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A Naturalistic Study of the Relationship Between the Process of Empowerment and Mental Health During Adolescence

By:

Michael T. Ungar

A dissertation submitted in partial fulfilment
of the requirements for the degree of
Doctor of Social Work
in Wilfrid Laurier University
1995

Doctoral Committee:
Dr. Patricia Kelley
Dr. Geoffrey Nelson
Dr. Isaac Prilleltensky
Dr. Eli Teram (Chair)

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ABSTRACT

A Naturalistic Study of the Relationship Between the Process of Empowerment and Mental Health During Adolescence

A qualitative study of 21 at-risk adolescents led to the development of a grounded theory which shows that mental health and resilience depends on the acceptance teenagers experience for their self-definitions and the power they exercise in the social discourse which constructs these defining labels. Using the metaphor of drift, this paper explores how teens seek acceptance for the most powerful personal labels accessible to them. The process of empowerment is conceptualized as a protective mechanism giving a young person power in the social construction of his or her identity. The young people in this study explained that participation in a process of empowerment which fosters mental health has three distinct elements: first, the empowerment process takes place within the context of relationships; second, it provides participants with experiences of control and power resulting in a say in the social discourse which defines the individual; and third, the empowerment process depends on access to experiences of competence which contribute to positive self-definitions. An extensive review of the literature helps to illustrate a theoretical basis for the grounded theory linking mental health and empowerment during adolescence.

ACKNOWLEDGEMENTS

As I begin to write these acknowledgements, my 22 month old, Scott, is desperately trying to get to the keyboard to type. Thankfully, my partner, Cathy Campbell, comes to my rescue yet again. Perhaps this latest episode is no coincidence. It is really to my family, especially Cathy, to whom I owe my greatest thanks. Cathy has been my most important emotional and instrumental support while I studied. Her wisdom on more than one occasion has helped me clarify my many thoughts and feelings as I went about this research.

Beyond this 24 hour support, there has also been Eli Teram, the chair of my committee. To him I owe thanks for endless guidance and instruction, as well as many favours which combined to ensure the success of this project. I greatly enjoyed our sharing and debating, and will always be grateful for the respect he has shown my work. My other committee members, each with their own unique perspective, were at the right times, invaluable. To Isaac Prilleltensky, Geoffrey Nelson and Patricia Kelley, I owe an enduring debt of gratitude.

No work of this magnitude could have been accomplished without the many kindnesses of those who helped me when I most needed help: the very caring staff of the counselling centre where the research was done, especially Norris Turner and Earlla Vickers; my colleagues in the Doctoral program over the past years; my father-in-law, Roy Campbell, whose editing helped polish this work; my brother Jack and his wife Caroline who always were there with whatever financial and instrumental support my family needed; and my many friends across North America who offered me encouragement and were happy to listen to my ramblings.

But it cannot be forgotten that it is finally the participants themselves to whom I owe a very sincere "thank you." Evidently they cannot be named, but hopefully they know from our many conversations just how valuable they have been and how much I have enjoyed being their student on this voyage of discovery.

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PREFACE

Academic research is seldom presented as a voyage of personal discovery in which long pondered questions that touch the researcher deeply are investigated with vigour and passion. Such is the case here. I have chosen a topic that touches my own life as much as the 21 teenagers who participated in this study. Their voices echo my own.

I come from an abusive home with a mother who suffers a mental illness. While my life has had moments of bleakness, I must be honest and say that most of the teens in this study suffer far more than I ever did. It is my deeply felt compassion for their situation and my sincere respect for their enduring spirits that has driven this study.

My individual story and my professional practice are two sets of personal experiences which led me to ask "How is it some kids suffer severe abuse and deprivation, yet still grow up and not only survive, but thrive?" As I began to look for answers, I found an entire field of relevant research in the area of risk and resilience. I knew intuitively through my social work practice that the resilient teens I have met over the years appeared to be engaged in a process of empowerment that helped keep them mentally healthy. The more I have read, and the more teenagers I have talked with, the more I have come to see that I too was actively pursuing my own empowerment as a youngster to cope with my home situation.

I was the type of youth who at age twelve was opening and closing the small public library down the street from my home where I volunteered two nights a week. I was also by the age of fourteen writing for a local newspaper, then editing our high

school paper before I was a senior. I had many experiences which took me out into the world, and those experiences taught me I was able to control my life despite what was occurring at home. I now think of myself as doing as well as anyone else, having changed my personal narrative from that of the abused child to one who has grown up healthy.

Though I have glimpsed answers to my initial question of how I and others survive, I have never found a sufficiently comprehensive explanation in the literature as to how the process of empowerment affects mental health. I felt in fact that the important questions had not yet been asked, and that youth themselves have seldom been invited into the research process as more than passive subjects. The research methodology selected for this study is an attempt to ground my experiences, and those of the youth invited to participate, to theory and research in two currently separate fields of inquiry - empowerment and mental health. The methods employed not only tolerate self-disclosure by the researcher but argue self-disclosure is necessary for others to see clearly my subjectivity.

While I brought with me to this research a strong belief that both mental health and the process of empowerment are theoretically linked, I was less certain of the actual manner in which the two constructs interact. At the substantive level, the teens in this study have been able to explain how empowerment affects mental health for them. I believe the findings are important at the formal theory level as well. With the experiences of these teens as a frame of reference, it is possible to concisely integrate a large amount of the research in two separate fields of inquiry, empowerment and mental

health. It is my hope the foundational work done here helps broaden our understanding of how experiences of power play a role in a young person's resilience and well-being.

SECTION ONE - Introduction

Chapter One

Overview of the Study

A large number of studies in the area of mental health[1] have examined many of the same constructs found in studies of the empowerment process[2], making the two terms seem at times indistinguishable (see for example Maton, 1990; Zimmerman & Rappaport,1988). However, very few studies in either body of literature have dealt extensively with the overlap and mutual interdependence of the two constructs. The present study addresses this lack of a comprehensive theory which links these two separate bodies of research. It is the intention here to develop a grounded theory (Glaser

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[1] Mental health is understood as an overall feeling of "control over one's fate, a feeling of purpose and belongingness, and a basic satisfaction with oneself and one's existence" (Cowen, 1991, p. 404). For a more complete discussion of the meaning of mental health, see below.

[2] Empowerment is generally understood as the psychological and sociological experience of power vulnerable individuals have in their lives and results from interventions and policies intended to enhance that feeling of being in control and having a say over decisions which affect the individual and his or her community (Rappaport, 1981; Prilleltensky, in press). Power, as understood here, has both agentic aspects manifested as the desire to exercise power over others and the environment (McAdams, 1988), and communal aspects which are manifested as the desire to participate with others to achieve one's goals (Gutierrez, 1990). In both displays of power, intrapersonal and interpersonal experiences are inextricably linked such that personal efficacy is mutually dependent on efficacy in social relations. The process of empowerment, however, is understood to accentuate the communal aspects of power such that one's experience of empowerment does not come at the cost of another's sense of personal empowerment. See below for a more detailed discussion of the process of empowerment.

& Strauss, 1967) which will explore the interrelationship between the process of empowerment and the mental health of a group of 21 at-risk adolescents selected from the caseloads of family therapists.

The Evolution of the Study

It is a rare but precious moment for social workers or other human service workers to come across a young person who, despite neglect and abuse, still maintains a spirited appreciation for life. My own personal identification with these youth and my fascination with them through my professional activities led me to wonder how these teenagers survive.

My own bias pointed me in the direction of empowerment theory as a way of explaining what I observed. I reasoned that kids who survived were empowered. While simple enough, I found little support in the empowerment or mental health literature for this specific connection. What I found instead were two bodies of literature, both examining many of the same groups of people, and looking at the same outcomes, but with few researchers building bridges between the two separate bodies of knowledge. From this wide assortment of articles and books no overall organizing principle could be deduced to explain patterns of resilience as they relate to empowerment.

The same problem is replicated in my profession. Social workers divide themselves between community workers and clinically oriented therapists. Interventions which engage people in empowering community processes are seldom viewed as clinical

interventions worthy of further examination (for an exception see Lord & Farlow, 1990; Lord & Hutchison, 1993). It was my hope that by examining both mental health and empowerment constructs together I might not only come to understand resilience, but also take one small step towards healing the rift in my profession.

The task of linking empowerment and mental health theory began with simple observations of similarities between the two fields. However, the theory which finally emerged through this study, is more complex, having to account for many different factors relevant to both constructs.

While it is not new to suggest that our environment in some measure determines our health (Lewin, 1947, 1951), less understood is the exact nature of the process by which individuals navigate between environmental resources in order to maximize their feelings of well-being. While all individuals have access to some of the resources they need for mental health, it is the process used to exploit these resources in order to nurture and maintain wellness which is the focus of this research.

The Methodology

A qualitative research design was used to investigate the interrelationship between the two central constructs of mental health and empowerment to develop a substantive, grounded theory (Glaser & Strauss, 1967). This methodology placed great emphasis on discovering *from the perspective of adolescents* their experience of the topic area. This approach lent itself well to understanding the meaning participants give to the social

constructions of their world (Snyder, 1992). This investigation was, therefore, concerned with understanding how adolescents experience power, both the strategies adolescents use, how they feel when in control, and what words like power and mental health mean to them. While an investigation such as this which started from the participants' point of view yielded descriptive data, the intent was to go beyond description and explore in-depth the nature of the relationship between empowering experiences and adolescent mental health. The final goal, then, was to understand how experiences of mental health and empowerment are linked for this particular group of adolescents.

Areas of Interest Guiding the Study

Several areas of interest guide this research.

1) What is the nature of the process by which adolescents nurture and maintain mental health despite personal and environmental risk factors which threaten their well-being?

2) How is the process which protects the highly vulnerable teens who participated in this study similar to the process of empowerment?

3) How does this protective process influence mental health? What role does the process of empowerment play in helping teens cope with biopsychosocial stressors?

4) How do the youth themselves view their state of mental health and how do they define the construct generally.

In addition to these four broad conceptual areas of inquiry, several specific areas of interest were addressed during this study.

1) How does the process of empowerment affect the way personal and environmental risk factors influence an adolescent's mental health?

2) How do the presence of relationships, experiences of personal and social efficacy, and opportunities to exercise one's personal competencies, all components of the empowerment process, affect both an adolescent's experience of power and his or her mental health?

3) What resources, physical, emotional, and social, do teenagers feel they need to maintain their well-being?

These questions initially directed the development of the interview guides for this research. As the theory emerged other areas of interest were added which examined more deeply the nature of the process of empowerment and its link to mental health.

Letting the Data Speak

When I began asking teens about aspects of their lives related to the two central constructs, I had no idea how the two topics would be linked. Concurrent with the data exploration I investigated many related areas and observed a pattern that was congruent with both the narratives of the participants and the literature.

At first I divided my sample into two categories, resilient and vulnerable youth (Anthony, 1987). As a substantive theory began to emerge which links mental health and

empowerment, I came to see that all the participants show some degree of healthy and resilient functioning. In fact, I began to question the manner in which I had constructed categorizations of the participants. The teens showed me that the choices they were making with regard to their behaviour were intelligible ones (Goffman, 1961) and from their perspective, health enhancing. Even suicidal and delinquent youth were doing the best they could, given the few resources they had access to in their environments. I began to understand that mental health is a social construction which depends for its definition on whom you are asking (Foucault, 1965, 1976).

An emerging definition of mental health is beginning to show that mental health relies on experiences of power, the power to access emotional, community and physical resources like love, a free vote and clean water (Health and Welfare Canada, 1988). One cannot be healthy without the power to control one's world and access the resources needed to feel valued and whole. One of the principal aspects of this power emphasized by the teens is the power to define one's self and one's state of well-being. The teens explained that their mental health depends on being able to gain acceptance for who they are in many different spheres of their lives. The power they seek is the power to compete with others in the construction of the labels placed on them as young people. Ironically, my original categorization of the teens inadvertently disempowered them by giving them such labels as delinquent and suicidal. Maintaining power in the labelling process is critical to these teenagers' mental health.

This power over definition and redefinition of mental health is key to the findings. The more power the teens exercise in an alternative discourse which defines their health,

the more healthy they are, no matter how that discourse defines well-being. One caveat is that certain principles of equality and justice frame these experiences of health. Because a broad based acceptance is the goal of the exercise of this power, the teens seek out experiences where power is shared with others, not ones where they needlessly dominate. They seek mutuality in the process of self-definition which is much more likely to bring with it acceptance.

This power of self-definition is dependent on two experiences of power: control of the resources one needs to feel mentally healthy, and the power to exploit resources so that one feels competent. Both competence and control help the teens construct healthy self-definitions. This argument rests on the post-structuralist belief that the language we use affects our thought processes (Eagleton, 1983; Scheman, 1980; Weedon, 1987).

These two experiences of control and competence have been examined in both the empowerment and mental health literature. A third area of investigation, relationships, upon which experiences of control and competence depend, has also been examined in both bodies of literature. When the findings in both fields of inquiry are organized under these three topic areas, the literature supports the substantive theory demonstrated here. This theory links mental health and the process of empowerment.

The Metaphor of Drift

This complex association between the social construction of self-definitions, mental health, the experiences of control and competence and the process of empowerment, can be summarized through the construction of a detailed metaphor. The reader is asked to imagine a voyage through the process of empowerment taking place on a vast ocean of possibilities. Now imagine a map which can trace this voyage and chart how teens move through the process by which they become empowered and resilient. This document and its presentation of the research findings will act as just such a map to chart the travels of the study's participants.

Like any map, this allegorical one has helped me and the participants to whom it was explained trace the steps individuals take in the development of their mental health. As well, like all maps, this one can also explain several dimensions of what it represents at once. Just as a globe can show physical geography, demographics and convey information about the economies of different regions, a map of the geography of mental health will help to illustrate the pathways adolescents take towards empowerment, their experiences of control, and where they find feelings of competence. This map was developed during the ongoing interview process and was used extensively during discussions with focus groups in order to quickly explain many complex aspects of the process of empowerment and its effect on mental health.

This metaphoric map resembles a navigational chart of a vast ocean dotted with islands. If one was to travel to the mythical land represented by this chart, one would

find winds intermittently blowing from all four directions, and waves that lift gently in the breeze and then tumble in a bubbling surf on the beaches and rock faces of the many islands which are identified. Each island carries with it a name, and this name is constructed by all the people who inhabit the island, including the teenager who finds himself or herself landed there. We might think of these names as the labels we collect throughout life. Each individual is adrift on his or her own unique ocean, and for each of us the islands we choose to land upon, or are forced on to by the winds of circumstance, reflect the different patterns of our life's unfolding. When we arrive on an island we become known by that label which is given to us there, as surely as we become Canadian when we immigrate to this country. Of course one can refute a label by giving one's self a name carried from another island, or one can integrate two labels together (i.e. Canadian of Italian descent). But this is getting ahead of my story.

The image is purposefully one of randomness and opportunity. Though much has been made of trying to predict which factors will correlate with resilience and health, the participants in this study exhibited such an abundance of possible paths to well-being that it seemed futile to isolate particular correlates. Instead, it was evident that the process by which adolescents navigate their way through these islands, and the nature of their interaction on each island, is far more essential than the random pattern of geography through which they sail. In other words even in an ocean with few opportunities to land a craft safely, the situations which do present themselves can be exploited to create a degree of resilience despite life events which threaten mental health.

A teenager's well-being depends on his or her ability to share in the social discourse on each island. Through this power of participation, the young person experiences different degrees of acceptance for how he or she wants to be known. The labels teenagers carry affect both how they feel about themselves and their actions. Experiences on each island which promote a sense of control and competence are factors in both the construction of labels and the amount of power young people will enjoy.

Finally, there are two ways a teenager may search for the acceptance which comes from equitable participation in a dominant discourse. He or she may exploit the resources on a particular island and gain whatever power can be found there; or the teenager may simply move between islands, purposefully guiding his or her boat, or allowing random events to push the vessel, towards empowering experiences. This process of discourse participation which leads to label manipulation, either on each island or through the movement between islands, is key to the well-being and empowerment of the vulnerable teens who participate in this study.

Aspects of the Substantive and Formal Theory

The wealth of data and the intriguing connections between the empowerment process and mental health outcomes give rise to both substantive and formal theory development.

At the substantive level, teens define mental health as the ability to control mental health resources, which includes the capacity to define for themselves how they want

their state of well-being to be viewed. This same control extends to a greater say over all labels that they carry and what those labels say about them. At the formal theory level, control of labels through active participation in the dominant social discourse is essential for both empowerment and mental health.

At the substantive level, teens rely on experiences of control to construct these self-definitions and maintain their mental health. The teens in this study do not seek power over all aspects of their lives, but age-appropriate experiences of control which allow them to succeed. Having a say in their world and over their personal affairs are important for them to feel valued. These experiences also give them opportunities to experiment with different self-definitions and construct those which are the most powerful and health enhancing. To the extent that teens are denied control or have no opportunities to experience control, their mental health is threatened. This pattern has implications at the formal theory level for the process of empowerment as it is broadly understood. The praxis of action and reflection (Freire, 1968/1970), which depends on people having a say over the institutions in their lives, is shown in this study to be an important aspect of both empowerment and mental health.

At the substantive level, experiences of competence, which the teens explained they need to feel good about themselves, depend on opportunities to feel competent. They described a variety of approaches to find these experiences, many of which met with the disapproval of society at large. However, as they showed, when faced with few opportunities in environments lacking in resources, the teens were very resilient finding any number of ways to feel good about themselves. The implications for formal theories

of competence are very important. Competence must be seen in context and ecological understandings of the term are more likely to fit with the choices individuals make (Ogbu, 1981).

Practical Implications

The findings indicate that a wide variety of interventions may improve mental health. Engaging individuals in a process of empowerment which provides experiences of control and competence will affect well-being. The implications of these findings is that community social work can be viewed as a therapeutic and health enhancing intervention similar to clinical methodologies. The term empowerment has been used before in the clinical literature, but its meaning has tended to be limited to what takes place between a therapist and client through formal contact. The teens have shown in this study that environmental changes and the provision of mental health resources keep young people feeling good.

These types of empowering experiences are usually grouped under the umbrella of health promotion efforts (World Health Organization, 1981). As such their connection to mental health has tended to be more indirect and preventative. It is argued here that these same efforts are just as important for teens to experience after they are in crisis.

Importance and Limitations of the Study

While the connection between risk and mental disorder is well documented (see Robins & Rutter, 1990), the connection between risk, empowerment and mental health has yet to be investigated. This study's importance lies in its attempt to bring together a large number of studies in the two separate discursive fields of empowerment and mental health, and, in so doing, explain the process by which they interact. The knowledge generated will be of use to human service workers who are interested in facilitating empowering processes.

This study is also important because it addresses the limitation of many quantitative studies which fail to appreciate the manner in which the context of the research impacts on the meaning of the constructs under investigation (Swindle, Heller, & Lakey, 1988). Piecemeal study of social phenomena cannot be expected to explain complex interactions (Robins, 1983). A number of previous studies have attempted to question the hegemony of positivistic research by using methodologies which try to understand the world from the point of view of the participant, rather than treating the participant as the object of theory (see Rubin, 1976; Whyte, 1955). The methodology selected here acknowledges the power of the participants to express divergent opinions as to the definition of the constructs under study. This approach helps to broaden our understanding and establish connections between the constructs being investigated.

While this research could have been conducted with any population, adolescence offers a unique opportunity to observe the interface between individuals, their families,

their peers and community institutions. Mandelbaum (1973) notes the importance of this transitional period for understanding life histories. Because adolescence is a very social period, and because relationships are a factor in both empowerment (Whitmore & Kerans, 1988) and well-being (Barrera, 1988; Raja, McGee & Stanton, 1992), adolescence is a developmental stage amenable to the study of the process of empowerment and its relationship to mental health. The findings, however, are of potential use to other populations since patterns of behaviour during adolescence repeat in later life (Erikson, 1963; Gilligan, 1982).

One limitation of using this population is worth noting. The adolescent culture of the 1990's is not the same as during the 1970's when I was a youth. To understand the adaptations and turnings of youth today, this research must comprehend the culture in which the adolescent exists (Spradley, 1979). The phenomenological approach used here which asks the study's participants to explain their world as they see it helps to address this problem.

The methodology does have three specific limitations. First, all informants came from one agency. While that agency receives referrals from many different organizations, the agency's intake policies filter the type of clientele available for study (i.e. youth who are attending inpatient treatment programs are not seen by agency staff until they are released). Second, all participants come from the same county in Southwestern Ontario which limits the generalizability of the findings. And third, the nature of the analysis of the data by the researcher is inherently subjective. This is dealt

with as much as possible by making my bias clear and providing detailed description of the data and the participants.

Review of Subsequent Chapters

Section Two provides a review of the literature relevant to this study. Chapter Two will look at current understandings of mental health and define the term. Widely held definitions of mental health will be contrasted with an understanding of mental health as a social construct. As such, the definition of mental health will be shown to depend on the context in which it is used. An alternative understanding of mental health, one which recognizes power relations, will be shown to be more in keeping with an understanding of mental health as a term whose definition varies in different contexts.

Chapter Three will review the literature concerned with the process of empowerment. The values and processes underpinning empowerment will be explored. Chapter Three will then look at experiences of power as common to both the mental health and empowerment literature. Three types of power will be discussed: power through relationships; power to control mental health resources; and the power to exploit opportunities to feel competent.

Chapter Four will conclude the literature review with an examination of the barriers and bridges to empowerment and mental health. The concept of risk factors will be discussed followed by an explanation of the function of protective mechanisms. These mechanisms have been discussed in the literature as one type of process, similar to

empowerment, that protects against threats from the environment while fostering mental health.

Section Three introduces the study's research methodology. Chapter Five reviews aspects of the qualitative methodology designed to develop grounded theory.

Section Four includes Chapters Six through Eleven and presents the study's findings. Chapter Six examines the meaning of mental health for the participants. Chapter Seven discusses the different spheres teens move in. Chapter Eight discusses the teens' experience of power and acceptance. Chapter Nine begins to look at the way teens become empowered in each discourse they participate. Chapter Ten goes on to discuss the way labels are acquired, maintained and challenged and thus introduces the notion of movement between discourses as one way teens cope with their disempowerment. Chapter Eleven looks in greater depth at the dynamics of the drift between competing discourses and how, through movement, teens gain power.

Section Five presents a discussion of the findings and concludes the paper. Chapter Twelve reviews the findings and develops an integrated theory to explain the connection between empowerment and mental health. The importance of language and the labelling process is discussed at length.

Chapter Thirteen offers some concluding remarks.

SECTION TWO - Definition and Exploration of Key Constructs

This section will report on both theoretical and empirical work relevant to the findings of this study. Initial investigations of the key constructs helped to frame the research in its early stages. As this project advanced, the search for relevant literature to support the findings of this study continued. This section is the result of a recursive process, both informing, and informed by, the findings of this study. As such, the section is arranged in a manner which complements the findings. Taken as a whole, the literature discussed in the following pages seldom shows this same coherence in its presentation.

This section will begin with a search for a definition of mental health which fits with the way the participants construct their meaning for the term. This definition was found within an emerging paradigm which sees mental health as not simply an absence of illness, but a distinctly different concept. At the heart of this new view of health are experiences of power. Power and the process of empowerment will therefore be defined. A model of the empowerment process will be developed which will help explain the way the participants nurture and maintain their mental health. Three aspects of power which are relevant to mental health will be reviewed: power through relationships; power from experiences of control; and the power which is derived from opportunities to experience competence. Finally, this section will examine barriers and bridges to the empowerment process. Risk factors and protective mechanisms will be discussed in order to place this discussion of empowerment within the broader scope of processes which enhance mental health.

Chapter Two

Mental Health

To understand the concept of mental health one must accept that definitions of the term are temporal and highly dependent on the time and place in which the construct is used. The dominant discourse in the field of mental health assumes healthy functioning occurs when there is an absence of mental illness, statistically average behaviour, or other equally hegemonic notions of conformity (Offer & Sabshin, 1974, 1991). Within this discourse mental illness is understood to be the result of both organically based factors manifested as a mental disorder (Health and Welfare Canada, 1988) and psychologically based factors symptomatic of mental and emotional distress (Veit & Ware, 1983).

In contrast to the vast amounts of research concerned with mental illness, little investigation of the factors and processes which contribute to an overall sense of well-being has occurred. The following search for an "etiology" of *mental health* begins with the premise that how an individual's state of well-being is understood is the result of how the term "mental health" is socially constructed (Foucault, 1961/1965, 1954/1976; Laing, 1967). It is for this reason that the teens in this study were asked what the term "mental health" meant to them and it was their explanation of the etiology of mental health which guided the development of theory.

The above use of the word etiology is purposely unconventional and is meant to be ironic. Etiology is usually taken to mean "the science of the causes or origins of

disease" (Webster's, 1984). Etiology can, however, mean simply the "science of causes or origins" (Webster's 1984). This paper will be less concerned with disease and more concerned with health than most research. The intention here is to show that health, too, has factors which contribute to it, though these factors are contextual and dependent on the nature of an individual teen's participation in the dominant discourse on mental health.

The participants explained that being mentally healthy means being in control of their emotions, having a say over decisions appropriate for their age, and, most important, being able to influence how they are viewed by others. This last factor is crucial for the teenagers since seeing themselves as competent, accepted and loved brings them happiness and well-being. Often the participants reported losing control over the labels they carried which led them to report feeling their mental health threatened.

From this straightforward explanation of mental health discovered through interviews with the teens, it is clear that there exists a complex social discourse which has led both helping professionals and the lay public to confuse conformity with normal and healthy behaviour and divergence with deviance and illness. There also exists support for a different view of mental health, one more representative of the views expressed by the study's teenaged participants. In refutation of the dominant discourse, Offer and Sabshin (1991) have shown that mental health encompasses a broad range of divergent behaviours. It will be argued that for a state of mental health to exist, individuals must collectively exercise sufficient power to influence the dominant discourse and define the construct of health for themselves.

If we accept that mental health is socially constructed, we are then able to see that the dominant western discourse understands mental health only in terms relative to the presence or absence of mental illness (Health and Welfare Canada, 1988; World Health Organization, 1981). Understanding mental health in this way places little or no emphasis on the differential impact that relative personal, social and political power have on an individual's state of well-being. Furthermore, by focusing on psychopathology, mental health research has tended to locate the nexus of responsibility for disorder in the individual, or some medical condition beyond the individual's control, but still within the individual's sphere of influence. This social discourse results in our implicit (and at times explicit) blame of the victim for his or her state of poor mental health (Ryan, 1976).

Contemporary Understandings of Mental Health

Vast amounts of research concerned with the etiology of mental illness have done little to further our understanding of mental health. Offer and Sabshin (1974, 1991) believe researchers are overly enthraled with the study of the twenty percent of the population who at some point in their lives experience an organically or psychologically based state of mental illness. These studies, though useful to the helping professions, have not explained the factors which contribute to healthy functioning.

Currently, our limited understanding of mental health hinges on two concepts, happiness and normalcy. As a utopian state of being, happiness, we are told, is a

commodity to be bought through individualized solutions found in therapy, workshops, exercise and social clubs (see any newspaper's Living Section for examples). These solutions can be helpful, but only when experiences of power accompany their use.

A case in point is an article in Psychology Today (Myers, 1992) which reviewed a study proving that happiness, equated with mental health, results from four processes: "happiness comes with having positive self-esteem, feeling in control of our lives, and having optimistic, outgoing dispositions" (pp. 43-44). If you want happiness, the study's authors advise "Pretend self-esteem. Feign optimism. Simulate outgoingness" (p. 45). There is a naive belief that the power and resources needed to sustain these feelings are equally available to all.

Mental health resources are diverse, ranging from the emotional (self-esteem, coping skills) to the physical (housing, employment, health care) and socio-political (a say over our community's institutions). Threats to our sense of wellness (Cowen, 1991), a term now in vogue if not in the dictionary, can come from a lack of any number of resources including "physical health, food, job status, and life opportunity" (Cowen, 1991, p. 404). Problems attaining these resources result from structural inequalities. As Ryan (1976) has indicated, the power to access these resources is not equally shared.

Nevertheless, we blame the victims (Ryan, 1976) of oppression for their lack of access to the resources necessary to sustain mental health. In turn, the victims blame themselves (Lerner, 1986) adopting the language of their oppressors and contributing to the definition of their own deviance and unhappiness. Take, for example, the alienated youth we sometimes see rioting on the six o'clock news. Without a critical

consciousness of the historical and socio-political factors which led to their anger and frustration, they are likely to accept their labels of "deviant" or "criminal." These youth are both subject and object in this game of self-definition, grouping themselves into categories like "punks," "rockers," or "hippies," to name a few of the labels participants used. How different would be our view of these youth, and the view they hold of themselves, if they were labelled "powerless," "discarded" and "forgotten." These definitions are explicit as to the role society plays in the conditions which breed the anger, apathy and unhappiness so commonplace amongst young people. The label of "alienated", by contrast, is individually focused, and implies that the child has not properly joined with society, as if there was a society waiting to embrace the young person and provide him or her with the experiences necessary to feel happy (Durkheim, 1897/1960; Hier, Korboot & Schweitzer, 1990).

Normal, or healthy, is often assumed to be a synonym for happy in the mental health literature. Normal is the label given to people who appear to be fitting in with society's expectations of their behaviour, expectations which they themselves internalize (Foucault, 1954/1976; Offer & Sabshin, 1974, 1991; Walsh, 1982; Sedgwick, 1982; Weedon, 1987). Those with the greatest influence in the social discourse will have the greatest say over which behaviours by an individual are to be taken as indicating mental health. When the "delinquent" and "crazy" teenagers in this study had their say, they stated very clearly they wanted to be seen as "normal" kids beneath their negative labels. The development of a healthy sense of self is a consequence of an individual's relationships with others and the intersubjectivity of these experiences (Stern, 1985,

1990; Wolf, 1988). Therefore, both an individual's environment and his or her experience of that environment will determine how he or she feels, mentally healthy or mentally ill (Bradburn, 1969).

Those with a mental illness have for a long time been thought of as having something "wrong" with them personally (Foucault, 1961/1965). Their behaviour was seen as outside the taxonomy of normalcy. This biased point of view fails to recognize the utility and intelligibility of the behaviour of the person labelled "mentally ill" (Goffman, 1961; Laing, 1967; Laing & Esterson, 1964). In general, the literature on mental health and illness has failed to recognize that our explanations for behaviour are ideological (Sedgwick, 1982). When we sort people and their behaviour into categories we make mental illness a political event, occurring within the domain of civil order (Laing, 1967). Those with power over the resources needed to sustain and name health will actively seek to discount behaviour which does not conform to legitimated notions of normal. In turn, those who are discounted because of their behaviour will use whatever means are available to exercise control over their lives despite their social isolation. As will be shown later, many of the behaviours chosen by the teenagers in this study are indicative of their search for this control. Only when mental health is understood as a relative, historically constructed, term will a definition be possible which avoids the hegemony currently reflected in our understanding of normal.

The Social Construction of Mental Health

Like all aspects of our social order, what is understood as sane and insane, healthy and unhealthy does not exist as an empirical fact, but is discovered by each of us through our interaction with others and our environment. Berger and Luckmann (1966) explain the creation of this order as a process of externalization in which our actions in the social sphere create the world we accept as fact. Succinctly put, the "social order exists *only* as a product of human activity" (p. 52). What results is an "intersubjective commonsense world" (p. 20) which we accept as reality. Patterns of interaction with our environment habitualize into ways of behaving and institutions. These come to exist with a certainty that makes us forget that we are the architects of our social order. Internalization of these meanings we ourselves helped create, sustains our childlike belief that the world is as it seems. These internalizations also influence our appraisal of our personal competence and the power we have to change our environment. This appraisal, in turn, impacts on our state of mental health (Basch, 1988). Proof of this process by which the social discourse is constructed is quickly apparent when one immerses oneself in another culture and comes to appreciate that another's understanding of *the way things are* rivals one's own.

During any historical period, there are alternative discourses which challenge the dominant ideologies of those in power. Concepts such as mental health can exist with a plurality of signifiers (Weedon, 1987), some of which will challenge the accepted social discourse of the time. Kuhn (1970) believes that when these alternative explanations for

experience are sufficiently well-developed to explain a particular phenomenon, a new paradigm will emerge. A growing body of literature on mental health, focused specifically on the etiology of health apart from illness, points to the emergence of a new mental health paradigm, one which moves beyond notions of happiness and normalcy.

An Alternative Vision of Mental Health

The literature which has discussed this new paradigm as outlined below is useful in helping broaden our understanding of this study's participants. However, the reader must be careful not to confuse the literature's construction of reality with the stories and world views as expressed by the participants. The literature is not their stories. It is the participants' construction of the meaning of key constructs which remains this study's focus. In respecting the teens' social construction of their world, an important component of their mental health, a review of the literature can be seen as a different construction which may at points inform the findings of this study. The danger is that by reviewing the vast conventional body of literature a singular definition of mental health will be reified, when in fact it remains a social construction elaborately supported with subjectively flawed data.

With this caution in mind, it is possible to look at the literature examining an emerging mental health paradigm and find support for this study's findings without allowing the literature to take precedence over the grounded theory discovered here.

Linking Mental Health and Power

An alternative vision of mental health, which is becoming more and more accepted, identifies the components of healthy personal and social functioning and links these to experiences of power. This emerging view of mental health challenges the belief that mental health is an outcome of conformity and instead constructs a definition of mental health on a foundation of personal and social efficacy in relationships with others. Defined in this way, the presence or absence of a mental illness says very little about one's state of mental health, except in cases where the illness acts as a barrier to accessing the physical and psychological resources needed to nurture and maintain a sense of well-being (Health and Welfare Canada, 1988). Thus, mental health is a condition shared by everyone, including people suffering from a mental illness. The research to support this emerging understanding of mental health has proven that well-being has its own distinct etiology apart from conditions of mental illness (Bradburn, 1969; Jahoda, 1958; Reich & Zautra, 1988; Veit & Ware, 1983; Zautra & Reich, 1983).

Furthermore, the emerging definition of mental health acknowledges the interrelationship between intrapersonal (biological, psychological) and interpersonal (socio-political) processes (Foucault, 1954/1976; Health and Welfare Canada, 1988; Kieffer, 1981; Lord & Farlow, 1990). This relationship between the personal and political means that to understand mental health it must be assessed in context and with an appreciation for the individual's view of his or her environment. When mental health

is threatened or weakened the social and physical environment share the responsibility with the individual for the results (Conyne & Clack, 1981; Ryan, 1976). There exists a fundamental conflict between the individual's need for resources in the environment to sustain well-being and the availability of physical resources (i.e. housing, education and employment) and opportunities to build psychological resources (i.e. experiences which nurture feelings of belonging, self-esteem and competence).

An Emerging Definition of Mental Health

The first step towards a new definition of mental health necessitates a view of mental health as not simply the opposite of mental illness, but as a distinctly different construct with its own etiology. Jahoda (1958) was one of the first to differentiate between mental health and mental illness:

> Assuming that health is qualitatively different from disease, the extreme pole of sickness would be absence of disease; of health, absence of health. Such a view enables one to conceive of patients with healthy features, nonpatients with sick features. (p. 74)

Jahoda (1958) outlined six criteria indicative of a state of mental health: attitudes toward the self; growth, development and self-actualization; integration; autonomy; perception of reality; and environmental mastery. Any factor, or combination of factors, was hypothesized as contributing directly to a state of mental well-being.

It was not until Bradburn's (1969) work in the late sixties, however, that research began to provide the empirical proof for Jahoda's hypothesized two-factor model of mental health. Bradburn (1969) looked beyond the individual variables related to mental health and illness and envisaged an interactive ecosystem in which happiness depended on a great many factors present in the environment which were different from those which correlated with mental illness. With this view, Bradburn was able to show that the actual constituent parts of the environment were as important as the individual's experience of that environment for his or her mental health.

Subsequent research has supported this two-factor model of mental health and mental illness. In a study of over five thousand respondents, Veit and Ware (1983) were able to show a significant increase in the amount of variance accounted for when a two-factor model of mental health was used instead of a single factor model. Their results confirmed that both mental health and mental distress factors are unipolar.

Though the two-factor model is now well-supported, to fully understand the complexity of this research also requires an appreciation for the existence of crossdomain effects which account for the impact of one scale on another (Reich & Zautra, 1988; Zautra & Reich, 1983).

The studies discussed above approach mental health in a way reminiscent of mental illness. They fail to question an underlying premise, namely, that what one is measuring is biased by the way the term mental health is constructed at a particular point in time. Proposing a definition of mental health, which avoids the trap of imposing on others hegemonic notions of what is proper behaviour, is not a simple task. How can

any definition of mental health specify what mental health is, yet still allow for divergent opinions such as those expressed by this study's participants?

A solution to this dilemma is found in a recent Health and Welfare Canada (1988) document entitled Mental Health for Canadians: Striking a Balance. The document shows clearly that mental health is a concept distinctly different from an absence of mental illness. Mental health is an active principle which "dwells less on people's traits as individuals and more on the nature of their interaction with the wider environment" (p. 4). This orientation to health as a social phenomenon is rooted in the World Health Organization's Global Strategy for Health for All by the Year 2000 (1981) which was the basis for another Health and Welfare Canada document Achieving Health for All: A Framework for Health Promotion (Epp, 1986). These two documents laid the groundwork for a third paper which has come to be known as Striking a Balance, the only one of the three to deal specifically with mental health.

Striking a Balance (Health and Welfare Canada, 1988) states: "We cannot isolate our ideas about mental health from such wider social values as the desire for equality among people, the free pursuit of legitimate individual and collective goals, and the equitable distribution and exercise of power" (p. 7). The document goes on to define mental health as:

> the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of

individual goals consistent with justice and the attainment and preservation of conditions of fundamental equality. (p. 7)

The current, dominant mental health discourse blames those who have few possibilities of maintaining or enhancing their mental health for their relative lack of well-being. The new emerging mental health discourse reflected in this definition recognizes that society shares responsibility for the individual's state of mental health. For the individual to experience well-being, society must provide the emotional, social and physical resources necessary for the growth and development of mental abilities and the achievement of life goals. When understood in this way, mental health results from our ability to define for ourselves what we deem normal and our ability to exercise sufficient power to influence the social discourse such that we are provided with the resources necessary to maintain and nurture our sense of personal and collective well-being. This view of mental health accentuates the capacities of individuals to exercise power over their mental health resources, in contrast to the current mental health discourse which is focused on people's illnesses and whether or not deficits impair functioning (Albee, 1980a; McKnight, 1991). That those who are least powerful in our society tend to be at the greatest risk for mental disorder may indicate that a lack of power is both a threat to the maintenance of mental health and precipitates the occurrence of mental illness (Hollingshead & Redlich, 1958; Hatfield, 1987; Kramer, 1992; Lefley, 1987).

Bradburn (1969) emphasized this point in his study. He showed that positive affect was far more difficult to sustain when one was socially or economically disadvantaged. In this way, our social and physical environment and the availability of

the resources needed to support health in that environment, are contributing factors to an individual's state of mental health. This fact was very much in evidence in the findings from this study, where many of the participants explained that coming from economically disadvantaged homes affects their mental health. In other words, one cannot experience mental health without also having some power to access the resources which sustain that health. Yet even as power enters this discourse, there is still little thought given to the part the individual plays in defining what mental health is in the first instance, a definition which will determine the resources needed to maintain it.

An overall organizing principle is needed to help guide an investigation of the process by which mental health is achieved. The word process is emphasized again, for once the notion of a static definition of mental health is removed, then the process of attaining a feeling associated with how one defines health must necessarily become the focus of investigation. The way mental health is conceptualized within the conventional research paradigm can provide clues and some token support to the task here, which is to discover a process that promotes mental health, and, at the same time, respects the individual's ability to participate in the definition of his or her state of well-being. For example, Bloom (1988) has suggested that all mental illness comes from the same root and that the variability between "sick" people is less than between the ill and the healthy. A unifying concept is needed to account for both the commonality and interaction between variables in the growing number of positivistic studies that have looked at the factors leading to a sense of well-being. The concept of power serves this function.

Within the emerging definition of mental health discussed here, one can observe support for the argument that the etiology of mental health is rooted in experiences of power. Because this definition emphasizes the individual's capacity to interact with others to enhance his or her development and promote well-being, without making any value judgement on the specific behaviours used to achieve this state (except in so far as "conditions of fundamental equality" are maintained for all), it can be argued that the above Health and Welfare Canada (1988) definition allows for divergent understandings of mental health. Individuals, however, must enjoy sufficient power to gain support for their definition and to access the resources necessary to support their "optimal development and use of mental abilities" (Health and Welfare Canada, 1988, p. 7) leading to a state of well-being. Therefore, when socially constructed in this way, an etiology of mental health rests upon experiences of power.

Summary

This chapter has examined an emerging understanding of mental health as a state worthy of study in its own right and linked closely with experiences of power. Fundamental to people's health is their capacity to participate in how their state of well-being is defined.

In the next chapter the construct of empowerment will be defined with special reference to how the empowerment process contributes to experiences of power. These experiences and their connection to mental health will then be explored in greater detail.

Chapter Three

The Process of Empowerment

Experiences of power and their influence on individuals and their communities have been examined by researchers concerned with the process of empowerment. The empowerment literature discusses both intrapersonal (psychological) and interpersonal (sociological) aspects of empowerment which has made the construct useful for community workers, mental health professionals, and even business people. These varied individuals have shown a connection between control over resources and positive outcomes such as a sense of community, personal growth, and increased productivity (Brickman, Rabinowitz, Karuza, Coates, Cohn & Kidder, 1982; Freire, 1968/1970; Katz, 1984; Kieffer, 1981, 1984; Moreau, 1989; Pinderhughes, 1983; Rappaport, 1981, 1984, 1987; Shelton, 1990; Wallerstein, 1992). The term's ubiquity has meant a gradual dissolution of its exact meaning along with neglect for the social and psychological implications of the empowerment process (Swift & Levin, 1987). This chapter will clarify the meaning of the construct and develop a model of the empowerment process which is relevant to the nurturing and maintaining of mental health as described in this study.

The Empowerment Process Defined

To understand the connection between experiences of power and mental health, one must start with a clear definition of the process of empowerment, a definition which both reflects our common understanding of the word, while still acknowledging that divergent opinions on the construct are tolerable.

The term empowerment can be used both as a noun and a verb. As Swift and Levin (1987) explain:

> Empowerment: 1) refers both to the phenomenological development of a certain state of mind (e.g., feeling powerful, competent, worthy of esteem, etc.) and to the modification of structural conditions in order to reallocate power (e.g., modifying the society's opportunity structure)-- in other words, empowerment refers both to the subjective experience and the objective reality; and 2) is both a process and a goal. (p. 73)

For the purposes of this paper, empowerment will refer to the active form of the word. When viewed as a verb, empowerment is generally understood as both a psychological and sociological *process* by which vulnerable individuals experience control over their lives resulting from interventions and policies intended to enhance that control (Prilleltensky, in press; Rappaport, 1981). It has been suggested the outcome, or state, of empowerment is a component of well-being (Cowen, 1991). Of interest here is the process by which this outcome is achieved.

In order to understand the process of empowerment, one must appreciate that the empowerment construct does not conform to the traditional social sciences interactional paradigm with its implied pathways of causality. Instead, the process of empowerment fits better with a holistic transactional model which understands change as constant and ongoing, where there is reciprocity in relations between people and their environments, and the subjectivity of the observer is an accepted part of all research (Swift & Levin, 1987). Thus, it is possible for the process of empowerment to stimulate psychological and sociological dimensions of change which are mutually dependent.

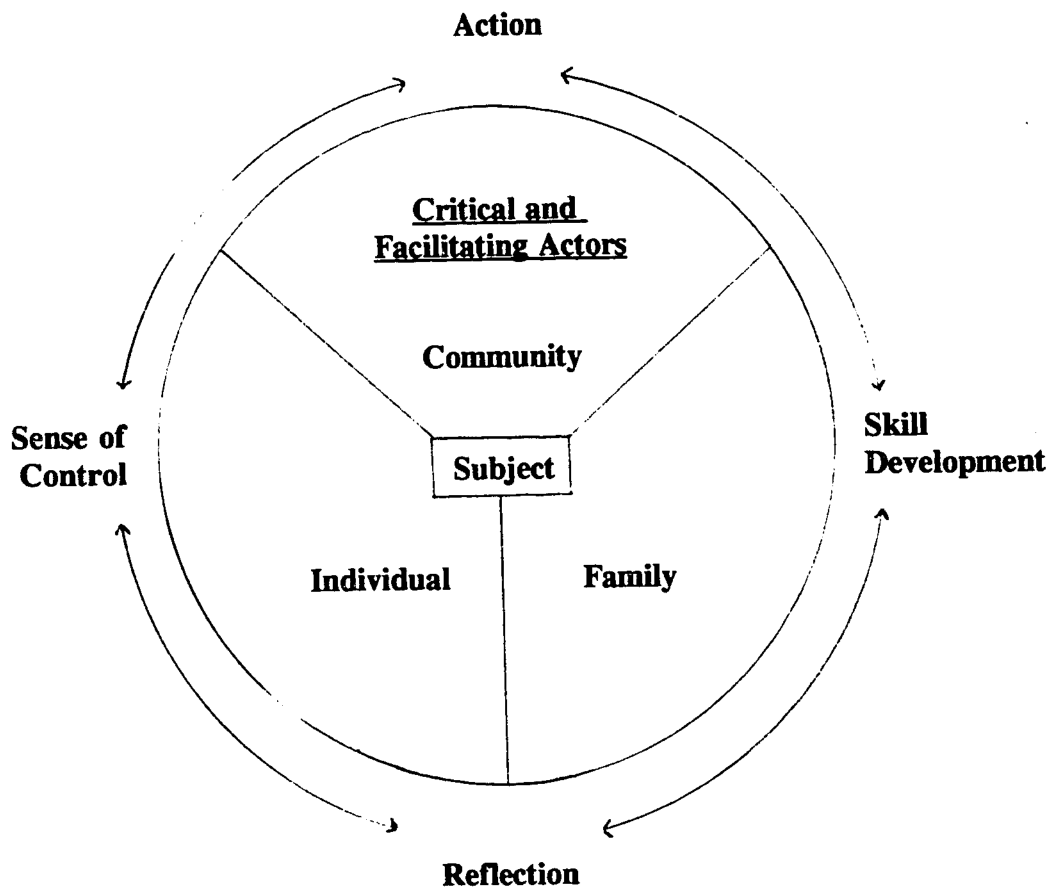
For example, collective action which leads to a say in the social institutions which control and define our world (i.e. schools, the media, government) in turn affect individuals psychologically (Kieffer, 1981, 1984). Zimmerman and Rappaport (1988) define psychological empowerment as "the connection between a sense of personal competence, a desire for, and a willingness to take action in, the public domain" (p. 746). Empowerment on this level is operationally defined by reference to personality, and cognitive and motivational components of perceived control (Zimmerman & Rappaport, 1988; Zimmerman, 1990b). Psychological aspects of empowerment include the development of internality (Simmons & Parsons, 1983), self-efficacy (Bandura, 1977), reduction of self-blame (Ryan, 1976; Gutierrez, 1990) and better coping (Pinderhughes, 1983). These personal outcomes of the empowerment process are synonymous with good mental health in the literature which has studied well-being. This point will be elaborated upon later.

At the community level, the empowerment process is characterized by an emphasis on the enhancement of participation (Florin & Wandersman, 1990; Gruber & Trickett, 1987; Greenstein, 1991; Kieffer, 1981, 1984; Whitmore & Kerans, 1988). This participation, in turn, helps individuals gain control over resources in their environment. Researchers such as Hess (1984) Staples (1990) and Pinderhughes (1983) have noted that empowering social processes are ones that alter the power in relationships, enabling less empowered individuals to experience control.

The psychological benefits which result from the empowerment process are inextricably linked to these experiences of control. Because our experience of the world is socially constructed through connection with others, and because experiences of control and competence depend on the quality and quantity of our relationships with others, empowering psychological processes necessarily depend on power enhancing social transactions which respect the inherent rights of the participants to define their world for themselves (Gutierrez, 1990; Nemiroff, 1987; Surrey, 1991a; Zimmerman & Rappaport, 1988). The following model addresses these multiple dimensions of the empowerment process and attempts to explain how the participants in this study experience power. In constructing this model, previously published philosophical and empirical works were reviewed both prior to and following this research. The model tries to account for the psychological and sociological aspects of experiences of power for the participants in this study.

FIGURE ONE

A Model of the Empowerment Process*



*Note: This process of empowerment remains the same for each developmental phase of the child, though specific details of the process change to suit the child's developmental capacities and environmental resources.

A Model of the Empowerment Process

The process of empowerment as shown in Figure One is modelled in part on Freire's (1968/70) notion of praxis as action and reflection which stimulates growth. To the two poles of action and reflection has been added the intermittent stages of control and competence which form part of a process which circles in either direction. In keeping with a transactional paradigm, the process of empowerment as illustrated in Figure One may start at any point on the circle and travel in either direction, stimulating activity and growth in all four areas of the model. Like all human transactions, the four sub-processes interact cybernetically (Bateson, 1972a, 1972b; Bertalanffy, 1968) to maintain their coherence, a concept defined by Dell (1982) as "congruent interdependence in functioning" (p. 31). The area inside the circle represents the subject of the empowerment process and his or her relationship to the critical and facilitating actors (Brager & Holloway, 1978) upon which this praxis depends. The exact nature of the subject's experience is a function of his or her developmental phase.

This process of empowerment is underpinned by a heuristic set of values. Together they differentiate the process of empowerment from experiences of power which lead to the domination of one group over another and the exercise of power as an end in itself. These aspects of the process are as follows:

Capacity focused: Change which is empowering is unidirectional, toward the enhancement of capacities. Processes which disempower are of a fundamentally different order from empowerment.

Self-determination: Empowerment must allow individuals and groups to develop their own divergent solutions to the problems they face (Rappaport, 1981).

Intersubjective: The development of knowledge which informs change must be based on the life experiences of the participants (Cochran, 1987, 1991; Rappaport, 1987; Whitmore, 1991).

Participatory: All participants must be valued for their contribution to the empowerment process. It is more important someone participate than what they actually accomplish (Lord & Farlow, 1990; Whitmore, 1991).

Distributive justice: Empowerment strives for greater equality in the distribution of power and resources (Gutierrez, 1990; Evans, 1992; Pinderhughes, 1983).

Multilevel: An enhanced sense of empowerment experienced at one level (i.e. individual, family or community) will affect the degree of empowerment exercised on the other two (Rappaport, 1987).

Cognitive and behaviourial development: Opportunities to acquire new skills help to foster changes in cognitions and behaviour (Bandura, 1977).

Positive expectations: Hopefulness replaces helplessness when individuals and groups recognize they are able to effect change (Zimmerman, 1990b).

Interdependent: Empowerment is an interactional process in which people are dependent on each other for growth (Cochran, 1987; Kieffer, 1981).

Action for social transformation: Collective action contributes to changing people's environments and the power relations within them (Gutierrez, 1990; Kieffer, 1981; Moreau, 1989).

These values are critical components of the empowerment process. The philosophical values set empowerment apart from experiences of power which may be functional for the individual in the short-term, but lead to patterns of oppression and sublimation for the broader society. Without these guiding principles, the power derived from the process of personal and social empowerment would be indistinguishable from forms of power which dominate and control (Prilleltensky, in press).

In the preceding search for a comprehensive understanding of the empowerment process and a definition of mental health which reflects an emerging vision of well-being, there has been little to suggest that the process of empowerment and the development of

good mental health are linked. As previously stated these two discourses have remained largely unconnected except in a few instances (see for example Tyler, Tyler, Tommasello & Connolly, 1992). It is as if researchers in both fields have worked on parallel tracks but never met. The purpose here is to bridge this gap and show theoretically through this review of the literature and empirically through this study's findings, that the process of empowerment and the process of nurturing and maintaining a state of mental health are one and the same. As already shown, both the emerging mental health literature and the literature on empowerment make reference to a particular type of experience of power. This experience of power, to be discussed below, is at the root of the grounded theory discovered through this research.

Experiences of Power

Experiences of power which the participants discussed and which have been researched elsewhere, can be grouped into three common categories. Doing so shows that the process of empowerment and the attainment of mental health are linked. These categories are:

1) The power which results from being in relationship with others. These relationships serve two functions. First, they allow people to collectively define for themselves what is and is not mental health, and second, relationships are essential for social action to access the resources needed to sustain health;

2) The power to control the physical, emotional and social resources needed to experience mental health (i.e. housing, food, employment, self-esteem, a say over community institutions);

3) The power to exploit opportunities to use the resources accessible to the individual which lead to experiences of personal competence and recognition from others.

The following review of the literature will not only show that these three aspects of power are foundational to mental health, but also that many of the components of the substantive theory discovered in this study have been documented elsewhere. Of course, this review of the literature is again complicated by the fact that while the data in other studies may support the findings here, that data may have grown out of studies which started with very different premises as to the origins and definitions of mental health and empowerment. Where possible, the context of the data has been presented along with the findings to help the reader view critically these other studies and conclude to what extent the material is applicable to the teenagers who participated in this research.

The three types of power listed above imply a very specific understanding of the word power. Before proceeding to a discussion of these three categories a brief exploration of the meaning of power is necessary.

Power

Power, as currently defined by Western society's dominant discourse, is "the ability to control others" (Webster's, 1984). When used this way, the word power reflects the individualistic ideology of our society which promotes competition and blames those that fail for their failure. Nietzsche (1889/1968) described this type of power best as an individual's "will to power" over others. In the constant struggle for domination, we look for victims to subjugate to our will. In the case of mental health and illness, those with power convince those who are judged "normal" that it is in their best interest to exercise their will by separating and interning those who are different. Thankfully, there exists an alternate view of power which, when put into practice, is less hegemonic and more health promoting.

Foucault's (1982) work, as an example of this alternative view of power, sees power as capillary, rooted in the everyday actions of ordinary people. This makes Foucault's understanding of power practically synonymous with the model of empowerment discussed above. For Foucault, power is a productive force. By productive, he means it results from a process by which individuals internalize social values and thereby legitimate dominant ideologies. Unfortunately, this power, which rests with the collectivity, is seldom used in support of alternative discourses which might challenge the internalized social constraints which control our lives.

But what happens when we challenge this dominant discourse? What is to be accepted as the norm if, say in the case of mental health, we reject the notion that the

power to access health resources is not limited? Though Foucault does not offer a good answer to this question of norms (Fraser, 1989), the emerging definition of mental health discussed earlier clearly shows that mental health is a measure of our state of well-being, regardless of the biological and psychological illnesses which impinge on that state. Normative mental health is whatever we, in connection with others, feel sufficient power to define it as. This definitional process need not diminish another's power (Katz, 1984; Swift & Levin, 1987) when "conditions of fundamental equality" (Health and Welfare Canada, 1988, p. 7) are respected.

This understanding of power is not limited to mental health concerns any more than empowerment theory is only about promoting well-being. Nevertheless, it is evident that this capillary understanding of power helps to fortify the connection between experiences which promote mental health and the process of empowerment. This view of power as capillary is not meant to make the individual invisible in the process which enhances power for the group and the individuals in the group. This will be very evident in the results of the current study where teens join with others to gain greater power in the discourses which dominate their lives.

One way of explaining how the individual functions within a collective experience of power is to see well-being as the result of two principal motivational forces central to our personality: agency and communion (Bakan, 1966). Nietzsche's agentic approach to power must necessarily be complemented by Foucault's more communal understanding if mental health is to be a resource shared by many. McAdams (1988) has shown that this dual approach best meets the needs of individuals by balancing personal expressions

of power with the demand for equal social relations such that intimacy, not divisive individualism, results. The extent to which the communal aspects of power over mental health resources (a central aspect of the empowerment process) are experienced by everyone in a society will influence whether mental health becomes the property of some or shared by many (see Hollingshead & Redlich, 1958; Myers & Bean, 1968; Werner & Smith, 1982). When there exist inequalities based on gender, class, or race, inevitably those who are denied experiences of power are the ones most likely to suffer mental and emotional problems.

From the above discussion it should now be evident that a capillary form of power is at the heart of both the emerging mental health discourse and our understanding of the process of empowerment. As previously stated, this study will focus on three experiences of this type of capillary power which are evident in both this piece of research and the literature which supports it. Experiences of power through relationships, experiences of control, and the power to exploit opportunities to feel competent have been shown to be fundamental to both empowerment and mental health in this study and elsewhere.

Power through Relationships

The study of empowerment has clearly shown that experiences of power take place within the context of relationships (Kieffer, 1981, 1984; Surrey, 1991a). Surrey (1991a) notes that her notion of "relational empowerment" is dependent upon a "process

of enlarged vision and energy, stimulated through interaction, in a framework of emotional connection" (p. 171). The relationships necessary for empowerment can range from experiences with internalized representations of significant others from our past, to actual relationships we currently enjoy with family, peers, our community and its institutions. Of course, even while enjoying relations with others in the present, internal psychological processes shape our experience of the social realm. Therefore, empowerment is an interactional process in which people are dependent on each other for the growth which supports feelings of well-being (Cochran, 1987, 1991; Kieffer, 1981).

Within the discourse which defines mental health, the individual relies on others to construct an understanding of mental health while at the same time reserving the right to disagree with others and assert an alternative understanding of what mental health is. When this alternative discourse is reflected in the thoughts and actions of others, then the individual may once again enter into relationships which, through the added energy of the group, express a new collective understanding of the world. The teens in this study followed this pattern of using relationships to gain power in the discourse on mental health just like others who have differed ideologically with society's point of view. This type of participation with others is one of the most important aspects of power which is enhanced through relationships.

The Power to Define Mental Health

In practice, the power to define mental health is based upon the intersubjectivity experienced in relationship with others. Though it was once widely accepted that "Western man's" mental health resulted from "the illusory goal of independence, self-sufficiency, and free autonomy" (Wolf, 1988, p. 28), this is no longer the case (Miller, 1986; Wolf, 1988). Relationships allow us to exercise our collective power and have an impact on the dominant social discourse, fundamentally altering how mental health and mental illness are defined. It is essential that individuals participate in a reverse discourse (Weedon, 1987) if they are to challenge the socially constructed labels assigned to their behaviour. Though motivated by the personal need to define for ourselves our state of mental health, the path to this agentic exercise of power is through communal interactions. In order to influence the discursive constitution of subjectivity (Weedon, 1987), alternate meanings for everyday actions must be given voice communally. This process can affect individuals on both micro or macro levels.

At the level of the individual, Scheman's (1980, 1983) work on women's anger is an example of the battle between hegemony and a discourse focused on liberation. Scheman offers an understanding of women's anger which challenges the myth that the objects of psychology are an individual experience. Scheman (1983) writes:

> that the objects of psychology - emotions, beliefs, intentions virtues and vices - attach to us singly (no matter how socially we may acquire them) is, I want to argue, a piece of ideology. It is not a natural fact, and the ways in which it

> permeates our social institutions, our lives and our senses of ourselves are not unalterable. It is deeply useful in the maintenance of capitalist and patriarchal society and deeply embedded in our notions of liberation, freedom, and equality. (p. 226)

The naming of anger, for men and women, is governed by socially embodied norms which have tended to deny us our right to become conscious of the oppression we experience. Scheman (1980) describes the process by which we rediscover our anger, justify it, and name it, as a "political redescription" of our reality. The outcome may be that feelings of depression, alienation and anxiety are renamed as intelligible adaptations to exploitative situations. This redefinition occurs through the fruitful interaction with others who nurture this alternate point of view. This study is designed to facilitate this redescription by the participants.

A process similar to that operating at the individual level can also occur at the macro level. For example, what were formerly known as "patients" of psychiatric services are organizing to gain greater control over the mental health resources they need (Church, 1989; Macnaughton, 1991). One outcome of this struggle has been a change in their name from "patient" to "consumer" or "victim." Both "consumer" and "victim" give a very different meaning to the experience of being a user of psychiatric services. Weedon (1987), in her work on feminist practice, highlights the dialectical nature of this type of struggle:

> The degree to which marginal discourses can increase their social power is governed by the wider context of social interests and power within which

> challenges to the dominant are made. It may well take extreme and brave actions on the part of the agents of challenge to achieve even small shifts in the balance of power. (p. 111)

The extent to which users of psychiatric services are gaining ground is proof that those who are fighting are presenting a viable alternative discourse which may in time be accepted.

The power to have a say in the discourse which defines mental health will have an impact on how one views one's state of well-being and one's subjective experience of that state. Experiences in relationships, however, are not always so explicitly concerned with definitional issues. There are countless studies that have discussed the role relationships play in measures of mental health without ever recognizing that the transcendental experience of mental health is illusionary. This is not to say that the studies reviewed below which will examine more conventional research on the connections between relationships and mental health do not accurately document the experiences of certain groups in society. These studies assume that what they are measuring is a constant for everyone and that all subjects value and perceive mental health the same. It is more likely that the positive effects of relationships occur because their meaning is filtered by a dominant ideology which orders people's world and the beliefs which shape that world.

It may appear to be a contradiction to include in this paper a discussion of other related research, much of it from a positivist paradigm. After all, it will be shown that it is the way in which this study's participants construct definitions of mental health and

empowerment which is crucial to their well-being. A review of previous research which informs this study is included because, first, for the most part I found the participants in this study held many of the same ideological biases reflected in the literature on empowerment and mental health. Where the participants differed is highlighted in the findings and the implications of these differences explored in the final chapters of this paper. Second, these previous studies have had a large impact on the researcher's understanding of the constructs under investigation. They set limits on how the researcher approaches the data and filters the analysis of the participants' comments.

Relationships, Mental Health and Empowerment

Relationships which function to support the individual's personal and social power counter a tendency by individuals to blame themselves for the oppressive situations they confront. Lerner (1986) has called this pattern of self-blame "surplus powerlessness." By building empowering relations with others, it is possible to change a feeling of personal helplessness into universal helplessness as the individual realizes the noncontingency of his or her life situation (Abramson et al., 1978; Beck, Weissman, Lester & Trexler, 1974; Rotter, 1966). Of course, this change in attribution does not lead to an alleviation of the oppression. However, because it helps to bind people together around the common theme of their oppression, it facilitates the building of relationships which is an important first step in the empowerment process.

Once in relationship with others, intersubjectivity may lead to a transformation of self-definition from powerless to powerful. When brought together by a shared problem and vision, a group of oppressed individuals is more likely to become engaged in collective action to change their situation. This shift from heightened awareness to social action is indicative of the praxis of the empowerment process and the potential power of both facilitating and critical actors. As Nemiroff (1987) writes: "The concept of empowerment defines us as drawing power in the form of energy from within ourselves as individuals and through our mutual and collective support as a group" (p. 538). Without the group, the individual's potential experience of power is limited (Freire, 1968/1970; Mezirow, 1978).

These relational experiences of power occur at the level of the family, peer group, and community. The varying significance of each level of relationship will depend on the developmental and ecological context of the individual (Bronfenbrenner, 1977). A growing body of literature recognizes the importance of the family unit's power and its effect on the well-being of family members (Cochran, 1988, 1991; Dunst, Trivette & Deal, 1988; Whitmore, 1991). As Dunst, Trivette and Deal (1988) argue, the process of empowerment creates "opportunities for families to acquire the necessary knowledge and skills to become stronger and better able to manage and negotiate the many demands and forces that impinge upon the family unit in a way that promotes individual and family well-being" (p. 6). Empowering processes targeting the family have been found to result in similar positive outcomes for groups of low-income, single, expectant mothers (Whitmore, 1991) and working parents requiring childcare (Dean, 1991).

Peers and others who form our formal and informal social support network are another level of relationships necessary for the empowerment process (Cochran, 1988; Gutierrez, 1990; Kieffer, 1981, 1984). Participating with others provides significant psychological benefits and an increased sense of power (Kieffer, 1981, 1984; Zimmerman & Rappaport, 1988). This is true for each developmental phase. For example, a positive impact on the child's sense of control and competence can result from either direct involvement with social networks, including the child's peers, or, as is more typically the case for younger children, through the indirect social support provided to the family as a unit (Cochran, 1988).

At the broader community level, relationships which result from participation in community activities with others lead to a psychological and sociological sense of empowerment (Kieffer, 1981; Zimmerman & Rappaport, 1988). As previously mentioned, the empowerment process is highly sensitive to the unique needs of specific communities and respects the divergent solutions each group of people devise collectively to meet the challenges they face (Rappaport, 1981). Thus, for relationships at the community level to have a positive effect on empowerment, they must encourage and support a diversity of individual and group solutions to community problems. However, empowering processes which encourage collective social action are likely to fail unless social institutions acknowledge the power of community members.

Gruber and Trickett (1987) discuss this paradox in their examination of an alternative school's attempt to provide parents with a voice in the school's administration. Despite a good attempt, the parent's powerlessness, due to prevailing structures, time

constraints and access to information resulted in decision-making processes being returned to the control of the school professionals who never fully trusted the competence of the parents as decision-makers. It has been suggested that attempts such as this at empowerment fail because of a dominant ideology in our institutions which stresses hierarchy and control over interdependence, relationships and cooperation (Belenky, 1986; Gilligan, 1982; Katz, 1984; Miller, 1986, 1991; Surrey, 1991a, 1991b).

The situation for students is the same as for parents. A school "ethos" which provides opportunities for participation and balances structure and discipline with expectations and caring, predicts positive outcomes for children despite other environmental factors such as poverty which may threaten success (Rutter, Maughan, Mortimore, & Ouston, 1979; Linney & Seidman, 1989).

It is clear from the above discussion that individuals who act collectively are more likely to experience power. Similarly, a large amount of literature in the field of mental health has shown these same relationships at the family, peer and community level to be associated with a sense of well-being.

Offer and Sabshin (1974) comment: "Since most people do have some positive interpersonal relationships, most people are relatively normal or healthy" (p. 101). A matrix of relationships which function for the individual intrapersonally is necessary for the growth and development of the self. The self is an internal psychological structure which can only be understood by the person to whom it belongs (Kohut, 1978b/1972, 1984, 1985, 1987b). The intrapersonal experiences between the self and others are also referred to as self-selfobject experiences (Bacal & Newman, 1990; Kohut, 1977, 1987a;

Wolf, 1988). The self depends on a "continuing presence of an evoking-sustaining-responding matrix of selfobject experiences" (Wolf, 1988, p. 28) for his or her healthy growth. An environment which facilitates these interrelationships is more likely to give individuals a sense of intersubjective relatedness (Bacal, 1985; Kohut, 1978a/1968; Stern, 1985), meaning they appreciate that others have the same capacity for thinking and feeling as they do.

This view of relationships challenges traditional developmental theories which emphasize the need for differentiation, autonomy and individuality (see Erikson, 1959, 1963). This study's participants expressed a need for a wide and varied matrix of relationships which brings with it acceptance in all spheres of their lives.

Writers such as Belenky (1986), Gilligan (1982), Miller (1986, 1991), Osherson (1992), Spender (1980) and Surrey (1991a, 1991b) have criticized theorists like Erikson for their male bias. Instead, these authors argue that both women and men need "sustaining relational contexts" (Surrey, 1991a, p. 174) for healthy development. Men, they say, erect unhealthy barriers to the fulfilment of these relational needs.

Where both sets of theorists agree is with regard to the phase-specific arrestments in growth which may occur when relationships do not function in a health-enhancing manner (Erikson, 1963; Miller, 1991; Osherson, 1992), as when there are problems in the relationship between a child and his or her family. The size of the family unit (Werner & Smith, 1982), characteristics of the parents, such as age, state of mental health, presence or absence of a mental disorder, and the parents' success at negotiating transitional life crises all affect the responsiveness of the family to the child (Belsky,

1984; Bond & Wagner, 1988; Dryfoos, 1990; Murphy & Moriarty, 1976; Rutter, 1987; Werner & Smith, 1982). A related variable, the ability of the child to evoke caring from the parents, also plays a significant part in how the family meets the child's needs (Rutter, 1985). Given that the family unit is central to the child's life, it is not surprising that even when the family fails to respond to the child's needs, its members are still the primary object of attachment (Bowlby, 1969) and play a critical role in the child's mental health.

When functioning optimally, the family not only provides a growth enhancing matrix of experiences for the child, its structure may also act as a buffer against broader social forces which threaten well-being. As Minuchin (1974) explains: "changes in a family structure contribute to changes in the behaviour and the inner psychic processes of the members of that system" (p. 9). How effectively the family succeeds in providing a healthy structure is highly dependent on the severity of the hardships it must confront in the environment (Lempers, Clark-Lempers & Simon, 1989).

Macro-social forces external to the family, such as poverty, interact with micro-social processes occurring at the level of dyadic relationships within the family. As children develop they broaden their interactions with others, moving beyond their attachment to their family into relationships with peers and finally into contact with broader social institutions where extra-familial forces have a direct impact on them (Reiser, 1986; Wagner & Compas, 1990; Wolf, 1988). For example, extrafamilial sources of stress such as poor housing which affect the child are more likely to produce poor mental health when the child has no intimate relationship with another family

member to mediate the impact of the stress (Baldwin, Baldwin & Cole, 1990; Felner, 1984; Pilling, 1990; Wyman, Cowen, Work & Parker, 1991).

In some cases, stress which is external to the family is compounded by intrafamilial problems such as separation and divorce (Wallerstein, 1983). There is evidence that the higher likelihood that single parent families will live in poverty after a divorce may explain why a disruption in the family constellation can lead to problems for the children (Nelson, 1993). For example, it is not uncommon for children of single parent households, especially the boys, to exhibit more antisocial behaviour (Hetherington, Cox & Cox, 1985). These problems cannot be explained only as a result of the divorce of the parents. Socio-political factors related to poverty become more problematic and a greater threat to the family's power when relationships break down. These added stresses on the family as a unit make them less able to respond to the needs of the children within the family. Thus, it is clear there is a link between the quality of family relationships, the degree of power the family experiences, and the capacity of the family to provide an emotionally supportive milieu.

Beyond the family, the peer group forms the next most influential set of relationships for the developing child. For youngsters, school is one of the principal forums where children participate in activities with their same-age cohorts. These activities foster social support. Students who participate tend to report a greater sense of well-being than students who have dropped out and become isolated (Maton, 1990).

This is not to imply that large social networks provide intimacy: they do, however, help to maintain a sense of community which is critical to good mental health (Belle, 1989, Davidson & Cotter, 1991; Sarason, 1974). A sense of community challenges the myth of individualism and provides experiences of "inclusivity, commitment and consensus" (Peck, 1987) which affect the individual most often in a positive way.

A study by Davidson and Cotter (1991) using three separate telephone samples to examine people's sense of community, their evaluation of their community, and their sense of well-being found that people with a good sense of community scored high in social well-being. Thus, well-being is highly dependent on the community in which a person lives and his or her quality of interaction with that community (Davidson & Cotter, 1991; McKnight, 1991; Sarason, 1974).

Within the community, the quantity and quality of a person's social support is one factor contributing to mental health which has been well documented (Barrera, 1988; Belle, 1989; Caplan, 1974; Cochran & Brassard, 1979). Sandler, Miller, Short and Wolchik (1989) have shown that when there is a sufficient amount of enacted support and a perceived quality to that support, social support can act to maintain well-being despite stressful situations.

These processes which are part of the experience of social support and which enhance mental health are strikingly similar to those discussed in the literature on empowerment. There, the process of building psychological empowerment within the context of relationships has been shown to contribute to an enhanced sense of control,

competence and well-being (Kieffer, 1981, 1984; Sandler & Lakey, 1988; Topol & Reznikoff, 1982; Zimmerman, 1990b; Zimmerman & Rappaport, 1988). Because relationships are one of three components of experiences of power, along with control and competence, and because relationships contribute significantly to well-being, it seems logical to assume that power via relationships is one factor in an etiology of mental health. Surrey (1991a) talks about "empowering the relationship" so that mutuality and personal growth become part of empowering intersubjective experiences.

Clearly, the optimal relationship identified in the empowerment literature shares many of the same characteristics with family, peer and community relationships which enhance and maintain mental health. The other components of experiences of power, control and competence, which both rely on a matrix of functional relationships, have also been the subject of investigation in both the empowerment and mental health literature.

The Power to Control Mental Health Resources

Personal and collective control over the institutions and other resources which sustain our mental health are another component of experiences of power. This power, similar to the point made above, is dependent on the existence of a matrix of relationships. As previously mentioned, this power includes the ability to access the emotional (sense of self-efficacy, self-esteem, coping strategies), physical (housing, employment, healtn care), and socio-political (social support, the right to vote, to

participate and to challenge) resources necessary for mental health. This broad range of resources from the personal to the political are intricately interwoven and any advances made in one area are both dependent upon and exert an influence over access to others. In turn, control over resources affects feelings of efficacy and power.

Effectance can result from the sense of power one gets from participation (Kieffer, 1981), its concurrent effect on political efficacy (Craig & Maggiotto, 1982), and the resulting feelings of self-efficacy (Bandura, 1977) which encourage continuing participation in a change process (Freire, 1968/1970; Kieffer, 1981). This multi-level experience is evident wherever people organize for control. The consumer's movement discussed above has not only tried to redefine the labels given to people with mental health problems, it has also sought to have a viable political voice in the decisions affecting allocation of health resources. Church (1989) and Macnaughton (1991) have shown that members of the consumers' movement have had some limited success accessing advisory boards, funds for self-help groups and better community care. These political gains have resulted in increased personal resources for participants who have shown a greater confidence and willingness to be vocal opponents of the system servicing them (Lord & Farlow, 1990).

A great variety of terms are used to describe control phenomena (Wong, 1992). In both research on empowerment and mental health, experiences of control have been shown to contribute significantly to positive outcomes. These control phenomena have both agentic and communal aspects which are mutually dependent. For example, the work on efficacy, one synonym for the concept of control (Wong, 1992), has investigated

both personal efficacy (Bandura, 1977) and political efficacy (Craig & Maggiotto, 1982). It has been shown that both forms of the efficacy construct interact, contributing to experiences of power (Zimmerman & Rappaport, 1988).

Positive outcomes from experiences of power are complicated by personal control beliefs, perceptions of control in specific situations, and attributional styles. For example, it is generally believed an internal locus of control (Nowicki & Strickland, 1973; Rotter, 1966) is associated with a greater sense of empowerment (Simmons & Parsons, 1983; Zimmerman & Rappaport, 1988; Zimmerman, 1990b). The work of Brickman et al. (1982) has illustrated that the preferred helping modality is one which encourages people to attribute the cause of a problem to others while attributing control over the solution to themselves (see also Nelson & Cohen, 1983; Zimmerman & Zahniser, 1991). This attributional process is as relevant for individuals as it is for communities which are involved in collective social action (Sue & Zane, 1980; Wallerstein, 1992).

For the empowerment process to facilitate growth it must contribute to successful manipulation of one's environment such that outcome expectancies are congruent with internal locus of control beliefs. When individuals experience successful environmental mastery and believe that past success predicts future positive outcomes, a sense of "learned hopefulness" (Zimmerman, 1990b) results. Zimmerman (1990b) coined this term in contrast to the work on learned helplessness. Zimmerman defines "learned hopefulness" as "the process whereby individuals learn and utilize skills that enable them to develop a sense of psychological empowerment" (p. 73). Empowering experiences

which help develop positive expectations about the future contribute to a sense of control over that future and good mental health. Thus, the process of empowerment and resulting state of psychological empowerment rely on experiences of control which nurture these positive expectations and feelings of self-efficacy.

Self-efficacy refers to the perception that one's actions will produce a desired outcome (Bandura, 1977, 1992). Bandura (1977) has shown that self-efficacy results from experiences of mastery which shape cognitions. The extent to which we give ourselves credit for our success, the way in which we generalize from one experience to another, and the amount of persistent effort we give to a task are indicative of our sense of self-efficacy. The empowerment process challenges people's assumptions of low self-efficacy. It provides opportunities for task performance which help raise one's conscious understanding of his or her real power, while clarifying the relative potency of environmental forces by directly challenging them.

Such agentic aspects of efficacy must be tempered by the limits imposed by living in community with others. Wong (1992) argues that experiences of control can be a double-edged sword. Without the establishment of limits to our personal control, mental health can be threatened and turn into narcissistic exploitation of others. Therefore, the communal aspects of efficacy must also be accounted for in any explanation of the empowerment process. The term "political efficacy" (Craig & Maggiotto, 1982) embraces this relational component of efficacy and results from the feeling that one's participation in the political system is effective. In turn, this effective participation

contributes to psychological and sociological experiences of power (Zimmerman & Rappaport, 1988).

Freire (1968/1970) has shown that participation in processes of personal and social transformation conscientize individuals and encourages them to exercise control over their environment. Similarly, it has been shown that the psychological empowerment which results from the empowerment process is positively correlated with political efficacy (Zimmerman & Rappaport, 1988).

Experiences of Control and Mental Health

The control phenomena discussed above which have an impact on the process of empowerment also affect the nurturance and maintenance of a state of mental health. The mental health literature concerned with control is the source for many of the measures used to evaluate the outcomes of the empowerment process. The findings linking control to mental health have shown that well-being is associated with specific control phenomena, similar to those associated with empowerment.

The relationship between control and well-being is not a straightforward equation. Locus of control beliefs, feelings of self-efficacy, and explanatory style all interact and change in different situations (Peterson & Stunkard, 1992). One's state of mental health is affected by this pattern of beliefs, expectations and explanations. For example, the extent to which one believes that feelings of control say something about one's self-worth will have a direct impact on how one reports his or her experience of control. A study

by Koenig, Clements and Alloy (1992), examining behaviour of depressed and non-depressed individuals on a noncontingency task for which they were given a false illusion of control, found that those who believed their self-esteem depended on being in control were more likely to overestimate, in private, the degree to which their performance was contingent on personal performance. This pattern was true for both depressed and non-depressed individuals. The findings are important, showing that for all people, healthy or unhealthy, experiences of control are filtered by their beliefs about what being in control means. Obviously, trying to facilitate the empowerment of a group of people would be very difficult unless they were first convinced that experiences of power and control were a measure of their self-worth and could positively affect their well-being.

It is also worth noting that in Koenig et al.'s (1992) study, participants who believed their self-esteem depended on control made more accurate assessments of their personal contingency when in groups with others. Koenig et al. speculate participants did so to avoid being embarrassed or ridiculed by their peers. Evidently, not only do experiences of control get filtered by personal beliefs about self-worth and personal efficacy, but also by the nature of relationships with others. This observation supports the previous argument that experiences of control (and the empowerment process as a whole) takes place within the context of relationships.

Given these multiple determinants of experiences of control, understanding the connection between control phenomena and mental health requires an appreciation for the many factors which must be accounted for, as well as their interaction. There is little doubt, though, that experiences of control are central to the empowerment process and

contribute to a sense of well-being. These experiences of control are, in turn, affected by how well the exercise of personal competencies contributes to feelings of efficacy.

The Power to Experience Competence

The third type of power which influences mental health is the power to explore and manipulate the resources to which we have access. From such experiences, we derive competence, our capacity to interact effectively with the environment (White, 1959). White (1959) first showed that competence was the result of our motivation to make changes to our environment through exploration, activity and manipulation. White argued that this search for competence is related to our desire for feelings of self-efficacy. Clearly, competence and self-efficacy are inextricably linked and result in "mastery, power, or control" (White, 1959, p. 320). This same point is made by Abramson et al. (1978) who identified experiences of competence as a possible buffer to the debilitating effects of feelings of helplessness.

Similarly, the works of Zimmerman and Rappaport (1988) and Kieffer (1981, 1984) have shown the connection between competence and empowerment. Individuals who feel their skills are valued will participate more, enhancing their skill level while effecting environmental change. As a result, competence and self-efficacy are closely linked (Cowen, 1991; Earls, Beardslee & Garrison, 1987; White, 1959).

As previously discussed, control is experienced as the power to change the environment such that it better meets one's needs. Competence is the power to exploit

the environment which is present. But this power to exploit the resources one relies on for experiences of competence is different from the power to control the availability of those resources. This recognition of experiences of power as critical to the development of competence is not usually part of an investigation of competence.

In this study it became apparent that for the teens to feel competent they need to have access to resources and opportunities to use them. In searching the literature for research which would support the way competence was defined by these teens, few references were found to suggest experiences of control were important to competence. Among those who did note the connection were White (1959) early on in his research, and more recently Zimmerman and Rappaport (1988), Kieffer (1981, 1984), Lord and his colleagues (Lord & Farlow, 1990; Lord & Hutchison, 1993) and Cowen (1991), who notes that both competence and self-efficacy are interactive components of mental health:

> there are . . . life competencies such as interpersonal, communication, problem-solving, assertiveness, and anger-control skills. The presence of these skills has been shown to relate to wellness, and their absence to maladaptation. Discharging mandated life tasks competently and interacting competently with others attracts recognition and respect. When this happens, it is a source of personal satisfaction to the individual and nourishes a self-view of efficacy. (p. 406)

In a study of 15 grassroots political organizers, Kieffer (1981) demonstrated that empowerment is developed gradually out of experiences of competence and control. A key component of the development of these organizers' sense of power was the exercise

and recognition of their personal skills and abilities. The skills which Kieffer discusses range from the practical to more abstract coping skills.

This discussion of competence requires one caveat before concluding. Ogbu (1981) argues the danger exists that competence will be defined by white middle-class cultural standards. Universal laws which state how competencies are developed, who is instrumental in that development, and what outcomes are to be expected, are blind to their inherent cultural bias. For example, children growing up in inner-city ghettos are led to believe they will achieve success if they develop a degree of competence as defined by mainstream society. This, of course, ignores these children's lack of power to define for themselves competent behaviour (Lorandos, 1990; Simmons & Parsons, 1983). Ogbu's thoughts add support to the argument made here that unless there is access to the resources necessary to experience both the power over resources and the power to define terms like competence and mental health, it will be difficult for individuals to derive feelings of competence from the exploitation of resources. The process of empowerment recognizes that issues of power must frame any discussion of competence and the positive mental health outcomes which accompany the exercise and recognition of skills. Clearly, competence relies on experiences of power.

Competence and Mental Health

Competence can develop only when we have the power to control the provision of the many types of resources needed to sustain mental health and provide us

opportunities to use our skills (see Harter, 1982 for a summary of these personal abilities). The matrix of relationships in which we grow helps furnish these opportunities and provides us with the recognition of the successful exercise of our skills (Wolf, 1988; Wolf, Gedo & Terman, 1972). In turn, we gain confidence that our personal competencies can effect change in our environment.

Just as competence and power can be linked, so too can a connection be found between competence and mental health. Like the process of empowerment, experiences of competence affect people at both an intrapersonal and interpersonal level. Individual cognitive functions such as perception, attribution, expectation, reasoning and intelligence are areas in which individuals may experience personal competence. When the individual is convinced by others that he or she is deficient in one of these areas, there is a heightened risk for poor mental health (Anthony, 1987; Murphy & Moriarty, 1976; Sue & Zane, 1980; Werner & Smith, 1982).

Evidently, coping skills cover a broad range of areas from psychological skills to relational capacities. Compas (1987) defines coping as "all purposeful attempts to manage stress regardless of their effectiveness" (p. 394). In his review of coping strategies during childhood and adolescence, Compas shows that coping is purposeful action which is aimed at either problem-solving in the relational realm or the control of personal emotions to adjust to what are perceived as uncontrollable situations. Clearly, the extent to which one succeeds at coping will be a measure of the individual's personal and social competence (Lord & Farlow, 1990; Simmons & Parsons, 1983; Whitmore & Kerans, 1988).

The age of the child or adolescent influences the type of coping he or she uses: "the child's coping efforts will be constrained by his or her psychological and biological preparedness to respond to stress" (Compas, 1987, p. 394). Compas and his colleagues (Compas, 1987; Compas, Banez, Malcarne & Worsham, 1991) have shown that problem focused coping skills tend to develop first in children. Only later in adolescence is there evidence that children use emotion focused coping strategies to adjust to stress. Competence in these coping skills is a common discriminator in the literature between what are categorized by the researchers as high- and low-risk children (Eccles, Buchanan, Flanagan, Fuligni, Midgley & Yee, 1991; Thompson & Spacapan, 1991).

It can be difficult to determine which environmental factors influence the development of competence. Work by Sameroff and Seifer (1983) has shown that a transactional model best explains the many factors which influence social-emotional competence. Sameroff and Seifer identified both explicit aspects of the environment (i.e. maternal interaction and stimulation patterns), as well as implicit characteristics (i.e. parental knowledge and beliefs) and found that both were related to the development of childhood competence.

Gender too can have an impact on competence. It has been shown in some studies that skill development for boys differs from that for girls. Wagner and Compas (1990) have shown that while girls derive self-esteem through success in relationships, boys are more likely to value achievements from the exercise of personal talents. Taken together, both masculine and feminine sets of skills are needed to create the experiences of power which result from the empowerment process (Surrey, 1991a, 1991b).

Summary

This chapter has reviewed current understandings of the empowerment process and outlined three experiences of power foundational to both empowerment and mental health outcomes. When any of the three types of power discussed above are absent from an individual's life, he or she is more likely to suffer poor mental health. This point should be evident from the above juxtapositioning of studies on empowerment and mental health. As shown above, the outcomes from the process of empowerment are essentially the same factors which indicate well-being.

Both empowerment and mental health enjoy well established bodies of research which have identified a matrix of factors correlated with positive outcomes. Though seldom linked in the way presented here, research on empowerment and mental health share many similarities: 1) in many instances, the outcome measures used to prove the existence of the construct under investigation are similar in both fields of research; 2) both bodies of literature include a broad range of studies examining individual psychological and family, peer and community interactional variables; and 3) as is evident from the preceding chapters, the research in both fields can be gathered under three categories: the importance of relationships, experiences of control, and the development of competencies. Contrasting these two bodies of established literature under these three subcategories of relationships, control and competence shows that the outcomes from the empowerment process are synonymous with good mental health.

But what of the factors that inhibit the process of empowerment and have a negative impact on mental health? A related body of literature which has examined the impact of risk factors on the well-being of children and adults will help to provide some useful frames of reference for the findings from this study.

Chapter Four

Barriers and Bridges to Empowerment and Mental Health

Concepts such as risk, vulnerability and resilience have been studied in much the same way as mental health and empowerment, with few opportunities for the research subjects to actively participate in the construction of the terms under investigation. Nevertheless, this literature, like the material already reviewed, can be used to frame this study's findings.

The personal and environmental factors which have been studied as barriers to mental health and empowerment have come to be known as risk factors. These risk factors have been shown to occur as chains of events which can be interrupted by protective mechanisms. This chapter will examine this pattern of events and show how the function of protective mechanisms resembles the process of empowerment. Later chapters will explore how this study's findings lend further support to this view of the empowerment construct.

Risk Factors

Personal risk factors may include constitutional traits like temperament, sensory-motor deficits, and unusual sensitivities (Anthony, 1987; Murphy & Moriarty, 1976), as well as indicators of unhealthy psychological development such as an inability to bear frustration or maintain relationships (Werner & Smith, 1982), lack of self-esteem and

feelings of incompetence (Felsman & Vaillant, 1987; Harter, 1982). Environmental risk factors such as a family member suffering from psychiatric problems (Seifer & Sameroff, 1987; Werner & Smith, 1982), chronic and profound stressors (Cowen & Work, 1988), the low socio-economic status (SES) of the parents (Werner & Smith, 1982), low academic achievements of the parents (Murphy & Moriarty, 1976), and poor family functioning (Hetherington, Stanley-Hagan & Anderson, 1989; Murphy & Moriarty, 1976; Werner & Smith, 1982) may also pose a risk to the adolescent's mental well-being. This partial list of the hundreds of factors identified in the literature are illustrative of the complexity of this field of research.

Rutter and his colleagues (Quinton, Rutter & Gulliver, 1990; Rutter, Quinton & Hill, 1990) discovered through their work with at-risk children whose parents suffer a mental illness that continuities in psychiatric disorders across generations could not be attributed to a set of simple causal factors. Rather, it was the *process* by which these factors interacted which predicted specific outcomes. Consequently, risk factors have come to be thought of as chains of events, rather than singular negative episodes (Anthony, 1987; Cohen, Brook, Cohen, Velez and Garcia, 1990; Dunn, 1988; MacFadyen, 1992; Murphy & Moriarty, 1976; Seifer & Sameroff, 1987).

Protective Mechanisms

Within these chains are many opportunities for the occurrence of discontinuity resulting in growth along a different trajectory than might otherwise be predicted.

Protective mechanisms are processes which occur which change this trajectory (Rutter, 1987; Rutter, Quinton & Hill, 1990). It is questionable, however, whether protective mechanisms produce predictable outcomes. It is generally believed that while the mechanisms themselves may be generic, their catalytic effect can lead to a diverse range of positive effects by reducing vulnerability to risk, promoting self-esteem and self-efficacy, facilitating the development of secure and supportive relationships and assisting successful task accomplishment (Rutter, 1987). The nature of the risk will determine, in part, how effectively the mechanism functions (Masten, Morison, Pellegrini & Tellegen, 1990).

The concept of protective mechanisms developed out of research on vulnerable children who grew up healthy despite the presence of factors which predisposed them to negative mental health outcomes. The vulnerable child is one who must cope with an environment where there are identifiable risk factors. These factors interact with the child's constitutional stressors such that the total configuration of factors unique to that child may precipitate immediate problems or be part of a formative stage which increases susceptibility to a future disorder (Richters & Weintraub, 1990).

While studying vulnerabilities, researchers discovered children who showed a remarkable ability to grow up healthy despite an overwhelming number of risk factors in their lives (Cohen et al., 1990; Grant, 1991; Quinton, Rutter & Gulliver, 1990; Richters & Weintraub, 1990; Rutter, Quinton & Hill, 1990; Swindle, Heller & Lakey, 1988). These children have come to be known as resilient (Anthony, 1987). Resilience is the result of active participation in events which help develop necessary skills to cope

with stress. As Rutter (1987) observes, resilience is "the positive pole of individual differences in people's response to stress and adversity" (p. 316). The concept of protective mechanisms has been used to explain how resilience develops in these at-risk youth.

Models of Protective Mechanisms

Several different models exist which explain the function of protective mechanisms from different theoretical perspectives. Garmezy's (1976) three protective factors, Reich and Zautra's (1988) work on life events and Rutter's (1987) concept of protective mechanisms explore many of the same phenomena which are components of the empowerment process.

While the work of Garmezy (1976, 1983, 1985, 1987) is principally concerned with research on children in families where one or both parents have a mental illness, Garmezy has also investigated the phenomenon of resilience in children growing up in chaotic environments: the children in war torn Northern Ireland and retrospectively, the children in London during the second world war. Garmezy (1985) writes:

> Examining this list of potential protective factors, suggests the operation of three broad categories of variables: (1) personality dispositions of the child; (2) a supportive family milieu; and (3) an external support system that encourages and reinforces a child's coping efforts and strengthens them by inculcating positive values. (p. 219)

The relationship between each of these three categories of factors and positive mental health outcomes has been well documented (Meehan, Durlak & Bryan, 1993; Mrazek & Mrazek, 1987; Murphy & Moriarty, 1976; Seifer & Sameroff, 1987; Vaux, 1988; Werner and Smith, 1982; Wyman, Cowen, Work & Parker, 1991).

The life events literature which examines the impact of positive and negative life events on personal functioning has also proposed a set of factors which moderate the effects of stressors thought to lead to negative mental health outcomes. For the child, these mediating factors may include age, sex, cognitive appraisal of events, coping style, individual and social competencies, family organization and interaction, availability of social support and the orderliness of the child's environment (Felner, 1984). When a particular set of moderating factors function to protect the child, they may be said to nurture the child's ability to adapt to the stressors he or she confronts.

Assessing the moderating effect of specific factors demands they be viewed in interaction. Their full effect, positive or negative, is best understood through careful observation of one's process of coping and change over extended periods during which transition and growth occur (Cohen, 1988; Felner, 1984; Johnson & Bradlyn, 1988; Johnson & Sarason, 1978; Reich & Zautra, 1988; Sandler & Lakey, 1988; Zautra & Reich, 1980, 1983). Good outcomes may result from even the most difficult periods when successful adaptation is the goal. As Caplan (1964) asserts, "Every crisis presents both an opportunity for psychological growth and the danger of psychological deterioration" (p. 53).

These growth enhancing properties make many of the functions of protective moderators, discussed in the life events literature, resemble the components of the empowerment process. For example, the work of Reich and Zautra (1988; Zautra & Reich, 1980, 1983) and others (Newcomb & Harlow, 1986) on the effects of positive and negative life events on well-being demonstrates that personal mastery and cognitive control mediate the impact of life stress. Based on a two-factor understanding of mental health, Reich and Zautra (1988) show the direct influence of positive life events on well-being, negative life events on psychological illness, as well as an interaction between positive and negative events.

Rutter's (Rutter et al., 1979; Rutter, 1983, 1985, 1987) work takes a slightly different approach to the question of protective mechanisms and comes closest to a conceptualization which fits with the empowerment process as discussed by the teens in this study. For Rutter, a protective mechanism is a process over time which changes a child's trajectory in life by protecting him or her against risk. The four mechanisms identified by Rutter (1987) are: reduction of risk impact; reduction of negative chain reactions; establishment and maintenance of self-esteem and self-efficacy; and the opening up of opportunities.

Reducing the amount of risk to which the child is exposed occurs in two ways. First, decreasing the amount of risk which the child experiences may be accomplished by changing the child's appraisal and cognitive processing of events. In this way, situations become less threatening when the child feels competent in his or her abilities to cope. As Rutter (1987) notes: "protection may lie in the 'steeling' qualities that derive

from successful coping with the hazards when the exposure is of a type and degree that is manageable in the context of the child's capacities and social situation" (p. 326). The second way the impact of risk is reduced is by altering the level of the child's exposure to the risk factor. Thus, children in high-risk environments who have more structured home lives which protect them from extrafamilial stress are more likely to grow up healthy (Baldwin, Baldwin & Cole, 1990; Felner, Aber, Primavera & Cauce, 1985).

Rutter's (1987) second protective mechanism is the reduction of "negative chain reactions that follow risk exposure and which serve to perpetuate the risk effects" (p. 327). Rutter sees protective mechanisms as qualities of human systems. Therefore, the person's environment can help to mitigate the impact of risk factors. The child who is placed in foster care but whose parents still maintain an attachment with the child is one example of the protective function of the environment following a crisis (Hazel, 1981; McGowan & Stutz, 1991; Ungar & Levene, 1994).

A third protective mechanism is a child's sense of self-esteem and self-efficacy. Rutter (1987) suggests these two qualities derive from personal relationships and task accomplishment. Actual experience of mastery and control, and the subsequent cognitive reappraisal of one's coping abilities, combine to nurture personal strengths that protect against risk. Neither self-esteem nor self-efficacy are fixed attributes of a child but derive from new experiences. Rutter argues these experiences may be thought of as turning points which change a child's trajectory through life (Linney & Seidman, 1989; Rutter et al., 1979).

Rutter's (1987) fourth protective mechanism is the opening up of opportunities which allow children to take advantage of these turning points in their lives. Rutter uses the example of delaying the age of first pregnancy for high-risk young women as one way in which life opportunities can be enhanced for this at-risk population. Such delays allow these women to further their education and make better choices for themselves, thus ensuring a more positive future for them and their families.

While Rutter's findings appear to support the analysis of this study's data, he at no point talks about why these experiences create mental well-being and does not address the intermediary step of the power in the social discourse such experiences create. Nevertheless, the similarities between this mechanism and aspects of the grounded theory presented here are striking.

Summary

A multiplicity of risk factors have been studied which are linked to poor mental health outcomes in children. These risk factors appear to threaten many of the positive aspects of empowerment and mental health discussed earlier. Protective mechanisms interrupt the negative impact of risk factors by changing the trajectory of a child's growth. Instead of becoming trapped by the vulnerabilities facing him or her, encountering a protective mechanism helps a child regain control of his or her life and leads to enhanced mental health. The research findings from this study show that the process of empowerment shares many of the same properties as a protective mechanism.

CHART ONE

Comparison of the Empowerment and Mental Health Literature

Definitions	
Mental Health The capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being . . . the achievement of individual goals consistent with justice and the attainment and preservation of conditions of fundamental equality. (Health and Welfare Canada, 1988, p. 7)	**Empowerment** Empowerment: 1) refers both to the phenomenological development of a certain state of mind (e.g., feeling powerful, competent, worthy of esteem, etc.) and to the modification of structural conditions in order to reallocate power (e.g., modifying the society's opportunity structure) . . . (Swift & Levin, 1987, p. 73)
Experiences of Power Which Contribute to Positive Outcomes	
Relationships: •Participation in social discourse which defines mental health •Social support correlates with mental health •Family, peer and community contacts have direct and indirect effects on mental health	**Relationships:** •Interaction with others leads to development of alternate discourse •collective social action is vehicle for change •Family, peer and community contacts affect personal and political power
Control: •Efficacy in personal and political spheres •Internal locus of control •Learned helplessness is challenged and replaced by control and efficacy •Age specific nature of healthy control experiences	**Control:** •Efficacy in personal and political spheres •Internal locus of control •Learned helplessness is replaced by learned hopefulness •Age specific nature of empowering experiences
Competence: •Being valued for our skills enhances our participation •Competence linked to self-efficacy •Successful use of coping skills fosters feelings of competence	**Competence:** •Using and being recognized for talents key to empowerment •Competence promotes personal and political efficacy •Competence is culture specific

Overview of Section Two

Taken all together, the literature reviewed in the preceding pages demonstrates a theoretical link between the empowerment and mental health constructs. It has been shown that an emerging understanding of mental health as socially constructed and dependent on experiences of power, helps to bridge the two separate bodies of literature under investigation. The exploration of the nature of the empowerment process, and its relationship to three experiences of power, is meant to demonstrate support for this study's findings which document a link between empowerment and mental health. Experiences of power in relationships, power over mental health resources and the power to access experiences of competence, have collectively been correlated with mental health outcomes in the literature reviewed above. Chart One summarizes the similarities between the research on empowerment and mental health. As previously stated, this literature review has been guided by the results from this study and has therefore been presented in a manner which supports the findings. The next chapter outlines the methodology used to develop the substantive theory discovered through this study based on the data from the 21 adolescent participants.

SECTION THREE: METHODOLOGY

Chapter Five

Review of the Methodology

The qualitative methodology selected for this research is well suited to the discovery of the relationship between two complex interactional constructs (Handel, 1992) such as mental health and empowerment. The methodology described here was selected because of its fit with the investigation of processes in social relations (Marshall & Rossman, 1989). Since this study is explanatory (Marshall & Rossman, 1989), it sought only to map the interrelationships between concepts. Causality may be implied, but cannot be proven (Huberman & Miles, 1988).

To review, the principle questions guiding this research are:

1) What is the nature of the process by which adolescents nurture and maintain mental health despite personal and environmental risk factors which threaten their well-being?

2) How is the process which protects the highly vulnerable teens who participated in this study similar to the process of empowerment?

3) How does this protective process influence mental health? What role does the process of empowerment play in helping teens cope with biopsychosocial stressors?

4) How do the youth themselves view their state of mental health and how do they define the construct generally.

While the literature reviewed in Section Two brought together a diverse number of studies to lay the groundwork for possible answers to these questions, the specific design chosen for this research was emergent (Lincoln & Guba, 1985; Patton, 1990; Glaser & Strauss, 1967), evolving over the many months of investigation. At the heart of this design was the search for a grounded theory (Charmaz, 1983; Glaser & Strauss, 1967) which would explain the process by which empowerment and well-being interact during adolescence. According to Glaser & Strauss (1967), grounded theory is inductive and maintains the connection between the data and its context. As Berg and Smith (1988) note: "preserving as much of the context as possible is an investment in maintaining the meaning of the data" (p.23). Grounding the theory allows it to emerge from the experiences of the study's participants with as little redefinition by the researcher as possible.

Twenty-one high-risk adolescent participants had an opportunity to explain how they maintain their mental health and what role the process of empowerment plays in nurturing resilience. The methodology which was used relied on a lengthy period of engagement with most of the participants through the researcher's role as therapist, followed by two interviews with the participants in their own homes. A process of dialogic retrospection ensured that conclusions drawn from analysis of the data reflects the meaning participants attach to the main constructs under investigation.

This chapter will begin with a review of other studies which have used a similar methodology. Specifics of the research design employed here will then be discussed. Described below is the sample, entry considerations, the role of the researcher, data collection, and data analysis techniques used to conduct this research.

Previous Studies

Few previous studies using a similar design have focused extensively on adolescents. Piotrkowski (1978) admitted difficulty engaging adolescents in her research on the interface between the work world and family life. Whyte (1955), in his study of street corner society, interacted with older youth in their twenties. Information on their formative adolescent years was retrospective and anecdotal. Lewis' (1959, 1961) work on the culture of poverty found amongst poor Mexican families looked at the impact of poverty on the family as a unit, but presented little data focused specifically on the adolescents' experiences.

One work which holds some promise for understanding adolescent empowerment and well-being is Hollingshead's (1975) study of small town American youth in the 1940's. While exhaustive in his interviews of over 500 youth, their parents and community leaders, Hollingshead relied on structured interview schedules and observation. His work is an example of a thorough study of one community's youth, though its emphasis on breadth over depth makes it more useful for observing the impact of class on behaviour than discovering the mechanisms by which this effect occurs.

A study by Batcher (1987) approached a group of adolescents with much the same philosophical orientation as that taken in my study. In Batcher's research, limited to one setting and examining "attitudes to school, family and life", the nature of the power relations between teens was examined. Her findings, referred to elsewhere, are useful to this study though her work does not explicitly seek a connection between empowerment and mental health.

Kieffer's (1981) study of grassroots organizers, discussed earlier, and the work of Lord and his colleagues (1991; Lord & Farlow, 1990; Lord & Hutchison, 1993) which examined how adults with disabilities experience a sense of personal and social empowerment, are examples of studies closely related to this current research. These previous studies examined how the process of empowerment has an impact on individuals both psychologically and socially. These studies, however, included only high-risk individuals who had "undergone extensive periods of powerlessness and now had increased control, influence and participation in their lives" (Lord, 1991, p. 8).

This study differs in two important ways from the ones discussed above. First, this research selected high-risk participants based on their degree of mental health rather than their power, control and level of community participation. In other words, rather than selecting individuals who are experiencing power despite the presence of a large number of risk factors, I looked for individuals with different degrees of mental health growing up in high-risk environments and investigated the role that experiences of power play in their lives. The second difference is that this study is the first to deal with the meaning empowerment and mental health have for an adolescent population and is

therefore better able to show how family, peer and community factors interact to influence mental health and experiences of power. This is because all three levels of relationships are more pronounced in the lives of adolescents than for adults who may have less contact with family and peers.

For a more complete discussion of the many issues which were taken into consideration in conducting research with this population, see Appendix I. Research with adolescents, especially vulnerable youth like those included in this study, is difficult to conduct qualitatively. One less visible goal of this research is its attempt to develop a methodology which can facilitate studies with this population.

Sampling

A small sample of 21 high-risk adolescents, ages 13 through 17 with differing degrees of mental health, participated in this research. There were twelve girls and nine boys. All participants were white and came from several small urban centres (population under 80,000) in one Southwestern Ontario county. They attended both junior and senior high schools or special vocational training programs. All came from families who were eligible for subsidized counselling services according to the regulations of the county in which they reside. This level of income was used as a convenient way of ensuring homogeneity in socio-economic status (SES). As all families included in the study had been in counselling they had already been means-tested by the county and found in need of subsidy. For a family of four this meant a net monthly income of less than $2,057.

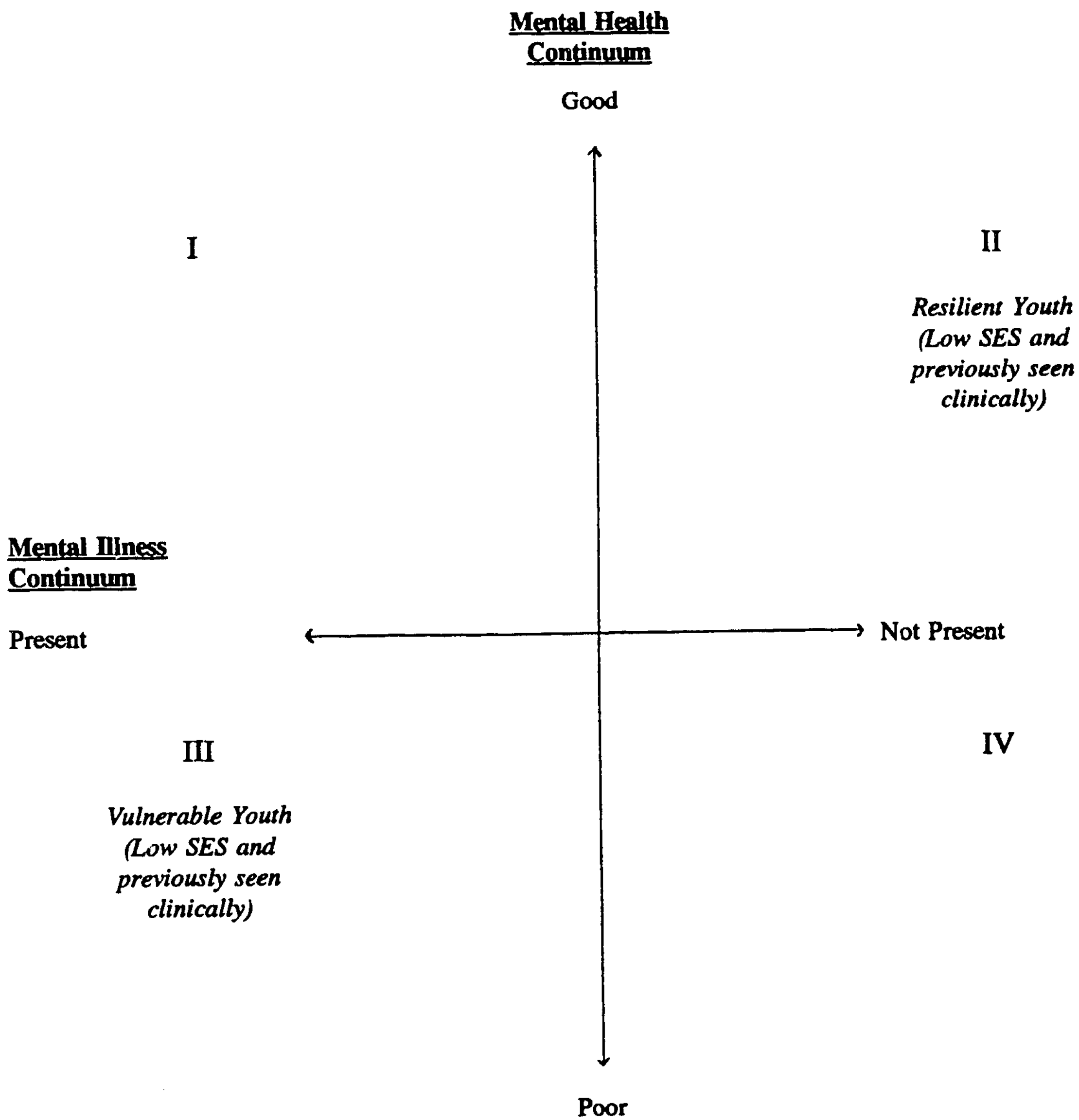
The choice of a group of participants from a lower SES reflects general recognition that poverty creates barriers to mental health (Kramer, 1992).

These selected individuals were initially drawn from two subpopulations of adolescents. Theoretical sampling (Glaser & Strauss, 1967; Strauss & Corbin, 1990), which reflects the body of knowledge upon which this research is based, made it reasonable to choose high-risk adolescents who are viewed by society as both mentally ill and mentally healthy (also referred to as vulnerable and resilient [Anthony, 1987]). As previously shown, these two states of mental health are not opposite ends of a single continuum but comprise two different measures of an individual's mental well-being.

Crisscrossing both continua provides a two-by-two matrix of high-risk adolescents of varying degrees of mental health and illness (See Figure Two). The two groups sampled included high-risk adolescents who are both mentally ill and have poor mental health (vulnerable emotionally troubled adolescents who come from lower SES households and who, along with their families, are recent clients of a family therapy clinic) and high-risk youth with no signs of mental illness and good mental health (resilient high-risk youth who are appraised by clinicians as coping well despite their lower SES households and the presence of problems for which their families have received clinical treatment in the past year). Risk factors which categorized these teens included: a combination of physical disabilities; past experiences of physical or sexual abuse; multiple placements by social services; delinquency; prolonged neglect; severe poverty; family dislocation; mental illness of a parent; violence in their homes; a parent's alcoholism; and hospitalization for depression and attempted suicide.

FIGURE TWO

Theoretical Sampling of High-Risk Adolescents: Mental Health by Mental Illness



It was the clinical assessment of the adolescent, not whether he or she was the identified client, which determined which sample an individual belonged to. In order to locate resilient children within a clinical sample, it was important to rely on clinicians' appraisals rather than the family's definition of who has the problem (i.e. the family as a unit or the child). In this way, those instances where a resilient individual is scapegoated by his or her family and labelled as a problem child, did not mean the child's resilience went unnoticed. The first ten participants in the study were matched as closely as possible from these two different groups.

I relied on the expert opinion of two senior clinicians in the field of family therapy to help review clinical data and sort the teens into one of the two categories. Both clinicians found this at times a difficult task as it quickly became apparent that each teen showed areas of vulnerability and resilience. The final categorization became a matter of consensual decision-making in which the overall balance of strengths and weaknesses in the teen's life placed him or her in one of the two groups. Figure Two summarizes this phase of sample selection. The selection of these two clinical samples, those where the adolescent is doing well and those where he or she is not, facilitated easier comparison of the two samples in the early stages of research.

Halfway through the research it became apparent that this methodology was problematic. First, the research was disempowering the teens by categorizing them before they had a chance to say where they felt they should be placed on the two continua. As a substantive theory evolved which recognized the power teens want over their self-definition it seemed ludicrous to be categorizing the teens in advance. What

is more, as we tried to sort the teens we began to see that in many respects they were doing the best they could with the resources they had at hand. Should a teen be selected as resilient even if he was delinquent, but coping well with his delinquency? When is acting out after a sexual assault justified and a sign of healthy adaptation and the free expression of anger?

Troubled by these questions, I followed the teens' lead and began searching for adolescents who seemed to exhibit a wide array of strengths despite the terrible conditions in which they were growing up. Research by Hutchison, Tess, Gleckman and Spence (1992) bears some relevance to this change in methodology. Though they state their findings are tentative, Hutchison et al. conclude from a study of the mental health of 187 institutionalized adolescents in a psychiatric facility that, despite the number of accumulated troubling life events each participant reported, they did not differ as much as might be expected from the general population of adolescents. Hutchison et al.'s study, like this one, is a conscious attempt to look at the healthy aspects of teens and in so doing acknowledges that they are doing the best they can, given their life circumstances. The emphasis shifts from categorization by how society views their adaptations (i.e. is the teen institutionalized or rewarded for his or her behaviour) to an appreciation that all teens cope as best they can given the resources at hand. The shift in methodology which occurred in this study reflected a desire to not pathologize teens based on one notion of what is a correct response to life stressors. It also acknowledges that clinicians can sometimes focus too much on individual psychopathology, neglecting the context of the child's behaviours (Freeman & Dyer, 1993).

Once I stopped relying on expert evaluations of the teens I merely asked myself and other referring therapists to select adolescents who they felt were in any areas of their lives doing better than expected. I looked for maximum variability in the sample in order to identify a variety of ways in which teens use experiences of power to maintain mental well-being and how, when those experiences appear to be missing, their health is affected. The vastly different life experiences reflected in the data presented in the next few chapters reflect this diversity and enhances the credibility of the substantive theory which is developed (Lincoln & Guba, 1985).

Both clinical samples of adolescents were drawn from a medium-sized community mental health centre which services clientele with a wide range of problems referred from local community services such as an adolescent psychiatric unit, local physicians and Family and Children's Services. An outpatient sample is preferred to youth who are still in treatment in institutions. Their institutionalization would be expected to complicate an exploration of issues related to relationships, control and competence (Goffman, 1961). Fourteen of the teens came out of my own clinical practice at the centre over an eighteen month period, in many cases referred to me by clinicians who knew I was trying to see as many adolescents as possible in order to identify the special resilient youth I needed for this study. The remaining seven participants were referred to the study by other clinicians both at the centre and in the community.

Selection of Research Site and Entry

The study's limited resources meant that all participants came from one geographic area. With a population of one hundred thousand, the county in which this study took place is similar to many other parts of Southwestern Ontario. Outside of the main urban centre there is a relatively healthy farm economy. In the city, there is a high concentration of manufacturers of furniture, automotive parts and other durable goods. Though the recent recession has hurt the local economy and led to increased unemployment and social problems, the county is still doing reasonably well economically. The people are of diverse European backgrounds for the most part, especially German, Dutch, Italian and British. As the county has most of its mental health resources centralized in one urban centre and there exists a closely knit community of helping professionals, this proved to be an ideally suited community to provide easy entry and access to participants.

This choice of site met the three criteria outlined by Schatzman and Strauss (1973): suitability, feasibility and suitable tactics. The county provided a small but well-serviced population with the geographic proximity to ensure few resources were needed to contact the participants. As well, my familiarity with local youth services through my work at the mental health centre and my established credibility with other helping professionals facilitated my access to participants. See Appendix A for a sample letter sent to the primary research setting.

Gaining access to the youth themselves was more difficult. A dearth of qualitative studies concerned with adolescents highlights the difficulty of ethnographic research methods when employed with youth. My past experience with young people led me to conclude they are usually not interested in meeting with professionals, and are highly suspicious of adults in general.

My gender was also a factor in participant recruitment as it is not socially acceptable to parents, institutional gatekeepers or the youth themselves for an adult male to spend time with adolescents, male or female, *unless there is a clearly defined role*. Only through spending time with the youth and their families and developing a suitable relationship with the participants did I develop the trust necessary for the voluntary participation of the youth as well as the support of their parents. Furthermore, in discussing this research with members of the local professional community, I was advised that the likelihood of recruiting participants through less personal methods (i.e. mailings) was not very good. Adolescents are simply unlikely to volunteer their participation.

The problems of locating a clinical sample were overcome by taking the unusual step of using my family counselling and group facilitation skills to create an appropriate role for myself in relation to the participants. Schein (1987) has shown that the clinician and ethnographer are roles which can be merged as long as the researcher is clear as to the boundaries of both. For the purposes of this research, this meant inviting both vulnerable and resilient youth known to me clinically to participate in the study. Participation was requested only after the teens had become familiar with me as a clinician and I had proven that what they disclosed to me was strictly confidential,

excepting instances where I learned an adolescent was at-risk of hurting himself or herself or intending to hurt others. This same condition of confidentiality applied to the participants referred by other clinicians. Gaining access to those adolescents was accomplished in a different manner.

As previously mentioned, names of both vulnerable and resilient adolescents whose families have been in treatment were elicited from other mental health professionals at the counselling centre and in the community. I asked my colleagues to approach these youth and/or their families on my behalf. Appendix B includes a letter to these clinical sponsors which helped them understand the nature of the study and facilitated their explanation of it to potential participants. Once an adolescent expressed interest in participating I contacted him or her directly. This use of personal references, or sponsors, helped to establish the trust crucial to the participation of the adolescents and their families. A phone conversation first with the parents and then with the young person was followed by a request to meet with both the teen and his or her parents at the centre or in their home. This initial family interview served to introduce me to the participants while also building a trusting relationship.

In order to ensure the continuing participation of the adolescents and to motivate them to show up for interviews, a payment of $20.00 was made to each adolescent upon completion of the second individual interview as outlined below. This payment helped address some of the problems other researchers have experienced working with adolescents. As Rich (1968) observed, children are far less likely to participate in interviews which are not personally satisfying. Rich notes that this is different from

adults who more easily understand the abstract notions of "service" and the "advancement of knowledge" and therefore are more willing to participate in research.

Appendix C contains a letter of introduction given to all adolescents and their families who were invited to participate in the study. It requests their informed consent (Tymchuk, 1992). The letter was read out loud to each family and discussed in detail to ensure that the child and his or her parents fully understood what was being asked of them. Appendix H includes a discussion of the research ethics relevant to this study.

It must be stressed that while I used my role as a clinician and referrals from other therapists to gain access to the adolescents, the role of clinician was not the central focus of the research itself. Information revealed during clinical contacts was only used in this study if the *participants* felt it was relevant and agreed to release the contents of their clinical records to me for inclusion in the study. Schatzman and Strauss (1973) argue that researchers who participate with their subjects are not necessarily biasing their data, especially when the phenomenon under study is not directly related to the role the researcher assumes. As long as the data generated is thick enough to sustain analysis (Glaser & Strauss, 1967), the complementarity of the roles is workable.

In Snyder's (1992) study of couples and their social construction of love, this same issue was a challenge for the researcher. Snyder's experience with her participants resembles my own. Snyder writes:

> An ethical issue emerged concerning whether or how to respond to couples who were clearly experiencing serious conflicts. Some persons directly asked me for advice, but others seemed to be less conscious of their intense difficulties. In

> both cases, my roles as therapist and researcher were clearly at odds. To intervene in the couple relationship directly by identifying obvious conflicts or dysfunctional patterns or by offering corrective suggestions would be overstepping the bounds of our stated relationship with one another. Such interventions would jeopardize the validity of the research data, and in some cases, identifying a pattern of behaviour or particular couple interaction as problematic would be placing *my* construction of reality on their experience . . .
>
> I decided to respond to couples in difficulty, but never gave direct advice during the course of the interviews. I privately noted throughout the study which couples might benefit from therapeutic intervention, and at the end of our time together I offered to help clarify the conflicts and make referrals for professional assistance. I also made it clear that it would not be possible for me simultaneously to be both researcher and therapist. (p. 50)

Clearly, the clinician/researcher role conflict can be dealt with by making clear the boundary which exists between the roles. Role and boundary confusion are a part of almost any clinical work (Daly, 1992b).

In a pre-test of the Adolescent Interview Guide (see Appendix G) with five teenagers who were previously counselled by me, there appeared to be no difficulty changing my clinical role to that of researcher. The adolescents responded frankly and found the research questions substantially different from those asked in therapy. Based on this initial success, the remainder of the interviews were carried out. These first five interviews were analyzed and included in the data.

The Researcher as Instrument

As is evident from the above discussion, in this research, the instrument is the researcher (Patton, 1990). Therefore, the discovery and elaboration of my subjective bias is an important part of the research design. Because the participants rely on me to tell their story, who I am and my own life history will narrow and shape what I see and report (Morgan, 1988; Peshkin, 1988). In this regard, I am included here as another subject, my own life history becoming part of the data collection (Moustakas, 1990). As the analysis progressed I consciously noted when the findings spoke to my own life experience and used these experiences to deconstruct the meaning contained in the participant interviews. Daly (1992a) has shown in his study of infertile couples making the transition to parenthood through adoption, that his own experience with this issue helped him to deepen his understanding of the phenomenon under study and enhanced the quality of his social interaction with the study's participants. He cautions, however, against the tendency by some participants to assume that the researcher understands more than he or she really does. It is vital that the participants be encouraged to tell their story fully, secure in the knowledge the researcher is listening. Judging from the openness and level of participation by the teens in this study it would appear that they felt I was both listening and understanding their stories.

Fundamental to using my self as the research instrument means being in relationship with the participants. The need for a well-established connection is fundamental to work with adolescents or any group which is peer oriented and mistrustful

of others (Whyte, 1955). The clinician/researcher role discussed above addresses this design problem.

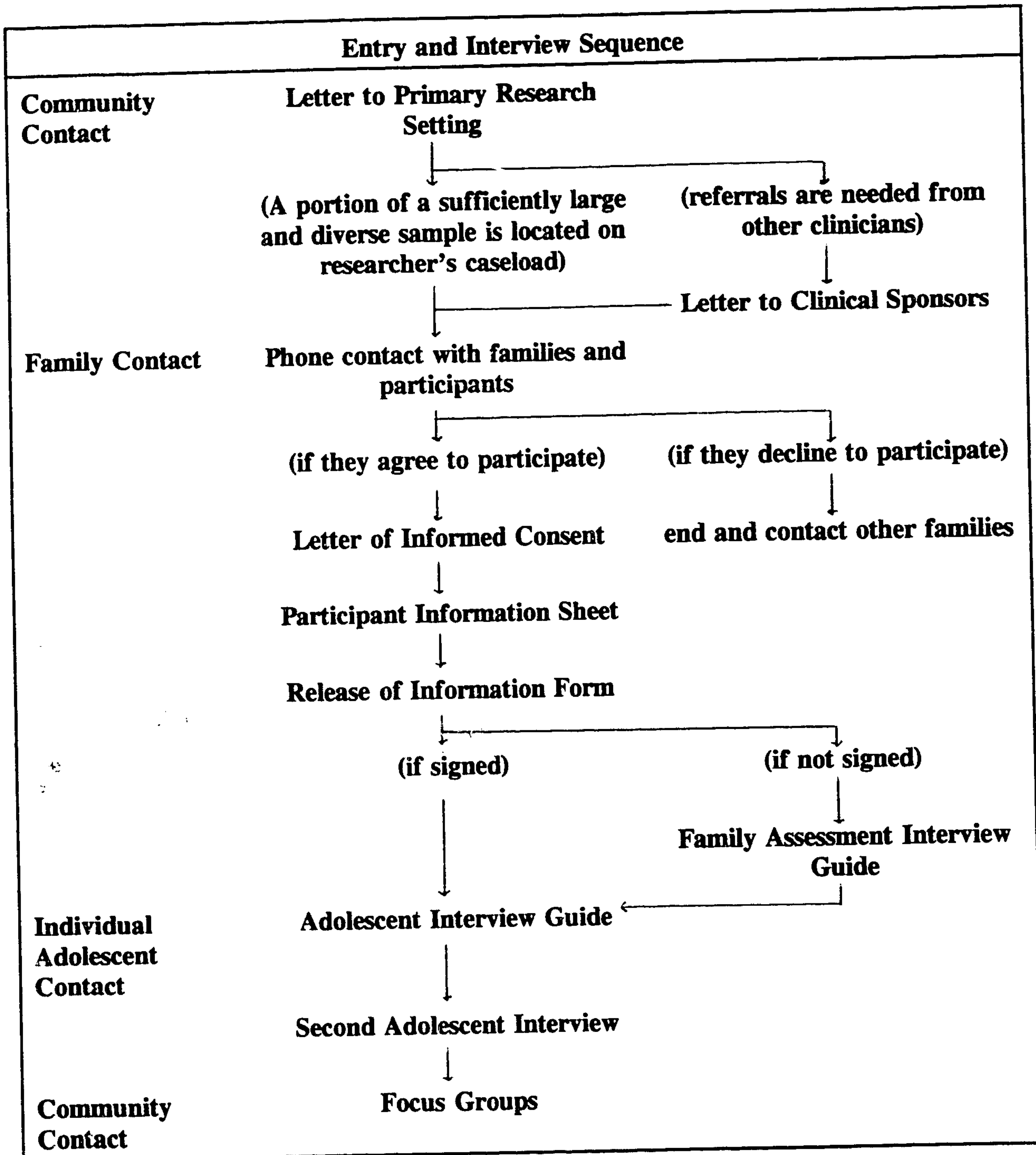
This active engagement with the participants contributed to my own self-exploration for meaning and greatly enhanced my understanding of the data. This process is similar to the countertransferential phenomenon observed clinically. The information the clinician or ethnographer gathers via introspection can help elucidate the emotional and psychological experiences of the study's participants. Simply put, these clinical tools allowed me to tune-in to the participants' experiences of me and their world. Periodic debriefing of the process of the interviews with members of the dissertation committee also helped me to avoid role confusion.

Data Collection

To meet the need for trustworthy data (Lincoln & Guba, 1985), data collection relied on multiple perspectives of the same phenomenon as revealed through in-depth interviewing. Interviewing the youth twice, the second time to get their responses to the theory being developed, then using focus groups of parents, professionals and teens, helped provide a multidimensional account of the interdependent nature of the phenomenon under study (Patton, 1990). Chart Two summarizes the steps taken to gain access to the vulnerable and resilient samples and the schedule of interviews and forms participants were asked to complete.

CHART TWO

Sample Entry and Interview Sequence



Extensive one to two hour relatively unstructured interviews were used with the youth who volunteered to participate in the study. The first step in the interview process was to set aside a time for me to visit with the adolescent and his or her parent(s) to have them sign a Release of Information Form (See Appendix E) which gave me access to the participant's confidential clinical files. A standard Release of Information form was used as it is recognized by all mental health practitioners. Signing this form was optional, as the same information could be gathered directly through an assessment interview with the family (see Appendix F for a Family Assessment Interview Guide) though no families refused me access to their files. Again, I believe this was indicative of the degree of trust I had established with the families prior to the interviews. The families, of course, could decide which parts of their clinical records would be available for analysis and which they wanted excluded (Daly, 1992b). Several families requested that detailed histories of the parents be only summarized.

All participants and their parents were also asked to sign the Letter of Informed Consent (Appendix C) and to fill out a Participant Information Sheet (Appendix D) during this family interview.

At the end of each interview, participants were asked if they would like to see a transcript of what was said. Most of the participants expressed an interest in this. A copy of the first transcript was delivered to their door between the first and second interviews. Few read more than a few pages of the document. A follow-up phone contact was made to ask if the teen wished to make any additions to the transcript or clarify any points. Generally, the teens had few comments to make.

The second interview gave the participants the opportunity to comment on my theory development up to that point in the study. I therefore began second interviews with a brief summary of my theory development to date and asked the adolescents to comment. This second interview also gave participants a chance to discuss other issues they felt were of relevance to the study, to go deeper into issues previously discussed and make sense of the phenomenon under investigation.

A final stage in the interview process used focus groups to gather feedback on the findings. The first focus group was with a group of teens already in one of the counselling centre's adolescent programs. Additional focus groups were then held with the parents of these teens in treatment, mental health professionals, thirty grade ten students in a sociology class at a local high school and eight members of a teen club operated out of a nearby housing project for low income families. As Rubin (1976) has shown, including others who interact with the participants helps to provide a different perspective on the phenomenon being studied as well as adding to the data's trustworthiness (Rubin, 1976; Wiseman, 1970). While it was hoped these focus groups would add to the data, they in fact contributed little to the overall theory development. Their contribution is reflected in the findings where important.

Technical Considerations

Individual interviews were audiotaped and transcribed by me personally. A notebook computer facilitated data collection by making it possible to record journal

entries directly into the computer in the field while impressions and observations were fresh. The use of audiotapes and other technologies is useful for the accurate recording of participant narratives (Fetterman, 1989; Patton, 1990).

The voluminous data produced in a study of this nature was managed through the use of the computer software package Ethnograph (Seidel, Kjolseth & Seymour, 1988) which organizes files, codes data and retrieves selected passages by category. To protect these computer files, backups were updated weekly and stored in a separate location to protect against theft or damage.

Data collection took place from December 1992 to December 1993.

In a study of this size, which takes place in a small geographic location, budgetary considerations were few. In addition, the receipt of funding from the Social Sciences and Humanities Research Council to undertake this doctoral research helped to ensure the viability of the study by covering its minimal costs.

Options for Analysis

Naturalistic forms of inquiry demand flexibility in the analysis of the data (Lincoln & Guba, 1985; Patton, 1990). The analysis depends on sufficiently thick description with which to work. These two conditions are essential to undertake the constant comparative method of analysis as described by Glaser and Strauss (1967).

This type of analysis takes the data from the level of description to that of explanation by making sense of it through the constant comparison of themes which

emerge in the raw verbatim notes. Analysis identifies both indigenous concepts (Patton, 1990), which are to be found in the participants' own world view, and sensitizing concepts (Patton, 1990), which reflect the social sciences literature informing this study. As the number of interviews increased, individually coded themes were combined or modified to mirror a deepening understanding of the data. The process was both additive, combining codes into typologies, and divisive, breaking categories into subcategories representing a continuum of experience (Glaser & Strauss, 1967).

As this research looked at the world from the participant's perspective, each individual case was analyzed separately to try to understand each adolescent and the process by which empowering experiences affect his or her mental health. As a final step, a cross-case analysis was used to develop a substantive theory (Glaser & Strauss, 1967) capable of representing the experiences of all 21 youth.

Besides the verbatim notes and transcriptions of observations and interviews, a separate log of analytic notes was kept under a heading which identifies the observations and interviews to which they correspond. These analytic notes included memos on coding, theoretical notes related to the categorization of data, mappings of key concepts (Miles and Huberman, 1988; Strauss & Corbin, 1990) and any revelations, thoughts, intuitions and anecdotal material from my own past which appeared relevant to me as the research instrument. These memos also served as a record of my own bias towards the material. It is hoped that where I make these explicit it is clearer to future researchers reviewing this work how and when my familiarity with the mental health and empowerment literatures, as well as my own unique history, influenced theory

development. As the researcher also acts as the tool for analysis, my recording procedures were rigorous enough to substantiate the results by accounting for these types of personal bias in the sorting and categorization of the data (Patton, 1990).

As the researcher I worked mostly alone, which meant several techniques were needed to ensure a thorough analysis (Strauss & Corbin, 1990; Whyte, 1984). These methods include hypothesizing opposite explanations (e.g. What role does peer pressure play in this process?); asking "why some teens feel a particular way and not others?"; deeper analysis of a single word or phrase such as "acceptance" or "power"; and juxtaposing, for the sake of comparison, two or more related but dissimilar situations (e.g. how is it an adolescent feels empowered in the community but has little or no sense of empowerment at home?) (Strauss & Corbin, 1990).

Trustworthiness

This methodology assumes that what is true can only be discovered by understanding the experiences of the participants (Glaser & Strauss, 1967). When working in the naturalistic paradigm, truth is equated with the concept of trustworthiness which is a measure of the isomorphism between the emergent data, the participants' experiences, and the observed phenomenon (Lincoln & Guba, 1985). Lincoln and Guba (1985) outline four components of trustworthiness which parallel the criteria for truth in the positivist paradigm: credibility (internal validity); transferability (external validity);

dependability (reliability); and confirmability (objectivity). Taken together, all four ensure the best possible fit of the data with the phenomenon under investigation.

Credibility

Like all four measures of trustworthiness, credibility is dependent on distinct elements of the methodology. The intent is to ensure that what the researcher thinks he or she observes is what he or she is actually observing (Kirk & Miller, 1986). In other words, does the data which are collected help us understand the construct under investigation? In a study of this nature, credibility is really a question of degree. As all data were filtered by my own subjectivity, ensuring credibility means being as aware as possible of my influence on the participants (Daly, 1992b). The possible confusion of roles between researcher and clinician made the need to monitor the influence of this subjectivity on the study an important part of the design. Thus, the methodology selected here ensures credibility through design.

Lincoln and Guba (1985) highlight several ways in which credibility is maintained:

> we believe it to be the case that the probability that findings (and interpretations based upon them) will be found to be more credible if the inquirer is able to demonstrate a prolonged period of engagement (to learn the context, to minimize distortions, and to build trust), to provide evidence of persistent observation (for the sake of identifying and assessing salient factors and crucial atypical

> happenings), and to triangulate, by using different sources, different methods . . . the data that are collected. (p. 307)

These elements are all in evidence in the methodology discussed above. In addition to these considerations, the search for negative case examples and dialogic retrospection (Kieffer, 1981) further contributed to the credibility of the study (Lincoln & Guba, 1985).

Transferability

The transferability of this study's results to other settings and populations is made possible through the thickness of the data (Glaser & Strauss, 1967; Lincoln & Guba, 1985). By providing a great deal of information on the experiences of these adolescents in the findings section of this document, other researchers will be able to judge the study for its applicability to their work. As Lincoln and Guba (1985) assert: "It is . . . *not* the naturalist's task to provide an *index* of transferability; it *is* his or her responsibility to provide the *data base* that makes transferability judgements possible on the part of potential appliers" (p. 316).

Dependability

To ensure that the study's findings reflect what is contained in the data, continuity and trust in the relationship between the researcher and participants is essential. The

combination of clinical and informal contact and the development of a trusting relationship between the participants and myself was designed to ensure the former do not feel expectations to respond in ways they think they should, but feel comfortable to relate their experiences as they see them (Kirk & Miller, 1986). Where I felt the data have not been dependable I have noted it when writing up the findings.

Lincoln and Guba (1985) also discuss the role of the external auditor as crucial to the dependability of the study. The auditor, in this case the chair of the dissertation committee, ensures the data collection, data analysis and other steps taken in the research process conform to the standards necessary to ensure an accurate *re-presentation* of the participants' experiences.

Confirmability

Ensuring that the findings are confirmable is complicated by the fact that the researcher is also the research instrument. Confirmability means accounting not only for the participants' experiences, but also the reactions of the researcher who filters those experiences. The audit discussed above addresses this need for a second look at all the procedures used in the study. This study's findings will be judged confirmable if all proper steps were taken to generate the data, *and* I have paid special attention to my own bias. Triangulation and personal journal notes help to ensure confirmable results (Lincoln & Guba, 1985).

In total, the methodological considerations discussed above are meant to ensure that the data which are presented is trustworthy and the substantive theory which has been developed of use to the consumers of this research.

SECTION FOUR

Findings

Committing to paper an explanation of a multidimensional process necessitates compromise. To explore the process discovered through interviews with the participants, a chronological framework will be imposed on the data. This structure should not be understood as reifying the process which was explained to me as a fluid and cyclical series of coinciding events which foster growth and well-being. As the saying goes, the map is not the territory.

The following chapters will trace a story through the study's findings. The participants' definition of mental health will first be explored, followed by an investigation of the spheres of influence teens drift through. Subsequent chapters look at the teens' experiences of power by first examining how acceptance brings with it feelings of control, competence and well-being. The nature of a teenager's participation in the dominant social discourse and the impact this participation has on feelings of acceptance is dealt with in Chapters Nine through Eleven. Discussed at length in these chapters is the way the participants control the labels constructed on each "island" they land and the manner in which they move between islands to seek greater acceptance and power.

Chapter Six

The Meaning of Mental Health

To explain the process by which at-risk adolescents build and maintain their mental health one first needs to understand from the youth themselves how they define well-being. Subjectivity in the definition of this central construct was intentional, and brought with it the opportunity to view mental health from the perspective of those unfamiliar with standardized measures. It also gave the participants the opportunity to construct an alternative mental health discourse. The participants had a chance to explain how they experience varying degrees of mental health in different parts of their lives. This chapter will examine the teens' construction of the term mental health in order that the meaning they attach to the term is clearly understood.

The Participants' Construction of Mental Health

The youth first described mental health, or feeling "happy", a word many used to describe well-being, as the opposite to suffering from a mental illness. As one 15 year old boy, Jason, put it, "Like it just means you're not crazy or something. You don't see bugs over the walls." His comment reflects one aspect of current definitions of mental health, that mental health exists when illness is absent (Offer & Sabshin, 1974, 1991). Support for the emerging mental health paradigm discussed earlier came only after the teens were asked to explain such statements in greater detail. Mental illness was not

principally what they meant to talk about. Instead, it is their need to feel in control of their own emotional state which is critical to their mental health; mental illness is just one of many threats to that control. Mark, age 14, who had just been released after six months on an adolescent psychiatric ward explained: "For me, [mental health] is being able to cope with life and my problems and able to control my emotions. And not being so severe in cases when I get angry, not going into a rage. When I get depressed not sinking so low, you know? Just able to control it." This "being in control of your mind," as Allison, a 15 year old girl, explained, is illustrative of a fundamental desire for a personal sense of power and control which many of the teens identified as necessary for mental well-being.

This personal desire to maintain control over one's emotions leads to feelings of greater self-confidence, self-respect and acceptance by others. As 14 year old Peter said, mental health means "thinking I'm an okay person, that I'm not lower than anybody else." Responses such as this show that a state of mental health is built upon certain types of experiences of power. The power to exploit opportunities to nurture self-confidence, the power to control one's emotions, and feeling in control of one's world, are all important experiences which ensure one is not labelled negatively, or as the teens put it, called "insane", "crazy" or "a loser." For these teens, it is important to have both a say in their world and a say over the way others perceive them. To do this they feel they must first see themselves as healthy. Beth, age 16, put it this way: "I feel I've gone through a lot of problems but I think of myself as sort of mentally strong." And Lorraine, age 15, when asked to explain what being mentally healthy meant to her,

responded: "Well being able to make decisions for yourself and stuff like that. And feeling good about yourself and stuff." With an awareness of the power dynamics discussed in Section Two, Lorraine and Beth's comments help show that one's state of mental well-being depends on sufficient power to attain both the resources one needs to maintain health and the power to influence the way others define that health.

If being mentally healthy has to do with experiencing one's self as competent, being in control of one's emotions, having a say over one's life, getting along with others and being accepted by them for who one wants to be, then many different factors may contribute to an adolescent's well-being. When asked directly, what they thought helped keep them mentally healthy, the participants talked of many different experiences they found helpful.

Margie's story illustrates how different factors come together which both threaten and nurture mental health in specific areas of a teenager's life. Margie's story and the stories of the other 20 participants are described in Appendix J. Margie told me candidly she thinks she is not mentally healthy: "I'm just not mentally healthy. I have low self-esteem, I don't like myself very much even though there are people who like me. Things like that. I don't know how to explain it but I'm just not in a very good mental state at this point in my life." She struggled to stay healthy throughout the year and a half I knew her. In explaining why she feels her mental health is poor, she indirectly gave me clues as to what parts of her life help maintain her well-being. For example, she is wrestling with big decisions that she finds as a 13 year old overwhelming. One of these is that she must decide where to live: "It's hard to decide who to live with.

That's the worse . . . It's like if I move in with one parent the other will feel really bad." She also feels that with the trust destroyed between her and her parents she enjoys little freedom to choose what she wants to do: "I don't have a lot of freedom to do what I want. It makes me feel horrible. It just feels like I have to do things no matter what." Despite these problems and her recent suicidal gestures, Margie shows many strengths.

She has used her resourcefulness to access what she needs to stay alive and to grow towards health. She identified several factors which contribute to maintaining her fragile sense of well-being. Her peer group and her boyfriend have both been very important through this period of instability at home. In an effort to be healthier she did what many of the teens in the study did, change peer groups. And she also found in the love of her boyfriend, Lance, the attention she lacks from her parents: "I'm not as upset any more. I'm happier. I don't hang around with the same people. And I'm still with Lance . . . I tried to slit my wrists last night, but Lance stopped me. I was really flipping out yesterday." Margie is also attending sessions with an individual psychotherapist, a contact which she has maintained largely through her own efforts.

While seeking out supportive relationships is one way she maintains her mental health, Margie also relies on her artistic ability to make her feel better about herself. She has a wonderful natural talent and was proud to show me some of her work when I visited her at home. In our second interview together, I asked her if identifying herself as an artist to her friends brought with it feelings of competence and a self-definition that made her feel greater self-esteem. She agreed and said that she likes being known as an "artist."

Each participant in the study has a unique constellation of factors that he or she reported has an impact on his or her mental health. Embedded in these varied approaches to maintaining one's mental health were the themes of power over resources, the need for competence and a desire to make these experiences of power say something about one's self and how one wished to be seen by others. When we talked about what made Margie act in ways that used to trouble her parents and what made her change, Margie responded: "Being called a slut. Things like that. When you're called things like that you get to believe it and don't feel good about yourself. You get called ugly. But lately people have really begun to like me and give me lots of compliments." Migrating to new groups of people and new experiences has a direct impact on the label the teens carry. In our talks together it became clear that Margie's fluctuating state of mental health was as unstable as her self-definition.

This labelling is pivotal to the process by which the teens in this study maintain their mental health. Like Margie, Allison, who is now in foster care, explained how important others were to creating and sustaining labels that support a state of mental health:

> I don't think you can do it by yourself. If you're living with people who are putting you down all the time and don't give a crap about you then it's going to be hard for you to keep yourself happy 'cause you won't feel good about yourself 'cause other people don't feel good about you. You can try, I know other people do, like they say I like myself and I don't care what you think, but inside I think they really do care.

Experiences which help to reinforce labels that refute negative images forced on the participants by others in turn bolsters the power needed to define themselves in ways that foster well-being.

Summary

The way mental health is described by the teens in this study resembles closely the emerging definition of mental health in the literature reviewed earlier. Issues of power, control, and competence are key aspects of the teens' struggle to maintain their mental health. These themes will all be explored in greater detail in the following chapters in an effort to understand the process which fosters mental health from experiences of power.

Chapter Seven

Mapping the Territory Through Spheres of Interaction

In order to understand how teens maintain and nurture their mental health, a metaphor of purposeful and random drift on an ocean of possibilities was developed in the introduction to this study. Each island represents a possible label for a teenager, and it is being in control of these labels which is important for mental health. In this chapter, the geography of these islands will be explored in order to show the relationships between concentric spheres of labels which teens drift towards as they grow.

Concentric Archipelagos

The islands which are waiting for us to encounter, like the labels they represent, are gathered in geographic spheres. When we are born, we might think of a tightly clustered archipelago, erupting from the sea, with the title of each island in the chain determined by our temperament, genetic predispositions, gender and immediate environment. The "difficult child" or the "outgoing child" might be examples of these initial labels. Arguably, the child has little say over what these first labels are, and little power to change islands. Obviously, as the child grows, the geography changes. The child goes to school, which allegorically speaking is a voyage into unknown waters where he or she may come upon other labels. Still more years pass and with each year of growth the child encounters other spheres: extended family, sports teams, the community

at large, social cliques, friends, the media. While it might be argued that these initial labels endure and predict later outcomes, participants in this study showed that random events and the teenager's own ability to direct his or her growth lead to what Rutter (1987) has characterized as less difficult trajectories through life.

The idea of spheres was a construction of the teens participating in this study. They talked of different aspects of their lives and the importance of having control over how much those areas converged. When different spheres communicate there is always the risk that labels from one island in one sphere will become known to the inhabitants on another island in another sphere which might threaten a participant's control over his or her self-definition. For example, when friends encounter parents there can be both good and bad results. One young woman, Cathy, age 16, expressed it this way:

> My mom, everyone loves my mom, they think she is so cool because she stays up with us and hangs out with us when I have a big sleepover. And my dad always takes us out and to places and to dances and stuff. So all my friends get along with them. And that's really important to me that my parents are like that and that my friends get along with them. Basically my friends come in and my parents say there's the kitchen get what you need.

While this interaction between spheres is welcomed, it becomes threatening to Cathy's well-being when she feels she loses control of the boundaries in her life. Cathy goes on to explain:

> I like it that my parents get along with my friends but I got jealous when my friend Cory was living here and my mom was talking to her about me and giving

> Cory all the advice and it seemed that she liked Cory more than me and my dad, if he gave me anything I would automatically have to share it with Cory.

Cathy's relationship with her parents has been challenged by their contact with Cory. All of a sudden, Cathy felt she was being compared to another teenager and the way she was seen by her folks changed. Cathy also did not like having to be so "good" at home. If she risked being "bad," however, she also risked her friend siding with her parents and reinforcing this negative label, carrying it outside the home into Cathy's peer group.

Another teen, 15 year old Laura-lee, though happy that her boyfriend and mother liked each other, felt it was important that she still maintain control over who was accepted in either sphere and would only tolerate cross-interaction between peers and parents if she liked the result. She talked of her relationship with her boyfriend and how much her mother's acceptance of her boyfriend meant to her:

> It's really nice that she trusts him, or at least trusts me with him. It feels good that she's involved in my life like that. If she didn't like him I just wouldn't talk about him in front of her. It wouldn't stop me from going out. It would just make me feel worse knowing she didn't like him.

Of course, where parent-child discord is more severe, the teens tend to exercise greater control over the cross-interaction of different spheres in their lives. They purposefully keep their parents away from their friends. As Lorraine said: "I don't bring my friends home. I don't know why, I just don't."

Personal growth seems to occur through the exercise of a gatekeeping function between spheres. In this way the teens exert their right to autonomy over their self-

definition, moving back and forth between different labels without the risk that one area of their lives might influence another. While all this may sound like nothing more than an explanation for the way teens create an identity, it is not the actual labels which the teens acquire which are of importance to the theory being developed here. It is the issues of power over these labels, the manner in which that power is exercised, and the type of experiences which bolster that power which are at the root of an etiology of mental health.

Patricia, age 14, whose mother's drinking problem was known to her friends, commented: "I'm embarrassed to be seen by my friends with her. 'Cause she's an alcoholic. And that bugs me. All my friends make a joke of it and say "Patricia's mom is an alcoholic" and it makes me feel bad inside." Patricia knows she risks being given the same label as her mother if her friends see her mother drunk. Patricia exercises her power with her peers by challenging them seeing her this way. She has so far successfully avoided being stigmatized as the daughter of an alcoholic.

The participants' experiences within each sphere and the diversity of contacts they have in each expands the mental health resources available to them. This was the point of drifting outside of one's family. Each time the teens drift into a new area of their lives they learn skills to deal with people and open up new possibilities to define themselves as competent. Actively seeking these experiences helps the teens to grow as the labels they encounter challenge established self-perceptions that might or might not support their mental well-being. Proficiency in the duties of the gatekeeper help

participants identify and nurture contacts which bring them the greatest personal power through positive self-definitions. Beth's story helps to illustrate several of these points.

Part of Beth's strength appears to come from how good she feels about herself when she is able to negotiate different spheres of life and have a say in each. This is a teen who goes to a very conservative Mormon church but likes to dress in men's pants, a peaked cap, and a tie when she is there. Beth is proud to be who she is and is not intimidated by what others might think of her.

Beth talked about how good she feels that she can move in different spheres and is able to find acceptance in each. Her social skills are impressive. For example, unlike many teens her age, she reports feeling good when out with her mother: "I'm not embarrassed to walk downtown with my mom." Her ability to define herself and carry this definition with her is like a shield. It means she feels more able to reveal herself to others without the threat of her self-definition being wounded. She talked about how she manages to maintain two sets of friends, both somewhat different. One set are near her mother's home, the other are old friends she visits when she is with her father. Though these friends are all very different from each other, Beth does not keep up false fronts to make them like her. She maintains the friendships by being open and vulnerable though always sure of who she is:

> I just like making friends. I have friends where my dad lives, and here and where I used to live. It's easier. When you have friends to fall back on and you think, if you're down in the dumps, and you have someone to go see or you're walking down the street and someone's there and they go Hi, and you talk to

> them, or you're having a bad day and there's a letter from a friend and they're saying they miss you so much, makes me feel good.

Beth also uses her social skills to navigate through the adult sphere of her life. She explains:

> Like when [my friend] Allison started working at our restaurant she used to talk real vulgar even to adults, and I used to think I'm glad I'm not like that. She doesn't now. And working in the restaurant with the customers, and 99% of them were adults, so I had to act differently with them. So you have to know how to act differently between teenagers and adults. It doesn't feel like power, just personally, makes me feel good.

These travels back and forth between different spheres of her life have helped give Beth experiences that she says make her feel good. She is well aware of her ability to get along with people and though she may change her behaviour at times to impress others, she is proud of who she is.

Summary

It was the teens themselves who were able to paint this picture of different spheres that they must navigate through. During their travels they encounter both opportunities for growth and threats to their jealously guarded boundaries between spheres. In these travels labels are challenged, constructed, changed and then revisited. Moving towards health means teens experience themselves as sharing control of the process which

constructs labels which define them. Through participation in the social discourses on the many islands dotting each of their vast ocean of possibilities, the teens find the self-definitions which bring them the most power.

In the next chapter the force which drives teens to both explore islands and maintain boundaries will be examined. Becoming mentally healthy is, of course, the principal motivation for the teens' actions. The teens explained that attaining mental health is a consequence of being accepted for one's uniqueness. It is this acceptance which precedes feelings of well-being.

Chapter Eight

The Power of Acceptance

On each island these teens find themselves they encounter a challenge: engage in a process of self-definition which might lead to mental well-being or succumb to the power of others and dutifully accept labels which may or may not support mental health. The process by which the participants confront this challenge will be explored chronologically in the next chapters. It should be noted that on any given day, a particular teen travels in many different spheres of life, and has many experiences, some which enhance his or her mental health and others which have deleterious effects. What follows is a road map of the drift towards acceptance. It was this acceptance, which the teens showed to be at the heart of the process of empowerment, that fosters mental health.

In this chapter the process which brings about this acceptance is looked at from the perspective of the study's participants. It will be shown that acceptance relies on the discovery of one's personal talents which have the power to define one as different from others. When one gains recognition for this uniquely individual self-definition, then an experience of power synonymous with acceptance results. Feelings of acceptance are also brought about through a complex web of control experiences. Opportunities to have a say over the labels assigned to us, experiences of a loss of control, the giving up of control to others, and negotiations to acquire a comfortable amount of control are all dimensions of the process which leads to acceptance. The goal here is to show that teens

seek the power derived from acceptance by making the most of the resources they have available. The first step in understanding how teens move towards acceptance is to explain what acceptance means to them.

Fitting In

The teens told me that what they sought from their travels was to fit in with others without compromising their personal integrity. While phrases like "being in control" and "having some power" were often used to describe how the teens want to experience relationships with others, more commonly the teens used the word "acceptance" to categorize the type of relationships they want. For them, acceptance is far more than just fitting in or conforming to the norms of their peer group. Acceptance carries with it power over one's self-definition. For these participants, it means they are respected for who they define themselves as, have access to the resources needed to support their self-definition and opportunities to have their talents and skills appreciated by others for the unique contribution they make. More than anything else, this power over their own self-definition, which comes from being accepted, sustains their mental health.

Mark was able to clearly articulate the meaning of acceptance to teenagers. The following is an excerpt from our second meeting:

> MU: What word would you use to describe what teens are looking for from everyone?

Mark: Acceptance. Yeah, I mean I've got lots of friends but the ones I hang around with most are the ones who make me feel good about myself. And I know I can be myself with them, they know me best. Like people who have stuck with me through everything. They know I have problems and maybe they don't like it but they accept it, that that's a problem of mine.

Mark did not start life accepted for who he is. His life has been a search for the power that comes from feeling personal self-worth in relationships with others. In terms of what acceptance has meant to him, Mark explains:

When I was younger I wasn't teased at school. It's like at that age it almost doesn't matter what you do unless you do something really horrible, people will like you. But even then I was picked on and teased by some people. And then grade three and four, I definitely was. I think I left that school without a friend there. They just decided I was different and that was no good. They didn't like me because I was different. I'm different because I'm overweight. It's all it took. And then they tie in glasses with it just for that extra jab. I wanted to be like everyone else, to hang out with all the cool people, to at least have some friends, you know?. I never really did fit in with anyone until grade six. What I've noticed is that once you get older, people get more open minded and accept people for who they are. And like in grade six it sort of started and got better and better. I was different but so is everyone. Everyone was different in their own way. I remember talking to this one girl a couple of times and this guy just kept insisting that we were going out, only he was really rude about it, and we

weren't. But what's really ironic is that by the end of the year I was pretty much friends with everyone at the school. It was great at school. I could talk to whoever I wanted. But it still wasn't that great even though I could fit in with everyone, but it still wasn't that great because I was still insecure. And worrying. And like I mean, I would be talking to a whole group of people and be wondering to myself what they really think of me. Were they using me, or did they really just hate me, or was it one of those things that they really hated me but couldn't tell me? Or are they scared of me or something? Like I could never trust anyone in that way. And home was really bad. It was like I would leave home and put a mask on. My life was completely different at home and at school. I was two completely different people. At home I could be mad or depressed or anything. But it wasn't just that. It could be the movies I like, the music I listen to or stuff like that. And then when I went to school everything I did was to be cool so these people wouldn't reject me. Like I didn't admit to all the music I liked or the movies.

MU: What prevented you from fitting in at home?

Mark: Well, I think I am different from everyone in the family. Like me I'm somewhere in between my mother and my father. And I'm not more like one than the other so I'm completely different than everyone else. I didn't feel good at school. I just acted like I did. I didn't want to act at school the way I acted

> at home because I would definitely be rejected then. It was like a mask. But it's like a mask to cover up the scar. You still have the scar you know? I wasn't happy at school but I just acted like I did to fit in so people wouldn't know how I was really feeling. I hated myself . . . completely.

Mark makes it clear that fitting in does not necessarily lead to mental health. In fact, fitting in at any cost can reinforce insecurities. In Mark's case being different was what he wanted, but Mark lacked the resources and social skills to get the respect and acceptance he needed from others to allow his differentness to be unmasked.

In contrast to Mark's earlier experiences, he talked about how he feels now. He reported feeling accepted and with this power to be himself with others he has maintained a degree of mental health. He explains: "It's nice to just be accepted. High school is actually nice. There are very few people who are judgemental or who would not like someone just because of what they look like or their friends, or the clothes they wear." Mark talked at length about his recent experience on a psychiatric ward and what it has been like for him back in his community afterwards. He seemed to have finally been allowed to take off his mask, to be himself, because he knew everybody else at the hospital had the same problems and they would know if he was lying. Since returning to his community he has made friends with other teens in an after school study group and has discovered that they too contemplate suicide at times. His self-definition as an ex-psychiatric patient has made him feel unique amongst his peers and he now sees himself as a resource to them when they need help talking about difficult issues in their lives. What is most important is that he has found acceptance from others and from himself.

Gaining acceptance for one's uniqueness and enjoying the power to resist conformity leads to mental health. Several of the teens expressed this point very clearly. When asked what keeps her feeling good, Patricia responded: "Having lots of friends, going out, being loved, knowing that you're accepted, just knowing that you're loved by at least one person can keep you mentally stable." Achieving a degree of acceptance happens for most of the teens in stages. Not surprisingly, they reported greater and greater degrees of mental health as that acceptance increases. Being accepted by a group, a family, or by the community brings with it a chance to share in the power of others. This acceptance becomes a vehicle for experiencing more power as the teen moves into different spheres of life and confronts new challenges. After all, the teens reasoned, if one group liked me and accepted me for who I am, then I must be okay. No teens said they felt they succumbed to peer pressure. Instead, all said they used their social groups as a source of acceptance. Feelings of self-worth are bolstered through participation in the group's activities. These collective activities give individual teens greater access to mental health resources, such as a say in their community, and opportunities to use their talents. Power, as a collective force (Foucault, 1982), is enhanced, not diminished, through participation in the peer group. Through the exercise of this power comes first the ability to assert a collective identity in front of others outside the peer group (others who may oppress and stigmatize the group); and second, the connections needed to create a forum in which an individual identity which differs from that of the group can be developed and expressed.

Unfortunately, a wide variety of groups that exercise their collective power in ways that benefit society as a whole are seldom available to these underprivileged and vulnerable youth. The difficult circumstances that these teens grow up in often mean there are few opportunities to feel widely accepted. They seldom experience themselves as being in control of their lives or competent in the exercise of their latent talents. Resilience amongst this study's participants seems to result from their ability to find a degree of acceptance despite these handicaps. Anthony (1987) and Rutter's (1987) explanation of resilience as a positive response to adversity is very similar to patterns of resilience observed amongst these teenagers. The theory being developed here would simply add that it is important this self-definition as resilient be accepted by the teenager's social group in order to fortify his or her mental health.

Sources of Acceptance and Power

The teens all talked about encountering many different groups of people as they grow up. Some of these groups offer them more health enhancing experiences than others. One might say that the amount of time the teen chooses to stay with a particular group and participate in a social construction of reality with them is indicative of the amount of power the teen feels he or she experiences with the group. Cathy explained: "The crowd of people I hang around with now don't drink, don't do drugs. It makes it a lot easier to be who I wanna be." Cathy, through a change in schools, has encountered a new group of friends, and has decided to invest her energies with them.

The teens showed a strong desire to be with a group where they feel they fit in best. Being accepted in these groups is experienced as making them feel "safer" and more "secure." However, while these teens experiment with their individual and collective power of self-definition, they describe periods when fitting in means giving up some of their identity. This is a temporary strategy used to find a safer and more acceptable role for themselves when with certain groups whose power forces compliance. Peter's life story helps to explain the choices and compromises he made with regards to acceptance by his peers. As Peter said when describing how he eventually gave in to group norms and began dressing like other boys his age, "I used to wear these clothes but people would bother me sometimes and when I began to realize the effect it was having on me it was a small sacrifice to dress like them." "Making yourself look good" as Cathy put it, is an attempt to be accepted but not the final goal. Both Peter and Cathy said they felt these superficial changes are small prices to pay for the acceptance of the group. Here again it would be easy as an adult to think these teens had succumbed to peer pressure. To them, however, fitting in translated into more opportunities to be who they wanted to be in ways they defined as important. No teens ever said they fit in at the expense of some value they held as being important to them, though there were times in their lives when, in order to change their label, acceptance of superficial group norms was necessary.

The participants in the study who described themselves as healthy had all managed to assert their individual identity and gain a degree of acceptance for themselves in different spheres of life. It was as if they had fought with others who inhabited the

islands with them and won a measure of control in the labelling process. Any two teens might approach this problem of how to gain acceptance very differently. For Patricia, whose home life is fractured and who has been neglected for years, becoming a bully amongst a small group of peers brings a feeling of acceptance. Patricia and her fraternal twin, Sophie, are both included in the study because of their very different ways of approaching their family problems.

When the two girls were referred to me for inclusion in the study, it was assumed that only Sophie would be seen as resilient. Though she is certainly doing better in life and is pursuing her interests in ways that give her broader acceptance than her sibling, it is important to recognize Patricia's way of coping as indicative of health-seeking behaviour as well. In fact, one feels when meeting with the girls that they are both adrift on the same ocean and do everything they can to separate and find different islands upon which to land and gain acceptance.

Patricia is the tough kid that nobody messes with. But she is aware her acceptance is limited. During our interviews, she knew that adults, the community, her mother and many others she meets outside her circle of friends do not really accept her. She is called names like "slut" which anger her. And everywhere she is labelled a "bad" kid. Being the bully is the only powerful label she has available in her life at this time, her only way to gain acceptance. It is her attempt to discover some degree of resilience in the bleak and dangerous waters through which she finds herself navigating.

For another teen, 14 year old Christopher, who is picked on by bullies, but whose family life is good despite his parents' separation, finding acceptance at home with his

extended family is very important. Christopher understood the power of acceptance: "I think everybody needs to be accepted. I really like being accepted in school and in my family." He told me that the bullies who tormented him for years had not really found acceptance from him or many of his friends. As he said, being a bully to gain acceptance and become popular, "that's kind of cheating your way in."

Summary

The principal expression of power which the teens want to have in order to bolster their mental health is the power to make people accept them for who they want to be. The strategies they employ vary from appearing to join groups of peers and adopt their values to complete rejection of other's expectations of them. Regardless of the pathway to acceptance, mental health results from being accepted as widely as possible for how they define themselves. This acceptance came to be understood in the study as shorthand to express the teens' experiences of power, power to influence how they are seen by others and power to access resources different social groups make available such that individually and collectively the teens experience control and competence. The next chapter will examine how teens negotiate with inhabitants on different islands to nurture the widest possible acceptance and power.

Chapter Nine

Becoming Empowered Where One Is

Once the teens had established the connection between acceptance and power, patterns emerged in the way the teens sought for and attained acceptance from family, peers and the community. Two different patterns were in evidence in the data, each on a different level of abstraction. First, there were the techniques the teens used to gain acceptance in specific relationships. Each set of relationships shared generic properties such that skills learned in one sphere with one group could be applied on other islands in other spheres. The second set of strategies used to experience the control and competence which contributes to power in social discourses, and ultimately determines well-being, encompasses the techniques used to drift between islands. When successfully employed, both sets of strategies contribute to enhanced acceptance and the power which accompanies it. In order to nurture a coherent grounded theory from the data, the following discussion will first examine at length aspects of the generic process which occurs on each island and which the adolescents in this study said contributes to both their well-being and personal and social empowerment.

This chapter will begin by looking at three phases the teens progress through which bring them progressively greater power and acceptance. The first phase, which only the most vulnerable teens experience, is being uncomfortably stuck for a period of time in a particular discourse unable, when moving between spheres, to let go of self-defining labels. The second phase is when teens develop the ability to become

chameleons, moving between self-definitions in different spheres, each time broadening their acceptance by adopting new labels they have little power to define. The last stage, and the one which most often brings with it mental health, is acceptance through varying degrees of participation in the dominant discourses which define individuals and their social groups. At this stage the teens maintain some say over who they are and how they will be perceived; they maintain control over the resources they need to define themselves and they gain acceptance, not for what others want them to be, but for how they see themselves.

Several different experiences were considered important by the participants in order to achieve the final stage of acceptance. The remainder of this chapter examines at length the different aspects of this progression towards acceptance and power in the social discourse. Control experiences affect the labels teens carry. These control experiences become part of defining one's self on each particular island. They include exercising a say over labels and coping with a loss of control in different aspects of one's life. In some cases giving up control of decision making power to another can actually improve one's self-concept, while at other times a loss of control threatens mental health. Negotiating with others for an appropriate amount of control is a task performed in each social discourse as the teen moves between islands in different spheres of life. Combined, these different experiences contribute to the acceptance which teens experience as the third phase of the process of empowerment.

Three Stages of the Empowerment Process

The teens described three phases of growth they advance through in order to achieve acceptance and the mental health benefits which come with it. Being stuck, a chameleon or accepted are not fixed points in time and space. Different spheres and different moments bring varying degrees of mental health and discourse participation.

Stuck with a Self-definition

The stuck adolescent exercises little power over his or her self-definition, adopting the labels others construct. Take, for example, Tammy, who has adopted the label of the "sexually abused" child. This is not to suggest that this is a poor choice. Quite the contrary, given her limited resources, being stuck with this label is better than being suicidal or running away and accepting other more degrading self-definitions like "loser", "slut" and "prostitute." The point is not to evaluate the relative merit of labels but to look at the process of definition. In Tammy's case, she has little power to decide how she will be seen. Given this lack of power, she herself carries the definition of the abused child into all spheres of her life. She is the victim at school, at home, with her therapists and with her friends. Even with her 14 year old boyfriend she is still the victim to his needs. When I asked her about her sexuality she responded as follows:

MU: Is there pressure to have sex?

Tammy: Well, yeah. I just went on the pill yesterday. My mom doesn't know. I'm still a virgin right now.

MU: What will help you make the decision to have sex or not?

Tammy: Well, it's what this guy wants.

The dominant established pattern of Tammy's life is to be subservient to men's sexual wishes. One might want to see her choice of sexual behaviour as something more, perhaps as rebellion, or an attempt to grow up quickly. However, it is clear from Tammy's other comments that she feels stuck in one set of behaviours and one way of being seen. Time and again she would tell me about how she would talk about her abuse to other kids, then moments later feel like all she wanted was to be seen as "normal." She wanted power and used her victimization to give her some say over how she would be seen. She explained it is far better to be a "victim" than a "slut", the label she most feared.

The labels teens get stuck with like Tammy's "victim", or Tommy's "delinquent," or Allison's "group home kid," bring with them some degree of acceptance in a very narrow range of relationships. That acceptance is usually given out of pity, or fear, but seldom with respect. Becoming unstuck, finding a different self-definition and adopting a label in another discourse, or moving to another island, is usually discovered serendipitously. Life's random events (limited by structural inequalities) present the teen with an opportunity to land upon an island where he or she experiences some new talent

or interacts with different people. For Allison, a change of foster placement was an opportunity to challenge her label. For many teens in this study, a similar change occurred when they went to high school, found a girlfriend or boyfriend, were reunited with a parent they had not seen for some time, or simply met up with a new crowd of friends.

Joining in these other discourses does not necessarily mean that the child takes control over his or her self-definition. The next phase of growth in power is playing the chameleon, which occurs when the adolescent is able to be in different groups and take on different labels to gain broader acceptance. Notice that it is still others defining the child, but the difference is that now the child decides which discourses he or she will participate in and how frequently.

Playing the Chameleon

Allison explained what it was like for her when she made the decision to spend time with other teenagers outside of her small group of peers known as "group home kids":

> Before I was well "I guess this is who I have to hang out with," but then I felt better about myself and I thought "No, I don't have to take this any more. I don't have to be friends with these people. I can grow and find someone new and still be friends with the others on the side." So if you don't feel good about

yourself you're gonna be like they probably won't like me so why should I try.

I've come a long way! I'm not just another group home kid. I'm Allison!

In retelling her story, Allison captures the idea of movement in search of new labels, but the chameleon she becomes does not yet have much say over the labels which she adopts. She is only just beginning to see that she has the skills to define herself differently than her family or her group home friends. She has begun to discover through participation with other teens that she has other talents, and that she can have a say over which spheres she spends her time in.

Becoming the chameleon, a creature which in this case changes its label to fit different social environments, does not necessarily bring with it well-being. It is a functional adaptation which helps the teens gain the confidence and skills necessary to grow into the third phase of empowerment in which they are accepted for their own unique identity. It is as if the chameleon uses different social settings to practice his or her skills at discourse participation while experimenting with new talents and new feelings of control.

Mark talked vividly of the price the chameleon pays for this exercise in transformation. He became a master at wearing a mask all day at school, fitting in with his peers, letting them see him how they wanted to see him and letting his teachers do the same. But underneath the mask was a great deal of anger and pain: "I'd just bottle things up in the morning. And then I'd come home and be angry. It was my choice to do that, but I wasn't venting the anger, so I'd be brewing all day." At the time, Mark felt wearing a mask was better than risking being angry outside his home and alienating

the few supports he did find. Though he paid a price, this adaptation was better than being angry everywhere and suffering the rejection his anger brought him inside and outside his home.

Tanya, too, was a chameleon and says as much in her interviews. She comments:

> I change, when I'm in a particular environment I change. How I'm talking here is not how I talk anywhere else. I'm a totally different person here than I am with my mom, or my dad. I'm never the totally same person in every spot. I don't want people to know me totally, just a little bit about me. Feels better that way.
>
> MU: Inside, what kind of kid are you?
>
> Tanya: I don't know . . . It was just recent that I didn't hate myself. I may go back to that when I change myself. I want to change everything. I want to be different, totally different. And I will be different.

The chameleon phase helps these teens create a much larger matrix of relationships (Stern, 1985; Wolf, 1988), which becomes foundational for their moving towards acceptance. Before being able to assert themselves without compromise the teens need the fortification of being in the large social networks a chameleon builds. These social supports function in many different ways. As other studies have shown, social supports can challenge feelings of powerlessness (Gutierrez, 1990; Lerner, 1986), reduce vulnerabilities (Cochran, 1988) and enhance personal and social empowerment

(Gutierrez, 1990; Kieffer, 1981; Surrey, 1991a). Playing the chameleon teaches the social skills needed to later assert one's identity and be healthy.

When the chameleon decides for itself what colour it wants to be there is a marked pattern of growth. Lorraine, however, was able to express the ambivalence the chameleon may feel when ready to start asserting itself in some spheres of its life:

> I'm very self-conscious, that's probably why I dress pretty normal. 'Cause I do think about what other people are going to think about what I'm wearing. I guess I don't want to be noticed so much. I've always been noticed a lot because of my hair. But I like to be part of the group, not sticking out. But if I want to wear something, that's different, I'll wear it . . . I like to do good in school, but sometimes I don't. But I wouldn't try to get bad grades just to fit in. I'd prefer to be on the honour roll.

Notice that Lorraine has moved from needing acceptance on other people's terms in all spheres to finding her own sense of uniqueness by asserting who she will and will not be in particular relationships.

Moral Limits

In understanding how teens move from being the chameleon to becoming accepted for who they are, it was necessary to search for some mechanism which stimulated this growth. Just as random events and occasional opportunities to try on new labels move teens from being stuck to being a chameleon, so too do certain events force teens to

move forward to acceptance. From the 21 case examples in this study it became apparent that teens moved forward when they encountered a personal moral limit which made their situation as a chameleon untenable. This moral limit was seldom based in metaphysics. It was instead the conscious choice by a teen not to fit in during a particular activity because he or she perceived that doing so would risk the conditional acceptance the teen received in other spheres of his or her life. At some point, each teen talked about both feeling accepted for who he or she really is and also a moment when the teen decided he or she was different from those participating in the same discourse.

Expressing a moral limit does not imply that one is responding to any threat of punishment. In fact, the phrase which more appropriately fits with this notion of limits is a fear of natural consequences, as it was seldom the threat of formal punishment which motivated teens to stop fitting in. The consequence which hurt the most and threatened well-being was the worry that a particular action would mean the loss of acceptance in areas where that acceptance is the most important. When David decides not to join other street kids when they go and break into the home of one of David's friends, David is deciding he can be different and in a passive way (he does not warn his friend) he challenges the dominant discourse which defines him as a worthless child without a stable home. He explained:

> I don't want to live with myself breaking into my friend's house stealing everything and then having to confront him a few days later . . . If I decide not to do what everybody else is doing sometimes I'll feel good but sometimes I'll

> feel like I regret not doing it. Most of the time, like if it's drugs or something like that I'll just completely walk away from it all. I guess it's all how much you feel. I don't do drugs or nothing like that. It's like if you're out with your friends and they want to go break into a house or get into a brawl or something like that, like booze, I've never done anything like that. It's all a question of how I feel. If I don't want to do it I won't. If I want to and I feel like getting someone mad at me just because of what I feel, I will.

What is important to David is that he feels a certain congruence between his actions and how he sees himself inside. While we know from other studies that morals are transmitted to children through a variety of means (Gilligan, 1982), significant here is the observation that transgressions against one's morals threaten self-definitions and well-being because they potentially take away the power experienced through acceptance from others. David risked going from trustworthy friend to being labelled a bad and worthless kid which is how his father sees him.

This moral limit appeared in different ways for many of the teens. For Leslie it came out when she was being introduced to drugs by her friends:

> They stopped being my friends when they actually stopped being able to convince me to do things. Because they wanted me to start doing drugs. And that's when I drew the line. I'm really strongly against that. They sort of took off on me and didn't want to be my friend. That was a very easy decision for me because my best friend was high and he committed suicide. I've had too many of my

friends hurt by them, too many people I love hurt by them, so why would I want to hurt myself?

Other teens said it was when they had to say no to a fight, to running away, to sex, or to being cruel to another person that they found their moral limit. For an instant the teen decides *he or she is different than the group he or she is part of and takes control of his or her label.* This was more likely to happen to the extent that the teens had developed a sufficiently large network of relationships to fill in for the loss of acceptance in one sphere with relationships from another.

Armed with a successful experience of asserting his or her moral limit, the teen experiences himself or herself as different and congruent with who he or she wants to be. It then becomes easier for the teen to experience power over the dominant discourses of his or her life. Now fitting in is done with the goal of furthering the teen's own ends. A teenager, like Beth, may still choose to appear to be a chameleon, but now it is intentional. Beth is aware that at any time, in any circumstance, she can assert who she is, so compromising is fine. She does not mind being labelled by adults as an obedient and polite child when she is working in her mother's restaurant. There is a great deal of power in being able to get people to see one in a way which is favourable and meets one's goal for far reaching acceptance. Remember, though, this is the same girl who goes to an ultra-conservative church dressed androgynously and feels proud of herself. Thus the chameleon grows and changes until he or she is able to assert an identity which is accepted by others.

Acceptance and Growth

Acceptance, which is the third stage of empowerment, grows out of many different types of experiences which bolster the power teens experience over their self-definitions. This acceptance results from the types of experiences of power discussed below.

Control Experiences

Feeling like one is in control of one's life and that decisions are one's own responsibility provides opportunities to exhibit competencies such as sound judgement, good social skills, and the practical management skills needed to control mental health resources. These feelings of control have a profound effect on how one perceives himself or herself and again leads to power over self-definition. The experiences of self-efficacy examined at length in the mental health literature (Bandura, 1977, 1992) support the findings here. Put simply, feeling like one has a say over one's world helps one feel valued for who he or she is.

Feeling this way is a starting point for a vision of one's self as worthy of respect and, according to the teens, leads to mental health. The teens were very specific on this point. They feel good about themselves and feel like they have a clear idea of who they are when they feel in control of the world around them. These feelings of control, combined with experiencing themselves as competent and their talents as unique

expressions of their identity, secure for the study's participants powerful self-definitions and enduring feelings of well-being.

A Say Over Labels

The most important aspect of control for these teens seemed to be to have a say over how friends, family and others see them. This was shown to be a cornerstone of experiences of control. Allison went so far as to change her name to Katie as a way of asserting control over her identity in order to improve her mental health while nurturing acceptance for her new vision of herself. Allison explained:

> I can act how I want to now. I can act according to how I want to act, not how people want me to act. Like before I had to like act this way, and with my mom I had to be on my best behaviour. And I felt people would stare at you. But now I feel that I can tell a joke and don't have to worry about it. And with my friends I don't have to act a certain way to be accepted. And now I can act how I want to. I wanted to be accepted by them so I could be one of the cool people. Now if people don't like me for who I am, it's their loss, not mine . . . It feels good to not worry if they're going to accept me whether I dress like them or not or if had different hair than they do, or if I wear the right kind of makeup. Feels good, feels real good.

Deciding for one's self who one is going to be is a powerful expression of each individual participant's power. This expression of their identity through relationships

with others is critical to maintaining mental health and finding the acceptance upon which well-being rests. The power to stand up to others brings with it a sense of personal worth. Allison went on to say:

> I feel you have to have a lot of self-esteem and to feel good about yourself to stand up to people. Like really believe in yourself to do that. I feel like I have enough self-esteem to stick up to one person but not ten. It makes me feel good that I can stick up for myself when I do.

Being able to say "this is who I am" gives the teens permission to grow in directions that enhance rather than threaten their self-esteem. Decisions related to sex, drug use, school, and other issues were decided upon by seeking congruence between the decisions which were made and the individual's self-definition.

The participants vary somewhat in how much control they want to have over their lives. Cathy is adamant that she wants "total control over [her] life." This attitude is often tempered by the teens and expressed as a desire to control as much of their lives as possible. However, while they insist they have control over their decisions they also recognize that people have a role to play in advising them. As Lorraine put it: "It's not that you solve problems by yourself. But if you decide to do something you decide it by yourself. Like nobody tells you to do something." It is feeling that one has choice which is crucial for mental health.

Even when there might be natural consequences, the teens were likely to accept those consequences when the decisions to act in the first place felt like their own. Far from leaving them feeling guilty or depressed, natural consequences for choices

consciously made help to broaden the teens' self-definitions by giving them opportunities to replace old behaviours with new ones. For example, watching a friend cope with a pregnancy makes Melissa more cautious and assertive about the choices she is making concerning her sexuality:

> It's like you have to worry about getting pregnant and getting diseases. Like my friend is now four months pregnant. I guess everyone just goes with what you agree with and do what you wanna do. If you wanna be safe, be safe. But a lot of people I know don't bother with it, which I think is real stupid. It doesn't make sense.
>
> MU: How do you cope with boys and pressures around sex?
>
> Melissa: I don't know. I went out with my boyfriend for a year and a half. We just broke up a few weeks ago. So I knew him. I don't do anything with just anyone, like I knew him for a long time before we did anything. It was easier that way. It was my decision. Anything he didn't want to do he told me and anything I didn't want to do I told him. That was good . . . We definitely used protection. It was my decision. You just hear about everything going on now and it's not something I could deal with happening to me right now so it was the best decision I can make right now. It's weird, 'cause everyone thinks you shouldn't be thinking about that, especially adults.

Teens like Melissa relish the opportunities they have to make their own decisions. Through this exercise of their power to make decisions, they gain a sense of personal worth which contributes to a more positive self-definition. Consequently, experiences of powerlessness affect the participants profoundly.

Loss of Control

The teens in this study wish for experiences of power which are social in nature and which allow them to assert their power without necessarily diminishing another's. The angry outbursts of teenagers and their mythic need to make their own decisions blinds parents to the true nature of what the teens are asking their parents to provide. As unbelievable as it might sound, these teens started out wanting to share power. In the pitched battles for control which occur between the participants and their parents, needs for powersharing turn into needs for power and control over others. This change reflects the social construction of power in our competitive, hierarchical and patriarchal society where someone is always right at another's expense. Take for example the bickering most families experience over household chores. Time and again I was struck by how little importance the teens actually place on having a say over housework. It is as if the teens could accept these tasks, though carry them out grudgingly, if more fundamental rights are granted around the home. In other words, the need to argue and take control of household duties by the teens is more a reflection of a lack of power sharing by adults throughout the home than a specific example of control seeking

behaviour on the part of the children. In my clinical practice and in parent training courses much is made of how to get kids to do these mundane tasks (see Coloroso, 1989). Yet the teens in this study talked more of feeling their most acute discomfort inside and outside the home when they were denied experiences to participate with others in defining themselves as unique individuals. Once sharing in this power, other less important battles for control became unimportant.

Perhaps Margie put it best when she talked about her unhappiness over her loss of control of how people see her: "I guess I'm not as strong as I make people think. Most people see me as a real bitch. Most people don't like me when I'm myself or I try to be myself. I don't really know what myself is." Not knowing who she is makes Margie feel sad and angry. Many of these teens report similar experiences of being unable to participate equally with others in constructing the dominant narratives of their lives. Robert talked at length about his experience with his mother and step-father and how little control he felt when with them:

> MU: Are there areas of your life you don't have control in?
>
> Robert: The only thing I can't control, I guess the way my parents have their attitude towards me. Right now I think they think I am a bum because I'm always getting into trouble. And I could have helped that by not getting into trouble, but now it's too late and they've already started looking down on me. You know? . . . It makes me feel like dirt. It almost makes me feel that they don't care about me. I know they do but it makes me feel that they don't.

At times it seems these teens are cast to play a part in a drama they do not author. Yet they cannot exist separate from others either. As Cathy said: "It's like if you're not really part of a crowd, you're nobody." The pain of being told who you are and having no place to turn to fortify an alternative self-definition is an acutely disempowering experience reported by many teens.

Stripped of the power to author one's own life, there is a sense that teens get trapped by both good labels like Tanya's "goody-two-shoes," and bad labels like Jason's "rebel." Though such labels may bring with them a degree ot power in either the adult or adolescent worlds, strictly defined labels, good or bad, can become an incumbrance when attempting to establish power and acceptance in many different spheres of interaction. As John explained: "When all your friends want you to fight and that and like someone wants to fight you and you don't really want to fight, but if you don't fight they're gonna call you names. So you just go ahead and do it." Fighting gains John recognition with his immediate group of friends, but he is painfully aware that it also means others outside the group may stereotype him as a "bad" kid.

The process of the interviews and how the teens maintained their power during them provided many clues how empowerment affects mental health. In order to not be disempowered by the process of revealing one's most intimate life details, the teens interacted with me in such a way as to control the labels they perceived I was constructing for them. Christopher was proud to show me his Lego inventions, I being one of the few people he had asked to view him as an architect. Tammy resisted my calling her a survivor of incest, saying several times she is tired of being seen that way

and wants to be "normal." Jason understood that it was improper to be telling adults one admires neo-nazi philosophy and when I asked him about his opinions on this (which his case file mentioned) he retracted comments he had made previously. In each instance, the teens did what they could in the interviews to have an influence over me and how I would label them so as to cope with their perceived loss of control.

There were other important experiences of loss of control reported by these teens which made them feel unimportant and threatened their mental health. These were not just a lack of opportunities to define themselves, they were also real experiences of having their access to resources denied. Within the realm of the family many seriously disempowering incidents occurred. For example, Lorraine had to tolerate her mother's boyfriend being invited to the family's Christmas dinner after Lorraine had disclosed being sexually harassed by him. Though the charges could not be substantiated, Lorraine felt betrayed and hurt that her mother never believed her daughter. Lorraine said: "I was really angry. I don't know how she could have kept seeing him. It's disgusting."

Another area of complaint many of these teens who came from single parent families made was that access to the absent parent was outside of the teen's control. Christopher, whose father avoided contact with him for many years after the parents' divorce, said "It felt pretty bad 'cause I couldn't see my dad. I needed a father in my life and I didn't see him." Even when there is access, the teens themselves are seldom consulted as to when and how much time they could spend with the absent parent. When Tammy's mother decided to move in with her new boyfriend, Michael, it meant moving

to another part of the county. Tammy felt like she had no say whatsoever over the decision and could not even use her natural father as a resource. She explained:

> I just found out we're moving to Michael's for sure and I don't want to live in the country, like I need my friends, but she's the mom and she wants to be there and there's nothing out there for me. Like she never thinks about what I want . . . So I said I want to go to a foster home and she said, no you won't. And she won't let me go live with my dad.

These disempowering experiences exert a great influence on the mental health of the teens who are affected. Christopher became a withdrawn child who made himself invisible to the world. Lorraine became suicidal. Tammy became anorexic. In many cases these solutions merely exacerbated the problem by further disempowering the child and tainting them with additional labels that have to be challenged.

Like in the family, the teens' experiences in the community often devalue and label them in ways that make them feel incompetent. As Cathy said, if a teen argues back to an adult, even if that adult is being rude, she risks having the police called. In school teens are even more rigidly controlled. The result is cumulative. Experiences at home and in the community convince a teen that he or she can do nothing to change his or her personal power. Teens who feel their lack of power most acutely opt for labels that are the least accepted by people and the most morally bankrupt.

Jason's life is full of examples of experiences in which he has suffered a severe loss of control. He told me he felt neither his family nor society treats him fairly: "We have a stupid government because like I probably won't get my [driver's] license. I'm

probably going to get a graduated license, just because I'm younger they think I'm going to have an accident. They treat us like we're idiots." Given such feelings, it is not surprising to hear that Jason thinks Hitler was a great leader, holds racist attitudes, or that he likes the philosophy of a satanic cult. The following is a part of our first interview when I asked him about who he idealizes and how he sees the world:

> My friends [the satanists] aren't evil, believe it or not. I've read their bible. It's not you don't sacrifice cows or anything. You just survive. Their law is just to survive. It's like selfish. You kill someone else if you have to. Like there are lots of rules like don't steal stuff only if you need to steal stuff, and don't kill unless you need to kill. I don't know how they could have gotten evil out of that. It's just common sense really. And like my friend's a genius. And he failed school. So like he doesn't like the system either. Nobody does . . . I'm not a Nazi either, at least by their rules. I like black people. I don't find anything wrong with black people. I just don't like Arabs. I like Chinese people, though I wish there weren't so many of them here. It's after all our country. Like the black people and us and the Indians were here first. Like that mountie thing. They took it and it was our uniform. I don't hate Jews. I don't even care about religion . . . I just don't like the way black people have all these organizations and want all these rights . . . Or feminists, I don't like feminists. It seems to me they don't want equal, they want more rights than we have. Like my uncle says if you're a Canadian citizen you should just be a Canadian citizen when you're getting a job. Not a black man or a woman or a white man.

While it would be easy to think little of Jason, doing so would miss understanding the context of his comments.

Jason has little power in his world, is accepted by few other teens and worries that a physical disability he has will make others wary of associating with him. He often gets beat up because he lacks social skills. He fails school even when he tries. He has little luck in life and feels no control in his world. Given this, it seemed remarkable that he was able to temper his remarks and try to make himself more likeable to me at all. He was trying to say he was different than other Nazis and satanic worshippers, that he had not given up his capacity to be critical and selective. For him this was some measure of power. As objectionable as I found his comments, the longer we talked the more he helped me see that he refuses to be painted with one brush. He wants to be accepted but has found nobody but other social outcasts to take him in.

To understand Jason, Tammy and other teens, one must understand how their experiences of powerlessness have a detrimental effect on their mental health. Yet how is it these same teens who show signs of learned helplessness (Abramson et al., 1978; Peterson, Maier & Seligman, 1993) can be described as resilient in some aspects of their lives? It is clear that viewed from the point of view of the teens, they do not see their situation as entirely hopeless despite a lack of control over many aspects of their lives. The way they survive is to construct alternate definitions of themselves which bring whatever sense of competence and control is available from their limited environments. Standing outside these children's lives, it might be easy to judge their choice of marginal discourses as healthy or unhealthy. But once inside their world, beyond the clinical

diagnostic labels, it is clear that the teens are engaged in a process of maximizing their personal sense of empowerment and seeking broadly for acceptance in order to nurture and maintain feelings of well-being.

This process, however, is confused by the teens' acknowledgement that too much say over one's life too early on has a detrimental effect on an adolescent's mental health. The teens seemed to appreciate some limits, especially when they could maintain a feeling that they had voluntarily subjected themselves to those external controls. There were many examples of this willingness to subject one's self to another's authority without threat to one's own power. Subjecting one's self voluntarily to another's rules gives a teenager space to grow and avoids the unpleasant feelings of being overwhelmed and hurried in their growth to maturity (see Elkind, 1981).

Giving up Control to Another

The teenager relies on another's power over him or her as a resource to supplement the lack of power the teen may experience in a particular situation. Notice here that the language I am using maintains the child's power of choice. Decisions that the teen wants made for him or her, whether the youngster is always conscious of this desire or not, always remain within the child's power because the choice to submit to another's will over him or her is perceived as being voluntary by the child. When parents or other authority figures take appropriate amounts of responsibility for the child then he or she comes to feel valued. Under the nurturing control of these others, teens

are presented with opportunities to experience competence in the assigned tasks he or she is told to carry out as a member of that family, group or institution. Lorraine and I were discussing how her mother decides her curfew for her. Lorraine seems to appreciate the control her mother takes in this area of her life and does not see such control as restrictive or disempowering: "It's just good to have someone show they love you. Like someone cares about you. That's different than taking control."

In Patricia's case, her mother's inability to take some of this control in Patricia's life is part of the reason for Patricia's violence. At one point Patricia commented about a teacher at school whom she likes: "She'd give me crap for showing up late and goofing off and not doing my work. She didn't even give me a very good mark, but I still liked her. I have respect for people who stand up to me. People who I can't boss around . . . I don't have respect for my mom." Patricia's hope is that she can "let" her mother control her when her probation order ends, though Patricia admits this is unlikely. A clinical case note from her therapist summarizes the family's dilemma: "Patricia appears able to manage with fair and consistent controls in place, but if community support is withdrawn or Betty becomes more ill/impaired, Patricia lacks the inner resources to maintain acceptable and age appropriate behaviour." Teenagers use others as resources to supplement their personal power and maintain their well-being by succeeding at tasks they may fail at without external controls.

Patricia's difficulty finding this resource cannot be blamed on her or her mother. Poverty, disease, abuse, divorce, and a lack of community supports contribute to a difficult situation. For Tommy, faced with much the same environment in which to

grow, the 'solution' which proved most resourceful was going to jail. Even with the label of "delinquent" attached to such an experience, the associated labels of "tough", "strong" and "independent" he gained while incarcerated were so immediately attractive as to counter any negative associations of the term delinquent. As well, in custody there was someone to look after him and provide him with consistently applied controls. He was proud of his school achievements and in fact worries now that he is out of custody how he will find the motivation to go to school regularly.

During a focus group in one of the local housing projects, teens explained that when they have too much say over their lives they feel no one cares about them. One of these teens commented that it "hurts" to be told to come home whenever she wants. The teens explained that episodes such as this construct a self-definition which says "I'm worthless" in two ways. First, it is difficult to have much self-worth if nobody else sees you as worthy of attention and concern. And second, attempts to control aspects of life before we are ready usually result in poorly made decisions. These observations are not unique to this study (see Elkind, 1981; Tyler et al., 1992). Laura-lee talked about what it is like for her to have too much control:

> I just wanted to be able to do whatever I wanted.
>
> MU: Being able to do that, how does it make you feel?

Laura-lee: Like I have power over myself. Like my mom's not controlling me. It makes me feel almost like an adult. Like responsible, it's not responsible, but in a way responsible for myself.

MU: Do you want that much control over your life?

Laura-lee: Well, not really. Having total control gets me in trouble, like with the police, with my dad, with the family. Because a lot of the stuff I do is illegal, like drinking . . . It doesn't have to end up like that. It's just that it's exciting.

MU: Are you telling me it's better to have someone have some control over you in some ways?

Laura-lee: Yeah. In most ways, yeah (she laughs). Like when I was doing really good was at my aunt and uncle's. And my aunt was really strict with me and my uncle was laid back and whatever. So it was basically my aunt being strict with me. I don't know, it just made me totally turn around. I'd just laugh at my mom. I didn't care what she said to me.

MU: When you lived at your aunt's and she took control of your life, how did you feel?

Laura-lee: I was mad. 'Cause I still wanted to do what I wanted to do. But after a while, I don't know. I felt better about myself when she did that. When someone has control over me there's not as much that I can do. And when the more stuff I do the more I tend to get in trouble. So when I can't do as much and I like I have to divide up my time because I only have a certain amount of time to be out, then I don't get into trouble.

MU: So actually giving up some control to your mom could actually make you feel better about yourself?

Laura-lee: Yeah (she laughs). But don't tell mom I said that.

Time and again the teens describe similar feelings when someone they choose takes some control of their lives. They feel better about themselves because they succeed at the tasks they are left to perform, relying on the power of others to tend to aspects of their lives they are unable to control. In these instances, it is as if the relationships encountered on the islands the teens inhabit begin to provide them with new labels which connote strength and positive well-being when the teens acknowledge some limits to their power.

Previously, it will be remembered, the concept of empowerment was framed within a context of the developmental phase of the child. The teens showed that to understand the dynamic of power sharing one had to understand that the age of the adolescent is important. Teenagers like 14 year old Tanya feel the decisions they have

the capacity to make must be left to them, but those that they feel are too complex become unduly burdensome if there is nobody else upon whom to rely for help. Tanya comments:

> Basically it's always hard when someone makes a decision for you. But it depends what the decision is. If it's something easy and I know I can handle it and I know the answer and someone else makes a decision for me, then I don't like that. Like when my mom at Christmas time makes a decision for me when I'm going to go to my dad's and visit him, and I know how to make this decision, then I don't like it. I hate it. I feel hopeless. Like I can't do anything and that I can't solve anything. Then when someone solves it for me it makes me feel even worse.

When the child is able to make decisions which are appropriate to his or her level of personal empowerment, the results are far better. It is in the child's best interest to surrender decisions which are beyond their years. Melissa knew this and expressed it well:

> It wasn't good when I had too much control. 'Cause you don't know what to make of decisions. I wasn't old enough to think about when I was going to come in and stuff like that. I wasn't ready to handle that. That's for my parents to decide now. And they sometimes let me stay out to 2:30 A.M. and I think that's really good of them.

For many of the teens the story is the same. David needs his father to take control of his life so that he can feel loved and resist temptations to get into trouble. Leslie relies

on her mother to help Leslie stay motivated and in school. When these people share power with the teens and function for them as needed, then the teens experience enhanced self-esteem and a better self-definition.

This assistance seemed to work best when it was provided in a way that did not disempower the recipient. Leslie said that even though her mother has tried to keep Leslie in school she has done so with recognition that she only shares power with Leslie. Leslie says: "My mom has always been able to tell me "This is what I think you should do, it's my advice but you don't have to do it." And I'm the same way with her." Understanding these teens, and the way they maintain health, demands moving beyond simplistic notions of the competitive win-lose notion of power. The teens strive to participate in the world to influence the way the world views them without necessarily seeking dominion over others.

The teens in this study had an uncanny way of knowing how much power they should have and did all they could to create an appropriate label for themselves which was age appropriate. If, as in 14 year old David's case, messing up, getting into trouble with the law, or becoming truant does not get parents to act more responsibly then the child has two choices: adopt the label of the "delinquent" and become good at it, as Tommy did, or become your own "parent" and, despite a lack of external controls, create your own limits. David chose this latter path: "Right now I have pretty much a say over what I want to do and when I want to do it. Just because my dad's not there. And how I do in school, 'cause my dad's not pushing me. and I want to do good in school. It

makes me feel pretty good." Patricia was forced into a similar choice, though fares less well as many of the choices she has made have landed her in trouble with the authorities:

> Patricia: Like I look down on myself for all the things I've done. Just think about it. I may be getting a tough name but I'm the one who has to spend the time in jail and I'm the one who's going to feel sorry for myself. Nobody else. Like with all my friends, they're not going to bail me out when I'm in trouble. It's weird. I just started taking responsibility for myself. I used to always blame everything on everyone else. Like I used to go I'm not going to school, my mom has no rules, the whole bit. I just take responsibility for myself now . . . I used to always go "screw you" and walk out. But now I go "Mom, I don't wanna talk about that" and then walk out.
>
> MU: What's it like to look after yourself at 14?
>
> Patricia: Yeah. Well before I thought it was cool. But for me not having discipline from my mother makes me have to have more discipline for myself which is very hard. Like last night I could have gone to a party and gotten really really trashed, but I knew I had a curfew so I came home for my curfew. If I had gone my mom would have just yelled at me, that's it. When I was younger there'd be hittings.

With her probation order still standing, Patricia's behaviour is held in check though she says that is not why she is staying out of trouble. When we discussed the court order,

she shrugged it off and insisted that it was up to her to keep herself out of trouble. It is this new self-image and feelings of personal empowerment which appear to be bolstering her mental health.

In analyzing what the teens were saying, it was initially very confusing trying to understand how they could report feeling their mental health was threatened when denied power, but also say they felt increased power and acceptance in other instances when they choose to have others exercise power over them. At the heart of this paradox is a constantly changing complex set of judgements each teen makes. They seemed to be assessing whether they can handle a situation, and how, given what they are coping with, best maintain their feelings of competence and control. This demands negotiation skills and opportunities to practice using them with family, friends and community members. The following are a few examples of how the teens experience themselves and their sense of control in relationships in different spheres of their lives. Conformity, submission, assertion, and anger are all used interchangeably to create the most power-enhancing experience possible for the participants.

Negotiating Control

Developing greater power in one's life and over ones' self-definition depends upon negotiating with the other inhabitants of the islands the participants land upon. For these teens, in the course of their development, these negotiations took place first with family members, then peers, and later with community members and the institutions they

represented. Becoming empowered has meant gaining greater and greater skill in the process of negotiating one's label on a particular island. Take for example Laura-lee and the way she deals with her mother. Once Laura-lee managed some degree of control over her mother and was able to stop the repeated beatings Laura-lee was subjected to, she could then give up some of her power so that her mother could parent. Laura-lee seemed relieved to give permission to her mother to exercise some decision making power in Laura-lee's life.

Surrendering power to her mother only occurred when Laura-lee experienced herself as competent in her handling of her mother and secure in her own self-definition as a faultless "abused child." However, putting her mother in jail scared Laura-lee and made her feel too powerful. She told me she didn't want her mother jailed, just the beatings stopped.

When they were in their community, the participants experienced the same need, as when they were with family and friends, to participate with others in order to feel powerful and accepted. They found that maintaining a healthy balance between a say in their community's dominant social discourse and a degree of conformity with community standards provided the experiences necessary to nurture well-being without exhausting personal coping capacities. Participation in community activities could be experienced as opportunities for healthy growth. In Section Two, many examples of the benefits derived from community participation were discussed. These include greater social support (Davidson & Cotter, 1991; McKnight, 1991; Sarason, 1974), political efficacy (Craig & Maggiotto, 1982), hopefulness (Zimmerman, 1990b) and other related aspects

of empowerment (Zimmerman & Rappaport, 1988). Unfortunately, many of the participants' life circumstances provided them with little positive interaction with their community. This reflects a paucity of islands to drift towards with the result being a narrow sphere of social interactions.

Instances where teens did find a role for themselves vis-a-vis their community are, therefore, all the more noteworthy. These contacts had the potential to become profoundly influential in their lives. For example, Peter was one of the most involved teens in the study. He had managed to use his intellectual resources to gain access to many experiences outside his home and neighbourhood:

> I get involved in things like drama. I'm auditioning for this play. I really enjoy being in plays. But I'm also having to catch up at school because I've been involved in this energy saving program in our school. I got five days off to go and do it but I still have to catch up the work. And I took a workshop on the creation of the arts up at the university and I got another day off for that . . . Next month we're making a presentation to the school board with our recommendations on how to conserve energy. And we had to take an exam at the end and I think I probably aced it, like 110 out of 110. It wasn't hard because it was an open book exam but there were a lot of formulas to know. We think we can save at least ten thousand dollars a year . . . Makes me feel like we're doing something. But the biggest thing is not that we are going to be saving money for the school but that we are going to be saving non-renewable resources. Even though it seems like something so little, obviously the little things add up.

These activities help Peter feel different than other teenagers his own age and with this differentness comes pride in who he is. For other teens like Mark, Tanya and Beth the experience was much the same. Participating in their community makes them feel they have some say over how adults outside their family perceive them. They feel different from what a teenager is supposed to be while enjoying the feeling of helping others. Tanya became involved with the board of her local community centre. She told me:

> I'm the only teenager on my board at my community centre. It's totally cool and everything. I'm able to vote and have a say in everything . . . And I get to go to the general meeting where all the big people and me (she laughs) get to go . . . Like in the summer they wanted to spray the grass and I stood up and wrote this awesome letter and some of the words were so complex, it was amazing, and I wrote it saying I didn't agree with the spraying and a billion things they could have done instead of spraying, so they didn't.

Community activities like sports, air cadets, and church groups were mentioned as local resources the teens come in contact with.

Beth is involved in a church group, an anti-abortion campaign, the Humane Society, and has got her family to sponsor a child overseas. She is developing a large number of interactional skills concurrent with her exploration of many different self-definitions. Beth's ocean is not necessarily any more or less full of opportunities than that of her peers. She is just better able to participate effectively in the discourses on each island she finds herself. Her success with her mother, at school, in church and with

friends helps her develop the skills to better negotiate each new contact in a way that adds to Beth's self-worth.

Beth beamed with pride in our interviews together. She was at ease talking to an adult she didn't know very well. There was a sense that she truly liked who she is. As she says about her many varied community activities: "I feel kind when I do that stuff. I want to do whatever I can to help." These experiences seemed to turn her own powerlessness in life into power over life's difficulties.

Some teens avoided formal community activities, but insisted they participate in a community defined by them as their peer group. Here again the pattern reemerges in which teens with the fewest coping skills travelled the least in distant spheres, though for some there were few opportunities to travel or gain the skills necessary to interact with the community. They were less able to experience power through contact with adults. When I asked Margie if she is involved in her community she told me: "No, I'm part of the mall community. I hang out at the mall with my friends and annoy the security guards." This definition of community was indicative of how many teens felt: that they had no role to play in the broader community in which they lived. So they stay close to their friends, and see themselves as contributing to their community when they are a supportive resource for their peer group.

This isolation protects the teens from what they perceive to be unjustified abuse from adults. Robert talked about wanting people to see him and his friends as "just a bunch of kids trying to get through life" and not a "lot of bad kids." Allison, too, expressed similar sentiments. She says adults have no use for teenagers:

> They look at you like you're just teenagers. Like a lot of people just look at you and say "That's why they do that, they're just teenagers. They're in that phase." You hear that from adults all the time. I want to say "Shut up!" It bothers me cause not all teenagers are the same. They should look at how you act and who you are, not just that you're a teenager.
>
> MU: What do they see?
>
> Allison: Well, they judge you all the same: "Teenagers are all rotten, if they don't get their way, it's a big fuss." Stuff like that. Some teenagers are into alcohol and the car scene and a lot of adults think they all are. That's like a stereotype.

From this antagonism between the generations the teens gain only one thing, a sense of identity as different from adults. In lieu of acceptance for the many and varied labels teens construct for themselves, participants like Allison had to settle for defining themselves as simply generic rebellious teenagers.

Through such experiences the teens learn valuable lessons about discourse participation and its impact on their well-being. They learn that clustering in groups, or gangs as some kids called them, gives teens the security of acceptance by the group and the added power of collective opposition to negative labels cast upon them by adults. In other words, they learn that sharing power with others is a more efficient way to oppose another's power.

Summary

This lengthy discussion of the dynamics of control has attempted to show how the participants negotiate with others to gain acceptance and the feelings of dignity, self-worth and overall well-being which follow from that acceptance. It should be evident from the preceding discussion that achieving this acceptance demands a struggle for the power to define one's self on each island in each sphere of one's life. Armed with strong personal definitions, teens could then report feeling mentally healthy.

This acceptance grows out of the experiences of control and competence discussed in this chapter. Not all teens achieve very much control over personal self-definitions in all spheres of their lives. Instead, they pass through three stages of growth. They progress from an inability to change labels or exercise much control over them, to fitting in everywhere without defining themselves clearly, to finally gaining acceptance for who they perceive themselves to be. These are three stages in the process of empowerment which underpins experiences of mental health.

To this point, the focus of the discussion has been on how labels are constructed and the different types of experiences in a teen's life which affect the labels which are created. The next chapter moves the discussion to another level and examines the teens' experiences of power within the social discourses they encounter. Power to influence the discourse and gain control of the labelling process will determine the extent to which the factors and experiences discussed above have an influence in a teenager's life. In this regard, the next chapter will look at the way teens function in the discourses on each

island they land (i.e. each label they acquire). Acquiring, maintaining and challenging labels is fundamental to engagement in the process of empowerment. This elaboration of the labelling process as it occurs within different social discourses will further elucidate a substantive theory of the connection between the process of empowerment and mental health outcomes for the teens in this study.

Chapter Ten

Acquiring, Maintaining and Challenging Labels

This chapter will examine, in greater detail, how labels are acquired, maintained and challenged on each of the islands the teens find themselves. As has been shown, many experiences contribute to the nature of the labels teens construct in relationships with others. The purpose here is to go beyond an understanding of the effect experiences of control and competence have on the labelling process and mental health in order to investigate how the teens coped with the social discourses which create and sustain particular labels. This discussion will focus on both a teen's participation in the social discourse and the nature of the discourse itself.

Acquiring Labels

In order to proceed in this investigation, some discussion is necessary to explain how labels are acquired. Even if the teens have mechanisms which allow them to drift between labels, the fact remains that in each sphere of their lives labels are assigned to them which cannot be avoided. For many teens, getting a label was simply a result of interaction with others. Many teens observed that parents are at the centre of this labelling process and the labels they assign often affect their child in spheres beyond the family. Take, for example, Cathy's reluctance to let her father know she is sexually active: "It's just that for a lot of my friends when their parents found out their dads were

real mad and started calling them sluts and everything and I was really scared of that." It is not just that her dad will be angry which threatens Cathy's well-being, it is his naming her a "slut," and her feeling unable to challenge this view, which really hurts.

Peers also assign labels. There were countless examples of this dynamic process which had both positive and negative effects on the teenagers. Margie related to me with shame how the year before "people called me a loser just because they didn't like me." For other teens like Tammy, the labels she is assigned fit better with how she sees herself: "Everyone comes to me with their problems because I want to be a shrink when I grow up." This labelling process occurs so often and changes so rapidly that it was not uncommon for adolescents, who reported during a clinical session that they had been labelled in a given way, to have almost forgotten or changed their label by the time of the research interview.

Labels assigned by the community, however, tended to be more enduring. To Tommy's community he was a gang member and always would be: "Like if more than five people are standing together then they call it a gang." For Cathy, too, as long as she was a teenager, she would be seen just one way: "The neighbours never say anything when my parents are here. Then when they're gone and we're in the back yard they say "You fifteen year old punks, get out of here."" Sophie told a story of how her sister, Patricia, has been labelled a gang leader just for sitting on the steps of a grocery store which is trying to stop teens from loitering: "They took a picture of her for the newspaper. They called us slang and trash. They think we're no good. I don't know why they think that." When such unacceptable labels are the only ones available to a

teen, then the teen is more likely to believe and maintain the labels rather than challenge and discard them.

While the above discussion might imply passivity on the part of the participants in the labelling process, this was clearly not the case. The participants collectively and individually contribute to their own self-definition. If Margie could change from one who was called a "loser" to one who could call another a loser, then she would in the process become one of the "winners" in her peer group. As she explained: "The popular people are horrible to the losers. They don't give them any respect and that gives them control." Margie said she joined the group that was popular and fit in with its norms to change her situation from one of being disempowered by the group to gaining more power over others and her own self-definition. As previously mentioned, this exercise of power over another brings with it only temporary acceptance in a very limited number of spheres. While Margie's choice may be adaptive and bring her greater power temporarily, it is not a sign of increased resilience. It is simply the best option she can find to maintain control.

When a label, good or bad, is supported by people in more than one sphere, say for Allison at home, in the community and with her friends, the label is likely to endure. As Allison observed of her past behaviour, when in a group home with other teens: "We just picked up the label of delinquent and decided if they're going to call us that why not just show them." And so she and the other group home kids she hung around with became delinquents. However, maintaining a negative label diminishes a teen's well-being. As Allison said, drinking and being involved in other "delinquent" activities made

her feel worse. An opportunity for Allison to change came when she met Beth and Cora, her foster family, who participated in renaming Allison as inherently good.

Maintaining Labels

Maintaining labels once they are assigned or chosen was quite simple for the participants in this study. For them, the label became part of their life stories and, maintaining them, just another chapter in their narratives. As Mark explained, "I've always been the outcast, the scapegoat." He simply played his role until it became so self-destructive that other resources were made available to him to protect him from himself. While Mark wished to be seen differently, until he attempted suicide, he had found no other way to effectively re-author his personal story as "an abused child who got what he deserved."

Most often, the teens' peer groups were a resource to be relied upon to maintain a label. Though being part of a crowd was a double-edged sword. As Patricia explained, "If you're gonna be a leader you've got to be top in everything or else you feel like dirt. If you're in a race, you have to win." If by some chance Patricia lost, the penalty was not just a bruised ego. The strongest part of her identity might also be severely shaken because of a change in the way her friends would see her.

The teens talked about how oppressive these expectations to be consistently the same could be. Cathy felt pushed into fights because she was supposed to be a "tough" and "bitchy" leader. Allison felt her family expected her to be sad and that they were

jealous of the happiness she had found since joining her foster family. These expectations also extended to personal appearance. Each clique had a dress code and, dressing like one's peers, or choosing consciously to do one's own thing, demanded vigilance in order to maintain the label one sought, vis-a-vis family, friends and the community. For those teens who have little power in the social discourse and are stuck with their labels like Tammy, they will go to great lengths to fit in and be accepted. As Tammy said:

> Makeup is important to me. Clothes is important. I don't want to go around looking like crap. Like if you took off all the makeup off all the girls in my school our school would look like grade sixes. Like everyone except maybe the geeks wear makeup and even they wear some gloss . . . I just like myself better that way.

To belong demands attention to appearance and, unless one wants to lose all acceptance, then the expectation is to always appear a certain way.

Fitting in in this manner does not necessarily bring with it power from acceptance. While Tammy chooses to be stereotypically attractive to gain power with peers, Peter and Tanya found such expectations threatened their well-being because it denied them choice over how they want to be seen. No matter what one's choice of appearance, maintaining one's self-definition depends on how one approaches this issue.

Sometimes, in fact, maintaining a personal label means acting in direct opposition to others as a way of proclaiming one's personal identity. Take, for example, Tommy

and how he would do just about anything to sustain the fragile label of "tough", a label which was one of the few he could control:

> I want people to think I'm tough. Like every time I'm walking down the street if people stare at me I'll go up and ask them what they're looking at. And ask them if they've got a problem or something. It gets me angry when people are staring at me when I'm just walking down the street. Makes you wonder why they're looking. But they always say they ain't got a problem and walk away.

In a similar manner, but with a different end in mind, Peter challenges people to see him in a way that Peter wants to be seen. He purposefully shows his intellectual gifts and seeks out experiences which are atypical of other teens in the subsidized housing project in which he lives. Maintaining his identity, like Tommy, becomes a matter of constantly challenging the labels others want to place on him.

Interestingly, this same process was observable while conducting these interviews, especially with teens who were not previously known to me. I often felt, during interviews with teens such as Lorraine, that they were giving me a picture of themselves as only competent, mature and responsible. As a group, the seven teens I had not met before tended to be less likely to talk about their weaknesses or struggles in life, or admit their parents had any say over their lives. They tended to attribute much more control to themselves, especially during the first interview. As an adult, I too was to be convinced of how Lorraine and her fellow participants wanted to be seen. In many ways they had far more opportunities to maintain an identity because I knew them less well, and because I had little additional first hand information about them from their families

and friends. It was usually in the second interview, once I had reviewed their clinical files thoroughly, that the teens would talk more openly about how challenging it could be to maintain their self-images.

Challenging the Discourse

Jenkins (September, 1993) uses a technique based on the work of White (1988) to help families change the way they view their teenager. In order to help a child move from the label of "delinquent" to "responsible young person" Jenkins recommends purposefully leaving money around the home where theft has been a problem. When the child is counselled not to take the money the family's story about the child is challenged. In a similar way, the teens in this study are constantly engaged in efforts to control the labels that are placed on them. Jenkins' example shows a passive approach to recreating a label: the teen simply stops doing what he or she was doing before. The teens in this study employed both passive and active strategies to achieve this same end.

In order for teens to participate in a process of empowerment which leads to resilience and mental health, they must actively share in the power to control the dominant discourse which defines them. The teens are painfully aware of the many discourses that they participate in and often feel chronic discomfort when those discourses define them negatively. The goal then for the teens is to participate in a discourse with sufficient power to influence the label construction process. As Allison said: "I think everyone should be looked at and treated for who they are." Challenging

discourses is not only a challenge in opposition to others, it is also a realignment of power and a seeking of acceptance from others. To successfully challenge a dominant discourse requires the individual, and those who share a particular island with him or her, to work together to construct the most widely accepted identity possible.

The participants discussed at length how they challenge the labels their peers assign to them, while also relying on peers to help construct other more desirable labels available from their spartan environments. Peter, who quoted the old cliche "Sticks and stones may break my bones but names will never hurt me", lived by these words: "Even if people say bad things about you it didn't mean it was true." The names teens assign to each other are difficult to change but control of these labels is essential to healthy functioning. Tammy, who as a result of her experience of sexual abuse had become known as a "survivor" and was seen that way by all who knew her story, is finding that that label which, at one point, had been a healthy adaptation from the label of disempowered "victim", was now stuck to her: "That label survivor really pisses me off. I just don't like it." Challenging this discourse has meant her having to stand up to teens who call her a survivor and pester her with questions about the specific nature of the abuse. As she re-authors the story of her life with her peers, people have begun to change the way they see her.

Mark, who is now much prouder of who he is, despite his hospitalization, told me pointedly: "I can really be myself now. Because I don't really care so much what people think of me. If they like me great, if they don't then fuck 'em." Mark is able to challenge the dominant discourse which plagued his life, that kept his true identity

masked when out in public, because he has found a group of peers in the hospital who accepted him for who he truly is. Fortified with this experience, he is able to successfully challenge the way others see him. This experience in hospital might be looked at as having created, for Mark, a marginal discourse (Weedon, 1987) through his relationships with other patients. This type of discourse participation helps teens stand up for themselves and change self-definitions.

When verbal challenges are unable to change labels, then the teens sometimes use violence. Seen in this context, this violence becomes far more intelligible. When Margie was called a "slut" because she dated an older boy, she responded first with words and then with violence: "I beat up a lot of girls that said it to my face." For Tommy, using violence is the only personal resource he has to challenge how others see him. His walking up to people on the street who, he feels, look at him oddly and threatening them may bring him some feelings of control, but not the more health-enhancing experience of acceptance. Knowing this, the teens intuitively sought out other forms of direct action.

Melissa enroled in a vocational automotive program. No longer the below average kid from a dysfunctional family, she is able to show others competently, especially males, that she has some control of how the world should see her. Equally effective is Leslie's experience of long-term employment. Her peers had to admit she was both a responsible young woman and, as she put it, "Though my family doesn't have much money, I'm not a charity case."

Constructing an Alternative Self-definition

Once the dominant discourse is challenged, then the task ahead is to construct a new alternative discourse. An episode which occurred between Robert and his step-father, Martin, illustrates how an alternative discourse is constructed. In this case, Robert and Martin went out to do something together so that both could get to know the other and begin communicating better. The two decided that the most effective way to challenge Martin's view of his step-son as "nothing but a kid who doesn't deserve respect" was for them both to go to a bar and get drunk. Though I found this a strange solution, this time together gave them an opportunity to change their relationship from hierarchical to more egalitarian:

> MU: When you both went out and got drunk, what did it change?
>
> Robert: Well, I noticed we could relate to each other but I guess we were getting along better. We could communicate better. We could basically talk about anything. Usually if I tell him something he puts me down, but that changed. And I don't put him down usually either.

In other words, Robert had the opportunity to spend time with his step-father in a role that contributed to a different, more mature and adult-like identity. Robert himself was quite clear that he could see this new identity growing, though it should also be noted that, at times, he was hesitant to be an adult because of the responsibilities that definition brought. He explained: "I see myself as someone who is trying to prepare himself as an

adult, to be an adult. I guess I want to be an adult, but I want to enjoy my adolescence at the same time. Like I'm kind of mixed up between the two." The more Robert felt accepted in this new role, the more it helped him sustain a new identity.

There is a fine line between challenging the dominant discourse and creating an alternative one. One seems to lead implicitly to the other. Robert's defiance of Martin led to the opportunity to open up new patterns of relating which had an impact on the way Robert was viewed.

In order for these teens to move towards a state of well-being, they engaged themselves in an ongoing process of challenging the dominant discourses which defined them and substituted alternative self-definitions that reflected the best possible use of the mental health resources available. This pattern of substitution relied, as all discourses do, on the cooperation with others in the construction of different self-definitions. Berger and Luckmann (1966) have shown that social constructions entail social interaction. For new patterns to habitualize and reify into new structures, lengthy engagement between people is needed.

Alternative discourses have the greatest chance of strengthening when there is wide support for them from different people in different spheres of a teen's life. Laura-lee, who knew that playing the role of a "bad" kid had affected how she felt about herself, relied on her friend Sandy to help with creating a new identity. As Laura-lee explained, both girls want the same kind of change to occur in their lives and so naturally help each other:

> I was with my friend Sandy a lot. She's a really good friend. And she's changed a lot like I have. And we're just kind of guiding each other and making sure that neither of us goes back again to how we were. We're not trying to change the way we are now, but the way we were.

Just about anyone can play this supportive role, including mentors, teachers, friends and even parents. When these people are in short supply the teen can still rely on his or her own inner dialogue to create mythical allies in the fight for power and acceptance. This gives the individual the feeling he or she is fused with others in a larger, more global, understanding of his or her situation.

Tanya, who was forever having to cope with not being very popular, refused to let this convince her she was anything less than someone special. She understood that she had some power to decide in her own mind how she would be seen by the world, despite the hostility that world had for her. She related to me an episode in which she went to a high school dance, unashamed of who she was nor the fact that others did not label her attractive:

> I just walked in there and flaunted my power. I could ignore everyone there and just acted myself and had fun. I feel people who make you feel you have no power, have no power. And the people that have power don't show their power. Because the people who can withstand the popular people and their putdowns, often feel they have a lot of power. And those people who are putting you down may not have any power and are just making up for their lack of feelings about themselves.

Tanya imagines herself part of an oppressed group of unpopular teens and constructs a personal identity drawing strength from the belief that others support her.

Even when a teen is, by all appearances to adult observers, similar to his or her peers, there is often in the teen's mind a belief in an alternative discourse which defines him or her as unique. This can become a matter of minute detail, as when the teen is experiencing little power in his or her life and has few resources to challenge the dominant discourse to any great extent. Patricia is one such teen. Although a bossy and violent leader in her group, one would hardly expect her to deviate from its norms; but she is, in fact, proud of what she sees as very large differences between her and her peers:

> How I dress, everybody knows this about me, everybody in the city knows this about me, that I dress for me. Nobody else. Like one day, I'll be wearing Docs, then the next day I'll be wearing these (she points to high cut army boots). That's a big change! Like one day I'll wear nice prep clothes then the next I'll wear big huge jeans that fall off my butt. Like if I think a big long skirt is neat and if my friends don't like it I'll say don't look at it then.

Such differences help Patricia feel control over the discourse that defines her and her friends.

Two additional points need mentioning in regards to the construction of alternative discourses. First, they don't always succeed. Many of the teens related stories of how they had tried to be seen differently in a specific context but had been unable to change the label they wore. Mark had for years been telling his family, and the many therapists the family saw, that he was an abused child and that what the parents called discipline

and restraint was torture and abuse. Before he met the other teens on the psychiatric ward where he was placed, nobody had taken him seriously.

Second, an alternative discourse may be sphere specific and not transfer very well between islands. It was not uncommon for teens to be different inside their home from who they are outside. Melissa is loved by all her vocational training teachers, yet is still seen as a troublesome and difficult child at home. Teens, like Lorraine, who said they felt they were the same person inside and outside their homes, also tend to report better mental health. In fact, when asked about changes they had made previously, the teens remarked that the more their individual self-definitions permeated all spheres of their lives the greater was their feeling of well-being.

Up to this point, the discussion has focused on how individuals are empowered through their participation in a dominant discourse. This same process applies to groups who use their power collectively to exercise control over their group identity. While studies show that teen culture has changed little in the last fifty years (Bibby & Posterski, 1992), the teens in this study insist they are different from past generations. Being different makes them feel they have special strengths needed by teens to cope with the world of today. Allison told me: "Adults get me upset and mad 'cause they think well, "I used to do this as a teenager" but it's the nineties and it's changed. I know what I used to do, but what I used to do isn't what you used to do." Collectively, teens share their power in order to better enable them to resist the labels placed on them as a group.

Even between competing peer groups this same collective use of power is in evidence. Cathy told me about her group of friends, ironically referred to as the "Alternatives":

> It's not just wearing black that's important. It's that most of us wear outfits like this or long skirts. I think you are still your own person and you follow your own trends but the trend is not against what everyone else is into. And that's what I kind of like . . . but like the Alternatives are a lot less popular than like the Hommies. Like there's a lot more teenage functions for the Hommies than for the Alternatives. It seems like discrimination for who you are and what you want to be. I guess it's because the Alternatives are really violent the way we dance (she laughs).

Being an Alternative establishes Cathy as somehow different from others, but she shares that definition with teens like her. This participation in the group strengthens each member's self-definition. When she dances or dresses oddly she at least knows she is in good company.

The power teens derive from participating, with other teens, in an alternative or dominant discourse is key to their motivation to seek out social milieus inhabited with like-minded peers. Being part of the Alternatives helps Cathy assert her identity through the power of group participation. Being part of the Alternatives also gives her an opportunity to exploit the resources required to develop competence in the social skills necessary for discourse participation and the maintenance of mental health. She explains:

It's kind of fun to see the expressions the cafe kids have on their faces when we come to school in these long black dresses. And they are like when I was walking down the hall wearing this long black dress and this guy said "Oh my God is that a witch?" I started laughing because it kind of feels good to be noticed but sometimes not in that way. I think if you're an Alternative it's a much smaller group basically than the Hommies. Then you're more noticed. If you're a Hommie then you're not noticed. You're just another person in baggy pants and a long jacket. But if you dress like we do then when you walk down the hall then people go, yup, there's Cathy . . . I have my friends and they all know what I'm like. Basically if someone doesn't like me that's okay but if someone wants to get to know me they'll have to get to know me to be one of my friends. So I don't really care what other people think. Well I do but not that much.

With her parents, Cathy uses what she has learned about control of labels from being an Alternative to carve out a new role for herself at home as an adult. She plays the mature one in her family. She takes on a role of therapist with her parents, in the process changing herself from the scapegoat for the family's problems to the one who is actively solving them. She was the catalyst for the family entering therapy, and she is the one who prompts her parents to sit down and talk more:

When my mom and dad and I got into a fight and I was what started the fight but I wasn't the initial problem. I said it was between them two and not me at all,

and I gave them things they might want to do to help each other understand each other's feelings.

This role as homegrown therapist is a very powerful one and sets Cathy apart from her parents, making her appear healthy by comparison to them.

Too often these teens were made to feel that any power they exercised was power at the expense of others. They were told to be good, to be quiet, to not be themselves. These attitudes fail to recognize a deeper desire by the teens to establish equitable and fair relationships. For example, while Cathy admitted to flicking a cigarette into her father's face, this highly provocative act was an attempt to establish equality within an abusive relationship, not to dominate her father. Cathy explains: "I kind of felt I had to do it, to kind of justify myself, to kind of say, "You were wrong and I was right. I wasn't right by doing this but you shouldn't have done that." Kind of "You hurt me and I'll hurt you back."" While I find it hard to see much justification for meeting violence with violence, I am left wondering what other recourse Cathy had to gain more power in her family at that time. Incidently, this was the precipitating act of aggression which brought the family into therapy and gave the parents an opportunity to deal more openly with their own problems.

Fundamental to the participants' abilities to maintain a degree of resilience was their drift towards experiences such as the type Cathy described which bring feelings of shared power and acceptance. These experiences of power are the direct result of the creation and maintenance of sustainable labels over which the teens felt they have some say. Seen this way, asserting oneself, withstanding putdowns, and other actions which

maintain personal integrity are all better understood as part of the process of participation in the social discourse. No single behaviour can be judged as good or bad without an appreciation for the context in which it occurs. Even something as ugly as flicking a lit cigarette at one's father, may, like suicide attempts, running away, vandalism and violence, be the only resources available to a teen to feel in control of his or her life. Many of the teens reported feeling that their actions were condemned when those actions inconvenienced or threatened the power of adults. The teens were told time and again to stand up to peer pressure, but when they stood up and rebelled against pressures from adults they were told they were wrong. For example, both Laura-lee and Tammy were told not to smoke by their mothers who smoked, and were told they were being disrespectful when they questioned their parents' hypocrisy. While the teens were told they were wrong to question their parents, they were expected to question their peers. When understood within the context of power relations, such shows of disrespect reflect a desire by the teens to participate more equitably in the discourse which constructs notions of good and bad behaviour. The teens' actions are an indication of health seeking behaviours, not destructive or disrespectful attacks on others.

In a similar way, John's interaction with his mother exhibits all the elements of a battle for control of the boy's label. What might sound like disrespect is merely John attempting to find what little power he can in a very dangerous and disempowering home: "[My mom] thinks I'm a bad kid. She uses other words but I can't use it right now. I don't really care. Like she's not any better than I am, at least the way I think anyways." Because therapists, teachers, and other adults tend to hear the voices of adults

over those of teens, teenagers like John sometimes find themselves in therapy when it perhaps should be their parents. When working with John, whose mother Pat had explicitly said to me "fix him", it became clear that John's resilience was exactly what was exacerbating his mother. John no longer submitted to her violent attacks and now either ran away or said back to her the same "foul-mouthed" things she said to him. Evidently, Pat reported less and less control of the boy and that his lack of respect was *his* problem.

Two examples may help to clarify further the exact manner in which teens within a particular sphere participate in the construction of a label which suits. Amongst her closest and most important friends, Melissa told me she and they feel free to talk openly, challenging each other and negotiating how each will be seen by the group without intentionally putting each other down:

> I'm my own unique person and nobody is like me and nobody will ever be just like me. I don't like it when people are the same. People should have their own identity and know who they are. If you believe what everyone else thinks you're gonna look really down on yourself. You shouldn't believe what other people say 'cause they just say it to put other people down. That's all it's for. Nobody sees me as something that I'm not. Like somebody could call you a slut and you're not at all like that. Like people are like that in my school. I've been called a slut, but I'm definitely not a slut. They just say those things 'cause they've got nothing better to say . . . I'd just rather get along with people and have nobody be gooder than another person cause that's not right . . . That feels good, 'cause

then you know they don't feel anything different than what you feel about you and they don't feel higher than anyone else.

MU: Is it important you find other people who think like you?

Melissa: Yeah, cause then you know if you say something they're not gonna find it offensive. I tell my friends what I like about how they act and they tell me the same thing. But they don't take it as criticizing. It's better that way. They're just trying to help you, they're not trying to put you down for who you are . . . I just stay with my friends who like me and believe in the way I do things and don't believe in what everyone else says. I usually ignore when other people try to change me 'cause I like the way I am now.

Negotiating how they are seen in such an open manner is a collective experience for Melissa and her friends. It provides them with a feeling of power that does not come at the expense of another's influence and control.

Similarly, but in a different sphere, Mark talked about how he and the other patients on his ward saw themselves as united against those with power over them:

> I didn't like the program. I liked some of the people. Some of the nurses were okay. But they were like totally on a powertrip. And like the way I was put in there totally took away my power and self-esteem. It was like they had their nurses station and nobody could go in there. And there was always the fear of getting a stationary day, and shit like that, and they had seclusion rooms and quiet

> rooms. They had all these power items. But we still didn't care. They did have their patients' rights advocate so if they put us in restraints without cause we could sue them. But nobody ever did. And they completely changed things we said. But we always stuck up for each other.

Here again, like Melissa and her friends, is a group which tries to construct self-definitions which are powerful and healthy. That the group may be labelled by the staff of the hospital as rebellious or troublemakers, leads back to the previous point: that understanding the nature of the power teens experience during discourse participation helps explain why sometimes they appear to chose to act in ways that frustrate adults.

Capillary Power and Challenges to the Discourse

The participants valued most experiences which shared power with others rather than experiences which brought power at another's expense. Toleration of others and mutuality in relationships are seen by the teens as indications of their maturity, and therefore result in feelings of well-being.

Like many of the teens, Peter expressed the belief "that everyone is special for being who they are." In practice this means striving to construct an identity which gains an individual acceptance for who he or she perceives himself or herself to be, without denying this same power to others. Attitudes such as this reflect a view of power as capillary (Foucault, 1982), residing within the domain of individuals and groups.

What then can be understood of statements such as those made by Cathy in regards to her social group: "I think everybody thinks they are better than everyone else. That their group is best." Does she believe the Alternatives are, in fact, better than other teens? When asked about comments like these, the teens showed themselves to be far more tolerant and less disempowering than one might have expected. For Cathy, belonging to an eccentric group like the Alternatives, carves out an alternate discourse and brings her a degree of individuality through her attachment to that group. It bolsters her fragile ability to define herself as different. She did not mean that everyone should become an Alternative. On the contrary, she appreciated the fact that there were teens who saw her as different from them. The group has as its function the task of contributing to an alternative discourse and self-definition which is health promoting. Participation helps construct one's identity, but not at the expense of another's. If the group appeared to the teen to be the best group, then why not drift towards them and adopt their identity so that others outside the group might see you as unique, even though you share your uniqueness with fellow group members. For less healthy teens like Tommy, the groups they drifted to tended to be less tolerant of others. Teens outside these groups believed that those in the groups were more uncertain about their identity. I was told the "bullies" use their violence, the only resource they have, to convince other teens the "bullies" have any power at all. Tommy admitted that expressing his power through violent confrontations was a reflection of his uncontrollable anger which threatened his self-esteem. Being in control of emotions was an important aspect of mental health, even for Tommy.

Time and again there were examples of teens who were trying to exercise their individual and collective power in a way which did not diminish another's self-respect. The participants all recognized that "being nice" brought with it rewards. For example, Robert talked about how he does not like to insult his step-father for he suffers a diminished sense of self-worth when he does:

> I don't put him down usually. It's not intentional when I put him down. I'm just not thinking about his feelings. Sometimes it feels good because I'm mad. But sometimes I feel bad about it and come out after and try to make it up to him by asking him like "How was your ball game?"

Other teens talked about feeling the same way. Tanya said "I don't like control" while Melissa admitted being nice means you don't have "as many problems for yourself." Sharing their power means participating in a social discourse which tolerates the rights of others to also participate equally without compromising an individual's personal integrity or power.

Summary

This chapter has examined the nature of the teens' discourse participation. Understanding the teens' actions as attempts to acquire, maintain and challenge the dominant discourses, which construct the labels teens receive, adds a degree of intelligibility to the behaviour of the participants. The choices teens make are simply the best they can, given the resources they have. Violence and cooperation, delinquency and

social activism, fitting in or challenging group norms, are all attempts to maximize acceptance and the power which comes with greater control over one's choice of label. This chapter also showed that the nature of the power the teens want to experience is capillary. They reported the greatest mental health benefits when their participation in label construction did not diminish another's power in the social discourse. Sharing power brings with it wider acceptance of one's self-definition.

Up to this point, the discussion has focused on the process of empowerment which occurs on individual islands in which the teens find themselves. The final chapter in this section will look at the way teens move between islands in order to gain power.

Chapter Eleven

Drifting between Discourses

Often teens are unable to successfully challenge the dominant discourses on the islands inhabited by their peers, families, and community members. When teens find themselves in the untenable situation of being unable to challenge how those relationships construct the teen's self-definition, or to construct an alternate one, given the resources at hand, then it is likely that the teenager will seek out another island. There, he or she may experience more competence and control and construct a different label. One must remember that the teens described archipelagos, not single land mass continents. This chapter will examine some of the ways in which teens accomplish this drift between discourses. Principles of randomness, the role of friends and personal talents, the transfer of skills between islands, mentors and formal therapeutic relationships are all recognizable as components of the empowerment process when teens drift between islands searching for powerful self-definitions. Of course, this drift is limited by structural inequalities such as poverty, violence, prejudice and class bias which make it difficult for these teenagers to locate and participate in the discourses they seek.

This shift, from negotiating a self-definition within the limited number of relationships available on a particular island, to changing islands in order to find the resources necessary to construct a new label, is akin to the difference between first order and second order change (Watzlawick, Weakland & Fisch, 1974). Setting sail for another island brings with it the possibility of changing one's ideology and the nature of

one's social discourse. Once established on a new island, one might again ignore the process of change which brought one there. One descends into the nitty-gritty of challenging the discourse which presents itself, employing the strategies discussed in the previous chapter. Those teens who attempted both first and second order change tended to report greater satisfaction with their participation in the construction of a self-definition from which they could nurture mental health.

Empowerment and Drift

The actual empowerment process which functions protectively can be explained as a purposeful or accidental drift towards the random resources and events which occur in the life of a teenager. When a teen encounters an event or a group of people he or she will have an empowering or disempowering experience. He or she brings to each of these encounters resources of power from other events in his or her life. This pattern of drift continues over time, with the process of empowerment repeating itself in an endless spiral of action and reflection, providing much needed protection from the risks children face. It is this praxis, with its multiplicity of different actors, and relying on experiences of control and competence, which has a profound impact on a teenager's self-definition.

While I have used the metaphor of drift, its usage here differs slightly from that of Matza (1964) who first used the term in relation to youth in his discussion of "drift into delinquency." Like Matza, the work here recognizes a subterranean subculture of

youth who depend on the broader culture to react to them in order to define themselves. However, the use of the concept of drift towards this youth subculture need not imply that youth do not also drift towards aspects of the dominant culture as well. The work here makes no judgements that drift must necessarily be down, with its implied notion of something less than adequate, or dark and evil. Instead, in the theory of drift posed here, the child is drifting with only one goal in mind, to drift towards the power of acceptance which is manifested through participatory competence in the social discourse. When there is a dominant culture that tolerates a unique identity, then the teens will drift towards that culture's values (just as Beth found acceptance both at church and through her social activism, two different groups of people who tolerated her eccentricities). When there is no such tolerance, the teens may drift towards subterranean (though I doubt the teens always see their choices as such) cultures with values different from those in which they are not accepted (as Tommy did when he was placed in detention over and over again).

This drift need not be negative (Hagan, 1991). When a youngster has a limited number of choices to gain social power and acceptance, the trajectory of delinquency or other socially unacceptable behaviour may be a better choice than suicide, hopelessness or anomie. Drift, as argued here, is about power seeking. Teens only drift to where they feel they can improve their lives.

A Change in Geography

Radically shifting one's geography had the potential of bringing with it a complete change of identity. When this new identity is carried back to islands previously inhabited by parents, peers and teachers, systemic changes could occur for the young person. For example, the chance move of parents to another city, or moving up a grade and into high school, are events over which the teens have little control but which put them in a new context with new rules. Cathy explained: "When I got to my new school everyone is their own person. You can dress your own way. There are big crowds but there are many individual people. I like it here better because there are no restrictions on what you wear." This is considered by Cathy to be a substantial change and allows her to construct a more individual identity through the clothes she wears.

Cathy's change of school is just one example of a drift which occurred between labels. Two different patterns to this drift were observable in this study. The drift could occur either accidentally, as when a family moves and the child happens upon some new resource, or purposefully, as when a child decides he or she wants to change schools and does so. Of course both accidental and purposeful drift is circumscribed by the level of social justice a teen experiences. The degree of social justice determines what is available for "random" contact. In other words, the principle of randomness, as used here, only applies to the resources reasonably available given the world the teens live in.

Many studies have tried to predict with certainty the exact constellation of factors which foster resilience (Murphy & Moriarty, 1976; Pilling, 1990; Werner & Smith,

1982). In this small study, with a relatively homogenous sample of teens, the extraordinary diversity of events in their lives leads me to conclude that such correlational hypotheses are misguided. It is not specific events or factors such as parents, neighbourhoods, therapy, school, or mentors which predict movement from a state of vulnerability to resilience. While any one or a whole host of factors might become randomly available to a teen, it is the process outlined above of how those resources are used to share power in the dominant discourse which will have a bearing on mental health. The process is far more important than the specific actors and resources involved. It is the process by which the teenager nurtures a positive self-image from a chance encounter, as Tommy did in jail, or purposefully seeks out an alternate identity, as Allison did when she befriended Beth, that is all important to at-risk teens. Both the process of drifting towards these resources and the negotiation process in relationships with others once landed upon a particular island, form two cohesive parts to an overall process of empowerment.

Randomness

The randomness of events became a key factor in understanding how it is that some teens survive better than others. Even with the social skills needed to construct an identity within a dominant discourse, the process of empowerment relies upon the teens having access to opportunities for growth. It is for this reason that it became impossible to categorize these teens as vulnerable or resilient. Even the teens who appeared most

vulnerable, like Tommy, are arguably resilient, given the dearth of mental health resources available to them and their successful exploitation of the resources they do have. It became far more credible seeing each teen as doing the best he or she could, rather than labelling them as more or less successful at surviving.

Just attending high school meant, for many of these teens, "a wider selection of people to be with" as Peter said, and, therefore, a greater number of possible groups with which to find an identity. Boyfriends, other adults besides one's parents, community groups, and events like one episode of shoplifting, a course that one shows talent in, or even a school trip, all randomly occur in a child's life and may or may not become important to a child's identity. Events, good or bad, in and of themselves, did not "predict" resilience. In fact, out of adversity may come opportunity. Being raised by a neglectful and alcoholic mother gave Sophie the chance to take on the role of a parentified child and family mediator. Melissa's failure at academic courses, combined with a curiosity to fix cars, led her into a very successful redefinition of herself as a mechanic, an identity that is pivotal to her maintaining well-being in many spheres of her life.

A therapist who attended one of the focus groups thought this curiosity to experience new things is the motivating factor which explains why teens seek out new experiences in the first place. Whether true or not, the result of this sail through the waters of chance, to speak poetically of the young person's voyage, brought with it the potential for growth and well-being, no matter what the destination.

Accidental Drift

Teens seemed to experience accidental landings on different islands more often than purposeful ones. Some of these accidental moments helped to construct labels which the teens seized on and nurtured. At other times, the experience on a specific island was rejected, the boat reboarded and set adrift yet again. Several examples may help clarify this aspect of the process of empowerment.

As already indicated, two teens in the study had been born with disabilities. For both Jason and Hugh, this event brought with it the potential for a whole host of self-definitions. How they cope with the various labels given them by people who see them as disabled is a key component of the strategies they use to maintain their mental health. For Jason, denial and a deep desire to prove that he could do anything anyone else could has meant being defensive and angry in his relationships with others. On the island where he is labelled "disabled" he is ever vigilant to challenge this definition:

> I just try to hide [my disability] as much as possible. People have only just now found out at school. I cope with it by just doing whatever anyone else does. I was born that way . . . Like everyone can do something better than someone else . . . It's not really a disability. It's just different.

He pays a price for his disability. He is angry at times and admits to sometimes feeling cheated by life. That anger has a deleterious effect on his mental health, making him appear to be a problem child who people feel is disturbed as well as disabled. What is less visible to those around him is his attempt to find some degree of resilience, given

his situation. Not surprisingly, Jason refuses to meet with social workers, or other helping professionals, to talk about his adaptation to his disability. It seems that would in some way diminish his power, and would make him give in to their definition of him as a troubled child unable to cope with his disability. Jason is stuck with this label of the troubled teen, unable to get professionals out of his life. Displaying his anger, the one tactic he uses to challenge the way he is seen, merely reinforces the system's view of him.

Other teens also found themselves in positions of having to negotiate labels in situations they happen to find themselves because of the ever shifting winds and currents of life. Lorraine's mother returned to school when Lorraine was 13 and suddenly the little girl had to grow up and become an adult, caring for her younger sister, making dinners and being responsible. It was fine until the sexual abuse by the mother's boyfriend, another tragic random event, left Lorraine resenting her mother. But it was too late for Lorraine to go back to being the child. She now saw herself as an adult and decided to exercise that self-definition and the power it brought her. Angry with her mother, she became more and more confrontational, refusing to obey house rules.

Purposeful Drift

So far, I have only suggested that teens exercise their power, on each island they chance upon, through challenges to the dominant discourse. Even more important for sustaining resilience, however, is the teens' ability to purposefully drift to labels of their

choosing. These labels would occur randomly in their environment, with the teens choosing to spend more time on a specific island, or going off to investigate what might only be a faint glimmer of hopeful light on the ocean's horizon. Mired in poverty and family problems, these glimmers of hope were sometimes out of reach for the participants, or depended on extraordinary talent or good fortune to reach.

Drifting purposefully does not necessarily mean that parents, teachers or others are going to like the choices teens make. The teens' choices of where to drift are attempts to maximize their acceptance without compromising feelings of competence or control. Paradoxically, teens may seek out situations which threaten the trust and acceptance they experience in some spheres in order to establish a more genuine identity, one that is not a mask upon the individual teen's unique self-perception.

Finding a more substantial acceptance, one which is not threatening to a teen's mental health, often means a teenager purposefully drifts away from islands he or she has inhabited for a long time. There were many teens in the study who told stories of their enchanted latency years during which they were good students and very likeable, meeting all their parent's expectations of them. Drifting occurred when these labels became too constricting. The teens' drift may be seen as experiments to seek out experiences which are perceived as growth enhancing and fun. The experiences which construct new labels are almost always chosen, in some measure, because they are exciting or otherwise positive for the teenager to participate in. For some of the teens, these new labels brought with them more "excitement;" for others it was feelings of "success;" and for still others new labels and the process of experiencing them made them feel "safe." The

teens mentioned many different labels that they drift towards. While the process was similar and its outcome synonymous with how the teens collectively define mental health, the specific choices of labels were diverse. A few examples might help explain this further.

Allison found Beth and Cora and, in so doing, discovered a foster home and a friend that completely reconstructed who Allison is. As she noted about her new home, "Here people care about me." Being accepted and knowing that it is her choice to have this family experience, Allison is strengthened to the point where she can maintain an identity without feeling threatened when others challenge it. She gave an example: "We don't eat meat and our friends don't make fun of us because of that. Like before if you did something like that you'd be considered a nerd." She admits elsewhere in the interview that she is seen as a little strange, but copes well with these challenges in concert with her foster family.

Seeking out, and identifying with, a professional title was also common for many teens. "Architect", "therapist", "mechanic", "lawyer" or "artist" are all labels the teens drift towards. For example, Margie's ability in art, which was seldom noticed at home, helped secure for her a positive label amongst peers and teachers. She liked having people define her as an artist in the making: "All the teachers at that school like me, especially the art teachers because I was the best art student. When I'm 16 I'm gonna move out to Toronto and go to art school." One will recall that this self-definition which was pursued largely through Margie's own initiative and careful navigation was a source of great self-esteem for her.

Boyfriends and girlfriends also play a role in the search for the labels one wants. For Laura-lee, acting older and going out with a boy several years her senior is one way she can counter the devastating effects of her abusive and alcoholic home life. Being with an older crowd, and sexually active, frustrates her mother and the authorities monitoring Laura-lee's situation. With few other opportunities for power, this choice of sexual and emotionally supportive partner proved to be both accessible and healthier than acceptance of the label of the abused and hopeless child.

It should be remembered that for these teens even a label like "bad" could be good if it brought them more power in the discourse which defined them. It should, however, be stressed that this choice was usually a final attempt to gain power when there were no other opportunities to be defined positively. Laura-lee talked about how choosing to move to her father's was an attempt to escape a bad label which she was constructing at her mother's. But when she got to her dad's he only reinforced what her mother already believed about Laura-lee and she was once again trapped. This pattern of drifting purposefully towards the absent parent was often used by teens in single parent families.

Several teens noted that constructing a bad label could bring with it more attention from significant others, but that maintaining such labels had a price. Patricia explains:

> I read my predisposition report and it said how I assaulted a person and all that. And I look at somebody else and think that person's cool but deep inside I know that person's a retard because they're just messing up their life. Like I look down on myself for all this.

Being a "streetwise" leader and a "juvenile delinquent" may be the best Patricia can do at the moment, but negative labels such as these affect her mental well-being precisely because the labels say that she has not been bright enough to find other opportunities for successful empowerment.

Another way to see these choices is as temporary adaptations. Often the choice of label fits with the context of the child's life at a particular point in time. Mark's mask comes to mind:

> I didn't want to act at school the way I acted at home because I would definitely be rejected then. It was like a mask, but it's like a mask to cover up the scar. You still have the scar you know? I wasn't happy at school but I just acted like I did to fit in so people wouldn't know how I was really feeling. I hated myself . . . completely . . . Nothing else seemed to work. So I gave up all hope. Till I wound up in [the hospital].

With teens it is important to acknowledge that time and the physiological changes that come with growth open up new opportunities and make available the personal resources necessary for greater participation in a dominant discourse.

Finally, drifting between labels purposefully means the adolescents are much better equipped to transform labels on islands they had previously occupied. The islands scattered throughout the ocean each teen is adrift upon are interconnected, and the adolescent who travels back and forth between islands will inevitably cause changes in the environment of all islands. Like a plant that invades a new territory, so too do ideologies experienced on one island come to take root when carried onto other islands

with different discourses. The result is a more effective challenge to the hegemony of particular groups of people. When successful in the transplanting of ideas, the teen is rewarded with a broadened self-definition and the mental health to defend it.

Take, for example, Allison's move between her home, her first few foster homes and finally Cora and Beth's. Listening to Allison recount her story, it seems that before this latest placement she was told she was an abused child, an outcast, a failure and worthy of nothing more than being placed with others like her in group homes. Contrast these constructions with the new vocabulary that she has been introduced to while at Cora's. Suddenly she has become a victim and a survivor, just as Cora was herself a victim and survivor. Allison found she is competent when shown how to do things. She is not to blame for her situation, and around her there are people who believe in her potential. By adopting these images of herself, Allison finds she is far more resilient when she goes back to her natural mother's, and when she fights to have her former foster parents charged with abuse. Experiencing herself and her environment differently, and having a language to describe these experiences, gives her a new self-definition that she is able to carry with her when she moves on and off different islands. Allison says those old labels still feel stuck to her at times, but she is far more resistant to what they say about her and more likely to reject them. Significant to her recent personal growth has been Allison's ability to choose to drift where she wants.

Skills Transfer

Drifting between islands gives the teens opportunities to learn skills which they can carry with them in their travels. Experiences on one island have a way of enhancing competencies which are transferable to other areas of a teenager's life. These transferable skills maintain a teen's power through his or her effective participation in the social discourses encountered in different spheres. At times these skills are difficult to see, until it is understood the participants are doing the best they can with the resources they have at hand. Seen this way, it becomes much easier to observe how skills, learned in harsher environments, can become expressed positively in less dangerous spheres of interaction. For example, Patricia is bossy around her peers but turns this quality into a positive characteristic when she encounters a teacher who cares about her:

> I don't usually want to fight actually. I never ever when I was playing sports got into a fight. But people are always talking, like they go "Patricia, you're so tough" and they want to fight. Actually sometimes I stand up and tell my class to shut up. Like sometimes when everyone is fooling around and the teacher can't do anything, I say "Shut up or I'll beat you in the head" . . . This year I get along with all my teachers.

This strange incongruity between the setting and the type of action employed was common in the participants' descriptions of their lives. While Patricia's way of being assertive in her classroom may be a bit odd to someone used to more gentle means of

persuasion, the significance of the transfer of her leadership skills into that setting cannot be overlooked.

David owes a great deal of his success to his ability to transfer skills from one arena to another. Doing so, he is more competent at challenging labels which might otherwise threaten his mental health. While hanging around with older youth, David has had to learn flexibility in social relations or risk being rejected by that group. Once again, it would be easy to see the following example as David giving in to peer pressure. However, viewing David in more than one context reveals a pattern of cross-fertilization of skills which gives him his strength. He began: "If I'm hanging around with my older friends it takes some skill to know what to say and what not to say. I learned it by dealing with myself and my friends." In a later interview David went on to explain:

> Like when I talk to them I can't say hardly anything wrong or else, because, like they won't beat me up. But talking to them makes it easier for me to talk to my friends [my own age]. Talking with them I realize how far I can go. Being with my older friends helps a bit with adults, but I don't like to talk to adults very much.

Moving between islands and being accepted in different spheres can be greatly facilitated when communication skills are transferred.

When I discussed with the teens where they had learned to deal with adults, they would talk about different experiences with older teens, teachers, friends of their parents, and other community contacts. There was a certain pride, similar to that expressed by David, in being able to negotiate a place for themselves in these different spheres.

Random events in teens' lives provided them with many opportunities to move back and forth between islands, to try on new self-definitions and to experience new competencies. David talked about how the skills learned at work have become useful at school:

> Like in school now, in my gym class, in my horticulture class, I'm very disciplinary. I like getting my job done so I can have some free time and fool around afterwards. A lot of time in gym class I'll just sit there and like if we have to do stretches and someone's disrupting it I'll tell them to shut up 'cause I want to get the class under way.

Successfully moving back and forth between labels helps teens like David feel in control of how they are perceived by others. Though the examples above show that skill transfer can occur between any two spheres, the most common pattern was for skills to be passed from the home to the community.

Beth's ability to construct with her family an image of herself as a kind and loving individual is carried with her when she goes out into the world. Not only can she evoke praise from her mother, Beth is also able to have her friends see her in the same way. She told me they tell her, "Beth you love the world." Carrying from one discourse to another such a strong self-definition, Beth exhibits her personal empowerment which has been foundational to her resilience.

Similarly, but in the reverse direction, the responsibility which Leslie experiences outside her home has left her convinced that, despite problems at home, she is still a responsible person. As already discussed, Leslie had been employed for two years at a

fast food outlet in a local shopping mall. The sense of responsibility she receives from her work is key to her maintaining her mental health. Armed with this view of herself, she is much better equipped to challenge her mother's exploitation of her sense of responsibility. She can become the irresponsible child at home without feeling her self-esteem threatened. To have only seen, clinically, the irresponsible child would have been to miss the opportunity to focus on Leslie's incredible strength elsewhere in her life. Once Leslie's mother let her have some say over how responsible she would be at home, Leslie reintroduced this self-definition into her home. Through all this, Leslie's self-esteem has been maintained. She was proud of her irresponsible behaviour at home because it functioned to gain her some control over how she would be seen by her family. She knew from her experience outside the home that she was still a responsible young person, no matter what her family thought about her.

Mentors

Mentors join the teens on their metaphoric journeys. Through the mentor's faith in a teen, the teen receives help navigating to other more healthy islands. The teens defined a mentor as "somebody I look up to", a special individual who appears to stand with the teens on different islands and bolster their power in the discourse that defines them.

One therapist in the focus group at a local children's mental health facility noted that we are all potential mentors for each other's children. While parents might restrain

their children, trying to keep them on one particular island where the parents feel most comfortable, mentors open up new possibilities for travel. Bumping into these people, sailing with them for a while, and exploring new islands with the mentor as the guide, are all important steps in constructing new labels.

The mentor relationship is characterized by mutual respect. The relationship helps a teenager confront the dominant discourse's messages about him or her. For the mentoring relationship to help, it must function in some way in opposition to what others believe about the teenager or that the teenager believes about himself or herself. When John told me about his relationship with his mother's friend, Andrea, and her family, he said: "I think they like me." She may be the first adult who is sufficiently present in John's life to challenge the way his mother sees him.

A mentor's status can change over time. Robert thought he had a mentor in his friend's father. However, when this father began to tell Robert that he was hanging around with bad kids and that Robert should change, the relationship became just another part of the dominant and oppressive discourse in Robert's life. The mentor is a symbol to which the child migrates, or an extra set of arms to help the youth steer his or her craft to where he or she wants to go. The mentor is not the helmsman deciding the child's direction of growth. When the mentor mistakes his or her role for the one in charge, then the child must necessarily move away from the relationship or risk losing power.

For teens who knew somebody they looked up to, the experience had a dramatic effect on their mental well-being. Through the relationship new skills were found, new

self-definitions worked on and possibilities opened up for growth. In other words, for these children growing up in very difficult situations, the mentor is an exceptionally vital resource. As Allison observed of her relationship with her foster mother Cora, whom Allison considers a mentor:

> I used to be put down a lot and it makes me feel a lot, like Cora always tells me when I did a good job, and I think that gives me a lot more stuff, more power that there is someone to stick up for me. I'm so used to people telling this or that looks like crap. And when people tell me I'm doing good, I feel so good inside.

Mentors can come from any sphere of a child's life as long as they meet the criteria of mutual respect.

Margie's mentor is her older boyfriend, as it is for Laura-lee. For David, it is an older teenage girl that he is attracted to, but who is just a friend. Teachers can be mentors as well. And so can parents, when their relationships with their children are characterized by interactions typical of mentors. Take, for example, Christopher's delight at having his father back in his life. He has a Big Brother and, though that relationship is helpful, it is still only a poor substitute for the resources a father brings. Christopher explains:

> My Big Brother John is very important. It's been about two years and we get along very well (He talks about all the special and unique things John collects) . . .
>
> MU: Are there people who have been mentors in your life?

Christopher: Up 'till a couple of years ago I didn't really have anyone like that. At one point I didn't see my dad from Easter until Labour Day. When I met John he sort of became that kind of person for me. And then a year ago when I got back together with my dad we had a lot of catching up to do and we sort of talked for a long time. And I guess you could say he sort of turned into my mentor.

MU: What has that meant to you?

Christopher: Getting my dad back? A whole lot. It's meant the world to me having a dad in my life. It's nice to have someone to talk to. At one point John turned out to be the closest thing to having a father, but it's great to have my dad back. He points out things about me that I don't really notice and we get along quite well. He helps me with certain things like school, like some guy is bugging me and wants to punch the daylights out of me, I go and talk to my dad and ask what I should do about this. So it's nice to have someone to talk to about stuff like that.

The mentor functions to help the teen change his or her self-image in a way that the teen chooses. This function differs from that of the parent who tries to change the child to fit a label already constructed for him or her. When seen from the perspective of power, the mentor becomes another aspect of the child's ability to participate in the process of personal and social empowerment.

Formal Therapeutic Interventions

Like mentors, interventions by mental health professionals have an impact on the process of empowerment. Contact with a helping professional can be an opportunity to enhance personal talents, construct new labels, or gain support as a teen guides his or her boat to new shores.

It is somewhat paradoxical that teens, who are the most stuck and unable to drift to new and more positive self-definitions, are also the teens least likely to take advantage of the opportunity counselling presents to challenge long established labels. Counselling, like any other random contact, acts as a vehicle to help teens redefine themselves by enhancing their power in the social discourse. Before this enhancement can occur, though, several barriers have to be surmounted.

First, there are the negative labels assigned to teens by society when the teens reveal they are in counselling. Tanya's dad thought she must be "crazy" if she needed help from a "shrink." Margie felt counselling merely reinforced her parents' perception of her as "rebellious" because it is seen by them as a way of getting Margie to behave.

Take, for example, Patricia's reaction to her counselling sessions:

> I never liked it. [My therapist] is a nice guy but I don't like counselling, not at all. It doesn't do anything for you. I never wanted to go, I always said no. It used to be really embarrassing. Like my friends would think I'm crazy or something. I don't know if that's what they thought but that's how I felt.

Patricia was one of the teens most stuck in her label of "bully." Not surprisingly, the fragility of her self-definition becomes apparent in her reaction to therapy. Any hint that she needs help might lose her respect from her limited group of peers. Going to therapy means she could lose control of her label, even though she was stuck with a label of limited usefulness.

Resisting therapy becomes for some of the more vulnerable teens a way of exercising a little power over their label. They are not intentionally trying to forgo experiences which might make them feel better. Resisting counselling is a reflection of their powerlessness in the social discourse and their struggle to maintain power at any cost. Systems oriented therapists see resistance similarly, as a way the client maintains health (Anderson & Stewart, 1983). For these therapists, refusal to come to therapy, or participate fully, is an indication that the therapist has not found a way to match the client's world view and is therefore unable to join with the client to promote change (de Shazar, 1982). From the client's point of view, resistance is a strategy employed to communicate to the therapist that he or she has failed to respond to the client in a way the client needs. One must remember that coming to counselling brings with it the risk of being called "crazy," or of being labelled as the one whose behaviour is singled out as the cause of family problems. The child is left wondering why else he or she would be seen by a therapist if the family problems were not his or her fault? As Patricia said, the experience of going to counselling, even though she liked her therapist, was "embarrassing" and she rejected it as an influence in her life. Seen from the perspective of power, and Patricia's lack of skill to negotiate relationships in different spheres of her

life, it makes sense that she would find anything which threatens the little self-respect she enjoys to be difficult to accept.

In this study, it became apparent that, in order to understand the client's world view, one had to be sensitive to the manner in which he or she maintained power over his or her self-definition. Only when therapists acknowledge these chosen labels could the teens feel respected. Out of that respect might grow opportunities to reconstruct a new story for the youth, but imposing an adult's definition of the child on him or her was bound to meet with healthy resistance.

Reading the participants' clinical notes, both my own and those of other human service workers, is very interesting in light of the findings presented here. It becomes apparent how important it is in therapy to help construct new narratives which challenge old labels. This goal is similar to that of several therapists currently looking at the role therapy plays in constructing an alternative social discourse (see White, 1988).

Melissa felt therapy helped to the extent that it gave her a safe haven in which to talk and sort out who she is beneath the mask she felt she must wear when with friends:

> [Counselling] helped. 'Cause I never really talked to my friends about that stuff. When I went to counselling I had someone who was going to listen and not criticize me and stuff. It's easier when there's someone to listen. Or if they tell you to not think that way. 'Cause everyone has their own thoughts.

In my experience with Melissa and other teens I found that helping them to expose their emotional pain as part of their true identity, and validating that part of them, helped teens to accept themselves more.

The experience of revealing the fact that one is in therapy is also a powerful challenge to the labelling process others engage us in. Take for example Leslie's comments:

> Talking about my coming there was a bit weird . . . Down here they think you've got to be really messed up and suicidal to go see a counsellor. But I didn't care what they thought. I'd tell them you don't need to be messed up to go and to talk to someone.

Leslie's honesty about her therapy is a reflection of the power she is finding to accept herself and exercise control over her life. In revealing this part of herself she also exhibits a growing array of social skills necessary to compete with others' definitions of her. These coping skills are talents which the therapist also nurtures.

Like other resources, mental health professionals, and the services they provide, can play a role in the empowerment process teenagers experience. The participants in this study appear to navigate towards the labels therapists give their clients, when those labels fit with the way teens wish to be seen. When a professional helps to re-author a teenager's story, in a way the teen accepts, then there is likely to be growth in the young person's well-being. Resistance is the teen's way of guarding the fragile power he or she has over the few self-definitions available to the individual.

Summary

This chapter has examined how friends, personal talents, the changing of islands, random events, the transfer of skills between islands, mentors and formal therapeutic relationships are all recognizable as components of the empowerment process. These factors help teens experience power and maintain their mental health by facilitating an adolescent's movement between labels.

The next chapter will move away from discussing the data directly and examine the findings in a larger context. A model will be developed to tie together the elements of the substantive theory of empowerment developed in this section.

SECTION FIVE: Discussion and Concluding Remarks

Chapter Twelve

Drifting Towards Mental Health, Resilience and Empowerment

Careful analysis of the data revealed the different types of power the participants experience which foster mental health and resilience. These experiences, especially the experience of power in the social discourse, supports a substantive theory that can explain mental health as dependent upon participation in a process of personal and social empowerment.

This chapter will review the findings and propose empowerment as a meta-construct which can explain the complex processes which lead to mental health, as the term is coming to be understood. A model is presented which brings together all the findings and illustrates the pivotal importance of the process of self-definition to empowerment and mental health. The drift towards more powerful labels as one aspect of the empowerment process is then explained in detail. These labels are also discussed in relation to hermeneutics and the ideology which influences their meaning and construction.

Empowerment as an Integrated Theory

This research has attempted to provide a more ecologically and politically sensitive understanding of the factors leading to mental health which avoids simplistic causal explanations (Robins, 1983). For example, research on the impact of economic hardship on adolescents has shown that a matrix of factors including economic and emotional deprivation, lack of family integration, the child's poor academic achievements and a low level of parental education may explain low self-esteem and behaviourial transgressions associated with children living in poverty (Lempers, Clark-Lempers & Simons, 1989; Pilling, 1990; Silbereisen & Walper, 1988). When one reads this literature, one is overwhelmed by the hopelessness of trying to understand the theoretical interconnections between the various explanatory and intervening variables, hypothesized as causes of poor mental health. There is a lack of overarching theory which might help consumers of research see the forest for the trees. This study addresses this problem and, through the participants' stories, has shown that the empowerment construct is able to function as a meta-level theory which encompasses many of the factors and processes discussed in the mental health literature.

The teens revealed that change, which enhances capacities, promotes self-determination, increases participation and distributes power and justice carries with it the greatest potential for a positive impact on a teenager's empowerment and well-being. These types of experiences allow hopefulness to replace helplessness (Zimmerman,

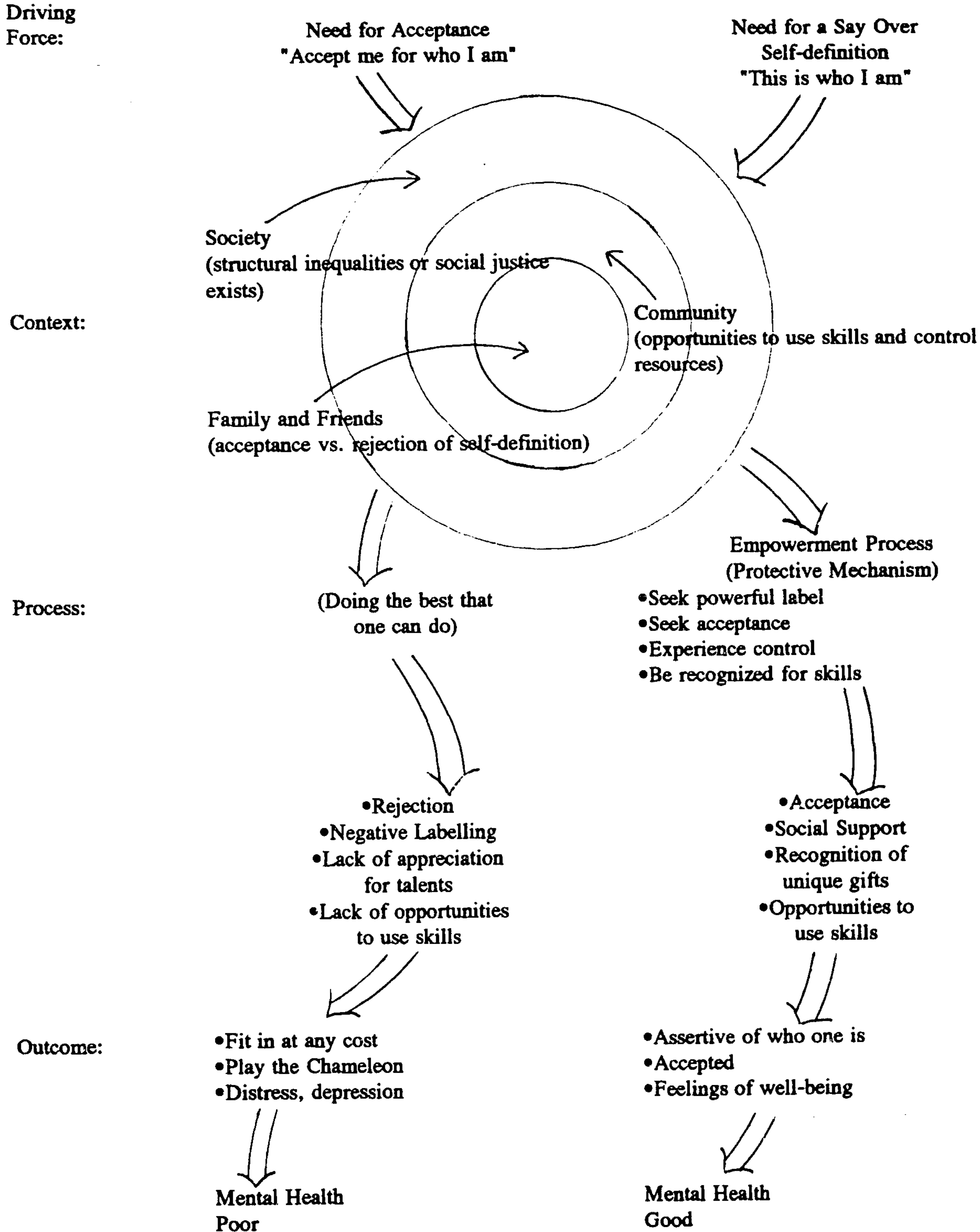
1990b), and contribute to psychological development while allowing for small, but significant, social transformations.

The unique feature of this research is its illustration that the type of change just mentioned depends in large part on having some say over how mental health is defined. The teens explained this by arguing that what they really sought was acceptance in as many different parts of their lives as possible and that this acceptance came from being valued as different from others, but still joined to family, friends and community. The teens showed that their states of depression, delinquency and disordered conduct were far more intelligible when seen as attempts to maintain their mental health by generating acceptance for who they want to be, given the little power they have.

Aspects of resilience were found in all the participants in this study, even those who appeared the most vulnerable. This is significantly different from other related research which fails to explore the meaning teens give to experiences of mental health. My initial sorting of the participants into vulnerable and resilient groups quickly broke down when it was observed that the choices these teenagers made were meant to gain them the most power and acceptance available to them. They did the best they could with what they had. To say one group was more resilient than another merely subjected the teens to hegemonic notions of normalcy, devaluing their divergent solutions to very difficult life experiences. This approach to sampling appears to be quite different from other studies, as seldom does the literature reviewed in Section Two question its own bias in what it categorizes as healthy and unhealthy.

FIGURE THREE

Empowerment, Acceptance and Mental Health



The findings which were generated from this research are summarized in Figure Three. Though many factors have been explored which contribute to mental health, it seems safe to conclude that above all else, acceptance is the driving force behind health seeking behaviour. Teens want to have a say over who they are and be accepted for how they define themselves. The context in which they live, synonymous with the ocean metaphor discussed earlier, filters and limits the experiences open to the young person. Family and peers, the community and broader social forces can place strict limits on a child's potential for growth and development. These limits restrict the quantity and quality of labels teens can participate in constructing. Even if they manage to construct a label with the potential for broad acceptance, their world may not provide them with opportunities to access people who might accept them with that label.

Empowering experiences (see Figure One), which function as a protective mechanism, challenge the detrimental effects of these environmental risk factors. Depending on the opportunities for these empowering experiences to occur (these include the three types of experiences of power discussed in Section Two) the teen is more or less likely to feel accepted, recognized and supported. The less empowering their experiences, the more rejected, ignored and incompetent they will feel. The teens are still doing the best that they can do, only the resources they need to feel in control and competent, experiences which contribute to positive labels and acceptance, are few, if available at all. The teenager copes by adopting the most powerful labels they can, with little say over what those labels are. Often these labels of second choice are not widely accepted. The teens described themselves as feeling depressed or angry when they lack

a say over their labels and experience limited acceptance. With these feelings come poor mental health. In contrast, those teens who experience empowerment and gain acceptance for the labels they exercise a say over, report feeling mentally healthy. In this way, the research has shown a link between empowerment and mental health, in part, by conceptualizing empowerment as a protective mechanism buffering the effects of environmental forces which diminish the experiences of power of the participants.

Several aspects of Figure three could do with some further explanation. Section Two, as summarized in Chart One should highlight the types of experiences of power necessary for empowerment to occur. The teens' words in the findings section of this paper should have shown that, combined, these three experiences of power (relationships, control and competence) facilitate the process of self-definition leading to acceptance and mental health. The remainder of this chapter will look at two other aspects of this grounded theory: empowerment's protective function and the way our use of language expresses our power in the social discourse.

Resilience and the Protective Process of Empowerment

The concept of a protective mechanism is a useful tool with which to explain the exact nature of the empowerment process, and how it functions to promote mental health by exploiting the resources available to at-risk individuals. The mechanism functions, as explained in Section Two, by protecting against environmental and constitutional factors which might have a detrimental effect on one's state of well-being (Rutter, 1987).

The empowerment process can be viewed as a broader and more inclusive form of protective mechanism than currently discussed in the literature. The empowerment process brings with it a sophisticated understanding of both the values and the nature of the process which contributes to health. Conventional theories of protective mechanisms have limited themselves to the largely preventative aspects of mechanisms which inhibit the growth of mental illness, while giving up the search for "general, broadly applicable" processes (Grossman, Beinashowitz, Anderson, Sakuai, Finnin & Flaherty, 1992, p. 530).

As a protective mechanism, the process of empowerment exerts a direct influence on well-being, enhancing mental health, despite the presence of risk factors. Studies have shown that empowerment characteristically contributes to well-being by enhancing self-esteem, self-efficacy, social support, healthy relationships, internality, self-worth, personal competence, social skills, a sense of community and political efficacy, all typical outcomes associated with mental health (Kieffer, 1981, 1984; Maton, 1990; Surrey, 1991; Zimmerman & Rappaport, 1988; Zimmerman, 1990b). It is this direct effect of empowerment on well-being that supports the argument that empowerment acts as a protective mechanism, increasing healthy functioning when risk factors are present.

This model fits with the experiences of the participants in this study, with research on an emerging definition of mental health and with an understanding of the process of empowerment. Its unique contribution is its synthesis of all these separate discourses into one integrated whole which is substantiated by the results from this research.

Support in the literature for this conceptualization of empowerment as a protective mechanism comes from many sources. For example, individuals' psychological readiness to participate in their community is very often determined by how well protected they have been from the risk factors present in that community. Those who have experienced support, a sense of community, personal efficacy, feelings of competence and believe they have something to contribute (all outcomes of the empowerment process) will be far more likely to participate in community social action which has the potential to further enhance their mental health (Cochran, 1988; Whitmore & Kerans, 1988). These experiences will also influence how individuals perceive opportunities to participate in the future (Swindle, Heller & Lakey, 1988). These same points were made by participants in this study who reported a greater likelihood of feeling they could have a say in their community when they had opportunities to participate in the social construction of themselves as valued and contributing members of society. Where this had not taken place, experiences of power, which transform a teen's self-definition from powerless to powerful, are needed first. Risk factors inhibit a teenager's drift towards these experiences and narrow opportunities to develop powerful and health enhancing labels. When opportunities are provided to develop positive self-definitions, then, according to this study's participants, feelings of well-being are likely to follow.

The studies referred to in Section Two lend piecemeal support to the notion of empowerment as a protective mechanism. The empowerment process subsumes all the protective functions of one's personal disposition (Garmezy, 1985; Felner, 1984), personal mastery and competence (Garmezy, 1985; Reich & Zautra, 1988) self-efficacy

(Reich & Zautra, 1988; Rutter, 1987), coping skills, supportive family milieu (Garmezy, 1985), social support (Garmezy, 1985; Sandler et al., 1989), reduction of risk, changes in trajectory through life and the enhancement of life opportunities (Rutter, 1987). By subsuming all these micro-mechanisms under the rubric of the empowerment process it is no longer necessary to specify each mechanism separately. Furthermore, the study of the process of empowerment has provided a comprehensive theory which explains both the mechanisms which contribute to health and the interconnections between them. For example, because empowerment is a praxis, it is apparent that growth in opportunities will also contribute to feelings of personal and political efficacy, and the development of coping skills. Combined, these interconnected growth enhancing processes increase the individual's access to mental health resources. By understanding protective mechanisms as constituent parts of the empowerment process, a more powerful and holistic analysis of the lives of this study's participants is possible.

Recall Tammy's story and the manner in which she copes with her sexual abuse. While her file and past history show her to be a deeply disturbed individual still in need of therapy, she displays important signs of health. She experiences power by exercising a say over what she is called. She challenges how others see her (victim, survivor, or just a normal adolescent), and puts to use her skills coping with her own sexual abuse to help herself and her friends by encouraging others to disclose their victimization. In these ways, she sustains a process of empowerment which she says makes her feel good about herself.

Without the participation of Tammy and her cohorts in the development of the grounded theory discovered through this research, it is unlikely this study would have revealed much more than a few interesting correlations between behaviours indicative of health and some elements of power. In order to obtain a broader explantation for the complexity which was seen in this study, the teens themselves had to be involved in a process of dialogic retrospection. These teens surprised me with their resilience and their capacity to explain to me how they maintain mental health through a process which is not discussed in either the empowerment or mental health literature.

It is a difficult task, when explaining the substantive theory discovered through this study, to quickly sum up how different risk factors, contextual variations and the nature of the individual participants which affect mental health are influenced by the empowerment process. Similarly, understanding the nature of power and its protective function requires an appreciation for the meaning of power, the values which underpin experiences of power which lead to mental health, the social construction of reality and discussion of the theory which differentiates that which enhances health from that which merely prevents illness. As Cowen (1991) notes, understanding health demands a broad conceptualization of its contributing factors:

> Just as wellness can erode under conditions of adversity, it can be enhanced by favorable conditions or processes, both natural and engineered. This view is at once a source of challenge and hope. The challenge is to identify factors or conditions that advance or restrict wellness, and the hope is that such information, once unearthed, can be used to shape informed effort to promote it. (pp. 404-405)

Cowen identifies empowerment as one of a constellation of factors which promotes well-being, though he stops short of seeing the empowerment construct as a protective mechanism. It is the hope here that by having elaborated earlier how protective mechanisms function, the empowerment process will be better understood as part of the process which promotes mental health. It should also be evident why the empowerment and mental health bodies of literature share so many similarities. They are closely linked, though the link has seldom been made explicit.

The Meaning and Construction of Labels

In order to substantiate the theory developed here, the teens themselves had to be asked their explanations of words like mental health, power, acceptance and competence. There is no singular or transcendental meaning that can be attached to words like "bad," "goody-two-shoes," "rebel," "bitch," "slut," "boss," "leader" or "browner." These words are the expression of sets of meanings constructed over time by the social events in the teens' lives. The same word may lead to feelings of empowerment for one teen while, for another, it might be experienced as a threat to his or her power and, consequently, well-being. Being a delinquent or, by contrast, a very bright kid, might enhance or diminish a participant's power and degree of acceptance, depending on the context in which the words are used.

The feelings and values attached to these words, as Scheman (1980) has shown with words like anger, can change, depending on their social construction. Though

Tommy might not explain it quite this way, his pride in being a "delinquent" is an important political redescription (Scheman, 1980) of that term. Constructing these marginal discourses is a step towards greater conscientization, contributing reflection to the empowerment praxis.

The Importance of Language

This study, which has become partially an exercise in hermeneutics, has helped to show that language is a precursor of the ability to process an experience. The signifiers one uses to explain one's experience are temporal in nature, relying for their meaning on both their historical usage and present context.

For each label this context includes what is absent, signifying by omission what is not immediately present. Being called a "bad kid" implies that there is a possibility of being something else, in this case, a good and responsible young person. Just as these labels are temporal, so too is the individual who creates himself or herself through the use of language. While a particular teen might describe himself or herself as a "friend," a "survivor" or a "victim" at any one point in time, weaved into such a definition are also other very different moments of his or her life that help to add to the meaning attached to these signifiers. For example, Allison (who, it will be remembered, changed her name) is still Katie and, in fact, Allison can only be Allison in so far as she recognizes that what makes her unique is that she has lived Katie's life. Both Allison and Katie are only signifiers connected to each other through the events in one young

woman's life. As Eagleton (1983) writes in his summary of post-structuralist thought in modern criticism:

> [M]eaning is not immediately *present* in a sign. Since the meaning of a sign is a matter of what the sign is *not*, its meaning is always in some sense absent from it too. Meaning, if you like, is scattered or dispersed along the whole chain of signifiers: it cannot be easily nailed down, it is never fully present in any one sign alone, but is together. Reading a text is more like tracing this process of constant flickering than it is like counting the beads on a necklace. There is also another sense in which we can never quite close our fists over meaning, which arises from the fact that language is a temporal process. When I read a sentence, the meaning of it is always somehow suspended, something deferred or still to come: one signifier relays me to another, and that to another, earlier meanings are modified by later ones, and although the sentence may come to an end the process of language itself does not. There is always more meaning where that came from. I do not grasp the sense of the sentence just by mechanically piling one word on the other: for the words to compose some relatively coherent meaning at all, each one of them must, so to speak, contain the trace of the ones which have gone before, and hold itself open to the trace of those which are coming after. Each sign in the chain of meaning is somehow scored over or traced through with all the others, to form a complex tissue which is never exhaustible. (p. 128)

In many ways the findings of this research have been an example of deconstruction, dissecting the web of meanings attached to particular words and the states of being which accompany them. Acknowledging this complex web of interrelationships is important for both hermeneutics and the study of empowerment, for the theory of empowerment emphasizes contextual sensitivity.

In performing the analysis of this study's data, the intention has been to go beyond simple polar opposites to show that the signs the teens use to describe their experiences, such as the important concept of acceptance, are fertile with meaning. Having control over these meanings is fundamental to having some say over one's life. Not surprisingly then, how a teen understands a particular label has an impact on his or her mental health. Contrast, for example, Cathy's and Patricia's use of the word "bitchy." For Cathy, being bitchy was threatening to drive away people in her life; for Patricia being bitchy is an empowering experience, given the few other options she has to gain recognition for her talents. Challenging a dominant discourse, or proposing an alternative one so that words mean what the individual wants them to mean, is not an exercise which takes place in isolation. Each signifier hints at the existence of a vast ocean of possible labels which might influence a child's life.

Sometimes it seemed that labels, which the teens appeared to carry between spheres, were just waiting to find an appropriate context. Again this argues for viewing the teens as resilient, even when they appeared to be doing things in one context which seemed to threaten their mental health. Bringing along a self-definition, constructed in one sphere of life, on one's travels might infuriate some people or institutions which fail

to see the function the label serves. One must assume that if a label is being steadfastly held onto, it is either a choice by the teen or else a sign that he or she is stuck in a particular discourse. The only way to find out which is the case is to see the world from the teen's point of view. Take, for example, Jason, who prides himself on his ability to street fight and hopes to join the army. One would hardly think that a rebellious angry youth like Jason would ever want to submit to the highly authoritarian discipline of the army. Yet, this career path is a drift to a sphere where "fighter" brings with it broader acceptance. The image of a blue helmeted peacekeeper, fleeing a battle zone with a child in his arms, which has lately been seen on the side of bus shelters, carries with it a powerful message that the role of fighter can be respectable. This image is a challenge to the way people see Jason now.

These observations of the labels the teens use and their significance are very similar to the way language is understood by post-structuralist thinkers who have shown that language and the discourse it creates determines what we are able to think (Eagleton, 1983; Foucault, 1965, 1976, 1980; Weedon, 1987). The teens did not create language, but were created by it. It is for this reason that it is essential that they encounter different labels and have many different experiences of control and competence which foster the growth of these labels.

As has been shown elsewhere, opportunities for young people to have contact with many different adults, and the chance to assume different roles while in those relationships, is one set of factors associated with resilience (Linney & Seidman, 1989; Rutter, Maughan, Mortimore, & Ouston, 1979). Viewed this way, the range of labels

the teens in this study can experience is constricted by the limited access they have to participate in different spheres and different discourses. Given that these teens are growing up in high-risk environments with few opportunities to access resources, it was all the more evident how random events were seized upon to provide alternative vocabulary to describe events in these young people's lives. Resilience, then, is a function of the discovery and drift towards new experiences of competence and control which bring alternative self-definitions. Resilience may be hard to detect, but is always present to some degree, when one appreciates that no matter how much social injustice is present in the life of a child, he or she will still seek whatever acceptance and power is available. The notion of drift emphasizes what feminist thinkers have been discussing for several years (Gilligan, 1982; Surrey, 1991a, 1991b); namely that teens move in a matrix of varied relationships and do not seek to individuate from society.

Similar findings are beginning to emerge in other writings as well, though as yet there is no well-articulated alternative discourse. A study by Tyler, Tyler, Tommasello and Connolly (1992) made some of the same observations of teens as this study. Tyler et al.'s sample came from two groups of "street youth," interviewed in Bogota Columbia and Washington D.C., which leads to the tentative conclusion that the findings here are widely generalizable. In part of their study Tyler et al. looked at the impact self-definitions and labels have on the children they observed. The authors explain:

> We forget how much the words we use to express our thoughts also shape our thoughts. For example, when I refer to "my" children, I am using a shorthand way of indicating which children, but I also suggest ownership and property.

> Without recognizing this dual meaning, I do not keep my meaning clear. When I use the words *street youth, delinquents*, and *alienated kids* to describe these youth, I am also separating them from society by words that become labels. Such labels are often inaccurate, stigmatizing, and damaging not only to the children's self-esteem, but to their survival. (p. 206)

Tyler and his colleagues use their findings to support a primary prevention model of intervention which acknowledges that children must be given power over the personal, vocational and educational resources they need to grow. And they must be given the power to challenge the dominant discourse which defines their lives: "It is our contention that to attain a sense of personal integrity, we must all acquire a personal code that at times differs in important ways from society's conventional standards" (p. 207). Tyler et al. have apparently entered the world of their participants and paid attention to the way the children see themselves, as competent and worthy individuals who are doing what they need to survive. Similar to the teens in this study, the young people in Tyler et al.'s study challenged adult perceptions of them as passive victims and, instead, showed they are actively involved in making choices for themselves. Tyler and his colleagues conclude that "adolescents who develop early autonomy and choose to live outside the realm of adult authority are capable of making rational choices in their lives" (pp. 208-209). This focus on competencies acknowledges aspects of the child's life which are evidence of his or her resilience, a resilience which may be invisible to adults who view the child's life as only an expression of failure.

Discourses and Ideology

Each label is anchored within a discourse which expresses a particular ideology (Eagleton, 1983). Evidently, the ideological foundations of one group, in the present case lower-class teens, will in some respects be at odds with the beliefs held by others, such as the middle-class thirty year old researcher who carried out this study. Within these ideologies, labels are assigned different meanings and degrees of power. There is no objective reason why a particular emotion must be attached to a particular name one calls himself or herself. Just take, for example, the term "rebel" which, in this study and elsewhere, can bring with it feelings of anomie and sadness. Yet, all around us in popular culture there are examples of the rebel as hero too (note the number of teens who idolize James Dean). When these alternative discourses are understood, then it becomes much easier to perceive the hidden resilience in teens whose clinical files have categorized them and their families as "dysfunctional".

Too much of the research in the field of adolescent mental health has assumed that labels like "delinquent" and "suicidal," "bad" and "irresponsible" are inherently problematic. In this study, through a process of dialogic retrospection, the 21 teens provided a new set of parameters by which to delineate meanings for these words. My interpretations of their words can only be subjective up to a point because the teens, collectively, told me "Yeah, you understand," when I explained to them what I thought they had told me. Unlike other types of research, the participants can feel somewhat assured that their world view is reflected in the results. What is more, instead of

becoming mired in biased categorizations of teens, this study has tried instead to examine the nature of the process of acquiring the labels which teens are assigned, the experiences of power attached to these signs, and the influence each signifier has on mental health. In paying attention to the context of the material, this work has remained conscious of the ideological constraints operating in the study.

It should be noted that this study's findings were the same for the boys and the girls who participated. Scanning the data, it was difficult to discern any particular differences between the genders in the process of empowerment. Gender, when it was a factor, became part of the landscape, contributing like many other social forces to the dominant discourse which the teens confronted. In and of itself, there was little data to show that boys and girls handled the process of personal empowerment (which leads to resilience and mental health) any differently. However, this is not to say that the content of their decisions, the choices they make, even the labels which are thrust upon them, are not gendered and biased, depending on a particular teen's sex. It is just that in this particular sample, no differences emerged in the process which was discovered to explain the teens' drift towards health. The way in which resources functioned to enhance the child's mental health was the same for boys and girls, no matter what the resources available. Another researcher, more interested in the specific nature of the resources teens have available, may wish to explore issues of gender further.

Summary

Figure Three both reflects the findings of this study and integrates the mental health and empowerment literature discussed earlier. At the heart of the grounded theory presented here is the process of self-definition which takes place for these teenagers. This process is synonymous with empowerment and has been shown to function protectively to enhance mental health. The metaphor of drift developed through this study to explain the empowerment process is essentially about the drift between labels and the pursuit of control over the social discourses which determine what those labels mean. Hermeneutics informs the analysis and integration of the data, while the theory of empowerment adds a dimension of power to the accompanying process which assigns meanings to words. A process of empowering conscientization, such as that which occurred in some measure through this research, can help the teens feel more in control of the way the world is understood by them and others. The teens explained that these aspects of the process of empowerment are what nurture and maintain their mental health.

Chapter Thirteen

Concluding Remarks

This study has been an attempt to influence social and academic discourse on four levels. First, at the level of theory, this study has had as its aim the broadening of our understanding of the role that the empowerment process plays in people's lives as well as determining how this process affects mental well-being. Second, at the level of practice, the findings are of special interest for human service workers who work with adolescents, especially those who focus on primary prevention modes of practice. Third, the findings are of use to researchers who may see the utility of the methodology employed for the purposes of research with hard to reach adolescents. These methodological issues are addressed in Appendix I. And fourth, though by no means any less important than the other three uses of the study, this research is meant to provide families and communities with a way of viewing their adolescents' need for power as healthy. Hopefully, this will help address the problems of alienation, delinquency, depression and hopelessness which plague many youth today.

Exploring the Connection between Empowerment and Well-being

Empowerment is becoming a more accepted and widely researched construct, but its utility in the alleviation of human problems has been largely confined to the social realm (Prilleltensky, in press; Rappaport, 1981). This study is ultimately concerned with

influencing decisions with regard to the delivery of services to youth such that empowering processes are linked to both intrapersonal and interpersonal mental health outcomes. The theory developed out of the experiences of the youth who participated in this study shows that the empowerment process has a profound impact on their well-being and is able to explain how high-risk teens maintain a degree of mental health, despite the presence of powerful biopsychosocial stressors. Though the full manner in which this occurs is discussed in earlier chapters, it is worth noting that several common themes tie the empowerment and mental health constructs together. Both constructs address the following points:

Power in the Social Discourse: Both constructs acknowledge that positive outcomes occur when individuals have a say in the social discourses which influence their lives. In the case of this study, the power to define for one's own self one's state of mental health has a dramatic effect on how one perceives one's well-being. Experiences of power, central to both one's state of mental health and the empowerment process on which it depends, are filtered through one's participation in the social discourse which attaches labels to individuals. With these labels come emotional reactions and social identities which directly influence mental health. To the extent that one has power in the discourse which defines him or her, one will or will not experience mental well-being.

Relationships: Because individuals develop within a matrix of relationships, and these in turn provide the context for experiences of power, both constructs must be assessed with an understanding of how the intersubjectivity of experience affects individuals and groups.

Control: Risk, illness, wellness and empowerment are all concerned with issues of control. Risks to populations are reduced when people have control over resources for health.

Competence: Skill development, resulting in feelings of mastery and competence, is pivotal to discussions of self-efficacy, self-esteem, resilience and coping. Experiences of competence are an integral part of research on empowerment and mental health.

Praxis: At the core of empowerment is a praxis of action and reflection. Resilience and well-being are both dependent on individuals being engaged in activity which provides the opportunity for conscious reflection and effective action.

Multilevel: Each construct operates on individual, family and community levels. A complete assessment of the process of empowerment and mental health demands that mutually dependent factors which enhance or inhibit positive outcomes be looked at from multiple perspectives.

Time: Empowerment and the assessment of mental health should be a dynamic process. Both constructs are sensitive to the variation which results from development over the life cycle.

These seven common elements are at the heart of this exploration of an etiology of mental health and highlights the natural fit between the separate discursive fields of empowerment and well-being. It is difficult to understand why the fit between these fields of research has not been more fully explored before. One can only assume that the complexity of the multiple variables, and the explicit need to look at the material from the dual perspective of individual and socio-political processes, does not fit well

with the dominant research paradigm (Robins, 1983). Nevertheless, research within the positivist paradigm is useful for framing this study's findings and supports much of what the teens themselves expressed. Borrowing the concept of protective mechanisms, in order to view the empowerment process as a meta-mechanism, is an attempt to advance the theory discovered here in a concise and easily recognizable manner. It also anchors these findings to research in other fields, which helps to broaden our understanding of what the participants said.

Implications for Practice

Given the connection between the process of empowerment and mental health, it is interesting to discover what role therapeutic clinical interventions have on the process of empowerment. It is clear from this research that macro socio-political processes which enhance the collective power of teenagers will influence the degree of control they exercise over their self-definitions and influence their state of mental health. It is also possible, through this study, to investigate how teens perceive the impact of individually focused therapeutic processes. The teens' reactions to the therapy they have received over many years helps to show the role therapy plays in the social discourse and illustrates a need for more primary prevention work with teens who are at-risk.

The type of counselling which is expected to be useful to the teens is one which encourages teenagers to drift towards new constructions of their identity. The task of a therapist, when understanding his or her position vis-a-vis the adolescent's discourse,

must be to help the youth find an alternative discourse that brings with it the power of acceptance through self-disclosure. This search for power is ecological in scope, and the effective therapist will be one who helps the teenager identify areas of competence, control and power present in different spheres of his or her life. Establishing a base of support for an alternative discourse, which identifies the youth in a way he or she wants, is both the task of the therapist and, within an ecological practice paradigm, the community at large (Germain & Gitterman, 1986; Howard & Johnson, 1985; Whittaker, Schinke & Gilchrist, 1986). This search may be likened to attempting to implement a second order change in a child's life, rather than focusing on first order change, which only addresses forces directly related to a specific problem. While, arguably, both first and second order change processes are needed, social intervention strategies are fundamentally of the latter type and more often neglected (Bennett, 1987). Most of the teens in this study had only encountered interventions which reflected the dominant practice paradigm, focused exclusively on individual change and adaptation to existing conditions.

In revealing themselves through the therapeutic process, the teens also learn the very valuable skills of asserting who they are, which is important if one is to participate in the social discourse as an equal member. This, I would argue, is why so many different therapies place emphasis on the relationship between therapist and client and how this relationship is a vehicle for change.

A Broader View of Therapy

As noted above, therapy has the potential to become a vehicle for change which can help a teen challenge the dominant discourse which defines him or her. Unfortunately, therapy in which teen and therapist are together just one or two hours a week lends itself poorly to having this kind of influence on the young person (Trieschman, Whittaker & Brendtra, 1969). The experience of therapy is simply not substantial enough to promote change unless there is support for that change in self-definition outside the clinical hour. It is for this reason that in order to change the text of these young people's lives, it is essential for interventions at the family and community level to go hand in hand with formal therapy sessions.

Allison's situation illustrates this point. A therapist, who had seen Allison for one and a half years, noted that she was growing up in an "abusive, highly stressful, dysfunctional family" and "suffered from low self-esteem, poor self-image and no self-worth." Group home placements, instead of becoming a solution, were punitive. And yet, when I met Allison she was drifting towards competence. She explained her growth as a result of her choice of foster families and the competency she experienced there. She noted that therapy was simply not enough to help her see herself differently. Living with understanding people became a type of 24-hour therapy. Arguably, my interventions with her were far more successful, not because of greater skill than her former therapist, but because of the context in which Allison lived. The skills Allison might acquire to construct an alternate discourse through therapy had far more impact

when there was an entire textual change in her life. As previously noted, the process of empowerment relies on a similar set of circumstances in which change takes place at different levels and unfolds in many spheres of a young person's life.

Understanding better how the process of empowerment can lead to mental health outcomes, provides a meta-perspective in which to view and catalogue a wide variety of therapeutic interventions. This conceptualization of empowerment as part of therapeutic gains is not in itself new. Tomm (September, 1992) does an excellent job of showing that empowerment is one of the most preferred strategies for therapy. What has been less well explored is the exact process by which empowering therapeutic interventions work. The preceding discussion opens the door to a way in which to view this difficult area of inquiry.

Health Promotion

This study also has implications for health promotion efforts which aim to broaden our understanding of what constitutes a therapeutic intervention when a helping professional seeks to foster health in a particular population (Albee, 1980b; Adam, 1981; Forgays, 1983; Hollister, 1980; Kessler & Albee, 1975; Matus & Nuehring, 1979; Perlmutter, 1974; Perlmutter, Vayda & Woodburn, 1976; Pransky, 1991a, 1991b). Systemic change which gives teens greater access to resources is needed along with more individually focused interventions. The same barriers which prevent access to opportunities for economic and social growth also contribute to the threat to a child's

mental well-being (Archibald, 1989; Erickson, Moynihan & Williams, 1991; Katz, 1979; Lourie & Katz-Levy, 1991; Rapoport, 1961).

The findings here lend support to the health promotion efforts of the World Health Organization (1981) which promotes access and control of health resources. There were many examples of teens who had gained some measure of access to these resources and reported that they felt better about themselves afterwards: Peter does not see himself as poor and disadvantaged, in part, because he takes an active part in community events; Tanya is actively involved with her local community centre; Beth is a social activist in causes such as the pro-life movement and animal rights; Margie seeks to move out and attend Art college; and John has found local sports clubs a source of support. These examples are but a few of the ways in which the teens showed that moving beyond the limited resources of their immediate environment and the culture of poverty which can entrap them is an important contributing factor to their resilience.

The more teens participate in the decisions affecting them and feel a part of their community, the more likely they are to feel competent and in control of their lives. These efforts to access health resources take down the barriers to health in a way similar to many health promotion projects worldwide (Paul & Hagan, 1988; Reinherz, 1979, 1980; Stark, 1992). This approach to health is one of the few places that the discourses of empowerment and mental health already intersect, even though the process which connects the two has not been fully explored. As Stark (1992) writes in a summary of the International Healthy Cities project:

> Community participation . . . is a very fragile yet durable and challenging process. It requires specific types of support, providing space for reflection and discovery, and also a structure of everyday life that allows us to shape situations, physical environments, or social institutions. If we want everybody to be an active and reflective member of his or her community (and, once again, this seems to be one of the important premises to prevent health and mental health problems), there have to be various kinds of resources to rely on -- financial, interactive, and emotional. We still do not know very much about the processes and conditions that foster or hinder community participation and empowerment. (p. 174)

This study lends empirical support to the need for health promotion efforts that include primary prevention.

Primary prevention activities are those which reduce environmental stressors and enhance environmental supports, such that individuals are better able to resist the onset of mental disorders (Bloom, 1980; Caplan, 1989; Grant, 1991). These same activities have also been shown through this research to enhance mental well-being. While all the teens in the study had encountered secondary and/or tertiary health services, they had had little contact with the many local community initiatives which are trying to address the circumstances of poverty in which the teens live. In this regard, they are typical of other Ontario youth who have similar needs (Offord, 1987; Offord et al., 1987). The extent to which this study was able to identify the mental health resources which the teens had nurtured in their spartan environments is a reflection on the nature of the study which

focused on the teens' strengths. In this study, as in projects aimed at promoting community health and preventing illness, the participants are seen as active consumers and contributors to the health care system, not passive clients of helping professionals.

Health promotion efforts which construct an environment in which a new definition of the young person can be supported are more likely to provide opportunities for teens to drift toward constructions of their identity that bring wider acceptance and greater mental health benefits.

The Path Forward

The findings presented here should, first, help guide both teens and adults to a better understanding of the nature of power and how experiences which empower contribute to mental health. The results should also provide a useful frame of reference with which to view many other pieces of research in the fields of social work, psychology, sociology and other related disciplines. While it is not new to suggest that teens need to feel in control to feel good about themselves, explanations of the process they go through to achieve that control have not been sufficiently explored, nor has much thought gone into linking the empowerment and mental health discourses. Take for example Bibby and Posterski's (1992) concluding remarks from their 1990 study of Canadian adolescent values:

> Adults don't deliberately plan to deny young people pathways into the future. But well-intentioned or not, when adults overcontrol, overprotect, and overindulge the

young, they stifle their development. Instead of stimulating life in the young, in the end, those excesses slow the maturing process.

The alternative is to *get out of the way* so young people can become autonomous. Instead of standing in the way of emergence, wise adults will give young people room to become their true selves. They will give young people their vote of confidence and propel them into being what they are meant to be. (p. 320)

Read in the wake of the preceding discussion, Bibby and Posterski's remarks make a great deal of sense. Adults need to stop controlling young people's abilities to define for themselves what they want to be. On the other hand, adults need to recognize that they can be a valuable resource to youth in constructing alternative self-definitions which carry a great deal of power and lead to feelings the teens define as mental health.

The pathway to mental health then becomes a process whereby individuals living within a matrix of social relations experience both the competence and sense of control necessary to define themselves in ways which lead to acceptance for their differences. To the extent that adults and human service workers promote this process, they will witness ever-increasing areas of resilience in teens from the most challenging backgrounds.

While this study deals exclusively with teens living in poverty with limited resources and many family problems, it is not yet clear if the results, in part or in whole, can be generalized to more advantaged groups. In such cases we will not talk of "resilient" and "vulnerable" youth, for the environment will make all participants in an

advantaged population less at-risk and therefore beyond such categorizations. Investigating how another group of adolescents, from different backgrounds, drift towards power would be the logical next phase of research in order to formalize the substantive theory put forth here.

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APPENDIX A

Letter to Primary Research Site

Mike Ungar
Apt.
Street
City, Ontario.

Tel:

To: Executive Director
Counselling Centre
Street
City, Ontario.

Re: **Adolescent Empowerment and Mental Health Research Project**

Date:

Dear _____,

After a lengthy planning period under the supervision of Dr. Eli Teram from Wilfrid Laurier University's Faculty of Social Work, I am now ready to undertake the research for my doctoral dissertation. As I have already shared with you, my research is concerned with how adolescents' sense of empowerment in their relationships with families, peers and the community affects their mental health. I am approaching the Counselling Centre with both a request for help and an offer of service.

To complete my research I will need to find twenty adolescents between the ages of 13 and 17 whose families have been clients of the Counselling Centre and who have a lower SES. I will need to meet with ten youth who have been assessed as unhealthy and ten who clinicians feel are coping surprisingly well despite their family's poor functioning and lower economic status. While I would hope that most of these youth will be former clients of mine, I also anticipate needing to receive referrals from other clinicians at the Centre.

My hope is to interview each youth two times and to meet with their parents at least once. I would like to emphasize that the subject of my investigation is the adolescents, not the clinical work undertaken with these youth. My findings, however,

will likely be of interest to the therapists at the Centre and I would be happy to share the results of my research with them.

In order to maintain my credibility with the adolescents and their parents, I would like to continue to volunteer some time with the Centre. I am hoping that by continuing to be part of the Centre, the families will be more comfortable with me talking with their children. I also hope my continuing clinical work facilitates access to a large enough sample for this study.

Specifically, I will need from the Centre permission to contact former clients of mine and those families referred to the study by my co-workers. I will also need access for a short time to the participants' confidential clinical files. Prior to examining these files and photocopying the relevant sections, the families must not only have agreed to participate in the study, but also have signed Release of Information Forms permitting me to examine their records. I will also require office space three hours a week to interview the participants in the study. I expect most of these meetings will take place after school and in the evenings.

You can be sure that all the information collected will be kept strictly confidential. Whenever I use the material I collect from these families, I will not use their names, names of those close to them or any other identifying information.

The interviews will be in-depth, but I will ask very few questions. Mostly, I want to understand the concrete details of what it is like to be an adolescent today and how a young person keeps mentally healthy.

I look forward to discussing this proposal further and in as much detail as you require to feel certain of its merit.

Your's sincerely,

Mike Ungar, M.S.W.

APPENDIX B

Letter to Clinical Sponsors

Mike Ungar
Apt.
Street
City, Ontario.

Tel:

To: Clinical Staff Members
Counselling Centre

Re: **Adolescent Empowerment and Mental Health Research Project**

Date:

Dear Colleague,

As you know, I am a doctoral student in the Faculty of Social Work at Wilfrid Laurier University and am conducting research to understand how adolescents' sense of empowerment in their relationships with families, peers and the community affects their mental health. I am approaching you because I hope you may be able to help me locate some participants for this research project.

To complete this study, I will need to find twenty adolescents from ____ County. These adolescents must be between the ages of 13 and 17 and come from families who have been clients of the Counselling Centre and who have a lower SES. I will need to meet with ten youth who have been assessed as unhealthy and ten who clinicians feel are coping surprisingly well despite their family's poor functioning and lower economic status. This second group may be a difficult group to locate, as I am specifically looking for those special individuals who are pleasant "surprises" to us clinically. They may or may not have been the focus of your clinical work. Some people refer to these youth as resilient or invulnerable. Each adolescent participant will be paid a small participation fee of $20.00 to compensate them for their time.

My hope is to interview each youth two times and to meet with their parents at least once. I would like to emphasize that my research is concerned with these adolescents themselves, not their clinical contact with you.

You can be sure that all the information collected will be kept strictly confidential. Whenever I use the material I collect from these families, I will not use their name, names of those close to them or any other identifying information.

The interviews will be in-depth, but I will ask very few questions. Mostly, I want to understand the concrete details of what it is like to be an adolescent today, how a young person keeps mentally healthy, and from the parents, some brief details of the family history that might help me to understand the challenges the adolescent is facing.

In order to establish my credibility with the adolescents and their parents, I would ask that you please make the first contact with any adolescent who you think may wish to participate. If you would then pass me their names, I will make the next contact and tell them in more detail about the study. I am hoping that your introduction will help create an atmosphere of trust. I also hope that this project is a positive experience for the participants in every way possible.

I look forward to discussing this proposal further and in as much detail as you require to feel certain of its merit. Of course, I hope the results may be of some use to you and the Centre and would be happy to share my findings in any way that is helpful.

I look forward to hearing from you. Thank you.

Your's sincerely,

Mike Ungar, M.S.W.

APPENDIX C

Letter of Informed Consent

Mike Ungar
Apt.
Street
City, Ontario.

Tel:

To the participant and his/her family,

I would like to take this opportunity to introduce myself and the research project which I am asking you to participate in. I am a graduate student at Wilfrid Laurier University in Waterloo, Ontario working under the supervision of Dr. Eli Teram. My doctoral research is on the experiences of adolescents, their relationships with family, peers and the community and how these relationships affect their mental health. You and your family are one of approximately twenty families being asked to participate in this study.

You can be sure that all the information collected will be kept strictly confidential. Whenever I use the material I collect from you, I will not use your name, names of those close to you or any other identifying information.

I am asking each family which participates to allow me to interview their adolescent on two occasions for one to two hours. I will also need to interview the parent or parents for one hour in their own home or at the Counselling Centre. The interviews with the teenagers will be in-depth, but I will ask very few questions. Mostly, I want to understand what it is like to be an adolescent today, and how a young person keeps mentally healthy. From the parents, I will request a brief family history and, if possible, authorized access to your family's clinical file. At the end of the second interview with the adolescent, I will be paying them an honorarium of $20.00 as a way of thanking them for their time and to help cover any incidental expenses they may have incurred while participating.

I may use the results of the study in a journal article, presentation, or even a book, though I stress again, your confidentiality will be maintained in every way possible.

The interviews will be audiotaped and transcribed by an assistant who does not know you or your family. Nowhere on the written record will your name appear.

Finally, I want to stress that your participation is voluntary. While I hope it would be an enjoyable learning experience for you and your family, you may withdraw from the study at any time. You may refuse to answer any questions. And you are

entitled to see the final report. In fact, I would encourage you to tell me what you think of it.

For further information or comments, please contact me at the above address.

I, ________________________ have read the above statement and agree to participate in this study under the conditions discussed above.

________________________________ ________________________

Signature of Participant Parent or Guardian

________________________________ ________________________

Witnessed By: Date

APPENDIX D

Participant Information Sheet

To be filled in by interviewer:

Name of Adolescent: ______________________

Date of Birth: ________

Age: _____

Female ___ Male ___

Address: ______________________________

____

Phone: _____________

Name of School: ______________________ Grade: ___

Name of Parent/s: 1)____________________ Age: _____

Occupation: __________________________

2)____________________ Age: _____

Occupation: __________________________

Family Income (gross or net): _______________

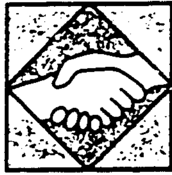
Question: Who else is in your family?

(Genogram including rank order of siblings, extended family and non-related significant others)

APPENDIX E

Release of Information Form

(Please see next page for copy of Release)



A United Way Member Agency

CONSENT FORM

I/We hereby give consent to the Counselling Centre, ( ) Clinical Unit, ( ) Credit & Debt Counselling, ( ) Support Services,a to request from/release to

____

information pertaining to ______________________________

The purpose of this consent is to ______________________________

____

No further disclosure of this information is authorized other than between the specified parties.

This consent remains in effect until______________________________

unless revolked in writing.

Signed: ______________________________

Signed: ______________________________

Signed: ______________________________

Signed: ______________________________

Witnessed: ______________________________

Date: ______________________________

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APPENDIX F

Family Assessment Interview Guide

Introduction

In order to better understand your family it would help me to know something about your family history, the people in your family, and past events which have had an impact on your child. These questions are for both you and your child. Please feel free to answer them as completely as you would like, or chose to not answer any that you do not feel comfortable with.

Some Guiding Questions:

1) Who is in your family? Have there been any extended separations, remarriages?

2) Can you tell me about your relationships with each other. How do you get along? Are there some people who are closer to others?

3) Can you tell me how it came about that you had (name of child). What was he/she like as a baby? As a child?

4) Has the family had any particular problems it has had to face over the years? Deaths? Unemployment? Moves? Violence? etc.

5) Has (name of child) had any particular problems that have had an impact on his/her life? Has he/she ever been in counselling or seen a mental health worker for these problems? If so, when?

6) What is the neighbourhood like in which you live?

7) Are there specific things about your adolescent that presently concern you? What has the family done to address these issues?

8) How are disagreements resolved in this family?

Closing Comments

Thank you for taking the time today to answer my questions. They have helped me to better understand your family and your son/daughter. If any other thoughts come to mind after I leave, please let me know. Before I go, do you have any questions you would like to ask me? Again many thanks for your help with this research. If you would like to see the results, I would be happy to show them to you when I am finished.

APPENDIX G

Adolescent Interview Guide

Introduction

The consent form explained a little bit about this research. I now have some questions for you that you can take as much time as you would like to answer. I want to let you know there are no correct ways to respond. I just want to understand your life and what it is like being an adolescent today.

General Questions

What is it like for you being an adolescent today?

How did you become a client of the Counselling Centre?

What were the events in your life which got you there?

How has being a client affected your life?

What kinds of things help to keep you feeling mentally healthy?

How do these things help?

How do you know when you are not feeling mentally healthy?

What have you done in the past and what do you do now when you feel that way?

Relationships

Who are the important people who have had a impact on your life, before and now?

Can you tell me about your relationships with your family? friends? other important people?

Control

Are there parts of your life where you feel you have control? Can you tell me about these?

Are there places in your life you feel you do not have control? Can you tell me about these?

What types of community activities are you involved in? With friends, family or anyone else?

Competence

How do you think other people see you? Why do you think they see you this way?

How do you see yourself?

How would you like others to see you?

What makes you special? How do you know?

How do you cope with problems?

Closing Comments

Should you like, I would be happy to send you a copy of the transcript of our discussion today so you can look it over and add any other comments that may come to mind. I will call you to get your comments on the transcript in a few weeks. Our second meeting will give me a chance to ask you any other questions which come to mind between now and then and to let you know what I am finding through my research. It is important to me that you have a chance to tell me whether what I am finding makes sense to you. Of course, whatever you said to me is, as I mentioned before, confidential. Thank you. Do you have any final questions for me?

APPENDIX H

Ethical Considerations

There were no anticipated risks to the participants of this study though it was recognized that the developmental stage of the adolescents made them especially vulnerable to threats to their self-esteem and self-concept (Blos, 1962; Chamberlain, 1986; Thompson, 1992). As the focus of this research was on positive outcomes, it was unlikely to stigmatize the youth as deviant or ill and therefore avoided the ethical dilemmas of other research in this field (Sieber, 1992).

Participation was, of course, voluntary and subjects could withdraw from the study at any time. As part of the interviewing style, participants were encouraged to only share as much as they wanted to disclose, and were periodically asked to comment on how comfortable they felt (Daly, 1992b). As the interviewer I was open the possibility of changing the interview location or encouraging participants to bring friends to the interviews if these changes would help them feel more secure. All these adaptations were seen as necessary accommodations for work with an adolescent population.

All participants were asked to sign the consent form. For those participants who found issues arising during their participation which required clinical intervention, the researcher assumed responsibility for referring the individual or family to an appropriate service.

Confidentiality of all files was strictly maintained. As the computer system is password protected, files were accessible only to the researcher during on site and home recording. Audiotapes were labelled with a code number corresponding to each participant and the list of codes and names filed securely.

Finally, this research was subject to the formal ethical review process at Wilfrid Laurier University.

APPENDIX I

Research with Adolescents

It is important to note that working with adolescents over the lengthy period needed to generate thick qualitative data entails special considerations. Several aspects of the methodology used here are significant for future studies with young people. Issues of engagement, parental concerns, cultural sensitivity, dependability, timing and, most important, the possible impact of the research on the participants' mental health, are all aspects of this research which took on unique dimensions because of the population under investigation and the research methods used.

Engagement

The lengthy process of engagement with most of the participants was arguably the very best way to obtain a deeper understanding of this group. The text of a teenager's life is not readily available to an adult researcher. What's more, that text changes rapidly during adolescence as chance events dramatically shift a teen's feelings of acceptance and state of well-being. Having known two-thirds of these teens through the good and the bad times in their lives, I was in a privileged position to witness this process of growth and change. As a therapist, I was granted access to hidden family dynamics, and told much about what those dynamics mean to the teenager. By observing

some of the teens in group sessions with peers and other adults, I was able to gather further evidence for such phenomena as the chameleon-like changes teens go through and the way they navigate through different spheres of interaction. Interviewing the teens in their own homes merely contributed further to my understanding of them and was, no doubt, made easier by the trust and familiarity established before the interviews began. This trust ensured that how the teens accounted for their life expereinces was more forthright and honest, rather than merely told for my benefit (see Scott & Lyman, 1968). While I did not see the teens in their school or peer environments for any extended period of time, the information they shared about their experiences in those spheres was more credible when it appeared congruent with other patterns I had observed in their lives.

The efficacy of this methodology has been shown by Freeman and Dyer (1993) in their study of 15 adolescents showing signs of mental illness who received counselling through a special unit of a mental health facility for children growing up in high-risk home environments. In this regard, Freeman and Dyer's population resembles many of the teens in this study. Rather than have consultants interview the 15 adolescents, Freeman and Dyer let clinicians closest to the children conduct the research interviews. Freeman and Dyer write:

> A decision was made to allow the case managers to interview their clients rather than having the consultants conduct the interviews. The case managers had established positive and trusting relationships with their clients. In addition, the

mental health centre administrators felt that it might be detrimental to clients' mental health to be interviewed by strangers.

Though the goal of Freeman and Dyer's work was to develop a tool for clinicians to get better treatment information from clients by using naturalistic research techniques, their methodology shows that accessing teens in ways that get useful information from them is facilitated by the research methods used here.

Those teens who were not on my caseload prior to the study at least had the expectations that I would be trustworthy, largely because the referring therapists had witnessed my work with other teens and felt confident that I would be a positive resource to their clients. I believe that the nature of the referrals, which included in several instances introductions to the teens while they were attending sessions with the referring therapist, helped to speed up the process of joining and trust building I needed to accomplish this study. However, I did feel that at times my lack of prolonged engagement with the teens I had not met clinically made it far more difficult for me to fully understand the conflicting discourses they move between. These same teens, though, gave me an opportunity to observe the way in which teens negotiate contact with an adult they do not know well in such a way as to guard their feelings of self-worth. The teens I had known for months seemed to be more forthright and honest with me about their problems, and they made fewer efforts to convince me that they held only powerful and positive labels in all spheres of their lives. For the teens referred to me for study, it seemed there were more fears of me "power tripping" over them, making them prone to either challenge me and the way I might stereotype them, or seek my

acceptance by transforming themselves into what they perceived I wanted them to be. As Christopher revealed during our second interview, he had spent time preparing for the first interview by anticipating questions I might ask so that he would not appear foolish and would have something meaningful to share.

Dependability

This raises issues of dependability. For the one third of participants whom I did not know well, I felt at times as if I was being told what they expected an authority figure wanted to hear. While this makes their data no less valid, it leaves me wondering whether another more engaged researcher would not find out different things from those seven participants.

Parental Concerns

It seemed that the healthier a child, the more difficult it was for me to gain access to him or her. Not surprisingly, in families where there had been a great many problems, and which now were relatively calm, there was a real fear that contact with me, the therapist and researcher, might somehow reawaken sleeping demons and upset the fragile balance many of these families had achieved. The positive focus of the study is what saved it. My assurance that I was focusing on solutions and not problems, even

sharing with parents my interview guide, helped to assure them that the risk to their family and to their son or daughter was minimal.

These concerns were no different for teens I had seen than for those referred to me for study. In reflecting on this fact, I have come to realize that working with adolescents will always be difficult because what the parents fear is their adolescent's power to change and disrupt family life. It was as if the parents wanted to believe that the fact a teen had settled down and was not causing trouble meant he or she had somehow bought into the family value system and was all right with giving up control of his or her life. I believe that the perceived threat of the research was that it would somehow empower the teen to assert himself or herself in direct opposition to the parents. Of course, the teens explained their apparent submission to family rules as a choice to fit in and broaden their acceptance, not a loss of personal control.

A second fear stated by two parents, who were themselves mentally ill, was that the interview might further stigmatize the family. My interviewing their teenagers reawakened the parents' own feelings of victimization by professionals. In these cases the teenagers refused to participate until they felt their parents were comfortable with their decision. In both cases this process took time and, in one case, agreement to participate did not come for several months. In many ways, seen systemically, research with teens is research with their family units as a whole.

Security

As previously mentioned in the methodology section, the intention of such a prolonged engagement was, in part, to ensure that the teens felt secure during the interviews in their own homes alone with me. This was in fact the case. Parents seldom expressed any concern at all when I, a male, went off alone with their sons or daughters for several hours in their bedrooms, or some other remote corner of the home. Often the parents left the home altogether (in those cases interviews always took place in the living room or kitchen), again showing their trust in me. Given the current social climate and media exposure of sexual abuse cases, this trust is nothing less than a prerequisite for intense research like that carried out here (Warren, 1988). What is more, the nature of the questions asked, about sexuality, drug use and parent-teen relationships, were easier for the teens to handle the more they knew me and trusted me. In fact, several of the teens found the interviews less intrusive than they anticipated. "I thought the questions would be a lot more personal. I thought you'd ask more about teenagers and sex and really kind of deep questions," commented Cathy at the end of our first interview. The security measures employed contributed to the level of honesty the teens brought to these interviews. These same measures also meant that, as the researcher, my integrity was never questioned, even as I dealt with deeply personal issues in the participant's lives. Tape recording our conversations, informing the parents of what would transpire and staging the interviews with the parents' permission not only

made the teens feel safe, but also ensured the safety of a male researcher with young subjects.

Being an Adult

Several of the findings were serendipitous and resulted directly from the methodology used in this study. By watching and carefully noting, step-by-step, the way in which a process of inquiry which was designed to be empowering affected the participants in the study, much was learned about how the process of empowerment itself operates and influences mental health. The fact that I am an adult complicated this research as it established me as having more power than the participants. The methodology was an attempt to rebalance this power differential by sharing all my notes and transcripts with the participants and encouraging them to comment on the findings. Taking time both to explain the research and to travel to their homes, rather than having them come see me in my office, also helped mark a change in our relationship from therapist-client to researcher-participant. Watching the teens' reactions to these efforts at power-sharing helped to build a theory which could explain the manner in which teens assume power.

Arguably, even when I had not functioned as the teens' therapist, or if they had not known I was a therapist, I would still have been cast into the powerful role of an educated adult who carried with him subtle though obvious signs of being part of the middle class (the car I drove, my expensive tape recorder, being able to pay them to

participate). All this aside, just my being an adult was sufficient to skew the results. As John commented: "It's easier to talk with kids. You can say more things with kids that you can't say with adults. Not just swearing. Other things." Working with adolescents in a qualitative paradigm demands special attention to this power dynamic as it risks tainting the data. For me, I tried to maintain a meta-analysis of our dynamics to ensure that, while trying to understand the nature of empowerment, I did not overlook the way in which the teens maintained their power when in contact with me.

Teen Culture Sensitivity

I was also conscious during the research that, though I had once been a teenager, my retrospective data was not necessarily comparable with the lived experiences of the participants. Though large studies of Canadian youth in 1984 and 1990 (Bibby & Posterski, 1985, 1992) have suggested that there has been little change in the values of youth in our society, it is still important that the researcher ensure that the teens' stories are told as much as possible in their own words. Inevitably, it is my story telling their story, but I must not presume that because I grew up in Canada, am white, and from a lower middle-class dysfunctional family, that somehow I will be able to understand entirely these participants' experiences. The teens in this study like to have their cultural uniqueness respected. Many teens told me "It's different today" and were clear that they felt their generation had to deal with more problems, more pressures, more drugs and more issues than any generation before them. To ensure the ongoing trust and

commitment of the participants and to make the results as credible as possible, adult researchers working with teens must acknowledge the world view of teenaged participants as being different from their own.

Timing

It is important that the researcher understand that for an unstable population like these teens any given day brings with it a possible change in the child's state of well-being. It was not uncommon that participants expressed very different feelings about life between the first and second interviews. David was doing well during our first interview, negotiating his way back and forth between his dad's and mom's homes, keeping himself safe when unsupervised. Two weeks later he had left his father's home and was on the run, staying a night here and a night there, refusing to come back to either his father or mother's home. Not surprisingly, during our second interview he was more depressed, worried and down on himself. He was evidently confused and this showed as we tried to piece together a story of his strengths and coping strategies, something he seemed practically unable to do. To compound this, we met at his mother's home and she had a subtle hidden agenda, that he should stay with her rather than return after dinner to a friend's place where he was sleeping. David knew this and it weighed heavily on him. He wanted to complete our interview (now perhaps for the money), but he felt somewhat compromised, coming to his mom's home. "I don't really want to stay here," he confided.

Paying attention to the timing of the interviews was another source of information for me as researcher. The experiences that had just transpired in the lives of the participants hung like clouds over the interviews: Laura-lee had just returned from foster care; Mark was just out of the psychiatric hospital; Robert was up on charges and due in court the next day. Taking the time to talk about these real concerns helped me view the way problems were handled and the strategies the teens used to maintain resilience.

Money

The small stipend paid to each participant was by far the single most helpful logistical device used to advance this research. On a practical level, it ensured the teens' participation as the money was highly valued. While some participants said they would have done the interviews without being paid, these tended to be teens who liked me, or those who had some understanding of altruism. Without the money, the self-selection by participants would have greatly changed the results because only teens with certain values would have participated.

The money also conveyed the idea in a very real sense that these interviews were going to be different from those which occur with a therapist. More important, it also conveyed to the teens the message that they are important and valued participants. In fact, the money, the transcripts ("You actually typed all this out!" one participant commented) and my travelling to see them all contributed to the teens feeling that what they had to say was being taken very seriously. Doing a study on empowerment, without

making the participants feel valued and powerful, seems ludicrous. The use of a small stipend is one very useful technique which conveys important messages to the participating teens.

Research as Intervention

While all the factors discussed above had an impact on this research with adolescents, one aspect of the methodology produced serious and unforseen results. As the interviews progressed, it became evident that participation in the study could have a therapeutic effect on the participants. It appeared that the research itself was an intervention in the lives of these teenagers and could act to enhance a teen's mental well-being. Other researchers who have used naturalistic research techniques with clinical populations observed the same phenomenon. Freeman and Dyer (1993) argue that the answers to open ended questions, used during their research with adolescents, were useful to staff at the treatment facility where their research was being conducted. Freeman and Dyer feel that while DSM-III-R classifications aid diagnosis, the types of research questions used in their study (which were similar to those used here), aid therapists in deciding on interventions. This occurs because the interview guide elicits information about the strengths of the clients as well as their weaknesses and establishes a broader context in which to understand the choices adolescents make.

For most of the teens in this study, the lengthy period of engagement meant that I was very aware of the matrix of forces affecting their lives and how the individual teens

viewed themselves within different contexts. Each step in their growth was put before me in therapy, and my validation either sought or spurned. Looking back on how the teens related to me helped to unravel the mysteries of the empowerment process. I felt at times like a resource to these teens. Later, I was able to understand that the intricate duet in which I was participating was the adolescent's attempt to drift towards a place which brought the most powerful self-definition and respect. At times, that meant drifting towards me and the narrative that was constructed through me and my interventions. After all, the nature of this research was to investigate aspects of health in the lives of these teens. This approach could not help but challenge other constructions of their identity which focused on the illnesses and problems they experienced.

Just the fact that a particular teen was chosen to be part of the study made him or her feel important, especially when paid a small stipend. It was clear these teens felt singled out as special. My presence in their homes also helped the parents see their children as special too. More than one parent found it hard to imagine a doctoral student learning much from *their* teen about mental well-being. What I began to notice was that many of the teens used the opportunity of our meeting to redefine themselves as important. I became a source of power as these teens told their friends about our interviews. It was common to be interrupted during the interviews by a phone call from one of the participant's friends. I could hear in the participants' voices when they told their friends they were being interviewed that they felt respected and important.

Clearly, I was a resource to both the teens and their families. To ask such intimate questions of the participants could not help but make me a part of the discourse which influenced their lives. I became a resource to the family members who used me to help construct and sustain varied images of each other. Parents would tell me about how their teens seemed to like me, or had said they enjoyed doing the interviews. For families where the teenager had been difficult to engage in therapy, such admissions were taken as a sign of hope that the teenager was becoming more mature and responsible. This, in turn, helped to start a change in script for the teen. Just entering these adolescents' homes and seeing them on their turf had a way of validating who they are. They were suddenly more that just the troubled teenagers seen in my office. I was often toured around their homes and shown their artwork and shop projects, tasted the home baking they had done, and given a chance to hear their poetry, all in an effort to show me the positive aspects of the teen's identity, largely invisible to an office-bound therapist. The process of the interviews helped to open up these opportunities for the teens to show me an alternative way of viewing them.

During the interviews there were also opportunities for therapeutic-like interventions. It's not that I actively encouraged the teens to use me this way; they merely took the opportunity afforded them, just as I learned they did with all new resources which came into their lives. Take, for example, this piece of dialogue with Beth, an exchange typical of many in the study:

> Beth: I don't actually care what people think of my appearance. It doesn't bother me. Because I have a ring in my nose I've had girls call me a dyke and stuff.

But it doesn't bother me because I ignore most of that stuff . . . People at our school who dress a little weird are called freaks. I don't know what I am. I'm just kind of normal. Do you think I'm strange?

MU: Do you think you're strange?

Beth: No.

Though I hardly participate in offering a definition of her, Beth seeks out the way I see her to help her see herself more clearly. There were times in the interviews, often during our second meeting, when I would offer back to the teens my interpretation of how I thought they saw themselves. By doing so I was contributing to their narrative, a story line which they could then either reject or change. In either case, my contact with them was not objective, nor was it untainted by therapeutic potentialities. As one of many random life events and an intense opportunity for thoughtful reflection on who they appeared to be, the research could not help but have an influence on how the teens defined themselves. I am reminded of Christopher, the shy 14 year old in whose room I was shown Lego creations and told about his dreams to be an architect. This was a privileged insight for me and a powerful moment for Christopher as he yearned for an older male's attention.

For those teens whom I had not seen in therapy, this same pattern was evident, though the therapeutic impact of the research was more muted. In the case of these teens, I knew less about them and our relationship was less intense. Therefore, my

participation in their discourse was less influential. I also had less knowledge of parent and peer dynamics and was seldom able to contrast and compare different labels assigned to them. Yet, despite this blindness, I was able to observe and reflect at length on how these teens manipulated the interviews to take control of how I would see them. I needed to rely more in these situations on an intuitive understanding of the process in which I was being engaged. Lorraine was a master at this. While painting a picture of herself as being adult-like and in control of her life she, nevertheless, was cautious about losing control of this self-definition while in my presence: "I didn't really notice becoming like an adult," she said in our second interview. "I guess I didn't realize it. Well, I did in a way, but I didn't realize you would see me like that." Just as I'm about to take over her power of self-definition and tell her how she appears to me (as an adult), she backs down and moves away from a label she is not yet willing to take on. This prevents me from fixing that label on her which would threaten her power of self-definition. Performing this dance time and again convinced me that control over one's self-definition is key to feeling good about one's self. For Lorraine, one of the teens who saw herself as very resilient, being in control of our interview was just something she did, hardly conscious, it seemed, of why or how but clearly always choosing to take control in this way to protect herself.

Even the teens encountered in the focus groups showed how this research endeavour had therapeutic overtones. I found it difficult to end the groups. The teens kept wanting to talk about their problems, about their parents and about how they saw themselves. I hardly expected such a positive reaction to my presentation of theory and

a request for feedback. While reflecting upon this phenomenon later, it struck me that the content of the group discussions was on strengths, thereby suggesting that teens had the ability to change the way the world viewed them. This message opened the doors to a discussion which gave the teens permission to be forthright and honest about their lives and their struggles. They appeared to feel safe in the knowledge that they would not be judged as rebellious or bad but, instead, seen as lacking in control, power and understanding. Collectively, members of the groups took the opportunity of our meeting to tell me about their struggles being a teenager and, by so doing, built together a resilient and strong identity. By admitting to their vulnerabilities, their family conflicts and their struggles with teachers, they were challenging all notions of their being the only ones guilty of causing problems. Whether one wants to question the content of what they said or not, one cannot help but admire the process by which they strove to take some control over their labels as teenagers.

Summary

Based on these observations, it is my belief that, to some extent, all research has an impact on the participants. It directly influences their mental health, especially when the researcher is cognizant of the effect his or her presence has on the construction of a participant's labels. To summarize, the researcher's work becomes part of the geography of the child's world and has an impact on that world.

Understanding that research such as this can be therapeutic has made me critically aware that this same phenomenon is probably occurring in many other studies. It is hard to believe that Whyte's (1955) involvement with the Italian youth in the community he called Cornerville did not have an impact on the way they defined themselves, especially for Doc, whose leadership was respected and reinforced by Whyte's research. The corollary of this is that the onus is placed on the researcher to be cautious that the narratives he or she contributes to do not have deleterious effects on the mental health of participants. When the participants are especially vulnerable, like those here, with long histories of severe mental health problems complicated by the normal life crises which accompany adolescence, the need to be particularly attentive to the impact of the research is arguably even greater than with less challenged populations.

These issues which arise from this study's methodology show that working with an adolescent population demands special considerations for the work to be participatory and sensitive to the context of their lives.

One final note on the methodology is worth making. In hindsight, although the selection of participants from my caseload or the caseloads of therapists who trusted me and my work was controversial, I would argue that to have found a similar group of teens, who talked so openly about so many issues in their lives, would have been very difficult any other way. As an adult, I needed a role vis-a-vis the youth which was acceptable to both them and their parents in order to ensure not just their participation, but their openness during the interviews. Even with a large caseload to choose from and a lengthy period of engagement, it still proved very difficult to get the teens to

participate. Some missed appointments repeatedly, some waffled between acceptance and refusal, others were hesitant and leery of me despite the trust they had shown while in my office. Though I had only two refusals to participate, it should be noted that it often required multiple contacts and letters to entice some of these teens to see me. It is hoped this research in some small way will encourage more studies of teens that go beyond standardized questionnaires.

APPENDIX J

The Participants' Stories

Allison

When we first met, Allison was an angry and abrupt 15 year old, suspicious of anyone trying to help her, but desperately seeking someone to reach out and unlock her emotions. Allison had witnessed her alcoholic father repeatedly beat her alcoholic mother before he died in a motorcycle accident when Allison was nine. Her older brother then continued the violence, beating both Allison and her mother, Patricia. Out of her own frustration, Patricia started beating Allison. Eventually, Allison, who at the time went by her first name, Katie, requested that Family and Children's Services remove her for her own safety. She went through five foster families in as many years, becoming more and more a part of the group of kids who were the toughest and most difficult at school. Her mother all but abandoned her to the social welfare system, and accepted little or no responsibility for the problems at home.

Allison came to feel very badly about herself. She reports that she was physically and emotionally abused in more than one foster home. She constantly thought of suicide. And she was once accused of sexually molesting a nine-year old boy, though adamantly denies the charge.

A chance meeting with Beth, another of this study's participants, and her mother Cora, grew into a solid friendship. When Cora heard what was happening to Allison, she was invited to come live with them. For Allison, this was the first choice she had made in years that she felt good about. Initially, Family and Children Services refused to accept Allison's decision, though they eventually certified Cora's home as an approved foster placement. When the family moved to better housing, Allison joined them.

At the time of the move, she had already been in therapy for a year and a half, making slow but steady progress dealing with her anger. As her therapist wrote in a letter to Allison and me, "Katie has a great deal of rage which needs to be dealt with in order for her to finally be "free" of her past." Having chosen a warm and loving environment in which to grow, Allison made great gains over the next year, changing dramatically the way she saw herself and was seen by others. Nevertheless, the lingering memory of her family and their continuing negative messages were always an obstruction to Allison's further growth.

<u>Beth</u>

Beth likes herself; and anyone spending time with her can quickly see it. She is a perky 16 year old who lives with her mother and a friend, Allison, whose story was described above.

Beth's mother, Cora, grew up in a violent and abusive home. Her first husband physically abused her, as well as Beth and Beth's older brother, Jamie. Cora divorced

him when Beth was age seven. Since then she has been a dynamic and caring mother. The family had owned, for a short time, their own business, but went bankrupt a year before I met them. Cora had borrowed money from what she describes as "the mafia" and when the business folded after just four months, they took her home, and everything in it. The family returned one day to find their clothes strewn on the lawn and all their possessions gone.

Since that time, Cora has managed to move her family into good, affordable housing, and is currently on welfare and working part-time. Beth takes a great deal of responsibility around the home and likes to care for others. She continues to see her father monthly. She also attends church regularly and is involved in several community social action groups such as Greenpeace, Amnesty International and the Pro-Life Movement.

Though Cora came to see me often to help her with the transitions occurring for her and the girls, Beth was never seen clinically. Despite the many disruptions in her life, Beth seemed confident and happy.

Cathy

Cathy, age 15, at first refused to attend counselling. Her parents complained that they were constantly fighting with her and that, days before, she had flicked a lit cigarette into her father's face. Eventually, with some coaxing and some phone calls,

Cathy came to counselling. She felt the problems were more between her parents, which in fact was the case.

Cathy's mother, Joceline, married George, Cathy's father, after Joceline became pregnant, accidentally. Joceline had been brutally and repeatedly sexually abused as a child and, despite years of individual and group counselling, was still struggling to cope with intimacy with men. George has a history of psychiatric problems and was hospitalized briefly two years earlier following an attempted suicide. Despite these turbulent events, Cathy had still managed to maintain a close relationship with her mother and, with therapy, built a better relationship with her father. She has shown a remarkable resilience to move out of self-destructive patterns and migrate towards, what she and her parents characterized as, healthy school and peer relationships.

After almost failing all her courses last year, Cathy requested a transfer to another school. There she changed from a peer group in which she was the youngest to one where she was older than (or the same age as) most of her friends and, therefore, a leader. She has maintained an enduring relationship with a boy one year older than her and candidly indicated that they were practising safe sex.

Christopher

Christopher is a shy 14 year old with few social skills outside of his immediate family. He is a below average student, who barely passes. Amongst his neighbours, however, he is known as a responsible young man who is often asked to babysit.

His parents separated when he was three, after his father, Brian, was caught carrying on an affair in which he had been involved for several years. Christopher's mother, June, suffers from depression and has seen different therapists around issues related to this illness and her very poor self-concept. Despite the poverty the family lives in, and Christopher's mother struggling to raise her son alone, the family copes well with the few resources they have. Christopher relies on the support of his extended family a great deal to supplement the financial and emotional resources that are at times lacking at home.

I had never met Christopher before these interviews. He was referred to the study as an "interesting" child who was coping, despite his mother's problems.

Christopher recently had asked to go and live with his father, who had only two years earlier reconnected with his son. The possibility of her son leaving was proving very difficult for June, though she was coping well and continuing to reach out for help to get through this difficult transition. Christopher was finding in his father a great deal of support and was willing to forgive him for leaving the family. Brian was remarried and had one step-daughter whom Christopher liked a great deal.

David

David, age 14, and his younger brother, Joey, age 12, grew up hearing much of the verbal and physical abuse that their mother, Leslie, suffered while married to their father, John. On two occasions Leslie took the boys with her to a shelter. She finally

left John two years ago. In court the boys had their own lawyers and were able to decide where they were to be placed. David chose to be with his father, Joey with Leslie.

Despite this choice, David spends much of his time at his mom's home, saying that, though he doesn't like her rules, he does appreciate that at least there he gets a home cooked meal and some attention. David is almost completely unsupervised while at his dad's. His father, who is an alcoholic, is out every evening after work drinking. David roams the streets as he wants, eats what he likes and often skips school. Despite this, he has had few run-ins with the police and, as he proudly stated, does not do drugs. He has developed a large support network of friends that help keep him fed and cared for. He is a tall, good-looking fellow with a great sense of humour that draws people towards him.

David and his mother attended a group for parents and teens in conflict. Originally, it was Leslie's hope, when she self-referred, that John would attend the group with David. John was not interested, though in phone conversations kept saying he would try to come to a meeting.

Hugh

Hugh, aged 13, has cerebral palsy and must use a wheelchair while at school, though he manages to be more independent and mobile at home. For most of his life he has had to cope with one surgical procedure after another in order to maintain any degree

of mobility. Nevertheless, as the oldest of three boys, and the son of a single mother living on welfare, he sees it as his responsibility to care for his younger brothers despite his physical limitations.

The family lives in government housing and would like to move, but cannot yet afford to do so. His mother, Margaret, is an active participant in her community and tends to quickly become engaged in solving others' problems. The entire family was referred to counselling by Family and Children Services after it was alleged, by all three boys, that they were being sexually abused by their father with whom they lived for a year and a half. Margaret had had to give up her children shortly after the couple's divorce when she had a nervous breakdown and was hospitalized for six months. The court eventually found the father not guilty, in part, due to a lack of evidence resulting from the boys' anxiety while testifying.

The family is very competent at marshalling the resources they need to survive. A whole team of professionals come and go in their home, including public health nurses, Big Brothers, extend-a-family workers, social workers, as well as informal community supports. They are a tight-knit family with an abundance of love shown between them.

Jason

I never met Jason before our interview for this research though, his mother, Dorthy, came to see me for five months to help her manage her son. There were also

periodic contacts with Dorthy for the next year as well. Dorthy complained her son was out of control in her home, and had recently "trashed" his sister, Cathy's, room. He intimidated everyone in the home, breaking things, and demanding that Dorthy and Cathy do his chores.

Over time, Jason has seen many social workers and psychiatrists because of his anger. He was born disabled. All through his childhood he had repeated operations and constant problems coping with his prosthetic device. He is now able to hide his physical disability quite well.

Jason has also been getting into a great deal of trouble around the housing complex in which he lives. The police have come to see Dorthy several times, accusing Jason of everything from throwing rocks at trucks to shoplifting. So far he has avoided detention. He also misses a great deal of school, and blames his many doctors appointments for this. He presents himself as an angry young man and talks often about neo-nazis, Hitler and satanic worship. He has few friends and in fact is often being chased by other kids whom he has insulted.

Jason has had very little contact with his father over time, though he did go to live with him for four months, two years earlier. His father insisted Jason leave when he was verbally abusive to his dad's new wife and was ruining their marriage. At age eleven, Jason also lost contact with a Big Brother he had had for several years.

Despite repeated attempts to meet, Jason refused all contact with me. Work with Dorthy centred on helping her reassert her control in the home. This approach had some limited success and mom and Cathy began to feel safer. However, Jason's home life still

remained chaotic. It was not just him who had problems at home. The house was dark and dirty. Newspaper covered the windows so Carol could sleep during the day. The kitchen table was full of boxes and garbage, evidently not having been used in weeks. It was a strange and eerie home for me to visit when I interviewed Jason.

It is worth noting that, following his participation in this research, Jason agreed to attend counselling with his mother, following a crisis in which she had kicked him out of their home.

John

John is an athletic 13 year old with a calm outer demeanour. He tends to answer questions with a few words, though admits that with his friends he is much more outspoken and jovial. He and his mother, Lucy, were referred to counselling several times. The most recent referral came after she chased John around their apartment with a butcher's knife trying to stab the boy. He had insulted her and she felt unable to discipline him any other way. John was removed for the second time in his life and placed in foster care for a short period before being returned home.

Lucy claims it is all John's fault, that he is a bad kid. She says he swears at her, though she admits that she calls him a "little fucker" just as often. Lucy is an alcoholic, and has an eating disorder. She is a very large women, well over three hundred pounds, and asthmatic. She doesn't like to leave her home and would seldom attend sessions with her son. She wants each therapist who becomes involved with the family to fix the boy.

John copes by staying away from home. He is an industrious fellow, working part-time delivering flyers and also trying to get a job in a restaurant. He plays football, and has friends far from where he lives. He is also good friends with his mother's friend, Andrea.

John hasn't seen his father in years. His mother discourages contact.

John is surprisingly calm, given these circumstances. He does not worry about his mother's abusive behaviour. As he explained, "I can run faster than her". John was referred to me for both therapy and inclusion in the study.

Laura-lee

Laura-lee has been described by those who work with her as pleasant, intelligent and competent. She can appear to be much older than her 15 years, which may explain why she has a boyfriend who is 18. Laura-lee and her mom, Janice, live in a small cramped cottage by a lake just outside of a small town. Laura-lee and her sister, Joanne and brother Andrew are bused each day to schools in the city. Laura-lee was an A student until two years ago when her mother was involved in a bad car accident. Though only a passenger, Janice blames herself for having been drunk and causing the accident. Following the accident, Janice was unable to cope with three children while living on welfare. She sent them to stay with their father, Joe, for three months. Laura-lee had seen her father seldom in the three years since her parents common-law relationship split

up. Janice had moved in with Joe after she became pregnant with Laura-lee. She left him, fed up with his drinking and violent outbursts.

It was while at her dad's that Laura-lee's behaviour changed. She began hanging out with delinquents, skipping school, disobeying curfews. Finally, she was returned to her mom, who worried about being able to handle her. Janice finally exploded when Laura-lee was 14. Janice met up with Laura-lee on the main street of the town near which they lived and viciously beat her in public. Though Laura-lee ran away to some friends, onlookers called the police and Janice was jailed for the night, put on probation and Laura-lee placed in foster care with an aunt. When met for the purposes of this interview, Laura-lee had been back home with her mom for two months, and the situation had improved. Both wanted to be together, but both harboured resentment about what had happened. The family had been in counselling, periodically, since Janice was charged with assault. Janice now attends an addictions program for women.

Leslie

I met Leslie, age 17, her mother Kay, her younger sister, Jamie, her older sister Andrea and Andrea's newborn baby during an evening session at my office. The family was very upset with Leslie's behaviour. She was staying out late with her boyfriend and was being very disruptive when at home. It seemed to the family as if they could never do enough for Leslie and yet she did little or nothing to help any of them. They said she was being irresponsible.

Leslie's mother had left Leslie's alcoholic father two years earlier. Kay was fed up with the physical and emotional abuse. Leslie was pleased with the separation, but not happy with having to move to a new city. She found few friends and felt that, with her mom now back in the workforce to support the family, a great deal of responsibility was being placed on her shoulders. She had been up until then a responsible child but, when that role became expected of her, she began to rebel.

Her relationship with her boyfriend, Nate, was a good escape for Leslie. Nobody particularly liked Nate as he appeared to boss Leslie around. Nevertheless she stuck by him until they separated shortly after this research was completed.

As bad as Leslie's behaviour had become at home, she managed to shine in one area. She had held a job for two years when I met her and she was being given more and more responsibilities at work. As Leslie described it, she didn't mind being a responsible kid, but it had to be her decision, not her mother's. Therapy, which helped Kay have more realistic expectations for her daughter and provided support for Leslie as she tried to stay connected to her family without being scapegoated for all the problems, proved very successful. The family began to work better as a unit and, at the time of the research interviews, Leslie reported feeling much happier about how things at home were going.

Lorraine

15 year old Lorraine was referred to the study because her mother's therapist thought it would be good for Lorraine to have a chance to talk about her life. Lorraine had seen a therapist with her mother, Jackie, on several occasions, to work on issues of discipline and responsibility in the home. The issues confronting this family included financial strains from Jackie's enrolment in university, a recent move by the family to a new neighbourhood with less crime but far from their friends, and a history of physical and sexual abuse that had not been resolved.

Lorraine is a very mature young woman with a stable relationship with a boy three years older than her. She insisted that problems with her mother were being resolved. Clinical casenotes substantiate this claim. Lorraine is upset with Jackie for not protecting her from Jackie's boyfriend who sexually abused Lorraine. Jackie has some doubts if Lorraine's story is true. Lorraine's older sister was abused by the girls' father whom Jackie divorced six years ago.

Despite these problems, Jackie shows a great deal of courage having raised three daughters alone while still finding the resources to return to school. Though she reported feeling depressed and was worried about her daughter's state of mind, the family seemed to be coping well given the real problems confronting them.

Margie

I met Margie after a worker from Family and Children Services asked that she and her mother be included in a group for parents and their teens who were in conflict. Margie was 13 at the time and had already spent several nights in an emergency foster home. She is a very energetic adolescent, with a quick wit and evoking presence. She makes friends easily, and is almost too willing to tell her life story to anyone who comes close. Her mother, Tanya, divorced Margie's father, Robert, an alcoholic, when Margie was five years old. Tanya had worked in advertising, but was now at home suffering from Chronic Fatigue Syndrome and living on a small disability allowance. Margie had been moved from Toronto a year earlier.

Following the move, she attempted suicide by cutting her wrists. When at home she was angry and would not obey any rules. Her mother was exhausted and unable to cope any longer. Margie was also dating a 16 year old boy from the local high school with whom she was sexually active.

During the first stage of therapy, Margie was able to express her feelings about the neglect she felt, about the divorce of her parents eight years earlier, all the while beginning to rebuild emotional bridges between herself and both her parents. While her suicidal ideation subsided, she continued to miss school often and to disobey all house rules. Eventually, she was removed from her mother's home, placed in foster care for one month, and then moved to her father's home. Robert is now sober and remarried. His spouse has one older daughter in university. Margie was seen with her father and

step-mother in a second therapy group. The behaviours seen at her mother's home had begun to reoccur at her father's home, including scarring her wrist and school truancy.

Despite these problems, Margie makes friends easily and is a gifted artist, proud to display her work when she is feeling supported and loved. She knows she can excel at school and chooses to do so when there are no distractions in her life like boyfriends or conflicts with her parents.

Mark

Mark is a very bright 14 year old. When committed to school, he is an A student. He is also a very large boy, standing six feet and weighing well over two hundred pounds. Mark's family was referred to me for counselling after Mark's 16 year old brother broke Mark's nose in a fight. The parents report being unable to control Mark's violent temper and annoying behaviour and, consequently, did not think what had happened between their sons was wrong. As they said, "Mat had it coming". Mark's mother, Sharon, and father, Jeff, are both under the care of a psychiatrist. His mother has manic-depression and his father is a cold, logical man, susceptible to bouts of depression. Jeff, is now unemployed from his job as a computer programmer. The family lives in an area of town with a high rate of crime. At the time of the interview, Mark had just returned from six months on an in-patient ward at a large city psychiatric facility. He went there voluntarily after overdosing on aspirin and sleeping pills.

Ever since Mark was a young child his large physical size meant that he had to be controlled so that he would not unintentionally hurt other children. Mark's parents still see him as a child who needs control, though admit, at this point, they cannot tell him anything. Mark is verbally and at times physically abusive to family members, especially his eight year old sister. He is also very sexual with his mother and often talks about sex related subjects around the home.

Yet despite this home life, Mark is a well-disciplined and well-liked student at school. He volunteered at the local hospital as a candy striper for six months. He has friends his own age and is pleasant when seen alone. He is doing much better since returning from the psychiatric facility, and reports having met other troubled teenagers whom, he felt, really understood what he was feeling.

Melissa

Melissa and her mother, Libby, father, Bob, and older sister, Kirsten, requested counselling to help Melissa cope with her father's mental illness. Bob was diagnosed with manic-depression after spending thousands of dollars on a trip to the United States and then becoming violent during a confrontation with border guards when returning to Canada. Libby has had to work long hours to get the family out of debt while Bob has been at home fighting with the children. Libby is a strong Baptist and is angry that her family are less than enthusiastic church goers.

Although Bob is now on medication, and certain his behaviour is under control, Libby is still very anxious and worried. Neither parent has had much time for Melissa in the last two years. She has been expected to replace her mother around the home and keep it running well. Melissa says she only gets attention when she is bad and does not do as she is told.

Her parents say Melissa was a "good girl", always helping around the home, never upset, and pleasant to be around. At the time the family began counselling, Melissa was skipping school, sexually active, smoking, spending money "frivolously" and refusing to go to church. Melissa also ran away for two days and attempted suicide with some pills. Melissa explained that she felt like she was being expected to be the "mother" while at home, and that she didn't feel ready or able to do the job. She missed her mother and felt her father was too much to handle. She longed for things to be back to how they were before her dad's illness.

Over a period of eight months of counselling, most of it with just the two parents, the home situation stabilized and Libby and Bob began to notice more of their daughter's positive attempts to do things that pleased them. Melissa began cooking meals and spending time at home with her mother. She also attended school regularly once she was able to switch at her request into a vocational program in automotives.

Patricia and Sophie

Patricia and Sophie, age 14, are both stereotypically attractive and outgoing adolescents. They live with their alcoholic mother, Betty, in a low income housing project. The home is a chaotic thoroughfare for the teenagers and their many friends. Both girls openly swear at their mother and appear to run their own lives. The police and Family and Children's Services have been involved with the girls periodically for years. Patricia just recently spent two months in detention for breaking her mother's front window and threatening to kill her if she called the police. Both girls spent a month in foster care a year earlier when it appeared their mother's drinking was interfering with her ability to parent. While Betty is now being treated for alcoholism, the girls have refused to accept a referral to a local drug and alcohol assessment centre for themselves.

The girls have periodic contact with their father, Morgan, who lives in Florida. They like seeing him once or twice a year. He left Betty and the girls when they were eight. Morgan was reportedly abusive to Betty and the children.

Life for the girls has not been easy. Patricia was sexually assaulted at age 12. Both girls have had a difficult time adjusting to their family situation and have largely had to raise themselves. Sophie has coped by excelling at school and sports. Though she is difficult to discipline, she takes the initiative herself to study and get to her sporting events. Patricia hangs around with an older crowd and likes to think of herself as a leader amongst adolescents her age. She has found success with her peers and is

known as a very tough kid who won't back down from a fight. The family volunteered for counselling when Patricia came out of detention. Work progressed sporadically, and, though they were being seen by a very talented therapist, little seems to have been accomplished. Betty still hopes it will help.

The girls were referred to the study because of the sharp contrast between them and because it was felt having a chance to identify aspects of healthy functioning in their lives might be good for them.

Peter

Peter's mother, Joanne, requested help from Family and Children Services to prevent her from further abusing her children. Peter, age 14, and his younger brother, Luke, age 11, had on occasions been severely disciplined. Yet Peter refused to see this as a problem. He loved his mother and saw little need for counselling. Peter never knew his father, whom his mother spent only a few months with, common-law. Joanne has a long history of mental illness and continues to struggle with schizophrenia and depression. Nevertheless, she manages to parent both her children well, except for the occasional physical outburst. Peter protects his mother from harsh criticism. Despite his poverty and lack of consistent parental support Peter is succeeding well in life.

He is a bright and studious individual who stands up for himself and his beliefs. He loves to debate issues and is proud of his straight A performance at school. He also attends regularly a church youth group and is involved in extra-curricular theatrical

productions. Peter's ability to negotiate the outside world had made him far less vulnerable to the negative effects of his home situation. Instead, he admires his mother for what she has managed to do. Her illness, he feels, does not interfere with his life, except when she keeps him up at night roaming the house talking to herself.

Robert

Robert is a quiet and moody boy who dresses in the same long baggy pants and loose fitting jacket every day. I worked with Robert, his mother Shirley, and his step-father, Martin, on and off for over a year. Shirley was at her wits end to know how to stop the fighting between Robert and Martin. At one point she gave up trying and moved out with Robert into a place of their own. This pleased Robert and his behaviour improved temporarily. He reported feeling safer and more interested in coming home. He also reported thinking about suicide less and even began to look into returning to school. When Martin began staying overnight the family returned to counselling to see if there was any way to help Martin and Robert get along better. Some success was found as Martin gave up his role as Robert's parent and decided that Robert was now old enough to be treated like a mature young man whom Martin could be buddies with. Robert found Martin's unrealistic expectations on him subsiding and seemed more relaxed. These changes, however, came and went in cycles as Robert continued to be depressed, to act out in the community and eventually to have more frequent run-ins with the law.

Robert has never met his natural father who left Shirley shortly after Robert's birth. This bothers him. Martin, who later married Shirley, moved in with them when Robert was one. Martin was adamant that Robert could be an all-star hockey player and pushed the boy hard to be responsible and practice. This pressure came despite Robert's small stature and his dislike for excessive competition. Though Robert did well at school until grade eight, his marks in the last year slipped, he was constantly truant and eventually suspended for two weeks after vandalizing the school. He never returned. He was also detained briefly for being an accomplice in a break and entry. The parents have been using lock-outs and "tough love" measures to try and control Robert. He has become more and more depressed and unresponsive. He keeps saying the problem is Martin but does not feel he is heard. Shirley eventually insisted Robert get a job if he was not in school, but this pressure to act maturely, like other pressures, had only limited success.

Tammy

Tammy is an open and friendly 13 year old who lives with her mother, Victoria, in a small condominium which is now up for sale. Victoria is now unemployed from her job as an executive assistant and struggling to make ends meet.

Two years ago Victoria and her ex-husband, Cliff, separated after treatment for his alcoholism produced few changes. When the couple separated, Tammy disclosed that Cliff, who is her step-father, had sexually assaulted her on several occasions. Both

Tammy and her mother have been in counselling since that time. Tammy still experiences frightening flashbacks, and is very angry with Victoria. Besides losing a step-parent, Tammy's contact with her grandmother, Cliff's mother, was cut-off, as the grandmother does not believe Tammy's allegations. Tammy has sporadic contact with her natural father who never lived with the family.

Tammy has coped through these past two years by adopting the label of the survivor. She is open with her friends and teachers about her abuse and has taken advantage of the mental health resources available to her in her community. One gets the sense that the sexual abuse is just one part of a web of problems resulting from people abusing her trust. On three occasions Tammy has made violent suicidal gestures and been admitted to hospital. Yet, despite all this, she continues to attend school regularly. Her peer group is large, though older than her. She has a boyfriend and, though she is not sexually active, she is going on the pill by her own choice. She is also having to cope with her mother's involvement with a new partner, Michael, and the family's upcoming move into Michael's home some distance from where Tammy has been living.

Tanya

Tanya is a pleasant young woman, plain in her features and not very popular with her peers. She and her four year old brother, Brian, live with their mother, Samantha. Tanya sees her father, Grant, every second weekend. The couple divorced three years

ago. At first the children went with their father due to their mother's emotional instability. She was under psychiatric care for 18 months. During that time, Tanya took over Samantha's role with regard to her younger brother and acted as she puts it "as a wife" for her father. She was responsible for all the housework while also attending school full-time.

Tanya has done well in school and became involved in the local politics of her low-income housing project. She was very proud of her recent appointment to the Board of her local recreation centre and of a letter she wrote on the Board's behalf to ask for the installation of a stop sign near the project. She makes a good impression on adults; however, her attempts to make friends seldom succeed. She is happy to be back with her mother and describes their relationship as one of "friends." She has only once been caught for shoplifting and then it was for a few cosmetics that she says her family could not afford with their welfare.

Tanya's mother requested counselling for the family. She was finding it hard to have any say over Tanya. She realized this was in part because Tanya had assumed the role of mother for a couple of years, but as Samantha got her health back she wanted a more hierarchical relationship with her daughter. Samantha continued to cope with her own problems related in part to a past history of sexual abuse. Both she and Tanya actively participated in group therapy sessions and eventually found a way to have a better relationship. Tanya gave up some of her control, and instead, she is spending more time outside the home and in the community and in extra-curricular activities at school. This allowed Samantha to regain some say over her household and her other

child. While Samantha felt satisfied and left counselling after three months, Tanya felt she had personal problems that needed to be looked at and continued to attend group therapy sessions for a further three months.

Tommy

When I visited Tommy at home the apartment was crowded with people, most of them relatives. Tommy was his usually quiet and withdrawn self, using as few words as possible to express his thoughts. He is a strong, good looking young man of 16. For the last four years he has not spent much time with his seven brothers and sisters, five older and two younger. He has been either in foster care, group homes or, as is more often the case, in detention for joyriding in stolen cars. Debbie, his mother, has constantly moved the family around Southern Ontario throughout Tommy's life. She talked of five different men who were fathers of her children, in some cases, not quite certain who was really the father of which child. Alcoholism, spousal abuse and child abuse characterized the history of this family. Of his siblings, Tommy most idealized his 17 year old brother, Jason, who is in a provincial jail for one year on theft charges. "No one messes with him," Tommy explained.

Tommy has had some contact with his natural father, Rob, though he has been little help to the boy despite Debbie's request that he help find Tommy an apprenticeship as an automechanic. Tommy became close to at least one other of his step-fathers, Barry; though, like others, Barry left the family abruptly, going out for beer and never

returning. Tommy's worst memories are of David, his mother's partner for five years when Tommy was a young boy. David would make the boy kneel with screws taped to his knees while holding books out in front of him on outstretched arms. The only thing worse than this punishment was the beatings he received when he dropped the books.

Tommy describes his friends as being like "brothers". He tries his best to keep up friendships with boys he used to know in other places. He hopes now that his mom will stay in one city, though her present partner is violent and an alcoholic and it appears unlikely she will stay with him for long. The family has only welfare coming in, which means there is no money for Tommy to join a hockey or football team. He attends school sporadically, and hopes one day to become a mechanic, though at the moment he takes no automotive classes.

While in detention, Tommy asked for counselling, but talked little and seemed not to know why he came to see me. His mom and everyone else were hopeful that he would begin to talk about what he was feeling and deal with his anger, but he did little of this during sessions. Mostly, he wanted to figure out where he was going to live when he got out of jail.

In jail, Tommy did well, maintaining his level of privileges and, through the discipline of natural consequences, learning somewhat to control his anger. He felt good about his advances in his school work and enjoyed the many sporting activities provided for the boys. At last contact, Tommy did not feel that much good was happening in his life since getting out of jail, but he was resisting getting into more trouble as he knew next time he would be tried in adult court. He spends most of his time hanging around

with friends, intimidating other people, but not breaking the law.