aggressors, both towards himself and his mother, this is undoubtedly a strong influence. However, at other times in the interview he talks about how he needs to become 'toughened up' and less 'soft'. As the researcher asks him what a father figure would mean to him, he draws upon the dominant representation in western culture of the masculine-feminine/tough-soft dualism (Segal, 1989, Wetherell and Griffin, 1991).

Extract 6

G: Erm (.) like a bit of stability. Cos I've been with my mum around like, and I got into habits and women (.) do you know what I mean? Cos I'm quite soft. I need toughening up I think, just to go out with me dad and stuff like that, to football matches or whatever just to do like men, male things.

From this extract it seems that, for Gareth, having a father-figure would give him stability. He contrasts stability, toughness and men against instability, softness and women. These represent strong western cultural influences available to Gareth where the categories of masculine and feminine are considered a dualism. He is also influenced by his immediate social context and history, in which he experienced males as tough and aggressive, and women as vulnerable to, and powerless against aggression. The difficulty for Gareth is how to reconcile the contradictions of his own experiences with the cultural discourses he draws upon. If he locates himself as a 'tough', he adopts the identity position of the men who abused him. Yet if he adopts a 'soft' female position, he identifies with the powerless and the vulnerable. This dilemma is articulated in the following extract, where Gareth expresses his concern that he is used to thinking like a woman.

Extract 7

G: I've noticed that, it's supposed to be really hard for them (males) to express emotion but it's not hard really for me, I think I've got used to thinking like a bit of a woman. (quiet)

R: Does that bother you?

G: It does actually, a lot. Cos I'm (9) like people look at me and think 'he's tough' or something, do you know what I mean, and (.), like a girl or something, and I'm hard, and I'm not. I'm (.), I'm quite soft really and I don't like it.

Drawing upon the same masculine-feminine dualism as previously (extract 6), Gareth positions himself as different to men and the same as women in the context of expression of feelings. This is inconsistent with the prevailing expectations of peers, (in this case girls). He positions himself in the unsatisfactory position of 'soft' and linked to the associated cultural concepts of femininity and vulnerability (see extract 6).

Summary

Several main themes emerged in Gareth's talk. There appeared particular tensions between 'the struggle to live or die', 'isolation: unseen, unheard' and 'I need toughening up: the struggle to find a masculine identity'. Within these themes Gareth often glossed over his emotions, not stating them explicitly, but alluding to them using phrases such as 'I wasn't focused', 'it goes really deep'. Although his emotions are glossed over Gareth complains that he is not heard. He struggles with the thought of suicide, in part to make his distress, and his 'self' visible. His lack of an identity-enhancing subject position appears embedded in his history of abandonment and violence from men and his experience of men as powerful and women as vulnerable. He attempts to draw upon the masculine-feminine dualism to attempt to locate a suitable identity position. But in constructing gender as a dualism he has no alternative but to either take up the identity position of his past aggressors, or identify with women.

PARTICIPANT FIVE: TONY

Background

Tony was aged thirteen years and 10 months at the time of the first research interview. He had been referred to the unit by a social work therapist at a district child and adolescent mental health service. His ICD diagnosis on admission was unsocialised conduct disorder.

Tony lived with his father, stepmother, stepsister and half-sister. Until a year previously he had lived with his mother and two sisters. His socioeconomic background is working class.

Tony's assessment report noted that he had first come into contact with mental health services six years previously. The present referral focused on general behaviour problems within the home and at school. He had recently been expelled from school for fighting and attacking a member of staff. His behaviour had escalated in recent months into abusive language and some fighting and destruction of property.

Staff at the unit perceived Tony to be quite reluctant to talk about his problems.

Tony's Story

When approached about taking part in the research Tony appeared enthusiastic. During the first interview there was a distinct difference in the the researcher-participant interaction, compared to the other boys who had participated in the study. The perception of the researcher was that Tony was engaged in the interview process, yet there was little flow of narrative in the interaction. At times during the interviews, if the researcher was discussing possible meanings with Tony, he would choose one without elaborating further. At other times, he would pause for a long time after a question was asked. The researcher on a number of occasions became involved in asking many closed questions. After transcribing the first interview, the researcher decided to ask about specific examples in an attempt to elicit stories about Tony's life.

The structure of Tony's story was presented in episodic form (Barclay 1997, Riessman, 1993). It comprised two narratives occurring at different times within the interview, and not explicitly linked by Tony. The first narrative (Box 5.1) did not fit within Labov's analytical framework. This precluded extraction of a core narrative, and a full transcript is presented.

Narrative 1: 'Kicked out'

In his initial narrative Tony tells of the time he was 'kicked out' by his mother. The theme of 'conflict with mother/rejection' emerges. The researcher's question about contact with his mother (line 001) was asked in the context of Tony having told her that he no longer saw his mother. He replies that he was kicked out (line 003) at a time when he was angry and upset with her (lines 005-007). He locates himself as an emotional being, but does not attempt to describe the situation leading to these feelings. The effect is to place himself as a passive subject (line 003, 005) who has no responsibility for what happened. He responds to the researcher's subsequent query of 'what happened', by recounting the immediate incident of his mum phoning his dad and threatening to put him into foster care unless he is collected by his father. One reading of this narrative is that Tony found it difficult to link the events which led to him having to leave home. The clinical literature on adolescents suggests that young men with conduct problems find it difficult to link actions and consequences (Kernberg and Chazan 1991). Tony may also have been reluctant to discuss some of the issues around his anger, since it may have presented him in an unfavourable way to the interviewer, whom he did not know. A further possibility is the researcher-participant interaction. The researcher found some difficulty eliciting narratives during the first interview and adopted a slightly different technique in the second interview, attempting to adapt her interaction to Tony's narrative style. This included reflecting back the last few words he spoke, pausing for longer periods before asking another question and asking about specific examples (Hollway and Jefferson, 1997) which proved a more fruitful approach. Yet in this first narrative there is some suggestion that Tony evades talking about why he had to leave home, since he recalls the specific incident concerning the practical issues about leaving and presents it sequentially (lines 011-022).

Box 5.1 Narrative 1: 'kicked out'

- 001 **R:** You say you don't see her now, did you see her before?
- 002 **T:** Yeah [**R:** right]
- 003 I got kicked out last year.
- 004 **R:** Right (5), so what was going on then for you when you got kicked
out?
- 005 **T:** Er I don't know,
- 006 it was just like feeling angry about her,
- 007 getting upset
- 008 **R:** So you were feeling angry and upset?
- 009 **T:** Yeah
- 010 **R:** and what happened?
- 011 **T:** Er (.) me mum phoned me dad
- 012 and said like,
- 013 if you don't pick him up in an hour
- 014 he's going into foster care
- 015 so he goes off
- 016 and rings back in a bit
- 017 with the answer
- 018 and like said to Mary {stepmum},
- 019 she said like
- 020 'oh John {dad} phoned,
- 021 he'll let him move back,
- 022 tell him that I'll have him.
- 023 **R:** Right, ok (.) what was that like for you?
- 024 **T:** I didn't mind
- 025 cos I didn't want to go
- 026 into foster care.

Narrative 2: 'I got involved with the wrong gang'

Tony's second narrative (Box 5.2) fitted within Labov's analytical framework. It is a story of how he became involved in taking drugs with a local gang and had to leave home (lines 002-008). Themes of drugs, peer pressure and 'being left out' emerge. The latter has some similarities to the theme of rejection which which introduced in his first narrative.

Tony recalls feeling left out (lines 018-020) when his established friends began to spend time with a local gang who took drugs. He too started spending time with them and was pressurised into taking drugs (lines 021-022). Here, he locates the responsibility for drug-taking on the gang rather than on himself. The implication is that he did not want to take the drugs but had no choice (he was 'pushed'). This is a passive subject position, which he also took up in narrative 1. One interpretation of this presentation of self, is that he is presenting himself in a less critical light to the researcher. Yet Tony himself may have beliefs about drug-taking, which are not raised here, which makes it difficult for him to locate himself as a willing participant. At other times in the interview he talked about how he had stopped taking drugs and wanted nothing to do with them. By taking up the position of 'no choice' in this narrative Tony may be able to overcome the contradiction of his past experiences with his present beliefs.

In summary, Tony's story is presented episodically throughout the first interview. The main emergent themes are 'conflict with mother/rejection by mother', drugs, peer pressure, and 'being left out'. He locates himself as an emotional being (narrative 1) and a passive subject (narrative 1, narrative 2). There are no counterposed theme and associated narrative tensions. By taking up a position of a passive subject Tony appears to resolve potential contradictions and inconsistencies within his story.

Box 5.2 Episode 2: 'I got involved with the wrong gang'**Abstract**

001 R: When you lived with your mum what were things like?

002 T: All right

003 until I got involved

004 with the wrong gang

006 they got me involved in drugs

008 that's why I moved to X.

Setting/Orientation

012 me mates

013 before the gang

014 they were talking

015 to the people

016 that were on drugs

Initiating Event/Complicating Action

018 and they started

019 hanging around with them,

020 and it was like I got left out then,

Resolution

021 so I started hanging around

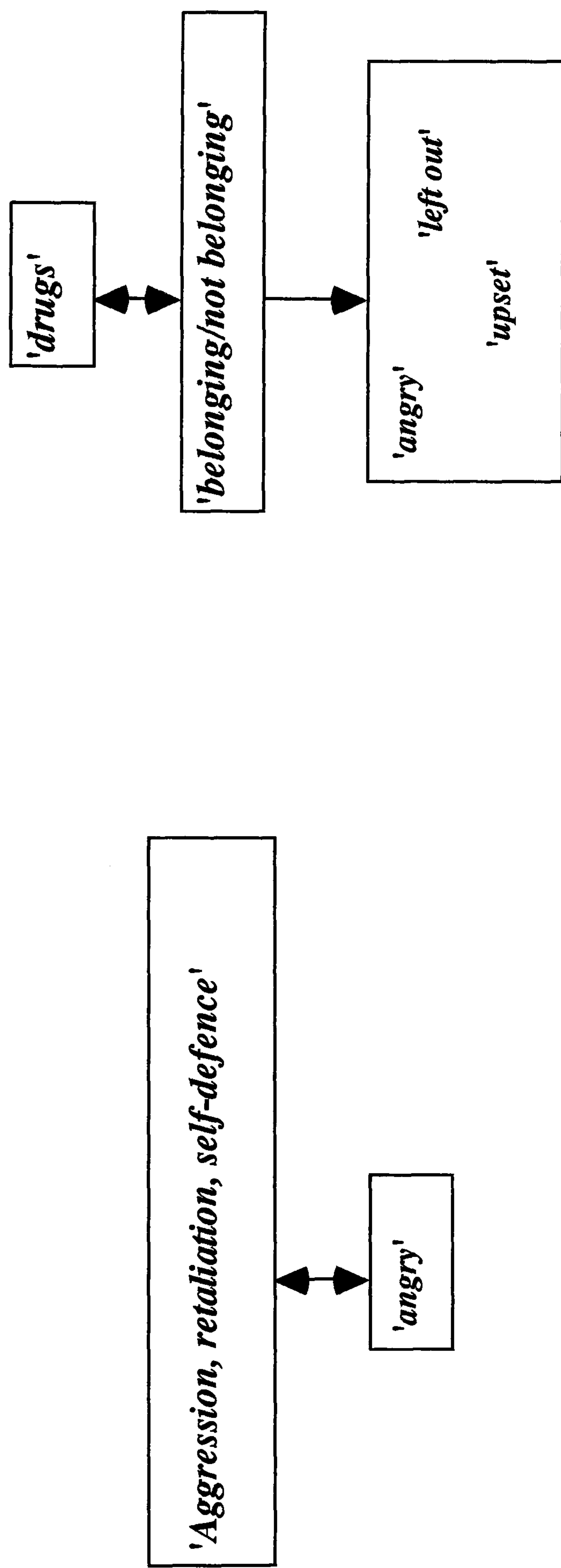
022 with them

Reaction/Evaluation

023 and they started pushing me

024 into taking drugs.

FIGURE 5: SCHEMATIC REPRESENTATION OF MAIN NARRATIVE THEMES IN TONY'S TALK



Thematic Analysis

The emergent themes in Tony's initial narratives recurred throughout other areas of his talk. A schematic representation of the main themes is shown in Figure 5.

As with Tony's initial narratives, few tensions emerging from counterposed themes and contradictory subject positions occurred in his talk. He frequently took up the position of 'passive subject' (narrative 1, narrative 2), locating responsibility for actions such as drug-taking, and being forced to leave home, on others. The researcher focused on one main theme 'aggression, retaliation and self-defence' to see how Tony constructed and made meaning of his accounts of his aggression. His aggressive behaviour was the main reason for his referral to the unit, yet he did not talk about it in his first interview or link it to his account of coming into the unit. This gap in his talk concerning such a significant area suggests that he may have some problems locating a suitable identity position within the theme.

'aggression,retaliation and self-defence'

As Tony recounts a particular incidence of aggression he takes up several subject positions within his talk.

Extract 1

R: If you can, tell me a specific occasion when you got angry and you hit somebody?

T: (6) when I stopped smoking and all that, and erm this bloke got one of my mate's to take some dope and all that in school and said 'Oh T's still smoking' and all that, and he dropped fags in me pocket, and I seen them and all that and OK I got searched and I got suspended yeah, for two weeks, and I just thought I'll hit that bastard and all that.

Tony recalls an incident which led to his suspension from school for hitting his headmaster. His friends put some marijuana in his pockets and told the teachers he was still smoking. Tony appears to gloss over the initial part of the account and it is unclear to the reader, and to the

researcher at the time, why having seen the drugs he did not remove them. The position he takes up is the 'passive subject', where drugs were put on him and he was searched. He appears to end the account by saying that he thought he would hit someone, although it was unclear who. The problems the researcher experienced in understanding the details, sequences and links of his narrative emerge. In the following extract she attempts to clarify the details of Tony's initial account.

Extract 2

R: Did you lash out at the time or did you...?

T: Yeah (.), I hit the headmaster and everything. {R:
Right}

R: So was it, erm (.) it was the headmaster searching you,
or was it somebody else was searching you?

T: Headmaster.

R: Right (.) So you lashed out and you hit him?

T: I told him once if he goes in my pockets again, in law
it was assault and serious, and I was going to hit him
yeah? But he still went in like.

As he constructs his account Tony moves from the passive subject of his initial narrative to an aggressive subject. He hit his headmaster. He appears reluctant to talk about his aggression and when he finally makes his account explicit he tells of how he had warned the headmaster not to search him. He takes up a position of a victim of aggression ('I told him it was assault and serious') and warns the headmaster of the consequences. Thus Tony's account places the responsibility for his actions on the headmaster ('he still went in like'). The effect of this is to legitimise his subsequent violence both to himself and the researcher, by framing it as self-defence.

As the researcher explored Tony's wider beliefs about whether violence was acceptable he explicitly positioned his behaviour as self-defence.

Extract 3

R: So what would self-defence be? Do you think you've ever used self-defence?

T: Yeah. I used it the other day.

R: Ok, can you tell me about that?

T: Well he just came up to me and started pushing me, then he started kicking into me and all that, and when I go, excuse me, if you hit me then I'll start laying into you and all that. And he just like started laying into me and that and I started laying back into him and I broke his nose.

Tony recalls an incident of self-defence. He gives little context to the incident, for example it is unclear what was taking place immediately before the event, or who the victim was. Although we cannot know whether he provoked the attack, the account presents Tony as the innocent, passive victim ('he just came up to me and started pushing me'). He has taken up this position in other narratives (narrative 1, narrative 2, extract 1), thus glossing over details of his interactions with others and possible contradictions between different subject positions in his accounts. In this account he moves from being the passive victim, to someone who is provoked to aggression. The implication is that he was subjected to a large degree of aggression before he retaliated. Yet there appears some inconsistency that in the midst of such an attack he was able to warn his attacker.

As he talked about his aggression Tony seemed unemotional, justifying serious assaults (extract 2) in terms of self-defence. The alternative is to position himself as an aggressor as he recounts his past episodes of violence. However, Tony's aggression has occurred within the social context of gangs and violence. On one occasion Tony spoke of how leaving the gang resulted in being beaten up by the gang members. As he constructs his accounts Tony seems to draw upon the discourse of a particular working-class hegemonic form of masculine identity (Edley and Wetherell, 1997, Segal, 1994), where men's position in their sub-culture is

maintained through justifiable aggression. Tony also has few other options in his present home context, if he rejects the position of violence, he is left with the alternative of being the victim.

Extract 4

R: Do you see, do you think of your anger as being a problem, or hitting out at people as being a problem, or do you think it's all right, cos you've given them a warning?

T: It's all right.

R: It's all right (.). So you broke this guy's nose. Do you think that could happen again in the future?

T: Yeah.

R: Yeah (.) and that would be all right?

T: Yeah (.) it's not all right in a way (.) but it is and therefore (.) cos like you need self-defence and all that yeah? You're not going let someone beat the crap out of you.

Tony does not see his behaviour as a problem. In this respect he is similar to many young people with conduct difficulties (Kazdin, 1993). Yet his experiences make explicit the complex problems of context and sub-cultures that clinicians face in working with many boys with conduct difficulties. Not only is Tony's behaviour not a problem in the context of the gang, it is actually advantageous because it protects him from others' violence, and possibly confers status. However, outside this sub-culture it is a problem, potentially leading to school exclusion and crime.

Summary

Tony's story about his difficulties is told across two narratives in which he positions himself as a passive, and sometimes emotional subject. There is an obvious gap in his account as he does not speak about his physical violence until the researcher explicitly asks him. The main themes recurring throughout his talk are 'aggression, retaliation and self-defence',

'belonging/not belonging', and 'drugs'. Within these themes Tony predominantly locates responsibility for his behaviour in others. One effect of this is to legitimise his aggression, which he constructs as self-defence and avoid fissures and contradictions in his self-identity. He seems fixed in a traditional hegemonic masculine identity which is embedded within his home context. The dilemma for the clinician is how to provide him with alternative identity positions which give him the status and protection of the one he has taken up.

4. DISCUSSION

4.1 Main findings across participants

This study aimed to look at the multiple ways in which a group of adolescent boys within a clinical setting talked about their experiences leading to their admission to a regional adolescent unit. In particular it aimed to address the narrative structure of the boys' stories, the location of tensions within the boy's narratives, themes within the boy's talk, the location of their distress within linguistic structures and the influence of wider cultural discourses in their talk.

4.1.1 Narrative structure of stories

Similarities and differences were apparent in the narrative structure of the boys' stories of entry into therapy. Some of the boys' accounts comprised one main story, whilst, for others, their stories extended over a number of identifiable narratives occurring at different points within the interviews. Michael presented one main story in which he linked his involvement in a bus crash with the development of unusual physical experiences and personal unhappiness at mixing with peers in school. David's initial story appeared complete as he spoke of how his attempted suicide was a practical solution to things becoming 'too much' as he became 'too involved' with his girlfriend's problems. Yet later in the interviews two more stories, structured around his experiences at school and at home, highlighted further themes pertinent to his difficulties. Andrew told a more loosely structured story, speaking in general terms of being 'naughty' and challenging authority figures. Gareth told three stories centred around specific themes. Initially telling a story of bullying, he reflected on the themes of loss and aggression from males in his life, leading the researcher into two further stories. Tony's story, again, was more loosely structured, and was one in which he sought to belong, either to a family or a gang, and where aggression, self-defence and retaliation was the norm.

The differences observed in the narrative structure of the boys' stories parallels the ambiguity of narrative frames that a number of authors have reflected upon (Stein, 1982, Bruner, 1986, Riessman, 1987, 1994, McLeod, 1997). Although many stories fit within the temporal, linear

model proposed by Labov, individuals may sometimes narrate stories which are more episodic or general in structure. This was found for Andrew and Tony in this present study. Research by Riessman, (1987) and Michael's (1991) suggest that narrative structure may be culturally bound, with differences occurring across cultures. Other researchers, for example in the field of trauma and autobiographical memory propose that differences in narrative structure are also found when individuals are unable to make sense of traumatic or unusual experiences (Barclay, 1996).

Although it is not possible to draw firm conclusions about the differences in narrative structure apparent in this study, there are a number of factors which it may be pertinent to reflect upon. First, many of the stories the boys recalled were traumatic, yet for the most part they were able to present temporal, linear narratives about their experiences.

The idea of the culturally-boundedness of narrative may be important. Certainly, socio-cultural influences will be present. The boys came from various backgrounds, and the two whose narratives were difficult to fit within Labov's framework, (Andrew and Tony) were associated with specific youth sub-cultures centred around drugs and gangs. The limited research on the talk and narratives of such groups means that little is known at this time about the metaphors and style of speech of young people who are part of such sub-cultures.

In the field of clinical psychology and psychiatry the lack of linkages and evaluation of personal meaning shown in Tony's and Andrew's stories has been noted by different authors. For example, Kernberg and Chazan (1991) in their study of boys with conduct problems found 'in their own view of events they tend not to perceive the connections between motive, action and consequence'.

Other studies suggest that children with conduct difficulties seek less information, generate fewer alternative solutions to social problems and anticipate fewer consequences for aggression (Slaby and Guerra, 1988). Several explanations from different theoretical orientations are possible and need not be mutually exclusive. For example, neurological abnormalities may be present. Although these are inconsistently correlated with young people with conduct disorders (Webster-Stratton

and Herbert, 1995) there is some association between neurological problems and childhood difficulties such as language comprehension, and impulsivity (Kazdin, 1987). Of the two boys in this present study, both had been assessed within school as having intelligence within the normal range. Andrew had dyslexia. Tony was the youngest of the boys to be interviewed and it is possible that his cognitive development, in terms of abstract thinking was not as advanced as the other research participants. Although it is useful to consider these possibilities and recognise the potential constraints for clients in terms of levels of reflection and adoption of alternative subject positions, the clinician has to work with the narrative structures and metaphors that the client provides (see Clinical Implications section).

Although neurological differences may have some part to play in the narrative structure variations of the stories told by the boys, there are a number of other considerations. Stories have been noted as imparting information about the 'identity, intentions and feelings of the person telling it' (McLeod, p.35). Stories conceptualise a 'sense of self' for the storyteller, presenting them in a particular way to specific audiences. This may be understood as a presentation of self, both reflexively to the storyteller, and to their audience, in this case, the researcher. As an individual tells their story, they are constructing a social identity, rather than reporting a set of events. Through telling and retelling stories, they have the opportunity to critically evaluate them and are able to consider other possible different subject positions which may then be used within the social world to construct different patterns of relationships. Since some stories expressed may be associated with fissures or contradictions within a person's sense of self or identity, to minimise this and the uncertainty it produces, it may be that individuals either do not form specific coherent stories or they locate themselves in a fixed position within the narrative. For example, consider Tony's story concerning being 'kicked out' by his mother. He recalls not knowing what was going on. He remembers feeling angry and upset but does not articulate why. Certainly, one possibility is that he is unable to make sense of the situation and put it into words, as per Barclay's theory. Another, is that his anger towards her is related to an incident he is reluctant or unwilling to disclose to the researcher. This may serve a defensive function, by shielding Tony not only from inconsistencies within his sense of identity, but also

potential criticism by the researcher. Recent work by Hollway and Jefferson (1997) looking at how narratives are elicited during interviews focuses on the researcher-participant interactions. They found that specific interview techniques, for example, using phrases such as 'how' and 'can you tell me' generated spontaneous stories from their respondents. However, these did not necessarily occur immediately and the researchers had to use other techniques such as reflection of participants' comments to encourage narrative elicitation. This technique failed in Tony's case, possibly suggesting that he was consciously protecting himself from criticism from the researcher.

Another difference in narrative structure observed within the study was the variation in the degree of reflection on personal meaning that the boys used as they evaluated their stories. McLeod (1997) notes that it is the evaluation component of stories that tend to be given particular emphasis in therapy.

4.1.2 Location of tensions within narratives

Analyses of the boys' stories of how they came to be admitted to the adolescent unit highlighted particular tensions within their narratives, and the attempts they made to resolve them. Themes which emerged in their initial stories as co-present and counterposed, recurred in other areas of their talk. For all five boys there was a polarity between some of the counterposed themes in their narratives.

Contemporary theories of subjectivities (Henriques et al, 1984, 1998, Hollway, 1984, Wetherell, 1996) view the self as fragmented, with shifting, multiple and contradictory meanings. Within this framework, it can be postulated that difficulties will arise for individuals when 'self' themes within narratives are contradictory and the individual appears unable to find a subject position that can overcome, or straddle the opposing themes in a suitably identity-enhancing way. Furthermore, it is likely that if contradictory narrative themes are presented as dualist (either/or) the greater the potential for psychic tension for the individual. The danger in such a situation is that rejection of one theme, leads to 'collapse' into the other. Within this study contradictory positionings

potentially leading to psychological or emotional difficulties were identified for all of the boys.

Michael, Andrew and Tony's narrative tensions were mainly located within themes of self, others, belonging and conflict. Michael positioned himself as both wanting to be like his peers and not wanting to, as liking them or hating them. His dilemma intensified when he had to spend more time with those he disliked. He struggled to resolve this, ultimately drawing on a discourse of 'self as agent' to locate himself as in control and able to choose within a given situation. A similar subject positioning was used by Michael to resolve the dilemma of normalisation-pathologisation and the tension apparent in his talk about wanting to show affection to his mother when it is not acceptable to his peers. The discourse 'self as agent' is dominant within Western culture (Sampson, 1977, 1989). As a gendered, masculine position, it contrasts the active (masculine) to the passive (feminine) subject (Madill and Doherty, 1994). For Michael, it allows him to reject dominant, competitive identity positions within his relationships with male peers, whilst maintaining a recognisable masculine position.

Andrew's narrative tension appears located within and between the main themes of 'authority and rules', 'self as naughty/bad/aggressive' and 'talk and emotion'. There appears little tension in his initial story and he positions himself as 'naughty' rather than 'aggressive', possibly in an attempt to resolve contradictions to do with authority and his lack of respect for it. By adopting a 'child' subject position within the narrative theme of 'naughty', Andrew also manages to avoid the potential positional contradictions within the dichotomy posed by the cultural narratives of 'gainful employment' versus 'laziness', which have been identified in contemporary studies of men's talk (Willott and Griffin, 1997). A further narrative tension for Andrew is apparent in staff expectations that he stops his aggressive behaviour whilst in the unit. This presents Andrew with the paradox that for him to receive clinical intervention for his bad behaviour he has to cease behaving badly. He seems to experience this as punitive and a negation of his efforts to change, thus raising important clinical questions about intervention approaches and therapeutic alliances with conduct disordered boys.

Tony's narrative themes and his positioning within them are similar to Andrew's and his stories are also told with few contradictory positions. There is the hint of tension in his story of being 'pushed' into taking drugs by the gang. The implication is that there is a tension between his wishes and the gang's wishes. Yet otherwise he presents fixed positions within his narratives. For Tony there may be an investment in a particular formulation of hegemonic masculinity frequently found within working class cultures (Edley and Wetherell, 1997, Segal, 1994). Adopting a different position within his narrative of 'aggression, retaliation and self-defence' would be problematic for him in that it would introduce a narrative tension, a fissure in the consistency of his sense of self, raising the possibility that his violence towards others was unacceptable. Living within a sub-culture where drugs and violence are commonplace, not only does his violence protect him on a day to day basis, but alternative social contexts and subject positions are likely to be few.

It may be that boys invested in this particular type of masculinity would benefit from clinical work incorporating working class heroic figures portrayed in the media. Certainly, much therapeutic work has utilised 'hero myths' (see McLeod, 1997, Epston and White, 1992). It is crucial however, that boys and young men have available to them alternative life-stories based within their own life-context otherwise they would be unlikely to be able to engage and work therapeutically with clinicians.

The contradictions within David's narrative, although present in his initial story, become clearer as themes throughout all his talk are considered. Within David's narrative themes there is the fragile dualism of 'intimacy' or 'isolation'. Given his experiences of becoming isolated from his family, an alternative is intimacy. However, this has been problematic for him in the past, with him experiencing great distress at his girlfriend's self-harming behaviour. To him, confiding in friends means subjecting them to the pain he felt. He attempts to resolve his dilemma by attempting suicide, seeing it as a way out, an escape.

Gareth's narrative tensions are embedded within a history of abandonment by his birth mother, and bullying and aggression from males. There are tensions between three main narrative themes which are interwoven in complex ways. Gareth feels that his distress is not seen and he is isolated.

He struggles between wanting to live and wanting to die. Attempting suicide, for Gareth, may be a way of making both his distress and himself more visible. He draws upon a cultural discourse of reputation and enhancement (McDonald, 1997) to find meaning for his death or life. Interwoven with this is his struggle to locate a suitable masculine identity position. He wants to be a 'normal', 'typical' male, yet taking up that identity position locates him with his previous male aggressors. Drawing on his own experiences and dominant cultural discourses of a masculine-feminine polarity, he sees his only alternative subject position is to be like a woman, which he links to vulnerability and instability.

4.1.3 Location of emotions and distress

How and when did the boys talk about their emotions and what language did they use to express their difficulties? Dominant images of masculinity in Western culture represent men as emotionally inarticulate (Rutherford, 1988) with the traditional male viewed as rational rather than emotional. Gender differences in the reporting of psychological and physical symptoms emerge during adolescence, with boys more likely to report physical rather than psychological distress (Eiser, Havermans and Eiser, 1995). Furthermore, the high rate of completed suicide in young men who have no contact with mental health services suggest that young men express their distress in ways which may not be immediately recognisable.

Within this present study all the boys positioned themselves as emotional beings within their talk, yet there appeared to be constraints on the location and type of emotion expressed. All were able to articulate anger within their narratives. For Tony and Andrew their anger was frequently emplotted within stories of physical aggression. This emotion is likely to be acceptable within dominant male discourses of aggression and competition.

Other emotions expressed universally by the boys were 'liking', and 'hating'. Michael talked of being 'unhappy' and 'worrying'. Gareth too spoke of 'worrying' and 'being afraid'. It was Gareth, whose struggle for an acceptable masculine identity appeared as a dominant theme within his talk, who spoke of 'being afraid' and crying. Yet he also had a strong belief that he was 'too soft' and thought 'like a woman'. This suggests that

he felt such expressions of emotion were not acceptable as a male. Similar beliefs were expressed by Michael, when discussing how he wanted to show his mother how much he loved her, yet was aware that such behaviour was different to his peers. There appear to be constraints upon the way and the type of emotions that the boys express, restricting them to 'normal', 'acceptable' behaviour. These constraints appear embedded within dominant cultural discourses of masculinity, polarising rationality and reason against emotion and vulnerability.

Another finding of the study was that four of the five boys described others as not seeing them, or hearing them and their distress. This is similar to Gilligan's influential metaphor of women as moral subjects not having a 'voice' (Gilligan, 1982). The boy's distress is often hidden from others, unseen. When the boys did speak of their distress they frequently used specific metaphors or figures of speech. Michael started 'feeling strange', David experienced 'pressure', things became 'too much'. For Andrew, 'it was stupid'. Gareth 'stopped going out', 'wasn't focused, or concentrating on work'. The language they used when recalling their responses to distress was also similar. All spoke of 'blocking things out', not caring' and not 'being bothered'. Other ways they glossed over their distress was to focus on actions. For example, when Gareth elaborated on his suicidal feelings, he emphasised ways of committing the act rather than his feelings and how they had developed. These findings are similar to Riessman's findings in her study on how men and women talk about divorce (1990). Two male gendered narratives of approach/avoidance and compulsive activity emerged as the men articulated their experiences.

The findings concerning the location and expression of the boys' emotions and distress may be understood within the theoretical and research literature on gender identities. As boys within a Western society, the participants in this study are part of a dominant masculine power structure which nevertheless does not privilege all men. Thus particular subject positions within discourses are privileged, for example the male as rational, competitive and agentic counterposed against the female as emotional, caring and passive. In this way boys whose ways of 'doing' masculinity differ from the hegemonic norm are marginalised, creating negations and vulnerabilities in their subject positionings (Wetherell and Griffin, 1991, Willott and Griffin, 1997). The marginalisation of

particular masculine subject positions means that there are competing masculine identities, and boys may feel more vulnerable to conforming to and taking up the privileged masculine identities in particular social contexts (Edley and Wetherell, 1997).

A further influence for adolescent boys on the uptake of particular subject positions may be the processes of becoming autonomous and developing sexual identities. Since traditional conceptions of masculinity are equated with heterosexuality (Seidler, 1989, Segal, 1990, Frosh, 1995), rejection of dominant masculine images may be construed by self and peers as rejection of heterosexuality, and hence acceptance of homosexuality. The implications for young men are potential alienation from peers, family and society and pathologisation. A number of studies support these ideas (Mac an Ghail, 1994, Redman and Mac an Ghail, 1997, Sewell, 1997). Femininity (emotion and vulnerability?) is constructed as the Other and homophobia is expressed towards boys who did not fit traditional 'macho' images (Epstein, 1997).

The subject positions taken up by the boys in their talk is not just influenced by dominant discourses in wider society. Possible subject positions are constrained by the linguistic resources available to an individual, their emotional investment in a particular subjectivity and the power relations of the context in which they are situated. For example, Gareth, with a history of violence from males struggled to find a suitable masculine identity position. By positioning masculine and feminine as a dualism his alternative subject positions were to identify with his male aggressors or take up a 'soft' female position. His life experiences were of women being vulnerable and powerless, with his mother repeatedly a victim of male violence. Yet, he also took up a position of male violence. He struggles to differentiate himself from males, whom he does not trust and cannot relate to, and from females, whom he sees as soft and vulnerable. His lack of alternative possible positions leave him unsatisfied with his masculine identity.

4.1.4 Location of problem

Each boy located his problem differently. The location of the problems had important clinical implications (see clinical implications section).

Michael located the problem within himself, speaking about his distress in terms of unexplained physical symptoms and a mental struggle concerning fitting in with his peers' expectations. This positioning appeared to privilege his take up of the subject position 'self as agent' since in positioning himself as in control and autonomous he is able take control over himself and his situation. David located his problems in others. Although it gives him a way of escape, there is a paradox in his construction of suicide as a rational response, when other people are the problem.

For Andrew, he is the problem. He has three sides, a naughty side, an aggressive side and a normal side. His location of the problem within himself is problematic since it gives him few alternatives. Fissures in his sense of self appear as he is presented with the possible subject position of 'aggressive'. Hence it seems that he privileges 'naughty' over 'aggressive'. Conversely, Tony located the problem in others, taking up a position of justifiably aggressive. This meant he maintained a consistent sense of self within his narrative.

Gareth located the problem within himself and found it difficult to take up different identity positions. He did not appear to privilege particular subject positions and take them up, but switched from one to another, characterised by his narrative struggles to live or die and locate an identity as a young man.

4.1.5 Cultural discourses

As they constructed their accounts the boys drew on a number of cultural discourses and concepts. These included normalisation-pathologisation (Phoenix 1990), a masculinity-femininity dualism (Segal, 1990), the agentic self (Sampson, 1977, 1989), males as competitive (Edley and Wetherell, 1997), a rational versus emotional dualism (Segal, 1990), gainful employment (Willott and Griffin, 1997), and reputation and

enhancement.(McDonald, 1997). Often these discourses appeared to constrain their uptake of subject positions within their narratives, highlighting the need for clinicians to be sensitive to culture in their work (Ussher, 1991, Frosh, 1997a).

To understand how cultural discourses influence the accounts people give, it is important to note that narratives are not pure representations of people's lives, but are constructed by a complex interweaving of events, narrative themes and discourses. People appropriate particular discourses in an arena of competing 'voices' (Bakhtin, 1981). Bakhtin conceptualises this as a complex developmental process: in which 'one's own discourse is gradually and slowly wrought out of other's words that have been acknowledged and assimilated and the boundaries between the two are at first scarcely perceptible' (p.345). Within their social context children hear numerous speaking voices, often representing competing points of view. Arising from this conceptualisation are questions concerning where the boys appropriated the 'voices' they use in their accounts, for example, from parents or peers or dominant media images. Also, how can we explain the appropriation of particular 'voices' when alternatives are available. Such questions are beyond the scope of this study but are important to consider for future research to increased understanding of the ways boys make meaning of their experiences.

4.2 Methodological limitations

This study used a combination of narrative, thematic and discourse analytic methods. The limitations of such an approach will be considered from two perspectives. The first addresses questions of validity and reliability arising from the 'quantity-quality'/'realist-relativist' debates within psychology whilst the second looks at the limits of the particular discursive methods used in the study and how they could be further developed in future research.

4.2.1 Quantity-quality /realist-relativist debate

The use of discursive methods in this study was based upon the premise that individuals' experiences are co-constructed in social interactions and specific contexts. As such they are influenced by both speaker and

audience expectations, and constrained by the individual's available linguistic resources, life-history, and socio-historical context. The goals and the epistemological underpinnings of discursive research are fundamentally different to more traditional psychological methods which utilise experimental design and statistical analysis. Consequently, methods of validating the research differ from those approaches based on realist assumptions. Debates on how qualitative research methods can be validated have been the focus of considerable attention in psychology (Smith, 1996, Yardley, 1997). The beginning of the incorporation of these methods into clinical psychology has led to attempts by the profession to develop more specific criteria to address the problem (Stiles, 1993, Turpin, Barley, Beail, Scaife, Slade, Smith and Walsh, 1997, Woods, 1998). A number of questions raised within these academic debates are pertinent to this present study.

The generalisability of research findings is a main criterion for validity within experimental psychology. Conversely, qualitative researchers hold that the production of seamless accounts of generalisable laws occludes issues of diversity and difference. This is especially relevant to clinicians who work with these issues within their clinical practice (Henwood and McQueen, 1998). The present study did not aim to produce generalisations across the boys, but to highlight the multiple ways the boys spoke about their experiences. Utilising a case-study approach allowed the analysis of meaning in the context of the boys' lives. Yet this does not mean that commonalities of experience and similarities in meaning construction are not present within the group. Critiques in the domain of knowledge construction have argued against the extremes of relativism and for the concept of 'situated' knowledges (Haraway, 1991, Harding, 1992, Henwood and Pidgeon, 1995).

Arising within the epistemology of feminist standpoint theory, the concept of situated knowledges conveys that 'knowledge is always situated and constructed from the perspective of particular social positions and locations' (Henwood and Pidgeon, 1995). Located within a specific historical and social context, the participants in this study had available to them a range of linguistic resources, from which to construct meanings of their experiences. The commonality of available linguistic resources across the boys depends on their individual exposure to them. Dominant

discourses throughout society, for example, 'men as rational', 'self as invulnerable' are present in their everyday lives. Thus there is some claim to knowledge about the boys' social worlds from this study. The choice of uptake of specific discourses and subject positions by each boy will vary according to their life-histories and emotional investments in particular subjectivities. Hence this study was able to look at commonalities and variations of discursive patterns for this group, without making specific claims to generalisability beyond the sample.

The concept of situated knowledges allows the countering of potential criticisms of researcher subjectivity and lack of distancing in the study. Such criticisms lie within a realist, positivistic epistemology, which assumes an objective researcher whose assumptions, goals and previous experiences do not influence the research process. Rejecting the viewpoint that science is a value-free or exclusive objective activity and that researchers can be neutral observers, locates researchers and research processes as necessarily involving subjectivity (Frosh, 1997b, Sherrard 1997). Hence qualitative researchers incorporate the practice of reflexivity into their research, to counterbalance researcher and participant perspectives (Henwood and Pidgeon, 1995). Hence, in this study the researcher located herself, her research and clinical interests, as well as attempting to critically evaluate researcher-participant interaction and the influence on narrative elicitation. For example, in Tony's initial narrative, and using field notes to highlight the researcher's perception of the interview process.

The combination of discursive methods in this study allowed the researcher's analysis to move from an holistic overview of the boys' narratives to a more detailed analysis of recurring themes which highlighted contradictions and inconsistencies in the boys' subjectivities. Riessman (1993) notes several ways of validating narrative analysis. First, is the account persuasive? This is not limited to narrative analysis but to qualitative methods in general (Silverman, 1993, Yardley, 1997). Interpretations should be reasonable and convincing. In this study, the researcher has attempted to make her data and interpretations transparent, enabling the reader to consider both the plausibility of the arguments presented, and possible alternative readings of the text. A second point concerning validity is that of correspondence, or member validation

(Riessman, 1993, Smith, 1996). Although final analytic outcomes were not taken back to the participants, the incorporation into the research method of two interviews and the technique of active interviewing allowed the researcher to check for meanings and inconsistencies as the interviews progressed. The final issue of validity concerns global, local and thematic coherence. By looking at how these different types of coherence coincide, the research account is strengthened. Certainly, the recurrence of themes, positionings and contradictions throughout much of the individual boys' talk suggests coherence within cases. Again, by presenting her data as clearly as possible, the researcher allows the reader to reflect upon coherence within the accounts.

4.2.2 Specific methodological limitations and future developments

Having considered potential criticisms of this study from the perspective of the 'quantity-quality' and 'realist-relativist' debates, the limits of the particular discursive methods used and how they could be developed in future research will now be discussed.

Narrative analysis was chosen because individuals appear to make sense of their experiences by telling and retelling stories (Bruner, 1986, 1991, McLeod, 1997). When individuals come to therapy they tell stories about how they came to be there. In this way the method was closely associated with clinical practice. It was also grounded in linguistic structures (Riessman, 1993). By combining thematic analysis and discourse analytic techniques a more detailed analysis was able to be performed. Narrative tensions emerging in the boys' stories about their entry into therapy could be followed up by identifying recurring themes and tensions and looking in detail at the subject positions the boys took up.

The method was useful to highlight the boys' constructions of their experiences but has a number of limitations. First, it was difficult to fit all the boys' stories of their entry into therapy into Labov's analytical framework. Although this may, in part, reflect culturally-bound narrative structures and researcher-participant interactions, it is sometimes difficult to delineate boundaries between stories and more general narrative (Chamberlain, Stephens and Lyons, 1997, McLeod, 1997). As McLeod, notes, often in psychotherapy stories begun in previous sessions are taken

up and continued and then stopped, to be taken up in a later session. The form of analysis used in this study may have missed less privileged stories that the boys used. These might have highlighted issues concerning possible alternative subject positions, and drawn upon subordinate cultural discourses, suggesting ways in which clinicians could work with them.

A second limitation of the study was that by focusing on themes, subject positioning and how the boys articulated distress, it was unable to look at communication breakdown. Psychological distress is often at the edge of language (Frosh, 1995, 1997a) and during the interviews several of the boys appeared to find it difficult to articulate some experiences. Future research looking at the breakdown of communication in therapy may highlight issues concerning meaning-making for the boys.

A further limitation concerned ventriloquation (Bakhtin, 1981). Although it focused on dominant cultural discourses the boys used to construct their accounts, particularly those concerned with masculine identities, it did not address issues concerning where and how the boys appropriated the voices they took up. In the process of differentiating themselves from others there are competing voices, some of which will be more privileged than others. Influences on boys concerning which voices they take up will be embedded in their own life histories and social contexts. Possibilities for future research include focusing on where the voices came from and their personal investment in them. Why are some voices rejected and others privileged? How do boys resist taking up particular voices?

Finally, the methods used in this study suggest possible ways of developing approaches for looking at process issues in therapy. Recently clinicians working within family therapy have begun to look at subject position shifts within dominant therapeutic themes (Frosh, Burck, Strickland-Clark and Morgan, 1996). This may be one possible way to look at change within therapy.

4.3 Clinical implications

The findings of this study have a number of implications for clinicians working with adolescent males.

1. Previous research has noted the difficulty many clinicians have in engaging therapeutically with this group. Since language is the medium through which individuals convey their subjective experiences and establish relationships, a fruitful research approach was to look at the boys' language when they talked about their difficulties. By grounding an analysis in the different linguistic structures used by a group of adolescent boys in a clinical setting, knowledge of the heterogeneity of the language of the group is provided. Awareness of, and sensitivity to, the different metaphors used by clients aids shared clinician-client understanding. Systemic and individual constructivist and constructionist psychotherapeutic approaches recognise the importance of shared metaphor to establish therapeutic relationships and bring about narrative change (White and Epston, 1990, Goncalves, 1995, Meichenbaum, 1995, Angus, 1996, McLeod, 1997). This study has documented the different metaphors used by a small number of boys in a clinical setting. Possible future research could not only look at the language that the boys use but also the meanings clinicians attribute to the different metaphors used and what the clinical implications might be.

2. The finding that the boys' emotional distress is often located within metaphors highlights the need for clinicians to be sensitive to the ways boys talk about their distress. It would seem especially important to listen for repeated, unusual figures of speech which may indicate an individual's struggle to articulate distress. 'Boy-centred' research, which puts boys' dilemma of gender subjectivity into the research frame (Pattman, Frosh and Phoenix, 1998) will help clinicians develop sensitivity to the influence of gender on boys' talk.

3. The subject positions taken up by boys within narratives are influenced by wider cultural constraints and individual investments. This supports previous exhortations that clinicians orient to cultural context in psychotherapy (Ussher, 1991, Madill and Doherty, 1994, Frosh, 1997a). Clinicians can benefit from being aware of dominant cultural images and discourses and power relations within wider society, and the individual contexts and histories of their clients. Attending to subject positionings within narratives enables clinicians to identify clients' preferred subjectivities and possible power relations, which may privilege or marginalise the young person. It also enables contradictions and

inconsistencies in an individual's sense of self to be located. Alternative subject locations or further narrative incongruities and conflicts, can then be introduced. Choice of approach will depend on the context of an individual's positioning and the desired therapeutic goals. For example, for a client such as David who presents the polarised positions where he is either overwhelmed by others' distress, or isolated, it may be useful to focus on finding subject positions which incorporate intimacy without engulfment. In his case, he had been able to achieve this previously with his brother. He may also be aware of men or women in his life who are able to incorporate these positions. By emphasising narratives where intimacy is present without engulfment he is introduced to different positionings. The clinician would also need to consider his perception of suicide as a pragmatic, rational response. Since David appears to adopt rationality as a preferred position within his talk, an approach where the clinician heightens the 'irrationality' of attempted suicide when David's problems are located outside of himself, is likely to be beneficial.

Andrew and Tony present different clinical dilemmas. Andrew's angry responses to occasions when he is positioned as aggressive, highlight the need for clinicians to balance narrative tensions to effect change. Accepting Andrew's subject positioning of 'naughty' is unlikely to be useful, since it requires no change in behaviour from him. However, constant, extreme positionings of him as 'aggressive' appears to increase his sense of futility about possible change. Where he is positioned as aggressive it should be possible to introduce counter narratives containing alternative subject positions.

For Tony, his fixed position as justifiably aggressive appears located within the scarcity of alternative possibilities within his home environment. Externalisation techniques (Epston and White, 1990), where his aggression is externalised and he 'fights' to resist it may be beneficial. Also, the use of media 'heroes', to provide examples of alternative possibilities could be attempted.

4. Andrew's location of the problem as within himself sensitises the clinician to issues concerning the clinical paradox of when a young man with conduct problems is sometimes expected to follow particular behavioural regimes and following rules, often after years of difficulties

with authority. For Andrew, being given time away for his aggressive behaviour, seemed to be experienced by him as a negation of his efforts to change. It seemed especially problematic since the problem was located internally. He perceived himself as punished for having problems. Conversely, Tony, who located his aggression as a response to others intimidating him, did not seem to find the behavioural regime especially problematic.

5. Recognition of the boys' individual investments in particular subject positions raises some interesting questions concerning the validity and privileging of stories in family therapy and constructionist psychotherapeutic approaches. These approaches 'help others tell a more creative story about their life' (Frosh, 1995b). Some postmodern therapists consider all potential stories to be of equal validity to the client. Yet it is likely that an individual will be most comfortable with taking up positions which have some degree of familiarity and consistency for them. Hence some stories will be privileged over others.

6 The findings concerning Andrew's and Tony's relatively fixed identity positions in his narratives of aggression highlights issues of how to introduce tensions in young men's narratives about their aggressive behaviour. It may be therapeutically valuable to introduce such tensions and cause a disruption or fragmentation in the individual's sense of self, to open up spaces for the taking up of alternative subject positions. Yet the clinician needs to consider context and balancing of the tension. For example, for Tony, his behaviour is not problematic for him in his home context. He takes up a subject position of justifiably aggressive. Alternative subject positions would need to be placed within his social context, for example maybe by using media heroes. For Andrew, there needs to be a balance of tension. As he locates his problems within himself, presenting him with the subject position of aggressive is experienced by him as threatening. However, continuing to take up the subject position of naughty may be unhelpful and the clinician needs to introduce sufficient narrative tension to help him take up other positions in his narrative.

5. CONCLUSION

The main findings of this study suggest that the boys talked about their distress and emotions in multiple and diverse ways which may not be immediately apparent. Often using metaphors and repeated figures of speech they constructed their accounts using main recurring themes interwoven with recognisable cultural discourses. The positionings they took up within their accounts appeared constrained by influences from cultural discourses, power relations of their immediate and wider social contexts and their life-histories. The research highlights the need for clinicians to be sensitive to issues of gender subjectivities and culture in their work and the future development of services for young men. Future research possibilities could include looking at the attributions clinicians make from the metaphors the boys used and exploring how the boys appropriate particular social and cultural voices out of the multiple competing ones they are exposed to.

REFERENCES

- Angus, L. (1996). An intensive analysis of metaphor themes in psychotherapy. In J.S. Mio and A. Katz (Eds), Metaphor: Pragmatics and applications. New York: Erlbaum. pp. 73-84.
- Archer, J. (1994). Male violence. London: Routledge.
- Bakhtin, M. (1981). The dialogic imagination. In M. Holquist (Ed), Dialogism: Bakhtin and his world. London: Bakhtin.
- Barclay, C.R., (1996). Autobiographical remembering: Narrative constraints on objectified selves. In D. C. Rubin (Ed). Remembering our past: Studies in autobiographical memory. Cambridge: Cambridge University Press. pp. 94-125.
- Barraclough, B.M., Bunch, J., Nelson, B., and Sainsbury, P. (1974). A hundred cases of suicide: Clinical aspects. British Journal of Psychiatry, 125, 355-373.
- Baumeister, R.F., and Newman, L.S. (1994). How stories make sense of personal experiences: Motives that shape autobiographical narratives. Personality and social psychology bulletin, 20, 676-690.
- Billig, M. (1991). Ideology and opinions: Studies in rhetorical psychology. London: Sage.
- Blos, P. (1962). On adolescence: A psychoanalytic interpretation. New York: Free Press.
- Bruckenwell, P., Jackson, D., Luck, M., Wallace, J., and Watts, J. (1995). The crisis in men's health. Bath: Community Health UK.
- Bruner, J.S. (1986). Actual minds, possible worlds. Cambridge, MA: Harvard University Press.
- Bruner, J.S. (1991). The narrative construction of reality. Critical inquiry, 18, 1-21.
- Burck, C., Hildebrand, J. and Mann, J. (1996). Women's tales: systemic groupwork with mothers post-separation. Journal of family therapy, 18, 2, pp 163-182.
- Burr, V. (1995). An introduction to social constructionism. London: Routledge.
- Chamberlain, K., Stephens, C., and Lyons, A.C. (1997). Encompassing experience: meanings and methods in health psychology. Psychology and health, 12, 691-709.
- Charlton, J., Kelly, J.S., Dunnell, K., Evans, B., Jenkins, R., and Wallis, R. (1992). Trends in [factors associated with] suicide deaths in England and Wales, Population trends, London: OPCS, pp.10-16, 34-42.
- Connell, R.W. (1995). Masculinities. Oxford: Polity Press.

Coyle, A., and Pugh, D., (1998). Discourse analysis in clinical research and practice: A consideration of the contemporary 'crisis' in male mental health. In K. Henwood, C. McQueen and A. Vetere (Eds), Special Issue: Qualitative research and clinical psychology: Promoting the interchange, Clinical psychology forum, 114,4-6.

Diekstra, R.F. W., Kienhorst, C.W.M., and de Wilde, E.J. (1995). Suicide and suicidal behaviour among adolescents. In M. Rutter and D.J. Smith (Eds), Psychosocial disorders in young people: Time trends and their causes. London: John Wiley and Sons Ltd, p.686-761.

DiGiuseppe, R., (1989). Cognitive therapy with children. In G. Emery, S. Hollon and R. Bedrosian (Eds), New directions cognitive therapy. New York: Guilford Press.

DiGiuseppe, R., Linscott, J. and Jilton, R. (1996). Developing the therapeutic alliance in child-adolescent psychotherapy. Applied and Preventive Psychology, 5, 85-100.

Edley, N., and Wetherell, M., (1995). Men in perspective: Practice, power and identity. Hemel Hempstead: Prentice Hall/Harvester Wheatsheaf.

Edley, N., and Wetherell, M. (1997). Jockeying for position: The construction of masculine identities. Discourse and Society, 8, (2), 203-217.

Epstein, D. (1997). Boyz own stories: masculinities and sexualities in schools. In C. Griffin and S. Lees (Eds). Gender and education, Special Issues, Masculinities in Education, 9 (1) 105-114.

Epston, D. and White, M. (Eds) (1992). Experience, contradiction, narrative and imagination. Adelaide, South Australia: Dulwich Centre Publications.

Erikson, E.H. (1950). Childhood and society. New York: Norton.

Erikson, E.H. (1968). Identity: youth and crisis. New York: Norton.

Fombonne, E. (1995). Depressive disorders: Time trends and possible explanatory mechanisms. In M. Rutter and D.J. Smith (Eds), Psychosocial disorders in young people: Time trends and their causes. London: John Wiley and Sons Ltd, p.544-615.

Foucault, M. (1981). The history of sexuality, Vol I: An introduction. Middlesex: Penguin.

Frosh, S. (1991). Identity crisis: Modernity, psychoanalysis and the self. London: Macmillan Education Ltd.

Frosh, S. (1993). 'The seeds of male sexuality'. In J. Ussher and C. Baker (Eds), Psychological perspectives on sexual problems. London: Routledge.

Frosh, S. (1994). Sexual difference: Masculinity and psychoanalysis. London: Routledge.

Frosh, S. (1995a). Unpacking masculinity. In C. Burck and B. Speed (Eds), Gender, power and relationships. London: Routledge, pp.218-231.

Frosh, S. (1995b). Postmodernism versus psychotherapy. Journal of family therapy, 17, (2), pp. 175-190.

Frosh, S. (1997a). Screaming under the bridge: Masculinity, rationality and psychotherapy. In J. Ussher (Ed), Body talk: The material and discursive regulation of sexuality, madness and reproduction. London: Routledge. pp. 70-84.

Frosh, S. (1997b). Psychoanalysis, for and against. London: Routledge.

Frosh, S., Burck, C., Strickland-Clark, L, and Morgan, K. (1996). Engaging with change: a process study of family therapy. Journal of family therapy, 18, (2), pp. 141-161.

Garfinkel, H. (1967). Studies in ethnomethodology. Englewood Cliffs, NJ: Prentice Hall.

Gergen, K.J. (1985). The social constructionist movement in modern psychology. American psychologist, 40, 266-275.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Gilligan, C. (1987). Adolescent development reconsidered. In C.E. Irwin, Jr. (Ed.), Adolescent social behaviour and health. pp 63-92). San Francisco: Jossey-Bass.

Goncalves, O.F. (1995). Hermeneutics, constructivism and cognitive-behavioural therapies: from the object to the project'. In R.A. Neimeyer and M.J. Mahoney (Eds), Constructivism in psychotherapy. Washington, DC: American Psychological Association, pp 195-230.

Goodman, R. (1997). Maudsley discussion paper no. 4: Child and adolescent mental health services: Reasoned advice to commissioners and providers. London: Institute of Psychiatry.

Gordon, R.L. (1987). Interviewing: Strategy, techniques and tactics. Homewood, IL: Dorsey.

Haraway, D. (1991). Simians, cyborgs and women: The reinvention of nature. New York: Routledge.

Harding, S. (1992). After the neutrality ideal: science, politics, and "strong objectivity", Social research, 59 (3), 567-587.

Hart, B., (1996). The construction of the gendered self. Journal of family therapy, 18, (1), pp.43-60.

Hawton, K. (1986). Suicide and attempted suicide among children and adolescents. Developmental clinical psychology and psychiatry series, volume 5. London: Sage.

Hawton, K., Fagg, J., Simkin, S., Bale, E., and Bond, A. (1994). Attempted suicide in Oxford, 1994. Unpublished report from University Department of Psychiatry, Oxford.

Henwood, K., and McQueen, C. (1998). The conference: its background and agenda. In K. Henwood, C. McQueen and A. Vetere (Eds), Special Issue: Qualitative research and clinical psychology: Promoting the interchange, Clinical psychology forum, 114,4-6.

Henwood, K. and Pidgeon, N. (1992). Qualitative research and psychological theorising. British journal of psychology, 83, 97-111.

Henwood, K, and Pidgeon, N. (1995). Remaking the link: Qualitative research and feminist standpoint theory. Feminism and psychology, 5, (1), 7-30.

Hollway, W. (1998). Gender difference and the production of subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn and V. Walkerdine (Eds), Changing the subject: Psychology, social regulation and subjectivity. p.227-263. Second edition. London: Routledge.

Hollway, W., and Jefferson, T. (1997). Eliciting narrative through the in-depth interview. Qualitative inquiry, 3, (1), 53-70.

Holstein, J.A. and Gubrium, J.F. (1995). The active interview: Qualitative research methods series. Volume 37. London: Sage.

Holstein, J.A. and Gubrium, J.F. (1997). Active interviewing. In D. Silverman (Ed), Qualitative research: Theory, method and practice. London: Sage.

Kazdin, A. (1987). Treatment of antisocial behaviour in children: Current status and future directions. Psychological Bulletin, 102, 187-203.

Kazdin, A. (1988). Child psychotherapy: Developing and identifying effective treatments. New York: Pergamon Press.

Kazdin, A.E., (1993). Treatment of conduct disorder: Progress and directions in psychotherapy research. Development and psychopathology, 5, 277-310.

Kendall, P. (1991). Child and adolescent therapy: Cognitive-behavioural procedures. New York: Guilford Press.

Kernberg, P.F. and Cazan, S.E. (1991). Children with conduct disorders. New York: Basic.

Kimmel, D.C., and Weiner, I.B., (1995). Adolescence: A developmental transition. New York: John Wiley and Sons.

Kreitman, N., Carstairs, V., and Duffy, J. (1991). Association of age and social class with suicide among men in Great Britain. Journal of epidemiology and community health, 45, pp. 195-202.

Labov, W. (Ed) (1972). The transformation of experience in narrative syntax. In W. Labov (Ed). Language in the inner city: Studies in the

Black English vernacular. (pp. 354-396). Philadelphia: University of Pennsylvania Press.

Labov, W. (1982). Speech actions and reactions in personal narrative. In D. Tannen (Ed.), Analyzing discourse: Text and talk (pp. 219-247). Washington, DC: Georgetown University Press.

Lindsay-Hartz, J., de Rivera, J. and Mascolo, M.F. (1995). Differentiating shame and guilt and their effects on motivation. In J.P. Tangney and K.W. Fischer (Eds), Self-conscious emotions: the psychology of shame, guilt, embarrassment and pride. New York: Guilford Press, pp. 274-300.

Loeber, R. (1990). Development and risk factors of juvenile antisocial behaviour and delinquency. Clinical psychology review, 10, 1-41.

McIntire, M.S., and Angle, C.R. (1973). Psychological "biopsy" in self-poisoning of children and adolescents. American Journal of Diseases of Children, 126, 42-46.

McLeod, J. (1997). Narrative and psychotherapy. London: Sage.

McLeod, J., and Balamoutsou, S. (1996). Representing narrative process in therapy: qualitative analysis of a single case. Counselling psychology quarterly, 9, 61-76.

McNamee, S. (1996) Therapy and identity construction in a postmodern world. In D. Grodin and T.R. Lindlof (Eds) Constructing the self in the mediated world. Thousand Oaks: Sage. pp. 141-155.

Mac an Ghail, M. (1994). The making of men: Masculinities, sexualities and schooling. Buckingham: Open University Press.

McDonald, N. (1997). The art of destruction: An ethnographic study of graffiti subculture. Unpublished PhD thesis, Brunel University.

Madill, A., and K. Doherty, (1994). 'So you did what you wanted then': Discourse analysis, personal agency and psychotherapy. Journal of community and applied social psychology, 4, 261-273.

Mair, M. (1989). Beyond psychology and psychotherapy: A poetics of experience. London: Routledge.

Marcia, J.E. (1966). Development and validation of ego identity status. Journal of personality and social psychology, 3, 551-558.

Marcia, J.E. (1980). Identity in adolescence. In J. Adelson (Ed). Handbook of adolescent psychology. New York: John Wiley. pp. 159-187.

Meichenbaum, D. (1995). Changing conceptions of cognitive behaviour modification: retrospect and prospect. In M.J. Mahoney (Ed). Cognitive and constructive psychotherapies: Theory, research and practice. New York: Springer, pp.20-26.

Michaels, S. (1991). The dismantling of narrative. In A. McCabe and C. Peterson (eds), Developing narrative structure. Hillsdale, NJ: Lawrence Erlbaum. pp. 303-352.

Mishler, E.G. (1984). The discourse of medicine: Dialectics of medical interviews. Norwood, NJ: Ablex Publishing Corporation.

Mishler, E.G. (1986). Research interviewing. Cambridge, MA: Harvard University Press.

Mishler, E.G. (1991). 'Representing discourse: The rhetoric of transcription. Journal of Narrative and Life History, 1, 255-280.

Mishne, J. (1986). Clinical work with adolescents. New York: Free Press.

Nayak, A., and Kehily, M. (1996). Playing it straight: masculinities, homophobias and schooling. Journal of gender studies, 5, (2), pp.211-230.

Neimeyer, R.A. (1995). An invitation to constructivist psychotherapies. In R.A. Neimeyer, and M.J. Mahoney, (Eds) Constructivism in psychotherapy. Washington DC: American Psychological Association.

Pattman, R., Frosh, S., and Phoenix, A., (1998). Lads, machos and others: Developing 'boy-centred' research. Journal of youth studies, 1, (2), pp. 125-142.

Phoenix, A. (1990). Theories of gender and black families'. In T. Lovell (Ed), British feminist thought: A reader. Oxford: Basil Blackwell.

Platt, S. (1968). Epidemiology of suicide and parasuicide. Journal of psychopharmacology, 6, pp.291-299.

Potter, J. and Wetherell, M. (1987). Discourse and social psychology: Beyond attitudes and behaviour. London: Sage.

Redman, P., and Mac An Ghail, M. (1997). Educating Peter: the making of a history man. In L. Steinberg, D. Epstein and R. Johnson (Eds). Border patrols: Policing the boundaries of heterosexuality. London: Cassell.

Rennie, D.L. (1994). Storytelling in psychotherapy: The client's subjective experience. Psychotherapy, 31, 234-243.

Riessman, C.K. (1988). Worlds of difference: contrasting experience in marriage and narrative style. In A.D. Todd and S. Fisher (Eds), Gender and discourse: The power of talk. Norwood, NJ: Ablex, pp.151-173.

Riessman, C.K. (1990). Divorce talk: Women and men make sense of personal relationships. New Brunswick, NJ: Rutgers University Press.

Riessman, C.K. (1993). Narrative analysis. New York: Sage.

Riessman, C.K. (1994). Making sense of marital violence: One woman's narrative. In C.K. Riessman (Ed), Qualitative studies in social work research. New York: Sage, pp113-132.

Rutherford, J. (1988). 'Who's That Man?', in R. Chapman and J Rutherford (Eds), Male order: Unwrapping masculinity. London: Lawrence and Wishart.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry, 147, 598-611.

Rutter, M and Rutter, M. (1993). Developing minds. New York: Basic.

Said, E. (1978). Orientalism. Harmondsworth: Penguin.

Sainsbury, P., Jenkins, J., and Baert, A.E., (1981). Suicide trends in Europe. Copenhagen: World Health Organisation.

Sampson, E. E. (1977). Psychology and the American ideal. Journal of personality and social psychology, 35, (11), 767-782.

Sampson, E.E. (1989). The deconstruction of the self. In J. Shotter and K.J. Gergen (eds) Texts of identity. London: Sage.

Sarbin, T.R. (1989). Emotions as narrative emplotments. In M.J. Packer and R.B. Addison (Eds), Entering the circle: Hermeneutic investigation in psychology. Albany, NY: State University of New York Press, pp. 185-201.

Segal, L. (1990). Slow motion: Changing masculinities, changing men. London: Virago.

Segal, L. (1993). Changing men: masculinities in context. Theory and society, 22, pp.625-641.

Seidler, V. (1989). Rediscovering masculinity. London: Routledge.

Sewell, T. (1997). Black masculinities and schooling: How black boys survive modern schooling. Stoke on Trent: Trentham Books.

Shaffer, D. (1974). Suicide of childhood and early adolescence. Journal of Child Psychology and Psychiatry, 15, 275-291.

Shaffer, D. (1988). The epidemiology of teen suicide: An examination of risk factors. Journal of Clinical Psychiatry Supplement, 9, 49, 36-41.

Sherrard, C. (1997). Qualitative research. The psychologist, 10, (4), 161-162.

Shotter, J. and Gergen, K.J. (Eds) (1989). Texts of identity. London: Sage.

Silverman, D. (1993). Interpreting qualitative data: Methods for analysing talk, text and interaction. London: Sage.

Slaby, R. and Guerra, N. (19988). Cognitive mediators of aggression in adolescent offenders: 1. Assessment. Development Psychology, 24, 580-588.

Smith D.J. (1995). Youth crime and conduct disorders: Trends, patterns and causal explanations. In M. Rutter and D.J. Smith (Eds) Psychosocial disorders in young people: Time trends and their causes. Chichester: John Wiley and Sons Ltd.

Smith D.J. and Rutter, M. (1995). Time trends in psychosocial disorders of youth. In M. Rutter and D.J. Smith (Eds) Psychosocial disorders in young people: Time trends and their causes. Chichester: John Wiley and Sons Ltd.

Smith, J. (1996). Evolving issues for qualitative psychology. In J.T.E. Richardson, (Ed), Handbook of qualitative research methods for psychology and the social sciences. Leicester: BPS Books, pp. 189-201.

Stein, N.L. (1982). The definition of a story. Journal of pragmatics, 6, 487-507.

Stiles, W.B., (1993). Quality control in qualitative research. Clinical psychology review, 13, 593-618.

Surrey, J.L. (1983). The self-in-relation: A theory of women's development. In J.V. Jordan, A.G. Kaplan, J.B. Miller, I.P. Stiver and J.L. Surrey (Eds). Women's growth in connection. New York: Guilford. pp. 51-66.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J.A., and Walsh, S. (1997). Standards for research projects and theses involving qualitative methods: suggested guidelines for trainees and courses. Clinical psychology forum, 108, 3-7.

Walker, B., and Cusher, S. (1997). Understanding boys' sexual health education and its implications for attitude change. Final report of research funded by ESRC, Centre for Applied Research in Education, University of East Anglia.

Walker, G., and Goldern, V., (1995). The wounded prince and the women who love him. In C. Burck and B. Speed (Eds), Gender, power and relationships, pp.24-45.

Webster-Stratton, C. and Herbert, M. (1995). Troubled families - Problem children: Working with parents: A collaborative process. Chichester: John Wiley and Sons Ltd.

Weedon, C. (1987). Feminist practice and post-structuralist theory. Oxford: Blackwell.

Wells, K.C. and Forehand, R. (1985). Conduct and oppositional disorders. In P.H. Bornstein and A.E. Kazdin (Eds), Handbook of clinical behaviour therapy with children. New York: Dorsey.

Welsh Office (1996). Annual report of chief medical officer. October 1996.

Wetherell, M., and Maybin, J. (1996). The distributed self: A social constructionist perspective. In R. Stevens (Ed), Understanding the self. London: Sage. pp. 220-279.

Wetherell, M., and Griffin, C. (1991). Feminist psychology and the study of men and masculinity: Part One: Assumptions and perspectives, Feminism and psychology, 1, 361-393.

Wetherell, M. and Potter, J. (1992). Mapping the language of racism: Discourse and the legitimation of exploitation. Hemel Hempstead: Harvester Wheatsheaf.

Williams, M. (1997). A cry of pain: Understanding suicide and self-harm. London: Penguin.

Willott, S., and Griffin, C. (1997). 'Wham bam, am I a man?: Unemployed men talk about masculinities. Feminism and psychology, 7, (1), pp 107-128.

Woods, R. (1998). Discussion group report: issues in the supervision and assessment of doctorate theses using qualitative approaches. In K. Henwood, C. McQueen and A. Vetere (Eds), Special Issue: Qualitative research and clinical psychology: Promoting the interchange, Clinical psychology forum, 114, pp.28-29.

Woolgar, S. (1996). Psychology, qualitative methods and ideas of science. In J.T.E. Richardson, (Ed), Handbook of qualitative research methods for psychology and the social sciences. Leicester: BPS Books, pp. 11-24.

Yardley, L. (1997). Introducing discursive methods. In L. Yardley, (Ed), Material discourses of health and illness. London: Routledge, pp.25-49.

APPENDIX ONE

Ethics proposal

Information sheet - teenagers

Information sheet - families

CLWYD NORTH**RESEARCH ETHICS COMMITTEE
APPLICATION/SUMMARY FOR APPROVAL
OF PROPOSED RESEARCH PROJECT****1) a) Principal Investigator:**

Carolyn McQueen, trainee clinical psychologist
 NWCPC, University of Wales, Bangor
 43 College Road
 Bangor
 Gwynedd LL57 2DG

b) Experience in the field of research concerned:

Trainee clinical psychologist specialising in adolescent psychological problems. Three years experience of conducting in-depth clinical interviews. The researcher will be supervised by a chartered clinical psychologist who has specialised in the field of adolescence.

c) Other Investigators:

Dr Michaela Swales: Joint NHS/University appointment. Chartered clinical psychologist at Cedar Court Adolescent Unit. PhD in 'Psychological processes of change in adolescents in a residential setting', University of Wales, Bangor.

Address: Department of Psychology
 University of Wales, Bangor
 41 College Road
 Bangor
 Gwynedd LL57 2DG

Dr Swales will be the clinical supervisor for the research.

Dr Karen Henwood: University lecturer, University of Wales, Bangor. Dr Henwood will provide advice on the method of the research.

Address: Department of Psychology
 University of Wales, Bangor
 41 College Road
 Bangor
 Gwynedd LL57 2DG

2) Place (where research will be undertaken)

The research will take place at the North Wales Adolescent Service, Cedar Court, Victoria Park, Colwyn Bay.

3) Title of Project:

The study of masculine identities in a clinical group of adolescent boys.

4) Objective of Research:

The overall objective of the research is to increase understanding of the key issues involved in the changes in young males' mental health, and thereby facilitate the development of effective clinical interventions.

A key part of UK and Wales Health policy is to target the increased risk of suicide and depression in adolescent males (Welsh Office, 1996). Major concerns have been raised by gender differences in suicide rates and changes in the pattern of male parasuicidal behaviour. Higher suicide rates are found in males in the age groups 15-19 and 20-24 years (Hawton, 1986). Although historically, rates of attempted suicide were higher in teenage girls than boys, the latest figures indicate an increase in male teenage parasuicides, with rates now equalling those found in girls (Williams, 1997). The increase in young male parasuicides and the high suicide rate amongst young males is likely to partly reflect a high level of hopelessness and depression in young males which is either unreported to professionals, or 'resistant' to therapeutic intervention. Reasons for failure of professional intervention are unclear, but are likely to be complex and include issues of therapeutic engagement and intervention approach.

One way to look at these complex issues is to study masculine identities in teenage boys. The study is likely to inform clinical practice in three main areas:

(1) Highlighting issues of therapeutic engagement with young males

This group is recognised by professionals as being difficult to engage therapeutically. Gender differences in help-seeking behaviour and reporting of interpersonal/intimate problems emerge in early teenage years (Boldero and Fallon, 1995,) with girls being more likely to seek help than boys (Rickwood, 1992, Greenley and Mechanic, 1976). Differences in the reporting of psychological and physical symptoms also emerge during adolescence (Eiser, Havermans and Eiser, 1995). Looking in-depth at the relationships boys form and how they view them will increase understanding of this area.

(2) Identification of risk factors for future mental health problems and/or offending behaviour

The literature suggests that adolescents who commit serious offences and/or are considered a risk to themselves are likely to have had previous contact with the psychiatric services (Bailey, Thornton, and Weaver, 1994). Risk factors for suicide include previous parasuicide, previous psychiatric treatment, diagnosis of personality disorder, criminal record etc. Looking in-depth at a clinical population may clarify processes, or factors involved in the continuation of psychological problems.

(3) Therapeutic Intervention

Increased understanding of the individual definition and construction of masculine identities has implications for therapeutic intervention. Research utilising a life-history approach to men in prison for violent crimes has been argued to be of value for focusing intervention at particular 'transition' points in the men's lives (Thurston and Beynon, 1995). An understanding of the context in which individual's identities are constructed will inform cognitive approaches to intervention.

5) Scientific Background

Gender differences in the rates of different types of psychopathology are common. As stated above there have been recent changes in young male parasuicidal behaviour, and young males in the age range 15-24 have higher suicide rates than girls. Concurrent with changes in suicide and parasuicide rates has been an increase in crime among young males (Archer, 1994). Of 100 admissions to an adolescent secure unit, 79 were males (Bailey, 1996). Of these, 22% had received previous inpatient psychiatric treatment and 41% had attended outpatient clinics. Clearly, a number of males come in contact with mental health services and fail to engage in therapeutic relationships, in some cases, continuing on a path of aggression and offending.

It is likely that the way in which young males construct their identity has important implications for their mental health and risk of developing serious offence behaviours. Although researchers have identified a 'crisis' with contemporary masculinity (Frosh, 1991, Connell, 1995), **there has been a gap in the research on young teenage males.** Research has also failed to look at how identities develop within the sociocultural environment, looking at individual, interpersonal, family, community, historical and cultural factors. By looking at one sample in time, researchers are able to look at a range of contextual factors and identity formation, to gain a clearer understanding of the processes in identity development.

6) Design of the Study (State briefly what will actually be done, what measurements will be made and how the results will be analysed. Has a statistician been consulted?)

This is an exploratory study, using qualitative methodology. As such there are no hypotheses to be tested, but a number of research questions to focus the study.

1. Self-Definition How do the boys define themselves and 'masculinity'? Do they see the issues facing themselves as different from girls? How do they see their future?
2. Relationships What are their attitudes to others, for example, adults, men, women and their peers? How much intimacy with other people do they experience in their lives?
3. Mental Health How do they see their mental health? How did they come to be in the mental health service? What have their experiences been? How do they see their future mental health?
4. Security and Anxiety What are the areas of security and the areas of confusion/uncertainty in the boys' construction of themselves as 'masculine'?

Procedure

Two individual interviews of approximately one-hour duration with each interviewee. The first will comprise a focused, but unstructured narrative interview covering the research questions (see previously). The second interview will explore gaps, contradictions, repetitions of the first, and allows for more detailed probing of specific areas. It will also allow the individuals to reflect and comment on the interview process.

It is hoped that a couple of group discussions will be conducted.

Analysis

Qualitative analysis of thematic material within a narrative framework. Dr Karen Henwood will advise on the analysis. The procedure is likely to be:

- (a) Transcription of audiotaped material.
- (b) Preliminary extraction of themes present in the boys' narratives.
- (c) Exploration of emphases, gaps and contradictions in the text to (i) develop hypotheses concerning the significance of the themes presented and avoided by the respondent and to (ii) develop questions for second interview.
- (d) Further extraction of themes. Write up of themes across groups as well as a detailed case study.

All tapes will be erased following by transcription. All transcripts kept on a computer accessed by the primary investigator only.

7) **Subjects:** Young adolescent males placed in Cedar Court Adolescent Unit.

Methods of Recruitment: Potential participants will be approached by their keyworker and asked to participate in the research.

Numbers involved: 10

Age group for each category: 11-16 years

Patient, controls, healthy volunteers: Not applicable

Will those who are pregnant or involved in other research be excluded:

The first category is not applicable. If the boys are involved in other research they will not be excluded from this study since it is an exploratory study and does not involve using interventions etc.

Will any subjects be in a dependent position to the investigators?

No

Will volunteers receive any payment?

Not applicable

6) **Informed Consent: (How will consent be obtained from the subject or the subject's parent or guardian? If in writing, please attach a copy of the form to be used. How much time will be allowed between giving an explanation of the research and requesting consent? Will consent be witness?)**

See attached information sheets and consent forms (Welsh translations to be obtained).

Boys will be approached and given an information sheet. They will be encouraged to talk to their families about the research. They will be asked for a decision one week after being given the information. If they agree to take part they will be asked to sign a consent form and an information sheet and covering letter will be sent to their parents/guardians asking for their consent. Parents will be given two weeks to respond. If they do not do so, the researcher will assume they do not consent and the boy will not take part.

No interviews will be conducted without parental consent.

9) **Permission of other professionals: (Will subjects' GPs or the Consultant in overall charge of their cases be asked for permission to enter the subjects into the study?)**

Dr Barry Kiehn, the Consultant Child and Adolescent Psychiatrist at Cedar Court has given the research his full support.

The University Ethics Committee has approved the ethics proposal for this study.

10) Substances to be given: (i.e. Drugs, special diets, isotopes, vaccines)

Not applicable.

11) Samples to be obtained: (i.e. blood, urine etc)

Not applicable.

12) Other procedures:

Not applicable.

13) Hazards: (please specify possible discomfort, pain, limitation of activity, inconvenience, or expense likely to be incurred by subjects).

It is not anticipated that the study will cause distress or offence to the participants. The use of focused unstructured interviews will allow subjects to structure their answers in the way they find most comfortable. All participants will be undergoing treatment at Cedar Court with key workers and nursing staff to support them should it be necessary. The researchers will liaise with nursing staff prior to, and after interview to inform of any distress.

In the event of a child disclosing issues relating to child protection, Cedar Court's child protection policy will apply.

14) Risks:

None anticipated. As stated previously, liaising with nursing staff will ensure support for the child in the unlikely event of distress occurring.

15) Benefits:

Although the study is in not in any way intended to be a clinical intervention, it may be that allowing the boys to talk about their lives and experiences will help them develop communication skills. Cedar Court encourages 'free and open communication' (Kiehn and Swales, 1995) and its eclectic approach includes encouraging youngsters to talk about themselves and their feelings.

16) Hospital Facilities (Will the project have any significant effect on the workload of nurses, laboratories, outpatient departments, etc.?)

None.

17) Drugs:

No drugs will be used in the research.

18) Investigator's interests: (specify any financial or other direct benefit to investigators or their department arising from the study)

None.

19) Paediatric Projects:

a) If the study is not intended to benefit the child subjects, is the risk realistically to be minimal?

Yes, please see section on hazards and benefits.

b) Will the permission of the child subjects be obtained together with the agreement of the parent/guardian?

Yes, copies of the consent form and a draft letter to parents/guardians is attached. No interviews will take place without parental consent.

Cedar Court Research Project

The Study of Masculine Identities in a Clinical Group of Adolescent Boys

Information for teenagers

In Cedar Court, we are starting a research project to look at the experiences of young boys growing up in modern society. As a result of our research we hope to understand more about how we can help young boys and their families.

It is important that you do not feel that you have to have to take part. The help that you receive will not be changed in any way if you decide not to take part. If you decide to take part and later change your mind, you do not have to continue in the study.

As young people enter their teens they encounter a range of problems, including how they see themselves 'fitting into' society, worries about their future, for example school and jobs, changing relationships, with parents, and friends. Some teenagers find it easier to sort out some of these issues than others.

We are interested in the type of issues that young boys, in particular, face. We want to develop our understanding of how adolescent boys see themselves today, including what things they find difficult, what makes them anxious, what they like doing, how they see their future. We hope that this research will help develop more effective ways of working with young boys who enter the mental health services, and particularly Cedar Court.

We are asking you to think about taking part in our study because you are a young boy who has come to Cedar Court and who, because of your age, might be starting to experience some of the issues we've mentioned. If you do agree to take part we will ask you to take part in two interviews, each of which will last for about one hour. In the first interview you will be asked about your life, what it has been like growing up, your current problems and your thoughts about your future. In the second interview we will go through the first interview and ask you to talk a bit more about some points that were mentioned and you will be able to ask the interviewer any questions you may have. If at any stage in the interviews or after they have occurred you decide you do not want to answer any questions or decide you do not want to continue in the study **you do not have to.**

Both interviews will be tape-recorded and the researcher will type out all that was said. All tapes of the interviews will be kept in a locked cabinet, and then erased after being typed out. All the information gathered in the project will remain confidential to the Cedar Court team. When the research is written up, it will be written in such a way that it will not be possible to identify the people who took part. After the research is written up, a short summary of the findings will be sent to you.

If you would like to talk about the research at any stage you can ask either Carolyn McQueen or Michaela Swales at Cedar Court, and we will be happy to answer any questions. If you are unhappy with any part of the research process and would like to make a complaint about it you may contact either Steve Riley, or Dr Barry Kiehn at Cedar Court.

Your family will also have been given an information sheet similar to this one. It is important to discuss with them the possibility of taking part in this project. If you want to talk about it more before you decide you can talk to Carolyn McQueen or Michaela Swales and they will answer any questions you have. In the next few days Carolyn will

ask you and your family whether you have decided if you want to take part. Remember, if you do not want to take part, your stay in Cedar Court and the help you receive will not be changed in any way.

Carolyn McQueen (Trainee Clinical Psychologist) Dr Michaela Swales (Chartered
Clinical Psychologist)

Cedar Court Research Project

The Study of Masculine Identities in a Clinical Group of Adolescent Boys

Information for families

In Cedar Court, we are starting a research project to look at the experiences of young boys growing up in modern society. As a result of our research we hope to understand more about how we can help young boys and their families.

It is important that neither you nor your son feel that you have to have to take part. The help that you and your son receive will not be changed in any way if you decide that you would not like to take part. If you or your son decide to take part and later change your minds, you do not have to continue in the study.

As young people enter their teens they encounter a range of problems, including how they see themselves 'fitting into' society, worries about their future, for example school and jobs, changing relationships, with parents, and friends. Some teenagers find it easier to sort out some of these issues than others.

We are interested in the type of issues that young boys, in particular, face. We want to develop our understanding of how adolescent boys see themselves today, including what things they find difficult, what makes them anxious, what they like doing, how they see their future. We hope that this research will help develop more effective ways of working with young boys who enter the mental health services, and particularly Cedar Court.

We are asking your son to think about taking part in our study because he is a young boy who has come to Cedar Court and who, because of his age, might be starting to experience some of the issues we've mentioned.

If you and your son do agree to take part we will ask your son to take part in two interviews, each of which will last for about one hour. In the first interview he will be asked about his life, what it has been like growing up, his current problems and his thoughts about his future. In the second interview we will go through the first interview and ask him to talk a bit more about some points that were mentioned and he will be able to ask the interviewer any questions he may have. If at any stage in the interviews or after they have occurred he decides he does not want he does not want to answer any questions or be included in the study **he does not have to.**

Both interviews will be tape-recorded and the researcher will type out all that was said. All tapes of the interviews will be kept in a locked cabinet, and then erased after being typed out. All the information gathered in the project will remain confidential to the Cedar Court team. When the research is written up, it will be written in such a way that it will not be possible to identify the people who took part. After the research is written up, a short summary of the findings will be sent to you and your son.

If you or you son would like to talk about the research at any stage, you can ask either Carolyn McQueen or Michaela Swales at Cedar Court, and we will be happy to answer any questions. If you or your son are unhappy with any part of the research process and would like to make a complaint about it, you may contact either Steve Riley or Dr Barry Kiehn at Cedar Court.

Your son will also have been given an information sheet similar to this one. It is important to discuss with him the possibility of taking part in this project. If you want to talk about it more before you decide you can talk to Carolyn McQueen or Michaela

Swales and they will answer any questions you have. In the next few days Carolyn will ask you and your son whether you have decided if you want to take part. **Remember, if you do not want to take part, your stay in Cedar Court and the help you receive will not be changed in any way.**

Carolyn McQueen (Trainee Clinical Psychologist) Dr Michaela Swales (Chartered
Clinical Psychologist)

APPENDIX 2

Consent form

Parental consent letter

Consent Form**Study of Masculine Identities in Adolescent Boys**

I agree to take part in the above named study. I have read the information sheet and I understand that I can withdraw from the study at any time without my treatment being affected in any way.

Name: _____

Signature: _____

Date: _____

Witness: _____

Parental Consent

I agree to my child taking part in the above named study. I have read the information sheet and I understand that he can withdraw from the study at any time without his treatment being affected in any way.

Name: _____

Signature: _____

Date: _____

Witness: _____

Thank you for your agreement to participate

EXAMPLE OF COVERING LETTER TO FAMILIES

Dear

Cedar Court Research Project

At Cedar Court we are carrying out a research project looking at the experiences of young boys growing up in modern society. Your son has expressed an interest in taking part in this research and we are writing to give you some information about the project and to ask for your agreement to his participation. If you do not wish him to take part the help that he receives will not be changed in any way.

If you agree to your son taking part please sign the enclosed consent form and return it in the envelope provided. If you would like to discuss any thing about the research please do not hesitate to contact us at Cedar Court.

Yours sincerely

Carolyn McQueen
Trainee Clinical Psychologist

Dr Michaela Swales
Chartered Clinical
Psychologist

APPENDIX 3

AREAS COVERED IN INTERVIEWS

AREAS COVERED IN INTERVIEWS

Family background

Entry into adolescent unit

Treatment at adolescent unit

Anticipated difficulties leaving adolescent unit

Relationships with peers (males)

Relationships with peers (females)

Emotional problems

Suicidal/self-harming behaviour

Hopes for future

Relationship with father

Relationship with peers

Relationship with mother

Intimacy with male peers

Intimacy with female peers

Male 'role' models

Drugs

APPENDIX 4**Full narratives****Tropes****Main themes**

APPENDIX 4: PARTICIPANT ONE: MICHAEL**FULL NARRATIVE****Box 1: Narrative: Michael's story**

- 012 I: I wonder if you could tell me a bit about how you came to be here in {adolescent unit}
- 013 M: Erm (P) when I was unhappy with school and I (p) when (p) it was (p),
014 well it's going to be nearly three years from me birthday,
015 when I was in the third year of school
016 we had a bus crash with the school (I: right)
017 and after that I felt *really strange*
018 and didn't like school
019 and felt really dizzy
020 and I stopped eating
021 and felt *really strange* (I: Mmm)
022 and felt that I could erm (P)
023 I could mix in well with me friends
024 but sometimes I thought I didn't*want* to
025 and I tried to feel that I was better than them,
026 and I was like (p)
027 I *felt* better than them (I: Mmm)
028 and they like didn't quite understand what I was going through
029 and it was making it difficult for me so I (P)
030 well I couldn't take school anymore
031 and I wanted to stay at home. (I: right)
032 But I still wanted to do work
033 that was the main thing,
033 I didn't want to leave school and not do any work
034 'cos I done my GCSE and I get the result this week.

PARTICIPANT ONE: MICHAEL - PRELIMINARY ANALYSIS - TROPES

1. 'feeling strange'
2. 'felt really dizzy'
3. 'stopped eating'
4. 'could mix in'
5. 'they didn't quite understand'
6. 'it was making it difficult for me'
7. 'I couldn't be bothered'
8. 'I don't have to be here'
9. 'it was really horrible'
10. 'I couldn't take any more'
11. 'my life should be what I want to do'
12. 'I didn't fit in'
13. 'I hated that'
14. 'I couldn't cope'
15. 'they would see everyone else'
16. 'getting away with it'
17. 'I didn't feel safe'
18. 'people like were different'
19. 'we grew up'
20. 'we stood together'
21. 'I don't have to be scared'
22. 'no-one can control me'
23. 'saving them from being hit'
24. 'I was kind of independent'
25. 'he's like on the same wavelength'
26. 'I was torturing them'
27. 'I was stuck in the middle'
28. 'I was trying to let them know I existed'
29. 'I've got me own mind'
30. 'I was just normal like'

PARTICIPANT ONE: MICHAEL: MAIN THEMES**1. 'self, others, difference and conflict'**

'feeling strange'
 'felt really dizzy'
 'stopped eating'
 'they didn't quite understand'
 'it was making it difficult for me'
 'I couldn't be bothered'
 'it was really horrible'
 'I couldn't take any more'
 'I didn't fit in'
 'I hated that'
 'I couldn't cope'
 'they would see everyone else'
 'I didn't feel safe'
 'people were different'
 'we stood together'
 'he's like on the same wavelength'
 'I was torturing them'
 'I was stuck in the middle'
 'I was trying to let them know I existed'
 'I was just normal like'
 'my life should be what I want to do'
 'I don't have to be scared'

2. Change/transitions

'feeling strange'
 'stopped eating'
 'it was really horrible'
 'I couldn't take any more'
 'no-one can control me'
 'I was like independent'
 'I 've got me own mind'

3. Agentic self

'I could mix in'
 'I don't have to be here'
 'my life should be what I want to do'
 'I don't have to be scared'
 'no-one can control me'

APPENDIX 5**Participant Two****Full narrative****Tropes****Main themes**

APPENDIX 5 PARTICIPANT TWO

FULL NARRATIVE

Box 2.1 Narrative1: 'getting myself too involved'

Abstract

035 R: I wonder if you could tell me the background to coming into {adolescent unit},
what led up to it?

036 D: What, why I came here?

037 R: Yeah.

038 D: Um (p) well I came here

039 cos I tried to commit suicide

040 (p) I [attempted suicide]

041 but leading up to that

042 I was (p) you know

043 having problems with Julie

44 which(p)

045 I was getting myself too involved into her problems

046 and worrying about her problems

047 and that <played> on my mind

048 and it all got too much.

049 R: That's quite a step isn't it [attempting suicide] ?

050 D: {nods}

051 R: Did you feel at any stage, when things were difficult for you, that...

052 D: {interrupts} I felt it was the only option to me

053 yeah (p)

054 it was at the time

055 it was the only thing what felt right

056 and you know I was pleased

057 that I could finally sort it all out

058 and get away from it all.

Box 2.2 Narrative 2: 'Circled Out'**Abstract**

173 **R:** Are you able to talk about that a bit more, what was going on
for you around that time.

Orientation

174 **D:** Well there was a lot of small things really
175 like erm (P) at school
176 and that there was this one teacher
177 who circled me out from the rest
178 because he thought I had the potential to do well (p)
179 but I didn't really want to do well.
180 So he would like embarrass me in front of the class
181 so (p) so anyway (p)
182 the more he did it
183 the more I didn't do the work (p)
184 it was er (P)
185 in the end it got too much.
186 I dunno, it was probably an image
187 I built of myself (p)
188 but everyone sees me as you know (P)
189 you know.. oh he's going to do well
190 he's going to do this
191 and then it's pressure (R: right)
192 or I see it as pressure
193 people are saying you know (p)
194 like our teacher
195 he knew like I was supposed to be doing well
196 so he was pushing me
197 and you know just little things
198 that people do
199 which seemed to me
200 to put a lot of pressure on me.

Box 2.3 Narrative 3: 'Doing my own thing'

- 209 **R:** So it sounds like you had a lot (P) *you felt* you had people
 putting pressure on you when you were at school, like with this
 particular teacher, was there anything else do you think?
- 210 **D:** I dunno (P).
- 211 The fact that all the teacher's
 212 were always telling my parents that
 213 you know, I was doing well
 214 and I did have the potential to do well
 215 and I had reached the stage in my education where (P)
 216 I got to a difficult patch really {R: right}
 217 where I couldn't see,
 218 no matter how hard I tried,
 219 it just didn't seem to get anywhere
 220 so in the end I said look just forget it
 221 just you know,
 222 don't do as much work
 223 just slow down,
 224 cos you're not getting anywhere you know (P) {R: mmm}
 225 and then me parents couldn't understand
 226 that everything was going downhill.
 233 they didn't have a go at me or anything for it,
 234 it was just *I felt*
 235 from what they'd always been praising me and that,
 236 I felt that *I had to do it*,
 237 it wasn't (P)
 238 so that was getting me down
 239 cos I thought
 240 'Oh no I've got to do well here I've got to'
 241 they weren't saying
 242 'now David that's it now,
 243 you're finished cos you're not doing your school work'.
 246 I felt,
 247 cos all the remarks they'd been making for the years to come up to it,

Box 3.4 (contd)

248 you know, talking to people about how good I was doing at school and that
249 and the way I'd let them down
250 cos I couldn't do it any more really (P)
252 I just got to a stage where I wasn't bothered about life,
253 it was just 'do whatever you want David'. (p) {R: mmm}
254 I feel it was a bit of a daredevil stage really
255 where it was, you know, me life.
257 I just wasn't bothered.
258 I just had to get lost.
261 I'd given up on school and that really (p)
262 I was just doing my own thing.

PARTICIPANT TWO: PRELIMINARY ANALYSIS - TROPES

1. **Expectations of self/others**
'teacher circled me out'
'had potential'
'he's going to do well'
'I was supposed to be doing well'
'he was pushing me'
'I wasn't excelling'
'me parent's couldn't understand'

2. **Pressure**
'it's pressure'
'people put pressure on me'
'they wanted more effort'
'I decided it was too pressure'
'they put too much pressure on me'

3. **'too much'**
'it got too much'
'it all got too much'

4. **'close'**
'she's my closest friend'
'we used to be close'
'closer to her'

5. **'difficult patch'**
'I got to a difficult patch'

6. **'not understood'**
'me parents couldn't understand'
'none of my family understand'
'he's not going to understand'
'no one understands'

7. **Suicide as problem resolution**
'I could finally sort it out'
'I could get away from it all'
'you don't have to face your problems'

8. **Talking**
'just to talk to'
'I really wanted to talk to her'
'we just started talking, relating'
'I don't think I could tell my riends'
'I had no-one to tell'
'she told me things, I told her things'
'I didn't know what I was supposed to be telling him'
'I wanted to tell them'

9. **'Forget it'**
'I just said forget it'

10. **'Don't care'**
'I just didn't seem to care'
'I don't really care'

11. **'had to get lost'**
'I just felt I had to get lost'

12. **'too involved'**
'I was just too involved'
13. **'strain'**
'it was the strain'
'the strain of..'
14. **'Doing my own thing'**
I was doing my own thing
15. **'Bit of a daredevil stage'**
'I got to a bit of a daredevil stage'

PARTICIPANT TWO: MAIN THEMES

- 1. Relationships and intimacy**
 - Talking
 - Close
 - Pressure
 - Strain
 - Too much
 - Too involved
 - Played on my mind

- 2. Isolated/Not understood**
 - Not understood
 - Talking
 - 'had to get lost'
 - Too much
 - Pressure

- 3. Expectations of self and others**
 - Expectations of self and others
 - 'Forget it'
 - 'Doing my own thing'
 - 'Daredevil stage'

APPENDIX SIX

PARTICIPANT THREE

Full narratives

Tropes

Main themes

APPENDIX 6 - PARTICIPANT THREE

FULL NARRATIVE

Box 1. Episode 1: 'Cos I was naughty'

001 R: Why do you think you came to be here, how do you see it?

002 A: Cos I was naughty.

003 R: What's naughty mean?

004 A: naughty {ironic intonation} (laughs)

005 R: Give me an example..

006 A: Badly behaved

007 well I have to behave here though,

008 because if I don't

009 I just get sent home,

010 I think that's stupid

011 because they're not seeing

012 how I properly am like (p)

013 but I really am pretty bad,

014 especially if I'm having a lesson with

015 like a pushover teacher (p)

016 R: Right (p) what would happen then?

017 A: Just really naughty

018 impolite

019 you know what I mean (p)

020 er you know just getting like really annoying

021 stuff like trying to lock her in

022 when the fire alarm went off

023 and stuff went off

024 R: You've done that here, since you've been here?

025 **A:** No (p)

026 **R:** No, that was when?

027 **A:** [name of school]

028 just stuff like that,

029 that's what got me here,

030 in here I just don't feel like

031 I fit in

032 enough at school

033 and stuff like that

034 I just feel that

035 I fit in here more than that

Box 3.2 'she feels dead frightened by me'

P.238 001 I: One of the things you said was
002 you're looking not forward to growing up.
003 Is there anything about when you became a teenager that was good,
004 or what was good about it?

P.239 001 A: Well I've just got worse
002 haven't I?
003 I thought
004 'oh I'll be able to go out
005 and get drunk with me mates'
006 and it's just wrecked everything'

P.240 001 R: So going out and getting drunk with your mates
002 has wrecked everything?

P.241 001 A: Yeah, cos me mum's not very big,
002 she's only about up to there {demonstrates chest height},
003 when I'm drunk
004 I'm staggering
005 around the house,
006 she feels dead frightened by me
007 cos I'm big,
008 I'd never hit her
009 or anything,
010 but you know,
011 I'm stumbling away,
012 and I get quite aggressive as well,
013 and I'll be moaning
014 or something,
015 about something that had happened
016 during the night
017 and she'll just think
018 I'm taking it out on her,
019 she'll think
020 I'm going to stand on her
021 or something

022 and I'm not,
023 so that's why,
024 cos of the fighting,
025 I don't drink any more.

PARTICIPANT THREE - PRELIMINARY ANALYSIS - TROPES

1. **'Don't care'**
 'I don't care'
2. **'naughty'**
 'I was naughty'
 'really naughty'
 'I can be dead naughty'
 'just naughty, I liked being naughty'
3. **Badly behaved**
 'I was badly behaved'
 'I really am pretty bad'
4. **'aggressive'**
 'I can just be dead aggressive'
5. **'it gets me stressed'**
 'it gets me stressed'
6. **'really annoying'**
 'getting really annoying'
7. **'hate'**
 'I just hate it'
 'I hate talking to her'
 'I hate her'
8. **'not fitting in'**
 'I just don't fit in here'
 'I don't feel like I fit in'
9. **'dig deeper'**
 'she digs deeper'
 'she'll dig deeper'
 'trying to dig deeper and deeper'
10. **'winds me up'**
 'she just winds me up'
 'the way she acts winds me up'
11. **'it does my head in'**
 'it does my head in'
12. **'brings me lower'**
 'she just brings me lower and lower'
13. **'picking on'**
 'I got picked on'
 'people started picking'
14. **'taking the mickey'**
 'I started taking the mickey'
 'I wasn't taking the mickey out of people'
15. **'just stupid'**
 'they're just stupid'
 'it's just stupid'

- 'it's just stupid'
- 16.** '**no big deal**'
 'no big deal'
- 17.** '**smokes/takes pot**'
 'they both take it'
 'he smokes it every night'
- 18.** '**it's just really weird**'
 'it's just really weird'

PARTICIPANT THREE: MAIN THEMES**1. Authority and rules**

'just stupid'
'hate'
'winds me up'
'not fitting in'
'naughty'
'badly behaved'
'don't care'
'digs deeper'
'does my head in'
'winds me up'
'really annoying'
'it's just really weird'

2. Self as naughty/bad/aggressive

'naughty'
'badly behaved'
'aggressive'
'picking on'
'taking the mickey'
'does my head in'
'gets me stressed'

3. Talk and emotions

'digs deeper'
'does my head in'
'brings me lower'
'winds me up'
'hate'

4. Drugs

'no big deal'
'smokes/takes pot'

APPENDIX SEVEN

PARTICIPANT FOUR

Full narratives

Tropes

Main themes

APPENDIX 7: PARTICIPANT FOUR: GARETH**FULL NARRATIVE****Box 3.1 Narrative 1: 'I think that's all affected me a bit'**

P37 001 R: Can you tell me a bit about how you came to be in here,
and why you are in here? [adolescent unit]

P38 003 since I've been in school
004 I've been bullied
005 From primary school
006 I was really alienated
007 and antisocial
008 and didn't have much friends
009 if I did I was bullied by them
010 so I just lived with it
012 the second year in high school,
015 it really got bad, the bullying,
018 I just took it,
019 I didn't say nothing to the teachers
020 And one
021 got a rock
022 and he punched me with that
023 and I got infected in the eye
025 I went to a disco one night
026 and I didn't really want to go
030 the lad who beat me up came in
032 he goes 'do you want a fight'
033 I said no
034 one of my friends stirred for me
035 and said that I'd been saying stuff about him
036 and that I wanted a fight
037 I ran out to go home
038 he came out drunk
039 and he punched us
040 and kicked us
042 I got a psychiatrist then,
043 cos I wasn't going out or nothing

044 I went back after about a month .
046 and the lad who beat me up
047 put my clothes in the shower
048 and I had to go home with them wet
049 and that was like the last straw for me
053 after I went back
054 I wasn't focused
055 or concentrating on the work or nothing,
056 cos I was thinking about the lad
057 and I was thinking if he was going to beat me up after school
063 I left then for good
064 and I got a home tutor
068 and I had that a couple of months
069 and came to {adolescent unit}
072 I think that,
073 before I was bullied really bad,
074 me nan and Grandad died
076 Me mum's husbands
077 they punched
078 and they were a bit aggressive with me,
079 so I think that's all affected me a bit.

Box 4.2 Narrative 3: 'here's the world get on with it yourself'

P54 001 **G:** and then after me nan and grandad died
002 I think I lost confidence totally (quiet)

003 **R:** Mmm... were you close to them?

004 **G:** I stopped with me nan and grandad
005 for about two years,
006 cos with D,
007 me mum's second husband
008 was going to the house
009 and me mum didn't want me
010 seeing her getting beaten up and all that
011 and erm... me nan went into hospital
012 and then she died
013 and I stayed with me grandad
014 for a while and erm...
015 it was nice
016 because I was sheltered...
017 I got bullied
018 but I didn't go out much
019 at night or anything like that
020 and it was sheltered
021 and there were no worries
022 and as soon as he died
023 it was like
024 'here's the world, get on with it yourself'
025 and that was it,
026 and I had to click
027 from living there
028 to living with me mum
029 and that was quite hard...
030 I don't think I've got used to it yet
031 and I've been there for years now.

Box 4.3 Narrative 2: 'I didn't have any escape'

P.40 001 G: My dad in Scotland strangled me
 002 when I was dead little
 003 cos he was drunk
 004 and me mum's second husband
 005 he was... he just threatened me and stuff like erm
 006 ... he told me not to go into pubs or anything
 007 when I was eighteen and all that...
 008 and about... we had a fight and all this
 009 and I got taken by the police in a car and everything
 010 because me mum was at the police station
 011 and she was upset and everybody was looking at me
 012 and that was a bit weird.

P41 013 R:() Cos your stepdad hit you...?

P42 014 G: Right, he came in drunk,
 015 he doesn't live here,
 016 he didn't live there and erm
 017 and he kicked the door in
 018 and me mum wouldn't let him in
 019 and I got in the way
 020 and he sort of tried to hit me
 021 and he missed me
 022 and he hit me mum
 023 and er I pushed him a bit
 024 and he was drunk
 025 and actually fell over (p)
 026 and me mum ran out to go to the police
 027 and he started on me,
 028 he got up
 029 and he started on me
 030 and he was saying that,
 031 not to go into any pubs when I was eighteen and all this
 032 and I was crying like,
 033 and this was last year,
 034 erm (p) and the neighbours all came round
 035 saying 'do you want to come for tea' and all this,

036 and the police came
037 and took me
038 and I haven't seen him since.
039 But now he's got septicaemia or something
040 through drinking,
041 so it's come back to him I suppose.

P43 042 **R:** That must have been quite frightening?

043 **G:** It was yeah (p)
044 I got used to it,
045 cos when I was little,
046 about eight or something like that
047 when she first met him,
048 he used to come to the house
049 where we used to live
050 and I was shaking and everything,
051 I was really really scared,
052 I remember that
053 and I couldn't do nothing
054 cos I was only little
055 and he used to hit me mum
056 and I wanted to,
057 at night I wanted to stab him
058 and I just didn't have the guts to
059 and I've thought about that a lot
060 because he'd just had a row
061 with my mum
062 and he's got the cheek
063 to sleep by her in the bed,
064 so I thought, you know,
065 'get up and stab him'
066 but I didn't have the guts to,
067 cos it wouldn't help me,
068 but it would help me mum (p)
069 but it's sort of come out for the best
070 but he still rings up and all that (P)
071 I hate him I do.

P44 072 **R:** It sounds like an horrendous experience to go through (p)
I was just thinking, you said it would help your mum,
so it sounds as though part of you wanted to protect her?

073 **G:** Yeah, I wasn't worried about me anymore,
074 cos I was getting to the point
075 where I was just blocking it out,
076 cos I was getting bullied at school
077 and I was getting hassle at home off him
078 and it was you know repetitive
079 and I was just like,
080 I got used to it, you know,
081 I just blocked it out
082 and got on with the bullying,
083 you know what I mean,
084 and took that (P)
085 I didn't have any escape or nothing (p)
086 I think football was a bit, yeah...

PARTICIPANT FOUR: GARETH - PRELIMINARY ANALYSIS, TROPES

1. **'it's weird'**
 'it's weird'
2. **'they punched'**
 'they punched'
 "he punched"
3. **'I'm trapped'**
 'I'm trapped'
4. **'I lost confidence totally'**
5. **'here's the world, get on with it yourself'**
6. **'I couldn't understand'**
 'I couldn't understand males'
 'I couldn't understand the two of them together'
7. **'I didn't really see the world as it is'**
8. **'the mess that was me'**
9. **'bullied'**
 'I've been bullied'
 'I was afraid of the bullies'
10. **'trust'**
 'I've never experienced trust'
 'she doesn't trust me'
 'I didn't really trust them totally'
11. **'I just erupted'**
12. **'I don't really care'**
13. **'click'**
 'I had to click'
 'I'd find it hard to click'
 'it just clicks'
14. **'it screws your brain up'**
15. **'waste'**
 'I've wasted ten months'
 'it's wasting my time'
16. **'I need toughening up'**
17. **'I've got into habits and women'**
18. **'I'm quite soft really'**
 'I'm soft'
19. **'my life's a bit complex'**
20. **'fit in'**
 'you've got to do it to fit in'
 'just to fit in'
21. '

- 22. 'I wanna burn out'
- 23. 'I wanna be normal'
- 24. 'I wanna die'
'I wanna die quite long'
'I wanna die but how'
- 25. 'I wanna get better'
- 26. 'it goes really deep'
- 25. 'there's no point'

PARTICIPANT FOUR: MAIN THEMES

1. **I need toughening up**
 'I've got into habits and women'
 'I'm quite soft really'
 'I need toughening up'
 'bullied'
 'they punched'
 'I couldn't understand'
 'I didn't see the world as it is'
 'click'
 'I've got used to thinking like a bit of a woman'
 'fit in'

2. **'the struggle to live or die'**
 'I wanna die'
 'I wanna get better'
 'there's no point'
 'I wanna burn out'
 'waste'
 'it screws your brain up'
 'it's weird'
 'I couldn't understand'
 'fit in'
 'it screws your brain up'
 'it goes really deep'

3. **Isolation/not understood**
 'I'm trapped'
 'fit in'
 'my life's a bit complex'
 'trust'
 'I just erupted'
 'here's the world, get on with it yourself'
 'I couldn't understand'
 'I didn't really see the world as it is'
 'the mess that was me'
 'I lost confidence totally'
 'it's weird'

4. **REPUTATION AND ENHANCEMENT**
 'I wanna burn out'
 'I wanna die long'

APPENDIX EIGHT**PARTICIPANT FIVE****Full narratives****Tropes****Main themes**

APPENDIX 8: PARTICIPANT FIVE: TONY**FULL NARRATIVE****Box 5.2 Episode 2: 'I got involved with the wrong gang'**

- 001 **R:** When you lived with your mum what were things like?
- 002 **T:** All right yeah
003 until I got involved
004 with the wrong gang and that like.
- 005 **R:** Right, (P) the wrong gang?
- 006 **T:** (P) they got me involved in drugs
007 and all that [I:Right],
008 that's why I moved to X.
- 009 **R:** So were you taking drugs at that time?
- 010 **T:** Yeah.
- 011 **R:** Yeah, (P) can you talk a bit about the gang and
 what they were like and how you came to be involved with them?
- 012 **T:** Well me mates
013 before the gang yeah,
014 right, they were like talking
015 to the people
016 that were on drugs
017 and all that
018 and they started like
019 hanging around with them,
020 and it was like I got left out then,
021 so I started hanging around
022 with them yeah,
023 and they started pushing me

024 into taking drugs yeah.

PARTICIPANT FIVE: PRELIMINARY ANALYSIS - TROPES

1. **'I got kicked out'**
2. **'feeling angry'**
3. **'tease'**
'he tease me a lot
'I don't like people who tease me'
4. **'not bothered'**
5. **'I just like feel rejected'**
6. **'I was like speeding'**
7. **'I got involved'**
'I got involved with the wrong gang'
'got involved with drugs'
8. **'I got left out'**
9. **'they started pushing me'**
10. **'I started hanging around with them'**
11. **'just drug-user mates'**
12. **'I just like fight them'**
13. **'laying into'**
'he started laying into me'
'I started laying into him'
14. **'fitting in'**
'fitting in with other people'
'you won't fit in'
'I wasn't ready to fit in'
15. **'people start on you'**
16. **'you need self-defence'**
'cos you need self-defence'
'like you need self-defence'
17. **'grassed'**
'me friend grassed'
'you grass on them'
18. **'I got hit a lot faster'**
19. **'it just gets like good'**

PARTICIPANT FIVE: MAIN NARRATIVE THEMES**1. Aggression, retaliation, self-defence**

'people start on you'
'you need self-defence'
'laying into'
'I just like fight them'

2. Belonging/not belonging

'I got kicked out'
'fitting in'
'I got involved'
'I got left out'
'I started hanging around with them'
'just drug-user mates'
'feeling angry'
'not bothered'
'grassed'
'I just feel rejected'

3. Drugs

'got involved'
'I got hit a lot faster'
'it just gets like good'