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A Narrative Analysis of the Significant Life Events of Delinquent and Normal Adolescent

Girls

by

Alexandra J. Sanderson

A THESIS

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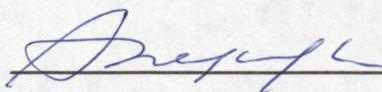
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "A Narrative Analysis of the Significant Life Events of Delinquent and Normal Adolescent Girls," submitted by Alexandra J. Sanderson in partial fulfillment of the requirements for the degree of Master of Science.



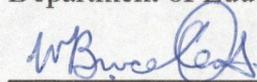
Dr. A. McKeough

Department of Educational Psychology



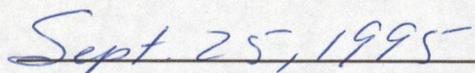
Dr. C. Violato

Department of Educational Psychology



Dr. W. B. Clark

Department of Education Curriculum and Instruction



Date

Catatonic

The city masked depressions
a boy in snow, three
years tall but not gone
like birds.

The boy cups seed, hand
feeds cardinals, red
white, watched through windows,
from stairs.

No leaves, nothing left
but holes, no windows
just frosted glass, fist prints
in white doors

His voice broke off
fence and house, emptied
whimpers into a sky full
of feathers

broken around hate. Wind
bite holes in clouds, eats
into snow, ice, reveals
blood

frozen feathers, snow pink
red and white curls stain
pressed glass.

He was found curled in snow,
pink terry towel pressed
to chest with one hand, the other
elsewhere.

Tom Muir

ABSTRACT

The primary purpose of this study was to explore the utility of using self-narratives to gain insight into what types of negative life events demonstrate a high concordance with juvenile delinquency and how specific styles of understandings regarding these events contribute to subsequent behavioral and emotional problems.

For this study, two groups' life histories were investigated, that of a behaviorally troubled group (e.g., runaways) and a comparison group who were rated as non-behaviorally troubled by teachers. Participants were asked to summarize their life experiences in chapter format and to respond to a subset of three Thematic Apperception Test cards.

The life history data was subjected to: 1) a content analysis; 2) a narrative analysis, consisting of, a) a thematic analysis, b) analysis for presence of core encapsulations, and c) a participant role analysis; and 3) a developmental analysis that identified trends in intentional and interpretive thought. Results suggested that the behaviorally troubled group had experienced more negative events, and that these events differed qualitatively on a traumatic level. Additionally, it was found that the behaviorally troubled group self-narratives contained more negative themes and that these encapsulated themes were represented in their TAT stories. The developmental level analysis suggested both groups were equivalent in their employment of intentional and interpretive thought. Finally, an additional result was that the behaviorally troubled groups' narratives were on average approximately twice the length of the comparison group.

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During the past two years, many individuals have stood beside me and contributed so much to the final completion of this project. Mom and Dad, you have always supported me, the many phone calls, words of encouragement, meals on wheels, the willingness to sit and listen, and the sharing of the tears, meant so much! I hope you know how rare and special it is for a daughter to have a friendship with such special people. I have truly been blessed with an exceptional family. I would also like to acknowledge a very extraordinary supervisor, Dr. A. McKeough. Anne, you always offered unconditional support, you aided in directing me towards the knowledge I needed to work in the area that is so close to my heart, took time to explore theoretical possibilities, and only grounded me once! My deepest thanks is also extended to the principals, counselors and participants who were so willing to take time to help with this study. To my girls, I am so grateful for your willingness to share your stories and some of your deepest secrets. The trust and risk you were willing to take was so inspiring. I have also found over the past two years that the best of friends can be found in school. Lynn, thank you for all the emotional support and the never ending empathetic ear. Sharon, a.k.a. Zipper, where would I be without my pea in a very dusty pod. Remember, revenge is a double sided sword! Furthermore, I assure you that it was not me that convinced either of us into another three years of masochism!. Tom "Lurch" Muir, your poetry, ear and understanding was always very deeply appreciated. Lastly, but not least, I would like to thank Kevin and the gang for, well, you guys know!

DEDICATION

I would like to dedicate this work to two very special people, the primary motivators in my return and continuation in school. Kristin, you pulled me out of the blackest of holes, never let me give up and always promised me there was light at the end of the tunnel. You were right, but I wish I could share the happiness with you. I miss you terribly, think of you often and pray you found some form of solace as well. Stephen, you are so very special and never far from my thoughts or heart. I hope you can know from this that all things are possible and life truly provides a many splendored kaleidoscope of experiences, all of which contribute to our creation. Be well.

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Chapter I

Introduction

Traditionally, narrative has served as a way of making meaning. Long before the wide spread use of written texts, myths, folk tales, and parables were used to transmit cultural beliefs and norms. Narrative serves a direct meaning making function at a more individual level as well.

Individuals naturally construct narratives when they are asked to report about their understanding of experiences that have occurred during their life span. This form of self-narrative places the actions and events in question in a narrative framework that facilitates interpretation and understanding of specific experiences by the self and by others. The stories that we tell about ourselves are fundamental in the development of what we view our "self" as. The plots we utilize are comprised of interpretations regarding what is good, bad, and possible for the self and thus, they aid in our conception of who we are, and what we may become. Hence, humans engage in self-narration to generate understanding of the self, others, the value of certain situations, and possible courses of actions (Bruner, 1987; Nelson, 1981; Gergen & Gergen 1988; Holland & Valsiner, 1988; Kerby, 1991; Mancuso & Sarbin, 1983; McAdams, 1993; Runyan, 1984; Sarbin, 1986; Snow, 1990a, 1990b; Vitz, 1990).

The stories we tell about ourselves comprise our self-narrative. Theorists contend that self-narrative is not static in nature, but is part of a living biography that is continually reconstructed across the life span (e.g., Noam, 1988). Continuous reconstructive activities

occur because self stories tell of the individual's present but also the past and possible future in a coherent fashion. Thus, the self-narrative continuously undergoes alterations as a result of the individual encountering both expected and unexpected life events. These events result in changes in the individual's present perceptions that are incorporated into the self-narrative in a way that preserves the continuity of the narrative by maintaining self consistency, identity, order and cohesiveness (Hermans, 1992). Thus, humans continuously elaborate on ceaseless sequences of images in an effort to fit new understandings of events in an ordered and coherent way with the past and what they believe the self represents (Wyatt, 1986).

In fact, it has been postulated that narrative thought is the basis for much of the organization in human social and intrapersonal cognition (Nelson, 1981, Gergen & Gergen 1988; Bruner, 1987; Mancuso & Sarbin, 1983). This assertion is based upon the role of language in the organization/mediation of narratives and the inherent ability of language to provide meaningful connections between an individual's life events (Holland & Valsiner, 1988; Vygotsky, 1993).

The socio-cultural tradition contends that humans learn language through social interactions and eventually utilize dialogue as a tool for organizing cognition and affect. Furthermore, it is postulated that humans within a given culture depend upon shared meanings, shared conceptual understandings, and shared forms of discourse, for managing differences in understandings (Bruner, 1987, 1989, 1990). These shared meanings are possible as humans construct complex mental representations from language and social

knowledge. These representations are thought to aid in the creation and maintenance of assumptions about the world. (Holland & Vallisner 1988; Bruner, 1990).

This would suggest that there exists an interdependence between, and within, the personal narrative of an individual and the social realm and, consequently, that social life is reciprocal in its negotiation of meaning. Thus, the understanding of self-narratives by others may be possible as the foundations of narrative thought stem from shared meanings within a culture.

The tendency for individuals to organize their understandings in a narrative framework that utilizes language for expression may facilitate others understanding of the interactions that have occurred between an individual and environment. This may have significant implications for the study of developmental psychopathology as many disturbances in behavior and thought are believed to stem from significant, negative interactions between self and the environment that have occurred early in development (e.g. Bowlby, 1977).

There is little doubt regarding the degree to which traumatic and negative life experiences can affect the development of an individual's personality via the creation of specific generalized responses to the self, others and future experiences (e.g., Bowlby, 1977). This is particularly evident in the research concerning the connection between early traumatic experiences, especially maltreatment (including sexual abuse), and the development of later behavioral problems. Studies in this area have demonstrated that maltreatment in childhood is related to both introverted and extroverted behavioral

problems, (Bowers, 1990; Zingraff, Leiter, Myers & Johnsen, 1993) and is connected to subsequent runaway and delinquent behaviors (Bagley, 1987; Gutierrez & Reich, 1981; McCormack, Janus, & Burgess, 1986; Seng, 1989).

Increases in deliberation on the potential connection between juvenile delinquency and maltreatment during the past two decades is a result of the recent social acceptance of child maltreatment as a significant problem in western society. Additionally, psychology has engaged in a general decrease of reliance on the medical model to explain all behavioral and psychological disorders. Conversely, it has endeavored to devise and test theoretical models that take into account the interactions over time of a variety of contributing factors that may encourage the development of behavioral, emotional and cognitive aberrations.

The utilization of developmental models of psychopathology in an effort to understand delinquent behavior has demonstrated a concordance between early maltreatment experiences and subsequent development of behavioral and emotional problems. These models propose that early maltreatment experiences may detrimentally influence the development of certain competencies and this lack of maturation in one area (e.g., emotional) can hinder development in other areas during later stages of development. It is postulated then that these hindrances may contribute to the development of subsequent delinquency (Case, 1988; 1992; Cicchetti & Howes, 1991; Wolfe & Jaffe, 1991).

Similarly, developmental-motivational models are utilized to explain how maltreatment in later childhood and adolescence may facilitate and prolong engagement in delinquent behavior. These theories also take into consideration factors that have been shown to interact with the child or adolescent to exacerbate the effects of the existing maltreatment. The familial environment has been demonstrated to act as one of the primary interactive factors for increasing or decreasing the likelihood of participation in delinquent acts (Gutierrez & Reich 1981; McCormack, Janus & Burgess, 1986; Reich & Gutierrez, 1979).

Additional findings suggest that traumatic experiences adversely affect the developing social-emotional, cognitive and linguistic-representational competencies of children (Cicchetti & Howes, 1991, Kashani, 1987; Wolfe & Jaffee, 1991; Wolfe & McGee, 1994). These altered competencies are believed to be built into the self-narrative, and are asserted to predispose the individual to emotional and behavioral disorders through the creation of a negative bias in perceptions, organization and recall of information, and subsequent behavioral decisions (e.g. Palombo, 1991, 1992). Consequently, they appear to contribute to the creation of a cyclic state of revictimization, in that the individual uses the negatively biased understandings of self and world to interpret and direct reactions to new experiences (Noam, 1987a, 1987b, 1988; Palombo, 1992; McAdams, 1993; Singer & Salovey, 1993; Zibin, 1995).

The theoretical frameworks provide by Noam (1985, 1986a, 1986b, 1988), Singer and Moffit (1991-1992), and Singer and Salovey (1993) provide a foundation for conceptualizing how negative experiences, through their adverse influence the developing

competencies, bias the representational capacity of the self-narrative. In other words, these researchers have shown how these experiences result in the formation of maladaptive understandings of self and other and how these understandings contribute to the development and perpetuation of pathology.

These aforementioned frameworks allow for the exploration of the various postulates regarding maltreatment and the subsequent development of behavioral problems (e.g., delinquency), through the collection of delinquent adolescents' life histories. Collection of autobiographical data allows for the examination of the self narrative and may promote a richer understanding of: 1) the types and frequency of self-defining memories that appear in the self-narrative that are representative of traumatic and negative experiences; 2) the core themes found in adolescents' narrative that are representative of negative perceptions of self and others; and 3) adolescents' perceptions of significant events and how they construe their own and other's role in the cause and course of these events?

Statement of Purpose

It has been proposed that through the study of behaviorally troubled adolescents' life histories (i.e., the self-narrative) it may be possible to gain a better understanding of how specific patterns of understandings regarding negative and traumatic events contribute to subsequent behavioral and emotional problems (Bruner, 1987; Nelson, 1981; Gergen & Gergen 1988; Holland & Valsiner, 1988; Mancuso & Sarbin, 1983; McAdams, 1993; Runyan, 1984; Sarbin, 1986; Snow, 1990a, 1990b; Vitz, 1990). In order to consider the

plausibility of this assertion, it is necessary to consider: 1) What the self-narrative is postulated to represent, and the functions it may serve; 2) how understanding of experiences is facilitated through voicing the self-narrative; 3) normal patterns and deviations in the development of the self-narrative; 4) the clinical application of this knowledge; and 5) the effects of negative experiences, such as maltreatment on developing competencies, and its contribution to delinquent behavior. The goal of the current study is to examine the narratives of behaviorally troubled and non-troubled girls to address the following hypothesis: 1) behaviorally troubled girls will report higher levels of past experienced negative events (e.g., maltreatment); 2) these events will differ qualitatively for the behaviorally-troubled and the comparison group; 3) differences will exist in how the participants perceive events in relation to their own and others' roles in the cause and course of events; and 4) repetitive themes and encapsulations will differ qualitatively between the two groups, with the behaviorally troubled groups' narratives exhibiting more negative themes. As a result of the indepth nature of self-narrative analysis this study will only focus on the narratives constructed by a female sample.

Chapter II

Literature Review

The self-narrative of an individual is conceptualized as that person's account of the causal connection of self-relevant events across their life span (Gergen & Gergen, 1983; McAdams, 1993; Mancuso & Sarbin, 1983; Sarbin, 1986; Singer & Salovey, 1993; Schaffer, 1992). In other words, throughout development an individual will attempt to establish systematic coherent causal connections between events, experiences, and actions. Thus, the self-narrative is conceived as the organizing component to an individual's personality and it is asserted that self-identity is achieved through the self-narrative as it provides for the individual an intimate understanding of their past history and developing story (Gergen & Gergen, 1988; Mancuso & Sarbin, 1983). Therefore, self in this psychological tradition is considered a construct that is created via specific configurations of self-relevant events into a historical totality which includes the past and present and presupposes the future (Kerby, 1991; Mancuso & Sarbin, 1983; Polkinghorne, 1988; Robinson & Hawpe, 1986; Spence, 1982).

Various theorists in the socio-cultural and the cognitive tradition have attempted to delineate the functions served by the self-narrative through narrative modes of thought. These theories differ in their emphasis of what information is organized and understood through narrative thought. However, they all view narrative thought as the basis for the way in which humans understand social and intrapersonal experiences.

Bruner's (1987) theoretical propositions regarding narrative thought focus on the facilitation of interpersonal understanding via narrative reasoning. He described the narrative mode of thought as complex mental representations that allow for description and understanding of "lived time," or experiences. Bruner (1990) contended this mode of thought is able to describe life experiences as it is concerned with human intentions and actions and the diversity of outcomes they produce. The narrative mode of thought operates by temporally and causally ordering events that take place in the physical world (i.e., on the "Landscape of Action") and those that occur within mental spheres. (i.e., on the "Landscape of Consciousness"). The dual organizational component of narrative thought allows an individual to understand not only the concrete aspects of an experience, but also their own or other's intentional states (Bruner, 1987; Bruner, 1989; Bruner, 1990).

Mancuso and Sarbin (1983) held a similar view, conceiving of narrative thought as the "root metaphor" or base, upon which individuals organize much of their thinking, perceiving, imagining and dreaming. They maintain that there is the tendency for humans to impose plot structures on various information inputs, whether these be from the social or internal realms. Moreover, it is only when raw data are placed in the context of a plot structure (emplotment) that the possibility for establishing a coherent account of experience occurs, and understanding is achieved (Mancuso & Sarbin, 1983; Sarbin, 1986).

Correspondingly, Gergen and Gergen (1988) view narrative thought as a linguistic tool that serves the social function of making individuals intelligible to self and others. Narrative thought is postulated to be the basis for organization in human relations as

individuals tend to live out their relationships with each other in a narrative form. These theorists stress the importance of narrative thought for understanding life events and establishing expectations for the future. For example, life events are made understandable as narrative thought organizes them so that they have the perceived reality of having "a beginning," "a climax," "a low point," and "an ending" (Gergen & Gergen, 1983; Gergen & Gergen, 1988).

The construction of self-narratives is not a solitary activity as the individual relies on language, a symbol system, for causally connecting experiences. This reliance means that the individual is engaging in a social act when constructing his/her narrative and that the self cannot be reduced to a solely subjective and private construct. The public nature of meaning making is imperative to the construction of the self-narrative (Gergen & Gergen, 1983; Malm, 1993).

In order to understand how individuals undertake meaning construction one must consider the signs, or language, upon which the meanings are grounded, as all experience is mediated by signs which encode the interpretations of what is encountered. Language is considered an abstract system whose central function is the description of states of affairs (Potter & Wetherell, 1987). As language systems stem from within the context of interactions with others, it can be said that private experiences are encoded through a socially derived language (Palombo, 1992).

The diversity and depth of meaning found in self narratives is due to their reliance on language and humans' narrative nature. This reliance on language and our story-telling

nature allows for continuous self-interpretation as we can define ourselves in new ways and embellish old definitions of self (Kerby, 1991). Additionally, the articulation of experience via language allows us to discover the importance of various emotions connected to experiences and thus, allows us to conceive of what is important in our lives (Kerby, 1991; McAdams, 1993). Consequently, it is through language that humans come to understand themselves; the self is constituted as a subject to be reflected upon and thereby is made understandable (McAdams, 1993, Schaffer, 1992, Singer & Salovey, 1993).

Self-narratives facilitation for understanding experiences

The structure of a self-narrative results from individuals using anticipatory schemata, such as plots, scripts, and themes to organize information inputs in a way that facilitates their comprehension, memory and recall. These anticipatory schemata, or plot types, are utilized to form causal linkages between disparate pieces of information by creating categorical connections (Crites, 1986). Narrative thinking is thus a heuristic process involving causal thinking that consists of creating a fit between an experience and a type of story schema (Robinson & Hawpe, 1986). It is postulated that there exists three main components to narrative modes of thinking, that of: 1) story schema, 2) individual's knowledge and experience, and 3) cognitive strategies (Crites, 1986; Mancuso & Sarbin, 1983; Wyatt, 1986)

The many different types of anticipatory story schema, or plots utilized by individuals in the development of self-narratives are culturally derived and provide an

implicit procedural plan for organizing information. An individual's story schema designates what types of information are essential for specific types of stories and how to connect experienced life events in a causal fashion to achieve the defined goal for the specific narrative type (Crites, 1986).

Understanding of an experience is facilitated when the story teller employs cognitive strategies and prior knowledge to map the situation on an appropriate story schema. Analogical reasoning is the cognitive strategy most often used in narrative thinking. This form of reasoning utilizes the individual's world knowledge to provide examples of the features and relationships that satisfy the narrative schema chosen and provides information regarding the plausibility and coherence of the story created (Crites, 1986).

Mapping of a situation is accomplished through emplotment which consists of applying the stereotypic configurations of events and actions of the story schema to life experiences to aid in organizing these events meaningfully into a coherent whole. The story maker employs cognitive strategies to examine the information they have available regarding the experience and identify the relevant facts to be applied. These relevant pieces of knowledge are then mapped onto the story structure. Thus, plots or story schemas aid in ordering disparate experiential inputs by providing the necessary structure for these events; a beginning, a middle, and an end (Kerby, 1991, Mancuso & Sarbin, 1983; Tappan, 1992).

The cognitive processes involved in matching facts to story schemata are cyclical and ephemeral as the story will be subject to revisions as the narration proceeds and at later points in the individual's life (Crites, 1986; Mancuso & Sarbin, 1983; Wyatt, 1986). The author of a self narrative chooses and constructs the characters, figures and roles that are employed in his or her life story in order to meet the specific requirements of this story. However, it must be stressed that people continuously reconstruct the self and the life story supporting this self. This is due to the various novel experiences the individual will encounter throughout life that will result in the development of new schemata with which to conceptual present, past and future experiences (Mancuso & Sarbin, 1983).

Developmental nature of self-narratives

The self continually develops throughout the individual's life span as new interactions between self and the world produce opportunities to reconstruct understandings of the past, present and future (Hermans, 1992; Kegan, 1982; Malm, 1993; Noam, 1985, 1986a, 1986b, 1988; Tappan, 1992; Wyatt, 1986). The dynamic-developmental approach views the self-narrative, or the biographic account of self, as the history of that individual's important relationships and their internalizations. It assumes that the internalization of relationships can, and does, continue to shape an individual's experiences and perceptions long after the self has developed more complex meaning frames to understand the experience.

Self-other understandings are also the result of lifelong processes of development in which successions of qualitative differentiations of the self from the world are created at

each new developmental level. This progression results in the creation of more advanced developmental organizations that provide coherence to interpersonal and intrapersonal reality. Thus, an individual's ability to understand self and other and their thoughts and feelings surrounding their experiences follows an evolutionary path that is motivated by struggles to understand conflict and changing feelings in intrapersonal and interpersonal contexts (Noam, 1985, 1986a, 1986b; Palombo, 1991, 1992).

Bruner (1987) postulates that the particular social influences that shape cognitive and linguistic development also guide the evolution of the self-narrative. One of the strongest modifiers of cognitive and linguistic development is the familial environment and it is thought to also have the power to shape an individual's self-narrative and thus, subsequent perceptual experiences, organization of memory, and recall of life experiences (Bruner, 1987; Cicchetti & Howe, 1991; Dodge, Pettit & Bates, 1994; Rohner & Rohner, 1980; Snow, 1990a; Wolfe & Jaffe, 1991; Wolfe & McGee, 1994). It is postulated that familial influences on the developing self-narrative become adopted as part of the self-belief system and develop into a habitual and automatic system that influences interpretation of information (Bruner, 1987; Miller & Moore, 1989; Snow, 1990a). Consequently, they become incorporated into the self narrative, and serve as the basis for structuring experience, accessing memory, organizing understandings of the past and present, and guiding future self-narratives (Bruner, 1987; Bruner, 1990).

Snow (1990a; 1990b) and Miller and Moore (1989) have also stressed the importance of the familial situation in the creation of a child's self narrative. Snow (1990a)

contended that interpersonal interactions within the familial situation tend to influence: a) the events considered suitable for narratives; b) the creation of sanctioned versions of events; c) the presentation of events; and d) the creation of connections between life experiences.

The effect of familial influences on the development of the self-narrative appears to have the capability to promote a healthy sense of self, or a damaged sense of self. For example, parents often tell their children they possess certain characteristics, such as being good, smart, or clever. Snow (1990a) contended that these characteristics tend to be believed, and adopted by children, and subsequently become part of their self-definitional framework. If children, however, have been informed (either directly or indirectly through experience) that they possess negative characteristics, it is postulated that these, too, become consolidated into the self-narrative (Snow, 1990a; Miller & Moore, 1989).

The adoption of negative beliefs about the self resulting from early significant experiences (e.g., attachment) are believed to be consolidated into the self-narrative framework and influence future perception, organization and recall of experiences. Furthermore, negative discourse and experiences stemming from within the familial milieu are believed to result in the development of a negatively biased overarching themes. These overarching themes have a central organizing function, such as seeing oneself as a victim (Bowlby, 1977; Palombo, 1991; Snow, 19990a, 1990b). Individuals subsequently reinterpret experiences in line with the organizing theme and thus, in a reciprocal fashion, provide further confirmation of it (Palombo, 1991).

As a result of this, clinicians have stressed the need to examine an individual's self-narrative, through the collection of autobiographical data, in order to gain information regarding the effects of negative experiences on the development the individual's self-narrative (McAdams, 1993; Noam, 1988; Schaffer, 1992; Singer & Salovey; 1993). Through careful analysis of autobiographical data it is believed that the clinician can aid the individual in identifying the biased thought patterns and themes that stem from negative experiences.

Clinical applications of the self-narrative

The tendency for individuals to organize their autobiographical memories via a semantic network that utilizes language for expression leads to the facilitation of others' understanding of the interactions that have occurred between an individual and their environment (Holland & Valsiner, 1988; Nelson, 1981, Gergen & Gergen 1988; Bruner, 1987; Mancuso & Sarbin, 1983). Consequently, expression of autobiographical memories allows for others to understand the experiences that have shaped the individual's understanding of self and of the world. This may have significant implications for the study of the development of clinical disorders as many disturbances in emotion, behavior, and thought are believed to stem from significant, negative interactions between the self and the environment (e.g. Bowlby, 1977).

Singer and Moffitt (1991-1992) contend that because each individual has a unique set of autobiographical memories that are stored and expressed in a semantic fashion, clinicians have the ability to examine the memories of life experiences in order to define

which experiences have contributed to the development of maladaptive thought patterns within the self-narrative. Clinicians can aid in the discovery of the basis of negative representational models of self and other due to the ease with which the self narrative and thus, self-defining memories can be elicited from clients. Self-defining memories are easily evoked and recognized through autobiographical data collection as they have a high level of elaboration and vividness (Singer & Salovey, 1993).

In trying to understand an individual's personality and emotional difficulties, clinicians can also examine the autobiographical data for reoccurring themes that are connected to repetitive series of memories (e.g., representative of similar experiences). Singer and Salovey (1993) contend that repetitive series of memories (e.g., self-defining memories) that evoke a strong affective response in an individual tend to share common attributes (e.g., abuse). These attributes tend to be representative of the interests, motives, or concerns of the individual and, as such, tend to be repetitive and instantaneous as they have collapsed a sequence of associated experiences into a single construction. Thus, by focusing on one representative memory, one gains access to many memories of related experiences due to linkages formed by common attributes and affective states (Singer & Moffitt, 1991-1992, Singer & Salovey, 1993).

It has been postulated that the most important information conveyed by a self-narrative is the life and core themes. These are conveyed in the individual's attempts to depict the core themes, issues, and values that are found across their life span as an integrated whole. Personal narratives have been demonstrated to contain internally

consistent themes of the past, experienced present, and the future from the individual's present perspective (Hermans, 1992). Interestingly, strong support has been demonstrated for the ability to validly and reliably identify these life and core themes (Howard, Maerlender, Myers & Curtin, 1992).

Noam (1988) proposed a model of developmental psychopathology that describes the cognitive process that leads to the reinforcement and maintenance of faulty, or inappropriate perceptions of self and other. Noam (1988) hypothesized the need for clinicians to consider the importance of the long term effects of negative, or unresolved events on the formation of an individual's sense of self, and views the autobiographical memory as a living biography that uses old meaning systems to interpret interactions with environment. Furthermore, he asserted that an individual's autobiographical memory is organized around core themes that stem from self-defining memories that have resulted from negative dealings with the environment, biased beliefs about existing relationships in the external world, and possible traumatic past experience (Noam, 1985, 1986a, 1986b, 1988).

Utilizing a developmental perspective, Noam (1988) proposed that core themes and story schemata undergo continuous elaboration and reorganization due to the accommodation of new information inputs from the environment. However, this transformational process also utilizes encapsulated views of self and the world in the reorganizational process. Thus, encapsulations surrounding negative self-defining memories remain integrated in the autobiographical memory across the life span. (Noam,

1985, 1986a, 1986b, 1988). Encapsulations occur via over-assimilation of particular overwhelming experiences that resist being integrated into complex mental representations. This lack of integration produces encapsulations of old meaning systems that are then inappropriately applied to later interactions with the environment. The belief systems found in encapsulations are an internal reality, following an inner logic, that have not been validated in comparison to external reality (Noam, 1985, 1986a, 1986b, 1988).

Thus, encapsulations can lead to the development of psychopathology when negative experiences are transformed into self-defining memories and the belief systems surrounding these relations are internalized in the form of scripts, or story lines, that prevent the individual from experimenting with new, more positive response sets to interpersonal stimuli.

The frameworks provided by Singer and Salovey (1993) and Noam (1988) provide a theoretical basis for understanding how negative experiences, such as maltreatment, may evolve to form maladaptive scripts that contribute to the development of emotional and behavioral problems, and the engagement in delinquent activities. The employment of these frameworks, through the collection and analysis of autobiographical data, may assist clinicians in helping delinquent youth in the resolution of emotional, or behavioral difficulties by reliably identifying: a) what self-defining memories the individual has; b) what experiences these self-defining memories stem from; c) what themes and encapsulations arise from the memories of these experiences; and d) how they influence the individual's understanding of self and other, emotional states, and behavior.

Maltreatment, maladaptation and delinquency

Organizational developmental models of psychopathology are useful in understanding how child maladaptation can emerge as a by-product of a dysfunctional family environment. Research in the area of maladaptation has focused on the effect of maltreatment on the developing child and the role of the family in the emergence and continuance of psychopathology. Much of this research has determined that abuse (e.g., sexual, physical, emotional, neglect) significantly advances deviant development in multiple domains of development, such as the socio-emotional, cognitive and linguistic-representational (Cicchetti & Howes, 1991; Kashani, 1987; Wolfe & Jaffe, 1991; Wolfe & McGee, 1994). These domains form the major components of the individual's self narrative and their deviations are constructed into the self-narratives.

Normal and Deviated childhood development

Normal development, from the organizational developmental perspective, is characterized by qualitative reorganizations among behavioral, cognitive, socio-emotional and biological systems. These reorganizations take place via differentiation and hierarchical integration of a series of age and stage appropriate tasks. These tasks are seen to be critical to the child's continuous adaptation, but once mastered decrease in their importance in relation to the newly emerging tasks. However, competence at an earlier stage is presumed to provide the child with the adaptive ability to gain competence at the next stage. Thus, each developmental stage is represented by specific tasks that require the child to coordinate and integrate previously attained competencies in order to facilitate

attainment of later ones (Case, 1988, 1992; Cicchetti & Howes, 1991; Wolfe & Jaffe, 1991).

Psychopathology can result then, when an event, usually traumatic, is unsuccessfully adapted to and results in a lack of integration among the socio-emotional, cognitive, social-cognitive, linguistic, and representational competencies of the child. Furthermore, as early structures are subsumed into later developmental configurations, early traumatic events may lead to the emergence of increasingly severe behavioral and emotional aberrations. An example of this is the child's adaptation to attachment events during the first year of life. If a child unsuccessfully attains secure attachment to the primary care giver, impairment of affective development may result. This insecure attachment relationship and impairment of affective states will continue to undergo transformations and integration and impair the ability to adapt to future tasks, such as peer relations (Case, 1991; Cicchetti & Howes, 1991; Wolfe & Jaffe, 1991; Wolfe & McGee, 1994). Investigations concerning the lasting effects of maltreatment on the development of early cognitive, socio-emotional and behavioral structures has focused on; 1) the effects of poor attachment relationships; 2) disorganized emotional states, 3) inappropriate emotional and behavioral regulation; 4) scholastic difficulties; and 5) dysfunctional peer relations.

Investigations concerned with the effects of maltreatment on the quality of experienced attachment have demonstrated the lasting influence that abuse can have on the behavioral and emotional development of a child. The development of a secure attachment is one of the first tasks the child must confront and is important to development as it forms

a model or representation of attachment figures, and themselves in relation to others. This representational model organizes the child's emotions, cognitions, and expectations about future interactions and guides them in the formation and maintenance of subsequent relations. Early maltreatment can negatively affect development of this representational model as its creation is based upon the relationship history with the primary care giver, as experience by the child. Thus, if the child's relationship history is characterized by abuse and/or neglect, the child will most likely form an insecure attachment to the caregiver and the resulting representational model will interpret future relationships as ones to be feared and distrusted. (Cicchetti & Howe, 1991; Dodge, Pettit & Bates, 1994; Rohner & Rohner, 1980; Wolfe & Jaffe, 1991; Wolfe & McGee, 1994).

Research on early maltreatment and its effects within the early childhood years has demonstrated that children who have suffered physical abuse, emotional abuse and neglect are significantly more insecurely attached than comparison children (Egeland, Sroufe & Erickson, 1983). Moreover, the effects of insecure attachment appeared to influence the child's attainment of self-esteem, emotional, social, and behavioral competencies. Physically abused children were distractible, non-compliant, negative, lacked self-esteem and displayed behaviors characteristic of social-emotional disorders. Similarly, the emotionally abused children expressed a great deal of anger, were non-compliant, and lacked enthusiasm. The neglected children in this sample were also distractible, impulsive, and lacked self-esteem (Cicchetti & Howes, 1991; Rohner & Rohner, 1980; Egeland, Sroufe & Erickson, 1983).

Further research has supported the contention that abuse experienced during the early childhood years negatively influences emotional development, an important developmental task for later formation of scholastic and personal proficiencies (Eckenrode, Laird & Doris, 1993). Difficulties in the development of emotional competencies are thought to arise from the fear elicited by abusive relationships as this fear impairs children's ability to regulate and organize their emotional states (Shields, Cicchetti & Ryan, 1994). Research has noted that in response to abuse, young children often exhibited high levels of fear and anxiety, symptomology similar to that of post-traumatic stress disorders (Burgess, Hartman & McCormack, 1987; Cicchetti & Howes, 1991; McCormack, Janus & Burgess, 1986; Kashani, 1987; Rohner & Rohner, 1980; Wolfe & Jaffe, 1991).

Emotional and social regulation also appear to be severely hindered by early experiences of maltreatment in the child's development. These competencies are important to the success of the child's social interactions. Egeland, Sroufe and Erickson's (1983) study demonstrated that early maltreatment contributed to the subsequent development of socio-emotional difficulties and lack of emotional regulation at later times in development (e.g., 42 months). Negative effects on emotional organization and regulation as a result of maltreatment have been shown by Beeghly & Cicchetti (1994) to be detrimental to the development of social regulation abilities. Their research demonstrated that maltreatment affects the development of the ability to talk about internal emotional states and emotions regarding the self or others. These abilities are thought to be fundamental to the development of self-other understanding and regulation of social interactions. In a study

designed to examine the frequency of dysregulated behaviors exhibited by maltreated children (aggression, disruption and withdrawal) it was found that abused children were deficient in behavioral and affective regulation and engaged in high levels of dysregulated behavior. These manifestations of lack of regulation lead to the maltreated child experiencing difficulties in peer relations (Shields, Cicchetti & Ryan, 1994).

Hindered emotional and social regulation as a result of maltreatment have also been shown to be detrimental to a child's school performance leading to poorer academic performance, grade repetition, and disciplinary difficulties (Eckenrode, Laird & Doris, 1993; Wodarski, Kurtz, Gaudin, & Howing, 1990). The aforementioned research of Egeland, Sroufe & Erickson (1983) demonstrated that abused children lacked self-esteem and appeared unwilling to attempt problem solving tasks. These characteristics adversely contributes to poorer academic performance as the children lack the belief that they are capable of academic tasks and often react with high levels of aggression and frustration when first attempts to solve problems are unsuccessful (Wodarski, Kurtz, Gaudin, & Howing, 1990).

The development of maltreated children's social-cognitive development has also been shown to be detrimentally influenced by maltreatment experiences. Maltreated and neglected children's judgments of moral and social conventional transgressions were examined and results indicated that abused children tended to consider transgressions that resulted in psychological distress to be more universally wrong than did neglected children. Conversely, neglected children rated the unfair distribution of resources to be more

universally wrong. Lastly, both groups rated transgressions that occurred against others as being more serious and universally wrong than transgressions that occurred against the self (Smetana, Kelly & Twentymen, 1984). Perceptions such as these may contribute to maltreated and neglected children's aggressive behavior in some situations (e.g., unfair distribution of resources) and also accounted for the tendency to assume the role of victim in some peer interactions.

The maltreated child's lack of secure attachment, difficulties in social-emotional regulation, incorrect understanding of social and moral transgressions, and lack of self esteem are all seen to adversely impact the child's development of peer relations and friendships (Cicchetti & Howes, 1991; Beeghly & Cicchetti, 1994; Dodge, Pettit & Bates, 1994). It has been postulated that maltreated children who do not form secure attachments learn to act in ways that prevent formation of healthy peer relations, and conversely, encourage the development of deviant ones. The developmental pathway to poor peer relations for a maltreated child is believed to start with insecurely attached children reacting to their primary caregivers in a attentive and apprehensive manner. This behavior appears to become habitual and extends to other relations, and as a result impedes the development of healthy peer relationships. For example, the child will generally desire to form close bonds with others but fear to do so and as a result the child behaves in a contradictory fashion towards peers. Additionally, abused children appear to develop representational models of relationships that involve victims and victimizers. This model is often seen to characterize maltreated children's peer relationships with the child alternating between

behavior characteristic of the aggressor and of the victim (Dodge, Pettit & Bates, 1994; Kashani, 1987). Research has demonstrated that maltreated children tend to interact less with peers, exhibit less pro-social behavior, and exhibit high levels of physical and verbal aggression or withdrawal, and avoidance (Cicchetti & Howes, 1991; Dodge, Pettit & Bates, 1994). These behaviors, especially the heightened aggressiveness or withdrawal have been demonstrated to lead to increasing peer isolation and rejection (Cicchetti & Howes, 1991; Dodge, Pettit & Bates, 1994; Kashani, 1987). In a five year study examining the effects of early maltreatment on the development of peer relations it was found that problems in peer relations occurred as early as kindergarten and appeared to intensify over the next 5 year period. Furthermore, these effects were shown to hold true for both male and female subjects (Dodge, Pettit & Bates, 1994).

Further obstructions in the child's development result from peer isolation and rejection. Research has demonstrated that children's social and emotional development are facilitated by peer relations, thus, the maltreated child's developmental difficulties in this domain are additionally impaired. It is believed that these factors act in combination to put the developing child and adolescent at risk for delinquent activities (Cicchetti & Howes, 1991; Dodge, Pettit & Bates, 1994).

Contributions to the Development of Delinquency

Investigations of the effects of maltreatment on the development of delinquent behaviors in adolescents have found that these effects are exacerbated by certain risk factors. Specifically, research has demonstrated that familial variables, reactions to

disclosure, type, severity and length of maltreatment interact to increase or decrease the likelihood and severity of delinquent acts.

Many empirical investigations have connected problems in the familial environment with the development of later delinquency in adolescents (Janus, Burgess & McCormack, 1987; Rosenbaum, 1989; Wolfe & Jaffe, 1991). Results of tentative investigations have found that female delinquency, more than male, is likely to be representative of difficulties in the home, (Rosenbaum 1989) whereas other studies have found that both sexes who experience familial maltreatment demonstrate increases in aggression and delinquency (Walker, Downey & Bergman, 1989). In one investigation of the contributing familial variables that contribute to developing delinquency, broken homes, family size, family criminality, violence and neglect were all found to be significantly correlated to delinquent behavior and continued adult criminality. The delinquent behavior found within this sample was thought to be a result not only of maltreatment, but of the interaction of the aforementioned variables (e.g., broken homes, family size) with maltreatment (Rosenbaum 1989). One of the most strongly supported interactional risk factors to the development of delinquency is the interactional effect between parental psychopathology and maltreatment (Robins & Rutter, 1990; Walker, Downey & Bergman, 1989).

Recent attention in the study of delinquency has focused on the possibility that the way in which a child or adolescent responds to maltreatment may function as a risk factor for subsequent delinquent behavior (Bowers, 1988; Burgess, Hartman & McCormack, 1987). The theoretical underpinnings of this research are based upon the assertion that

delinquent behaviors may be a response to overwhelming life experiences and function as post-traumatic coping mechanisms. The delinquent behaviors are seen as coping mechanisms as they are a form of reaching out for help; a way to call attention to the causes of the behavior. However, empirical support for this proposition has not been established to date.

It is also postulated that familial and community response to disclosure may interact with the effects of maltreatment to encourage development or continuance of delinquent behavior. Support for this proposition stems from research demonstrating that symptoms expressed by young children after disclosure strongly resemble those of chronic post-traumatic stress and are characterized by high levels of anxiety, fears, and intrusive thinking. Consequently, the effects of maltreatment may be exacerbated if disclosure of the abuse is then met with reactions conveying disbelief or blame (Burgess, Hartman & McCormack, 1987). These types of reactions can lead to secondary traumatization which compounds the delinquent behavioral manifestations by encouraging the individual to escape further victimization by running away (Bowers, 1988; Burgess, Hartman & McCormack, 1987).

Empirical investigations of various runaway populations have established that runaways have experienced significantly more child maltreatment compared to those adolescents who have not runaway (McCormack, Janus & Burgess, 1986; Janus, Burgess & McCormack, 1987). More specifically, it appears that the runaway population had experienced significantly higher levels of sexual abuse (McCormack, Janus & Burgess,

1986; Janus, Burgess & McCormack, 1987), and leaving home served as a way to escape further trauma (Gutierrez & Reich, 1981; McCormack, Janus & Burgess, 1986).

Furthermore, gender differences were found in that female runaways tended to be escaping sexual abuse while male runaways were escaping physical abuse (McCormack, Janus & Burgess, 1986; Zingraffi, Leiter, Myers & Johnsen, 1993).

In a study of 5392 abused children referred for assistance it was demonstrated that children that were victims of physical abuse were less likely to engage in violent crimes and were more likely to be incarcerated for escape acts than a comparison population of juvenile offenders who had not reported childhood abuse. This finding held for the siblings of the abused children in the sample; they were also found to be more likely to try to escape from the home rather than act in an aggressive manner (Gutierrez & Reich 1981). In a prospective study of 177 abused children, similar results were found and it was demonstrated that physically maltreated children were significantly more likely than a comparison group to have delinquency complaints, with older children and neglected children the most likely to attain delinquency status. Furthermore, these delinquent acts most often took the form of escapism and rarely took the form of aggressive acts (Zingraffi, Leiter, Myers & Johnsen, 1993).

Developmental-motivational perspectives explain the phenomenon of escapism by asserting that children that have experienced constant abuse tend to adapt to their environment by becoming more withdrawn and passive. Consequently, they tend to run away from home instead of acting aggressively and trying to protect themselves by

physically standing up to abusers or going to agencies that offer protection (Gutierrez & Reich 1981; Reich & Gutierrez, 1979; Wolfe & Jaffe, 1991). However, the result of running away appears to be increased involvement in delinquent conduct by the adolescent. Early delinquent activities by runaways appear to be characterized by petty larceny (e.g., shoplifting) and property offenses (e.g., break and enter) and further revictimization (e.g., prostitution) (McCormack, Janus & Burgess, 1986; Steele, 1985; Zibin, 1995).

Wolfe and McGee (1994) attempted to predict behavioral outcomes in adolescents based upon the types of maltreatment they had experienced. Results indicated that type alone did not predict behavioral outcomes, but the interactions between types, severity and length were predictive. Similarly, an investigation concerned with severity, frequency and type of maltreatment determined that the more severe the experienced abuse was, the less the frequency of maltreatment influenced behavioral outcomes (Manly, Cicchetti & Barnett, 1994). Consequently, if the maltreatment experience was severe enough, even an isolated or infrequent occurrence may lead to the development of pathology in the child.

Summary

It has been posited that narrative modes of thought form the basis for much of the organization of human social and intrapersonal cognition (Bruner, 1987, 1989, 1990; Nelson, 1981; Gergen & Gergen 1988; Mancuso & Sarbin, 1983; Snow, 1990a, 1990b; Vitz, 1990). This mode of thought is believed to develop through interactions between the child and the environment, with the familial milieu postulated as the most significant influence (Miller & Moore, 1989; Snow, 1990a, 1990b). Concordance between early

negative experiences and later behavioral problems (e.g., delinquency) in adolescence has been amply documented in the research literature on childhood maltreatment and sexual abuse. (Bowers, 1990; Zingraff, Leiter, Myers & Johnsen, 1993). It has been asserted that early significant negative experiences may lead to creation of negative perceptions of self and other, and that these perceptions may be constructed into the narrative framework. Furthermore, it is felt that the embodiment of and produce negative, or antisocial assessments of subsequent experiences and result in concomitant behavioral responses (Noam, 1988; Palombo, 1991, 1992).

Thus, the study of self-narratives may allow for insight into what types of negative life events demonstrate a high concordance with juvenile delinquency and how specific styles of understandings regarding these events contribute to subsequent behavioral and emotional problems (Holland & Valsiner, 1988; McAdams, 1988; Sarbin, 1986; Tappan & Brown, 1989; Runyan, 1984; Watson, 1989).

Chapter III Research Design and Methodology

This study was designed to examine the qualitative and quantitative differences between normal and delinquent adolescent autobiographical narratives. The participants were requested to summarize what they believed to have been the most important experiences spanning their life history. Also, participants responded to a subset of three Thematic Apperception Cards. These tasks were utilized to ascertain: a) if adolescents in the delinquent sample reported higher levels of past experienced negative events; b) if these events differed qualitatively from the comparison group; c) if core themes found within the narratives differed qualitatively between groups; and d) if differences existed in how participants perceived events in regard to their own and others' roles in the cause and course of events.

Participants

The participants in the study included 5 behaviorally troubled female adolescents and 5 behaviorally untroubled female adolescents, ranging in age from 13 to 19 years.¹ Demographic and descriptive data for the two groups is summarized in table 1. The behaviorally troubled group was obtained from two middle socio-economic status neighborhood schools in a large urban centre in Western Canada. The comparison group

¹ Data was gathered on 20 participants but due to the indepth nature of the analysis and time constraints, only 10 participants' responses were analyzed.

was obtained from one middle socio-economic status neighborhood school in the same large urban centre in Western Canada. The behaviorally troubled group consisted of teacher selected, intellectually average adolescent females who had repeatedly run away from home, or been expelled from their home, for extended periods of time. Absence from home was utilized as a criterion variable for participant inclusion as previous research has shown that running away/being ousted from home is related to both delinquent activity and often, previous traumatic experiences such as maltreatment (e.g., Bowers, 1990; Gutierrez & Reich, 1981; McCormack, & Burgess, 1986). The comparison group consisted of teacher selected, intellectually average, behaviorally normal participants. Groups were matched on age in an attempt to control for developmental differences in cognitive processes and socio-economic status. Following participant identification, the nominees were formally assessed via the Wechsler Intelligence Scale for Children - III (WISC-III) Similarity subtest (Sattler, 1992, Wechsler, 1991). The similarities subtest requires the individual to combine the common elements in the 17 terms they are requested to compare. This subtest measures the ability of participants to verbally employ concept formation and is an indicator of varying degrees of automatized verbal conventions (Sattler, 1992). The administration and scoring were completed in standard manner, as stipulated in the test manual (Wechsler, 1991).

Two exclusion criteria for participant participation were employed in this study. A score lower than the average on the similarities subtest of the WISC-III was chosen to function as an exclusion criterion as it was believed that the participants would have to

possess an average ability in concept formation to reach conclusions regarding the various connections between their life experiences (e.g., combining common elements across life experiences). The second criterion for exclusion was based on the researcher's perceptions of psychological fragility at the time of the interview. Participants who indicated that they were experiencing emotional difficulty and requested further counselling were excluded from the study. One participant in the behaviorally troubled group was excluded and with participant permission, was directed to the appropriate professionals.

Consent

The specific details of the study were provided to participating school boards and schools in the form of a brief written research proposal, in advance of the study. The proposal was discussed by the researcher with counsellors at interested schools. Subsequently, the aims of the research, its procedures, and the nature of student involvement was first presented to potential participants via these counsellors. Following this, brief meetings were arranged between the researcher and potential participants in order to address any questions or concerns regarding the study. During these meetings, it was explicitly stated that confidentiality would be maintained unless information was provided indicating the existence of criminal activities that posed a threat to the girl's safety, or to the safety of others². Written consent was required from all the participants

²During the study, it became necessary to reported one possible case of sexual abuse in the comparison group to the authorities.

and, if under the age of 17 years, also from their parents or guardians. Letters of consent are presented in Appendices A and B.

Materials

Materials in this study consisted of: a) An interview question designed to elicit a life history self narrative adapted from research conducted by McAdams (1993) on self narratives; b) WISC Similarity subtest (Wechsler, 1991); and c) a subset of the Thematic Apperception cards (cards # 3BM, 8GF, 16)(Murray, 1943).

Life history interview

The interview question was designed to elicit self-narratives consisting of the adolescents' most salient and important life experiences. The main interview question, presented in the following, was adapted from a previous study by McAdams (1993) and has demonstrated utility for eliciting information regarding important life events:

I'd like you to begin by thinking about your life as if it were a book. Each part of your life represents a chapter in this book. I know the book is unfinished at this point; still, it probably already contains a few interesting and well-defined chapters. I'd like you to divide your life into its major chapters and describe each chapter briefly. You may have as many or as few chapters as you like, but I suggest that you divide it into at least two or three chapters and not more than about seven or eight. Give each chapter a name and describe the important events you experienced in each chapter. This part of

the interview can expand forever, but I would like you to keep it relatively brief, say, within thirty to forty-five minutes. (McAdams, 1993, p. 256).

Thematic Apperception Test

A subset of three cards from the Thematic Apperception Test (TAT) was utilized to elicit stories from the participants (Murray, 1943). This task was selected in an effort to establish continuity in the nature of themes stemming from the adolescent's self-narratives. In previous studies, TAT cards have demonstrated utility for generating core themes and have been employed to confirm the pervasive nature of core themes in individuals' perceptions of the world and self (Noam, 1988). Thematically, the first card presented, (8GF) consisted of a middle age woman staring off into the distance. The second card, (3BM), represented a youth, of indeterminate gender, hunched on the floor with his/her face buried into the cushions of a couch. Finally, the third card (16), was blank. The first card, represented a woman in a thoughtful pose, and was chosen in hopes that it would elicit narratives rich in references to reflection and interpretation. The second card was chosen to elicit relevant and important themes from the participants as it portrayed a character that could be viewed as the same gender and age as the participants. Similarly, the third card, was blank, and so presented no restrictions to the participants' narrative. It was because, being open-ended, it had a greater chance of eliciting relevant core themes.

Procedure

Pilot Study

A pilot study was conducted first to determine the utility of the questions employed to tap the life history narrative. The questions were presented to 1 adolescent female from each group and responses were found to be supportive for the continued use of the main interview question and the TAT cards.

Data Collection

Data collection for the main study was conducted in two phases: first, the behaviorally troubled group was interviewed and subsequent assessment of the behaviorally normal group was conducted at a later date. Data collection was undertaken in this manner to allow for age matching between participants and the creation of a matched comparison group. Interviews were audio-tape recorded and each participant was interviewed individually in two sessions. In the first session the WISC-III Similarity subtest and interview questions regarding past and present significant life events were administered. During the interview, the researcher provided encouragement and non-substantive feedback (e.g., paraphrasing of what the participant had expressed, confirming understanding) unless the participant provided very limited experiences. If this occurred, participants were encouraged to elaborate upon their narratives but prompts were kept neutral (e.g., How did you feel? What did you think about that?). Responses following immediately after such a prompt (e.g., I was mad) were not coded or calculated into the final analysis, unless they were utilized as a “building block” for interpretive thought (e.g., I

was mad because I felt that he knew I didn't want him to leave, but he went ahead and left anyways, so ya, I was angry).

During the second session participants were briefly reminded of their earlier response to the life history interview and were asked to add any new information, or change information, until they felt satisfied with the narrative they had provided.³ In addition, the TAT was administered in a standard manner to the participants. During the second phase a matched normal comparison group was selected and interviewed in a corresponding manner.

At the completion of the interview sessions, participants were debriefed by making efforts to help participants process any concerns rising from participation in the study. Participants' concerns were either immediately discussed, and if appropriate, recommendations, or arrangements (with participant permission) were made for the participant to contact professional counselling staff or the school counsellor.

Plan of Analysis

The analysis was first conducted at a qualitative level and then a quantitative level. Qualitative methods were utilized in an effort to understand how the participants' described the events they had experienced and their understanding of these events. This form of analysis was performed on three levels. First, a story content analysis was undertaken in

³ Two participants in the behaviorally troubled group made additions to their responses from the first interview.

order to see what types of events the participants had experienced. Secondly, a narrative analysis was undertaken that consisted of: a) a thematic analysis; b) analysis for core encapsulations; and c) a participant role analysis. Finally, a developmental analysis was conducted that considered: a) the degree to which intentional thought was applied to understand experiences; and b) the degree to which interpretive thought was used in attempts to understand events.

Qualitative Analysis

Story content analysis

The life history narratives were read through once to familiarize the researcher with their content. Following Wyatt (1986), the self-narratives were broken into sub-stories and labeled for the event they presented. To qualify as a sub-story, an event had to be allotted a significant amount of elaboration in regards to the cause and course of the event. Conversational moves that were tangential to the sub-story topic, but were included by the participant to add meaning, were grouped with the sub-story to which they related.

The types of sub-stories found within each participant's life history were categorized according to the topic or the type of story content represented. Following the methods employed by Wyatt (1986) the story content categorization scheme emerged from the data. A list of story topics is presented in Table 2. The goal of this analysis was to determine if the behaviorally troubled groups' life histories would contain a significantly higher degree of traumatic stories than the comparison groups.

Narrative analysis

The narrative scoring protocol for the life history data was comprised of three parts: a) a thematic analysis; b) an analysis for encapsulated thought; and c) a participant role analysis for action processes. These forms of analysis were undertaken in order to ascertain the differences in narrative voice between the behaviorally troubled group and the comparison group. Recall that it was predicted that the behaviorally troubled group would utilize more negative themes and would place themselves in a higher degree of patient roles than that of the comparison group. More specifically, a higher degree of patient roles was seen as indicative of negative view of others, (i.e., they made me do it, they did this to me) (Halliday, 1985) and it can be representative of the self portraying the self as a victim (Halliday, 1985).

1. Thematic analysis

a) **identification of core themes:** Themes, for this analysis, were coded by examining the life history narrative for repetitive topics and statements. The statements were categorized as a theme if they were seen three or more times, in more than one sub-story, and found in the form of an exact replication or in the form of replicated meaning. These criterion variables were arbitrarily set by the researcher in an attempt to identify only themes that were pervasive in nature.

b) **tabulating of core themes:** Following the identification of types of themes employed, an exploratory classification process was undertaken in which categories for types of themes were developed. Recall that it was predicted that the behaviorally troubled

groups' narratives would primarily contain themes that were negative in nature, and that the themes for the two groups would differ in their concerns, with the behaviorally troubled groups narratives centering around: 1) delinquent activities; 2) negative perceptions of self and other; and 3) traumatic experiences, while the comparison groups themes would deal with: 1) social concerns; and 2) normative issues.

2. Analysis for encapsulated thought

Noam (1988) views encapsulated themes as demonstrative of a systematic way of viewing the self and world. Thus it was reasoned that repetitive themes that had been encapsulated should be projected to stories about others. Consequently, the TAT responses were examined for the presence of the repetitive themes identified in the participants life history. The presence of repetitive themes in the TAT responses is predicted to be suggestive of the core encapsulations that the participant employs as an interpersonal key to interpret experienced difficulties (Noam, 1985, 1986a, 1986b, 1988). The presence and type of core themes were analyzed and compared qualitatively between the behaviorally troubled and the comparison group.

3. Participant role analysis

The sub-stories were also scored for type of participant roles utilized by the narrator when describing the self involved in action processes. Following Halliday (1985) the narrator's employment of specific roles was scored along three hierarchically related dimensions (as seen in Table 3) that bespeak the degree of responsibility the self perceives as having had in the undertaking of an action as follows:

a) **primary agency:** Speech utterances were categorized as “primary agency” if they demonstrated that the subject perceived herself as having principal responsibility for a specific action process. In other words, when the individual adopted the role of the one who had “done the deed” (e.g., “I dropped eight tabs and drank a twenty-sixer”)

b) **co-agency/associated agency:** If the speech act suggested that responsibility for engagement in a specific action was equally shared with another, the utterance was coded as representative of “co-agency” (e.g., “Silvia and I put together all the money and got an apartment”). However, if the statement showed that responsibility for engagement in an action was shared, but indicated a slight increase in the distancing of the self from the action and decrease in responsibility, it was coded as depicting associated agency⁴ (e.g., We did drug runs to Vancouver to support ourselves).

c) **patient:** Lastly, if the speech surrounding an action suggested complete distancing of the self and totally removal of responsibility for the self, it was coded as a patient statement. A patient role is adopted when the action process is directed towards an individual and they are undergoing, or suffering through a process. The category of patient is comprised of three separate categories, that of: 1) Active patient where the actor is stated as doing something to the goal (e.g., He (Actor) raped (Process) me (Goal)); 2) Causative

⁴ Co-agency and associated agency were grouped together to simplify the analysis, however co-agency is representative of a slightly greater degree of responsibility than that of associated.

patient where the individual attributes the cause of an action to another (e.g., He made me have sex) and; 3) Passive patient, where the process is one of doing, but also contains information to what happened (e.g., I was raped by him) or indicates an involuntary process (e.g., I was raped).

Developmental level analysis

The developmental analysis of the life history narratives was based upon research suggesting early negative experiences, such as maltreatment, not only affect the developing competencies of youth (e.g., social-emotional, cognitive, and linguistic-representation) but also lead to a negatively biased interpretation of experiences, understanding of self and others, and deviant behavioral repertoires (Cicchetti & Howes, 1991; Kashani, 1987; Wolfe & Jaffe, 1991; Wolfe and McGee, 1994).

1. Intentional speech acts

To measure the nature and capacity of participants' reflections, the text of the sub-stories was disassembled into separate speech acts that contained one or more clauses all dealing specifically with one topic or theme (e.g., I was really, really mad at him, I just wanted to hit him for being so stupid.) (McKeough, Templeton & Marini, 1995). This was undertaken in order to aid in the subsequent developmental analysis.

Following McKeough, Templeton and Marini (1995), each speech act was then categorized as dealing with the actor's mental states and intentions (i.e., feelings, social judgments, cognitions) or an interpretation of those mental states and intentions. This analysis was undertaken as the application of these forms of utterances demonstrates

attempts to understand the actions of self and other via consideration of underlying mental states (McKeough, Templeton, & Marini, 1995). Moreover, employment of these first order mental states in the pursuit of understanding is postulated to represent the basis for interpretive thought, a developmental level higher than intentional thought (McKeough, Templeton, & Marini, 1995). Intentional speech acts consisted of the following:

a) feeling statements: An evaluation of feeling statements was undertaken in order to establish if the participants expressed emotional reactions to specific types of events, as identified by the story content analysis. Speech utterances were labeled as feeling statements if the participant explicitly expressed an emotion in relation to an event, self or to another character within the narrative, and if the participant explicitly stated how another character felt in relation to the self, the experience, or another character. Recall that it was predicted that the behaviorally troubled group would utilize this form of expression to a lesser degree than the comparison group, especially in connection with traumatic experiences.

b. social content statements: Social content was evaluated in order to consider the possibility that immersion in a “delinquent culture” by the behaviorally troubled adolescents would produce different normative judgments and classification of experiences, self, and other in relation to the comparison group (Kerby, 1991). Although both groups’ narrative were expected to be rich in social content, it was expected that the statements would differ in normative content. Speech utterances were labeled as social in nature if they applied a normative judgment to another individual, self, or an experience.

Additionally, a social content label was utilized if the participant classified or demonstrated understanding of the self or another by employing a social label (e.g., punk) or by using a label that classified a character in relation to the self (e.g., my best friend).

c) **statements pertaining to thoughts and desires:** Lastly, speech utterances were labeled as cognitive in nature if they related to the self or others' beliefs, motives, and desires. Again, this analysis was used to differentiate between the groups' treatment of traumatic experiences.

2. Interpretive speech acts

Lastly, the participants' narratives were scored for interpretive thought. This form of thought has been demonstrated to be developmentally advanced, in comparison to intentional thought, and to incorporate reflections on intentions (McKeough, Templeton, & Marini 1995). Interpretive utterances consist of statements that refer to a second order mental state underlying a first order mental state. As interpretive thought requires the use of more than one mental state, more than one utterance was utilized to classify this form of thought. However, this was only applied to statements that had a speech act containing the first order mental state immediately preceded by an utterance containing the second order mental state. Utterances were classified as interpretive if they contained two mental (cognitive or emotional statements) states and were representative of:

- a) justifications for the narrator or others actions or intentions (e.g., I didn't really like doing this all by myself anymore, I needed like a drug buddy so I went to _____ Recovery Centre to find one.)

- b) descriptors of characteristics that were seen as the basis for actions or intentions
(e.g, My mom is like weak I think with men... she just lets them push her around and that kinda thing... but she kinda lets men control her life)
- c) long-term consequences of actions or intentions (e.g., Most of my friends were doing that (sexual relations) and I really prided myself on the fact that I didn't and then it was gone and I was devastated. (refers to a rape experience)

Quantitative Analysis

Due to the non-parametric nature of the data collected (e.g., ordinal) via the aforementioned scoring schemes, a Kruskal-Wallis One-way analysis of variance (KWANOVA) was utilized to test existing differences between groups. This test ranks the obtained scores and uses measures of central tendency to test the hypothesis that the samples were drawn from identical populations (Howell, 1987).

Inter-rater Reliability

Inter-rater reliability of the scoring was established via another graduate student of The University of Calgary. This student was trained in the scoring protocol and subsequently scored a subset of the self-narratives and TAT stories, consisting of one participant from each group. Inter-rater reliability figures indicated that there was 89% rater agreement between the two raters on the developmental and thematic scoring, 90.3% agreement on the scoring of participant roles and 84% agreement on the scoring of core encapsulations.

Summary

The current study focused on obtaining life history data from both behaviorally troubled and non-behaviorally troubled adolescent females, ranging in age from 13-19 years. The participants were required to orally construct a summary of their life history, and respond to a subset of TAT cards. The life history narratives were analyzed for: a) types and quantities of events experienced; b) for narrative voice through the consideration of repetitive themes, encapsulated themes, and participant roles; and c) for development of intentional and interpretive thought.

Table 1
Demographic and descriptive data for the behaviorally troubled and comparison group

Demographic and Descriptive Data	Behaviorally Troubled	Comparison Group
1. Age range	15 - 19 years	15 - 19 years
2. Mean age	16. 6 years	16.6 years
3. Range of Similarity subtest scores ¹	10 - 14	10 - 13
4. Mean of Similarity subtest scores	11.2	11.5
5. Range of number times leaving home	3 - 4	0
6. Mean number of times leaving home	3.6	0
7. Percent of subjects who have been raped	60%	0
8. Percent of subjects who have suffered attempted rape	20%	0
9. Percent of subjects experiencing incest/sexual molestation (familial) ²	20%	20%
10. Percent of subjects involved with drugs (e.g, marijuana, acid,)	100%	20%
11. Percent of subjects with a drug addiction	60%	0
12. Percent of subjects who have attempted suicide	80%	0
13. Percent of subjects who have been physically abused (familial)	80%	0
14. Percent of subjects who have been physically abused (outside)	60%	20%

¹ Scores for the 17-19 year old subjects are based upon the WISC-III standardization for 16.4 - 16.7 year olds.

² Information regarding familial sexual molestation was revealed in subsequent interviews not in the life history interview. Thus, this variable does not appear in the analysis of the comparison group for the life history responses.

TABLE 2
 Story topics that emerged from behaviorally troubled and comparison groups' life histories

Story content	Behaviorally Troubled	Comparison Group
1. School (+)	0	3
2. School (-)	8	10
3. Romantic (+)	1	2
4. Romantic (-)	20	4
5. Parents (+)	2	2
6. Parents (-)	17	0
7. Siblings (+)	4	4
8. Siblings (-)	3	1
9. Drugs (+)	1	0
10. Drugs (-)	5	2
11. Alcohol (+)	0	0
12. Alcohol (-)	2	0
13. Attempted Suicide (self)	5	0
14. Attempted/successful suicide (other)	2	0
15. Rape/attempted & successful (self)	7	0
16. Rape/attempted & successful (other)	0	0
17. Physical abuse (familial)	3	0
18. Physical abuse (outside family)	5	0
19. Sexual Abuse (familial)	1	0
20. Prostitution (self)	0	0
21. Prostitution (other)	1	0
22. Fun activities	2	1
23. Identity stories	4	12
24. Friends (+)	13	13
25. Friends (-)	9	6
26. Moving	3	10
27. Places (Descriptions of/reactions to)	0	3
28. Divorce	2	0
29. Death in the family	1	1
30. Confusion about self/others	0	3
31. Emotional difficulties	2	2
32. Counselling/Rehabilitation (+)	2	0
33. Counselling/Rehabilitation (-)	4	0
34. Sports/Hobbies	0	2
35. Running away	2	0
36. Eating disorders	1	0
37. Shoplifting	1	1
38. Accident (vehicular)	1	1
39. Adoption	0	1

Table 3
Participant roles in decreasing level of responsibility

Participant Role	Examples of use
◆ Primary Agency	e.g., I bought the drugs I went to the bar
◆ Co-agency	e.g., Silvia and I went to the bar Silvia and me bought acid
◆ Associated agency	e.g., I went with her for help He had sex with me
◆ Patient	
1. Active voice	e.g., He raped me He beat me for being gay
2. Causative voice	e.g., She made me do drugs He pushed me into going
3. Passive voice	e.g., I was raped I was raped by him

Chapter IV

Results

The purpose of this exploratory investigation was to examine the differences in life experiences and narrative voice found within behaviorally troubled and non-troubled adolescent girls' life histories. The hypotheses, arising from maltreatment literature (e.g., Bower, 1990), were that: a) behaviorally troubled girls will report higher levels of past experienced negative events (e.g., maltreatment); b) these events will differ qualitatively for the behaviorally-troubled and the comparison group; c) differences will exist in how the participants perceive events in relation to their own and others' roles in the cause and course of events and; d) themes and core themes will differ qualitatively between the two groups, with the behaviorally troubled groups' narratives exhibiting more negative themes.

Narrative life history data were analyzed on three dimensions: story content, narrative, and developmental level. The types of analysis and the hypotheses they address are reviewed in Table 4. The results of the analysis will be presented as follows: 1) results of the story content analysis; 2) results of narrative analysis, including repetitive themes, encapsulated themes, and participant roles; 3) results of the developmental level analysis; and 4) additional results discriminating between the behaviorally troubled and comparison group. In what follows the findings arising from each of the analyses will be presented.

Story content Analysis

The story content analysis was conducted in an effort to delineate the differences between the behaviorally troubled and comparison groups' life experiences. It was

predicted that the behaviorally troubled group would have experienced more negative events than the comparison group. Additionally, it was postulated that the negative events described by each group would differ qualitatively.

The types of sub-stories were tabulated and categorized into a story content classification scheme that had emerged from the types of experiences described by the participants, as seen in Table 5. The story content was further categorized as describing negative, neutral, or positive experiences. The contents of table 5, show that the behaviorally troubled sample had experienced 102 negative events in contrast to the comparison groups' 31 events (categories # 1-25). Furthermore, these negative events differed qualitatively in their level of traumatization, with the behaviorally troubled group experiencing 25 traumatic events in comparison to the non-troubled groups' 1 event. (specifically, categories # 7-15, 18). As earlier demographic information demonstrated, 100 percent of the behaviorally troubled sample had experienced at least one traumatic event (e.g., rape, physical abuse). The percentage of each type of story for the 2 groups is presented in figure 1.

The results of the qualitative analysis of story content were suggestive of significant differences in negative events between the behaviorally troubled and comparison group. In order to test this assertion a KWANOVA was conducted to compare the differences in the obtained frequencies from the two groups across the three categories (i.e., negative, neutral, positive) at a probability level of $p < .05$. The KWANOVA showed a significant difference between the two groups only for the negative category ($H_{(1)} = 6.054, p < .01$).

An additional KWANOVA was conducted in order to test the possibility offered by the qualitative results that the two groups differed on the amount of traumatic experiences undergone (e.g., behaviorally troubled group 32 traumatic experiences versus the comparison groups' 1). The KWANOVA showed a significant difference between the two groups for traumatic category at ($H_{(1)} = 6.26, p < .01$). The comparison between the two groups on amount of negative experiences (e.g., behaviorally troubled 74 negative experiences versus the comparison groups' 24) was still significant even with the traumatic events factored out into a separate category ($H_{(1)} = 4.94, p < 0.03$).

In summary, the quantitative analysis of story content differences between the behaviorally troubled and the comparison group indicated that overall the behaviorally troubled group reported more negative experiences. Additionally, the analysis supported the proposition that, for the behaviorally troubled group, negative experiences are comprised of traumatic experiences to a significantly higher degree than those of the comparison group.

Narrative Analysis

1. Thematic Analysis

Categorization of the themes employed by the participants was predicted to demonstrate qualitative differences between the two groups, with the behaviorally troubled group's narratives containing themes dealing with: 1) negative perceptions of self and other; 2) traumatic experiences; and 3) delinquent activities, whereas those of the comparison group would primarily deal with: 1) social contexts; and 2) normative issues.

As discussed in chapter 3, the repetitive themes (i.e., themes that appeared 3 or more times in different sub-stories) were extracted from the participants' life histories. Following Noam (1988), this procedure was used to establish which themes were most pervasive throughout the participants' self-narratives. Next, the repetitive themes were categorized into thematic types, and the frequency counts were tabulated (see table 6). As table 7 shows, the behaviorally troubled groups' life histories contained more anti-social themes (54%) (especially delinquent and negative perception themes) than those of the comparison groups (21%). As predicted, the comparison groups' narratives contained a high degree of social themes (54%). These results are depicted graphically in figure 2. Contrary to predictions, the comparison group's narratives contained approximately the same percentage of themes classified as concerning negative perceptions of self and other as the behaviorally troubled group.

A KWANOVA was conducted comparing the differences between the anti-social, social and neutral thematic categories. The results supported the assertion that the behaviorally troubled groups' life histories contained more anti-social themes with these themes differentiating between the two groups, at ($H_{(1)} = 6.000$ $p < 0.01$).

2. Analysis for Core Encapsulation

Stories, told in response to the three TAT cards, were examined to determine if the repetitive themes found in the life narratives also appeared in these narrative accounts. Recall that according to Noam (1988), the presence of repetitive themes in the TAT responses might be suggestive of the core encapsulations that the participants employed as

an interpersonal key with which to interpret various stimuli. Table 8 presents for each participant: 1) life experiences associated with the encapsulations; 2) the types of encapsulated themes used in a participant's life history and TAT responses; 3) the frequency of these themes in the life history; and 4) the TAT card that elicited the encapsulated themes. As predicted, the encapsulated themes that were found in both the life histories and the TAT stories were primarily negative in nature for the behaviorally troubled group (75%). Overall, all the themes that carried over to the TAT stories were representative of the central issues presented by the participant in the life history (see table 8). However, the comparison group also had two participants who presented negative thematic material in their TAT responses (50%). In spite of these two atypical subjects, the responses of the two groups differs qualitatively. Primarily, the behaviorally troubled groups thematic material dealt with anti-social adolescent topics (e.g., drugs, suicide, people being mean (connected with physical abuse), being scared to get close to others), although some normative themes were evident in the one participants' TAT responses (e.g, popularity issues).

3. Participant Role Analysis

The sub-stories of the life histories were scored for the type of participant role used by the narrator when describing the self involved in action processes. Recall that it was predicted that the behaviorally troubled group would place the self in the role of patient to a higher degree than the comparison group.

A KWANOVA was conducted on the frequencies of the use of participant roles in order to establish the differences in use of roles between the two groups. In order to account for the difference in story lengths, the participant categories (i.e., primary, co/associated agency, patient) were proportioned in relation to the total number of participant clauses found within a narrative. The KWANOVA was conducted across the ordinal variables of primary agency, co-associated agency and patient (including active patient, passive, and causative). As predicted, there was a significant difference found in the use of patient between the two groups with the ($H_{(1)} = 6.8182, p < 0.001$). A second KWANOVA was conducted, to establish if one of the three categories of patient (e.g., active, causative, or passive) were used to a greater degree by the behaviorally troubled group versus the comparison group. The category of active patient is noteworthy in that it was significant at ($H_{(1)} = 4.8109, p < 0.03$), with the behaviorally troubled group displaying more frequent use of active patient.

Developmental Level Analysis

The developmental analysis was conducted to examine the possibility that the behaviorally troubled group, due to traumatic experiences, would exhibit a developmental lag in interpretive thought. More specifically, it was postulated that the feeling and cognitive utterances, representative of intentional thought, would be reflected on to a lesser degree in the behaviorally troubled groups' life histories.

Recall that the protocols were segmented into speech acts and then further assigned the categories of intentional or interpretive utterances. To account for the difference in

word length between life histories, the categories of intentional and interpretive thought were proportioned in relation to the number of mental state clauses in the narratives. A KWANOVA was conducted and indicated that neither intentional (e.g., feelings, social or cognition) nor interpretive categories differed significantly between samples.

Additional Results

One particularly interesting finding that discriminated between the behaviorally troubled and comparison group was the length of the life history provided. On average, the behaviorally troubled groups' narratives had a word count of 6209.8 words, while the comparison group had an average of 3205 words (see table 9). A Mann-Whitney U test was selected to compare the lengths of the life histories between the two groups as the distribution of word count could not meet the assumption of equal variance. It was predicted that the behaviorally troubled groups' narratives would be significantly longer as they contained atypical experiences (e.g., traumatic) as well as more "normal" life history material. The analysis demonstrated that probability of a significant difference between the two groups' length of narratives was $P(U_1 = .015, p. <.01)$.

Summary

Data obtained from the story content analysis showed that the behaviorally troubled groups' life histories contained significantly more negative content than the comparison groups, and that this negative content primarily consisted of the retelling of traumatic experiences. The statistical analysis of the developmental scoring scheme demonstrated no significant differences between either group, suggesting both are developmentally on par

for intentional and interpretive thought. The analysis of the participant role portion of the narrative scoring scheme suggested that the behaviorally troubled group used the patient role more than the comparison group, when discussing experiences. Additionally, the analysis of the thematic content of the stories supported the story content analysis and demonstrated that significantly more negative thematic content is found within the behaviorally troubled girls retellings of the life histories. Lastly, the core encapsulation analysis demonstrated that important negative themes are carried over from the behaviorally troubled girls life histories to their TAT stories.

Table 4
Types of analyses used to address the hypotheses

Hypotheses	Story content	Developmental analysis Intentional/ Interpretive	Narrative analysis Repetitive themes	Core themes	Participant Roles
1. Behaviorally troubled girls will report higher levels of past experienced negative events (e.g., abuse)	X				
2. These events will differ qualitatively from the comparison group	X				
3. Differences will exist in how the participants perceive events in relation to their own and others' roles in the cause and course of events		X			X
4. Repetitive themes and encapsulations will differ qualitatively between the two groups, with the behaviorally troubled groups' narratives exhibiting more negative themes			X	X	

TABLE 5
 Frequency and type of story content for the behaviorally troubled and non-troubled girls

Type	Story content	Troubled	Comparison
Negative	1. School (negative)	8	10
	2. Romantic (negative)	20	4
	3. Parents (negative)	17	0
	4. Siblings (negative)	3	1
	5. Drugs (negative)	5	2
	6. Alcohol (negative)	2	0
	7. Attempted Suicide (self)	5	0
	8. Attempted/successful suicide (other)	2	0
	9. Rape/attempted & successful (self)	7	0
	10. Rape/attempted & successful (other)	0	0
	11. Physical abuse (familial)	3	0
	12. Physical abuse (outside family)	5	0
	13. Sexual Abuse (familial)	1	0
	14. Prostitution (self)	0	0
	15. Prostitution (other)	1	0
	16. Friends (negative)	9	6
	17. Divorce	2	0
	18. Death in the family	1	1
	19. Confusion about self/other	0	3
	20. Emotional difficulties (e.g., depression)	2	2
	21. Counselling/rehabilitation (negative)	4	0
	22. Running away	2	0
	23. Eating disorders	1	0
	24. Shoplifting	1	1
	25. Accident	1	1
Neutral	26. Identity stories (bases of specific traits)	4	12
	27. Moving	3	10
	28. Places (descriptions of/reactions to)	0	3
Positive	29. Adopted	0	1
	30. School (positive)	0	3
	31. Romantic (positive)	1	2
	32. Parents (positive)	2	2
	33. Siblings (positive)	4	4
	34. Drugs (positive)	1	0
	35. Alcohol (positive)	0	0
	36. Fun activities	2	1
	37. Friends (positive)	13	13
	38. Counselling/rehabilitation	2	0
	39. Sports/hobbies	0	2

Figure 1. Percentage of sub-story content types for behaviorally troubled and comparison groups

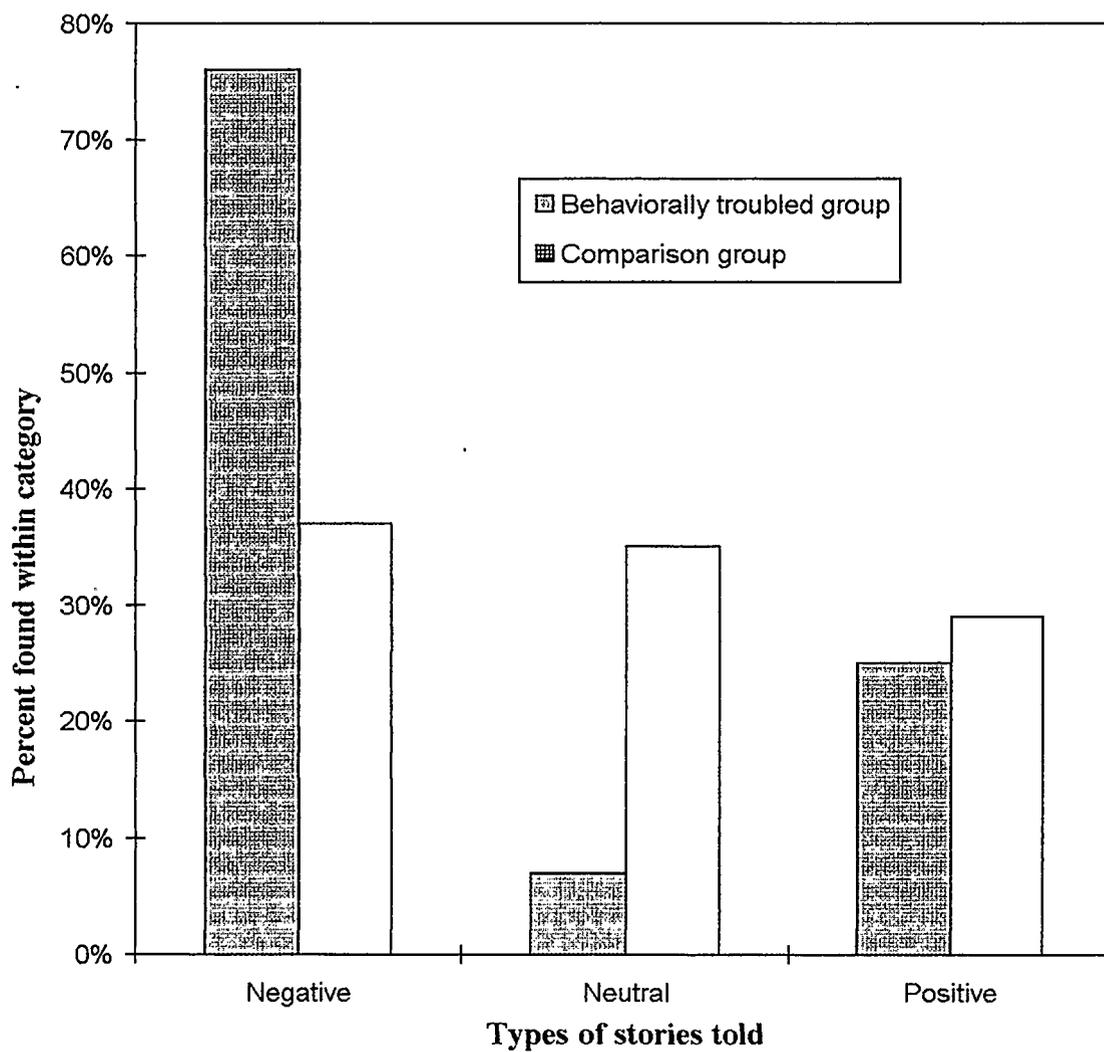


TABLE 6
 Frequency of repetitive thematic type and content for troubled and non-troubled
 adolescent females' self-narratives

Thematic type	Thematic content	Behaviorally Troubled	Comparison Group
Delinquent activities	1. Drugs/alcohol	46	3
	2. Running away	7	0
Negative perceptions of self and other	3. Being "scared"	10	9
	4. Negative outlook on life	8	0
	5. Being "screwed up"	4	3
	6. Poor parenting	10	1
	7. Disappointed by authority figures	7	1
	8. People being mean/cruel	14	13
Traumas	9. Physical abuse	9	0
	10. Suicide	4	0
	11. Unwanted sexual experiences (e.g, rape)	7	0
Social Context	12. Popularity/social groups	20	15
	13. Conformity	13	7
	14. Not having friends/lack of social skills	11	0
	15. Friends helping narrator	5	3
	16. Taking care of others before self	3	1
	18. Being "different" from others	11	5
	19. Really close friends/importance of	11	17
	20. Peer pressure	8	5
Normative Issues	21. Morals	6	4
	22. Homosexuality	5	1
Other	23. Moving	7	10
	24. Relations with siblings	8	7
	25. Adopted	0	1

TABLE 7
 Percentage of the types of repetitive themes appearing in the self-narratives of the
 behaviorally troubled and comparison groups

Classification	Behaviorally troubled group	Comparison group
Delinquent Activities	53 (23%)	3 (3%)
Negative perceptions of self and others	53 (23%)	18 (18%)
Traumas	20 (9%)	0
Total Anti-social	126 (54%)	21 (21%)
Social context	82 (35%)	53 (54%)
Normative Issues	11 (5%)	5 (5%)
Neutral	15 (6%)	19 (19%)
Total Positive/Neutral	108 (46%)	77 (79%)

Figure 2. Percentage of the types of repetitive themes appearing in the self-narratives of the behaviorally troubled and comparison groups

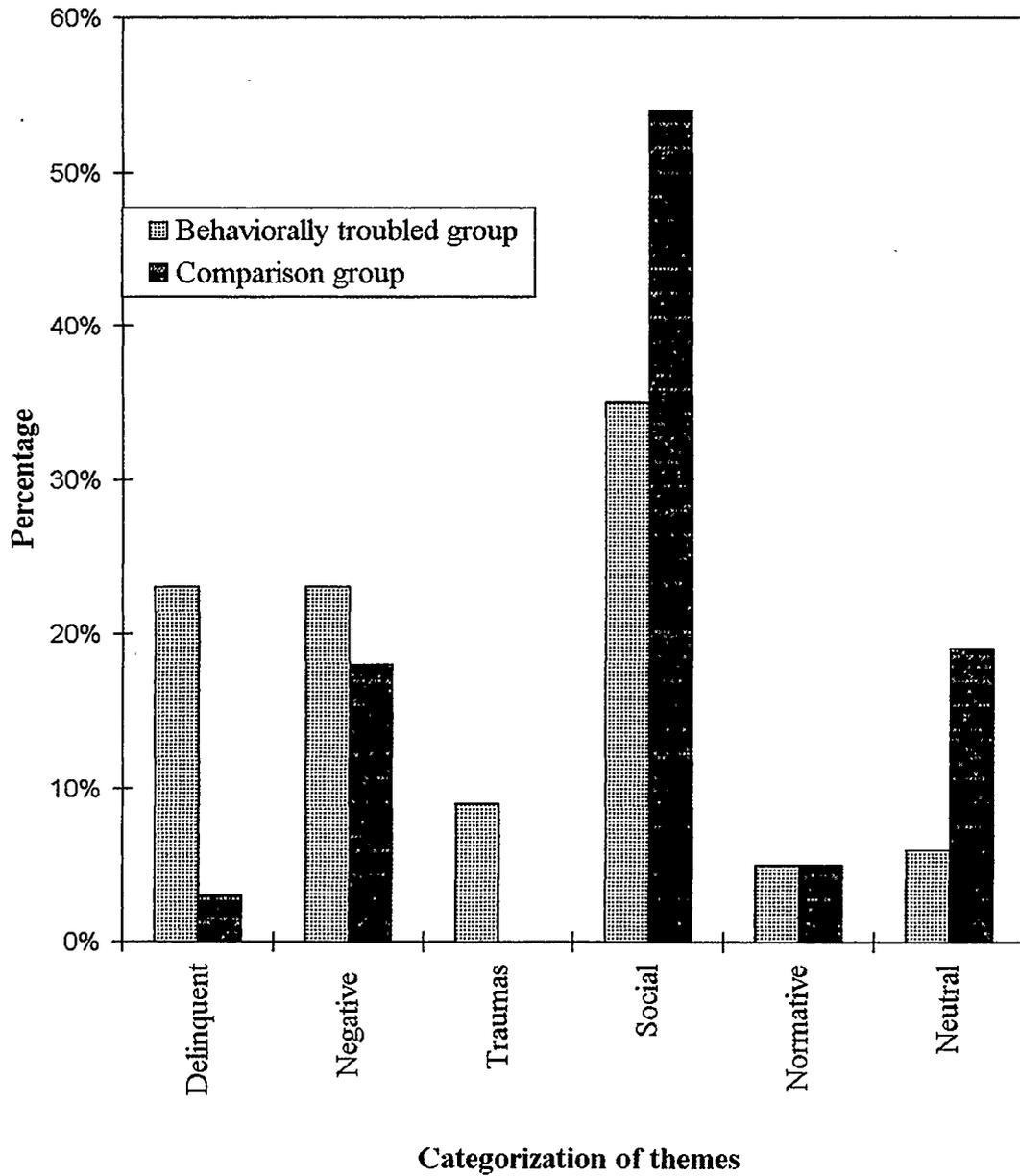


TABLE 8
Encapsulated themes found in both the life histories and TAT stories

Group	Relevant life experience	Themes	Frequency	Card #
Participant 1 (Behaviorally troubled group)	1. Regular drug use 2. Dealing drugs 3. Overdose on LSD and alcohol 4. Drug Rehabilitation	1. Drugs	11	Card # 3
	1. Identifies herself as "Gay" 2. Many relationships with various women 3. Identifies herself with a gay feminist philosophy	2. Homosexuality	9	Card # 1
Participant2 (Behaviorally troubled group)	1. Father a drug addict 2. Brother a drug addict 3. Narrator identifies herself as a drug addict (free-basing cocaine, heroin, pot, amphetamines, and depressants) 4. In rehabilitation six times (unsuccessful) 5. Many overdoses	1. Drugs	16	Card # 2
Participant 3 (Behaviorally troubled group)	1. Parents physically abusive, and this is connected to them "yelling and being mean" 2. Boyfriend was physically abusive, and this was connected to him "being mean and yelling" 3. Incident involving the police, where they were "being mean and yelling"	1. People being mean/yelling	5	Card # 3

TABLE 8
Encapsulated themes found in both the life histories and TAT stories (continued)

Group	Relevant life experience	Themes	Frequency	Card #
Participant 4 (Behaviorally troubled group)	1. Friends have consistently moved away, thus, she has been habitually scared to "let anyone near her."	1. Being scared to get emotionally close to others	7	Card # 2
	2. Boyfriend also went away (he was sentenced for three years for sex offenses with minors) .			
	1. During early school experiences, she was unhappy because she was not popular 2. Narrator expresses a need to get her "old reputation" back (one of being boring versus a suicidal individual	2. Popularity issues	6	Card # 3
	1. First experiences taking drugs 2. Subsequent addiction to drugs 3. Father is an alcoholic 4. First experiences with alcohol	3. Drugs & alcohol	8	Card # 1
Participant 5 (Behaviorally troubled group)	1. First "real" boyfriend commits suicide on Christmas Eve 2. Narrator subsequently attempts suicide on his birthday	1. Suicide	6	Card # 3

TABLE 8
Encapsulated themes found in both the life histories and TAT stories (continued)

Group	Relevant life experience	Themes	Frequency	Card #
Participant 5 (Behaviorally troubled group) (continued)	3. Lack of understanding by those around her regarding the nature and depth of the "hurt" she is suffering. 4. Time spent in rehabilitation due to suicidal nature	1. Suicide	6	Card # 3
Participant 1 (Comparison Group)	1. Many moving experiences lead to her leaving friends behind and an unwillingness to make new ones 2. Considers herself different from others her age, and thus, expresses no desire to make friends. 3. Considers her brother her one and only good friend	1. Being a loner/without friends	5	Card # 2
Participant 2 (Comparison Group)	1. Early friends bullied her 2. Three separate incidents of people trying to bully her/beat her up at school 3. Early experience with a bully lead to a fear of being beaten up	1. People being mean/ beating her up	6	Card # 2
Participant 3 (Comparison Group)	1. Many individual stories about the attaining and maintaining good friendships and activities surrounding these friendships.	1. Having good friends	7	Card # 3

TABLE 8
Encapsulated themes found in both the life histories and TAT stories (continued)

Group	Relevant life experience	Themes	Frequency	Card #
Participant 4 (C Group)	1. Stories surrounding her popularity in elementary years and her many boyfriends. 2. Stories surrounding her boyfriend in highschool. 3. Stories surrounding the attaining and current status of her newest beau.	1. Liking boys/boyfriends	7	Card # 1
Participant 5 (Comparison Group)	No thematic material was found to carry over to the TAT cards.	0	N/A	0

Table 9
Differences in life history word count for the behaviorally troubled and comparison group

Behaviorally troubled group			Comparison group		
Participant	Age	Word count	Participant	Age	Word count
Participant 1	19	4693	Participant 1	19	2444
Participant 2	17	7125	Participant 2	17	1532
Participant 3	17	7259	Participant 3	17	5956
Participant 4	15	7273	Participant 4	15	2793
Participant 5	15	4699	Participant 5	15	3300

Chapter V

Discussion

The goal of the present exploratory study was to examine the differences between behaviorally-troubled and non-behaviorally troubled female adolescents' life experiences, and the narrative voice surrounding these experiences. This study has arisen from research on the extended effects of early negative experiences that has suggested a concordance between early traumas and the subsequent development of emotional and behavioral disturbances. Findings from the research have demonstrated that early aversive experiences bias developing social, emotional, and cognitive competencies. Moreover, these biases are thought to be built into the self-narrative and subsequently employed to interpret both past and future happenings, resulting in a strengthening and perpetuation of behavioral disturbances (e.g., Cicchetti & Howes, 1991).

In an effort to identify these biases, participants' stories were subjected to three forms of analyses, namely story content, narrative, and developmental level. In what follows, the results of each of these analyses will be discussed, highlighting the anticipated and unexpected findings. As well, implications of the findings will be discussed in light of the existing research and future direction for research presented. Finally the study's limitations will be outlined.

Story content analysis

The story content analysis was performed on the adolescents' life histories in order to ascertain the types of life events the participants had experienced and had assessed as

sufficiently consequential for inclusion in the autobiographical summary. It was hypothesized that the behaviorally troubled groups' life history summary would contain more negative events than those of the comparison group. Not surprisingly, in keeping with existing research in the field of adolescent delinquency (e.g., Bower, 1991) this hypothesis was supported by these data.

Additionally, it was hypothesized that these negative events experienced by both groups would differ qualitatively. This was supported by quantitative analysis which demonstrated that in fact the behaviorally troubled girls description of negative events were representative of significant traumatic life experiences. This component was virtually absent within the recounting of negative events by the comparison group. In other words, the behaviorally troubled group had suffered traumatic events (e.g., rape) in addition to the negative events that were similar to the comparison groups.

Narrative analysis

A narrative analysis was conducted in an effort to delineate the differences in narrative voice adopted by the two groups to describe their life experiences. Overall, it was predicted that the voice used by the behaviorally troubled group would contain a negative bias against the self and others. Three separate scoring conventions were used in order to derive the nature of the bias used by troubled youth to understand themselves and their experiences.

a) thematic analysis

Recall that themes, for this analysis, were coded by examining the life history narrative for repetitive topics and statements. This was undertaken in order to establish which thought patterns were pervasive in their nature and commonly used in attempts to understand experiences, self and others. It was predicted that the behaviorally troubled group's narratives would contain themes that were primarily anti-social dealing with: 1) negative perceptions of self and other; 2) traumatic experiences; and 3) delinquent activities, whereas the comparison group's themes would primarily consist of social themes dealing with : 1) social contexts; and 2) normative issues and 3) neutral life themes (e.g., moving). As predicted, the behaviorally troubled groups' narratives contained a comparatively high degree of anti-social themes, while the comparison group's narrative contained a high degree of social themes and neutral themes. Statistical analysis demonstrated that anti-social themes could differentiate between the two groups better than social or neutral thematic categories. However, within the anti-social category, themes classified as concerning negative perceptions of self and other were found to occur at approximately the same rate.

b) analysis for core encapsulations

Noam (1988) predicted that the presence of repetitive themes within a life history is indicative of core encapsulations of various thought patterns that are used to interpret past, present, and future situations. In order to verify the possibility that the repetitive themes found within the narratives were encapsulated, and used to interpret new stimuli, the

participants were asked to respond to three TAT cards. Recall that it was predicated that the behaviorally troubled group's narratives would be primarily negative in nature in comparison to the non-behaviorally troubled group. It was found that 75% of the encapsulated themes used by the behaviorally troubled group were negative in nature. Interestingly, 50% of the encapsulated themes used by the comparison group were also negative in nature. However, the negative nature of encapsulated themes differed between the two groups, with the behaviorally troubled group's encapsulations dealing with anti-social topics (e.g., drugs, suicide, people being mean (connected to physical and emotional abuse), being scared to get close to others) whereas those of the comparison group dealt with social/popularity issues (being a loner/without friends and people being mean (connected to bullies at school)).

c) participant role analysis

In order to assess how the narrator perceived of the self when describing the cause and course of events, a participant role analysis was conducted. Recall that it was predicted that the behaviorally troubled group would place the self in the role of patient to a higher degree than that of the comparison group. This prediction was supported. Further, within the patient role, the subtype "active patient" appeared more often than either of the two other patient roles, passive and causative. The active patient role (e.g., "He raped me") places the responsibility and control on the "other" and puts the self in the role of victim. In contrast, in the passive patient role (e.g., "I was raped") responsibility is seldom assigned and in the causative role (" She got me into smoking") although the responsibility

is assigned to the other, the self is not construed as victim. In short, the use of the active role, in connection to the self, when describing events tends to be indicative of the individual conceiving of the self as a victim with little or no control over the cause or course of events.

Developmental level

This scoring protocol was employed to examine the possibility that the behaviorally troubled group, due to traumatic experiences, would exhibit a developmental lag in interpretive thought. Recall that it was predicted that the feeling and cognitive utterances, representative of intentional thought, would be reflected on to a lesser degree in the behaviorally troubled group's self-narratives, indicating a tendency not to employ interpretive thought. This prediction was based on the findings that demonstrated that maltreated children's social and emotional development are impaired (Cicchetti & Howes, 1991; Dodge, Pettit & Bates, 1994; McKeough, Templeton & Marini, 1995).

The unexpected non-significant results of the developmental analysis suggest that both groups are developmentally similar in their cognitive abilities. However, an exploratory qualitative analysis of the types of responses used by the participants was suggestive of the existence of qualitative differences in narrative voice as expressed in the forms of intentional and interpretive thought utilized, stemming largely from the preponderance of negative and traumatic stories that were evident in the behaviorally troubled groups' life histories. Additionally, when compared to the behaviorally normal group, the intentional and interpretive statements used by this group: 1) tended to be

constructed of more powerful language (e.g., “That bitch,” “pretty fucked up people”); 2) covered a wider range of expressive terms for describing negative and positive affect (“The love of my life,” “I felt so attached to him,” “I was frozen,” “I was terrified,” “I hated them”); 3) referred to anti-social topics (e.g., “I am a solitary user,” “I am a hard person to get along with,” “I have always been lonesome,” “She’s a runaway,” “She’s a hooker,” “I am a wanderer”) and; 4) demonstrated the proclivity of these participants to describe self and others in a negative manner more than the comparison group (“I have absolutely no social skills,” “I became really apathetic,” “I was pathetic,” “My dad’s an alcoholic and a drug addict,” “My uncle is a very sick person”). These qualitative differences in narrative voice can be seen in Appendix C, which provides examples of intentional thought (feeling, social and cognitive) and interpretive thought (reflections on intentional thought) for both groups.

Additional Results

A final unexpected finding involved story length. On average the behaviorally troubled groups’ life histories were approximately twice the length of those of the comparison group. This finding was shown to be statistically significant. It was postulated that the behaviorally troubled groups’ self-narratives were so much longer because they had experienced traumatic events that lend themselves to reporting in a story format that typically contains protagonists and antagonists in conflict. Support for this assertion is offered by data from the one participant in the comparison group that had experienced sexual molestation by her father. This individual’s self-narrative (word count 5956) was

similar to the behaviorally troubled group's self narratives in length (behaviorally troubled groups' mean length = 6209.8, than that of the comparison group's mean had an average of 3205 words).

Implications

Not surprisingly, the above methods of analyses supported the findings stemming from the maltreatment literature. The self-narratives constructed by the behaviorally troubled girls indicated that they had suffered early maltreatment, stemming from either outside or within the familial setting. Furthermore, the narratives of these participants indicated that they had experienced emotional, scholastic and social related difficulties and were engaged in a high degree of delinquent activities. Interestingly, the participant from the comparison group who had also experienced early maltreatment was engaged in delinquent activities (e.g., shoplifting, drugs) and also expressed emotional difficulties. In addition, at the time of the interview this participant had just "escaped" a physically abusive romantic relationship. Overall, this participant and her life history was more characteristic in content (e.g., past and present experiences) to that of the behaviorally troubled group.

Research findings from the area of youth maltreatment literature also suggest that early negative experiences may detrimentally influence the development of certain competencies and this lack of maturation in one area (e.g., emotional) can hinder development in other areas during later stages of development. Additionally, it has been postulated then that these hindrances may contribute to the development of subsequent delinquency (Case, 1988; 1992; Cicchetti & Howes, 1991; Wolfe & Jaffe, 1991). The

developmental analysis of the life history narratives do not directly support this proposition, as both groups were shown to be developmentally equivalent in intentional and interpretive thought. However, in interpreting this finding it is important to consider the narrative content as well as the manner in which it was expressed. In light of the high degree of traumas this group had suffered, one would expect the behaviorally troubled participants to reflect on the feelings and cognitions arising from these experiences and thus, employ a higher degree of interpretive thought in comparison to the non-behaviorally troubled participants. In other words, a developmentally higher level of interpretive thought would be required to understand the cause, course, and results of the traumatic experiences. This was not found within the behaviorally trouble girls narratives. This may account for the high degree of negative and anti-social thematic content within this group's life histories as they were not able to understand and interpret these experiences. This may have lead to a biasing in perceptions regarding their role in the cause and course of the traumas, as can be seen in participant role of active patient being utilized to such an extent by this group. This role is indicative of the participant viewing the self as a victim and perceiving the self as having no control over the cause and course of events. Furthermore, if the behaviorally troubled girls perceived themselves as victims, it may explain the origin of negative perceptions of self and of others (e.g., seeing themselves as deserving the trauma and generalizing to others the ability to inflict trauma).

In summary, it was not surprising that support for the maltreatment literature was found and that the analyses identified more negative story content and themes in the

behaviorally troubled group's self-narrative versus the comparison group's narratives.

What is of interest is that these protocols are of a "substantive" nature and thus, offer a clear direction for therapeutic intervention, as the participant's voices, their strength, survival, and courage, as well as their fears, horrors, and defeats can be heard. Thus, it is through the listening and fostering of the positive aspects of narrative voice, the heroic, that we can probably best effect self-empowerment and positive change.

Future directions

In order to facilitate change through identification and fostering of positive aspects of the narrative voice, it is necessary that clinicians be able to identify and understand the effect of core encapsulations on directing cognition and motivating behavior. This study identified the most obvious of the core encapsulations (e.g., repetitive themes that were obviously applied in the interpretation of TAT material). As encapsulations are difficult to identify, and can consist of "silences" (e.g., what is not said in response to others, self, and experiences), vague, and social monitored statements, it is necessary to develop a more stringent and in-depth scoring schemes to identify the diversity of encapsulations employed by adolescents.

Future directions should also consider the effect of culture on the creation and maintenance of specific plot scripts that function to create and sustain negative perceptions of self and other. The social matrix of plots within a culture provides the subtext upon which explicit prospective and retrospective self-reflections are constructed and judged (Kerby, 1991). Thus, the pattern or type of plot used to organize information is

dependent on the individual's previously acquired knowledge within specified cultures (Mancuso & Sarbin, 1983). Additionally, the creation of self-narratives involve role-taking activities as the individual tries to understand how others are like and unlike the self. Internalizations of the external world to the intrapersonal world result from role-taking activities and these lead to modifications, distortions and reorganizations of the self (Gergen & Gergen, 1983; Mancuso & Sarbin, 1983; Noam, 1988).

These attempts at understanding and responding to the external realm allow a system of reciprocal expectations to develop. This system permits others to know and be responsive to the self and the self to know others and to be likewise responsive (Gergen & Gergen, 1983; Noam, 1988). The self-narratives of individuals must correspond to the communities within which they exist. This occurs as the tellers of stories and the listeners of these stories must mutually share understandings about the nature and rules of life within the culture. If this did not occur individual's would be alienated from one another as there would be a failure to understand what one another was saying (Gergen & Gergen, 1983; Bruner, 1987). Therefore, in each miniature community there will exist a set of selective narrative schemata that apply certain structures to stories so that they contain the content and continuity necessary to be understood within the community (Gergen & Gergen, 1983; Mancuso & Sarbin, 1983; Potter & Wetherell, 1987). In light of this, one might conceive of the culture within which many delinquents function as a micro-culture separate and distinct from that of mainstream culture. It is plausible that existence within this culture leads to not only a sustaining of negative self and world views, but leads to the creation of

new ones. This may occur as living within this culture can lead to further traumatic experiences (e.g., rape, prostitution). Additionally, the individual may find cultural support and thus, reinforcement for negative perceptions as these would be more normative within this culture than in “mainstream” cultures.

Limitations

The principal limitation of this study is the small sample size which restricts the generalizability of the results. Due to time constraints and the indepth nature of the scoring system, the sample size was kept small. The second major limitation of this study is its reliance on the participants’ memories and the willingness to report experiences in response to the life history interview. The possibility exists that frequencies for specific type of experiences (e.g., traumatic) were either inflated or deflated. However, the portrayal of participants’ life histories, especially the behaviorally troubled groups’ narratives, appeared consistent with the maltreatment literature. A third limitation of this study stems from the time constraints involved in the collection of the life history data. It is possible, that if more life history data were gathered over a longer period of time, a more complete picture of that individual’s life and understanding of life experiences may emerge. The fourth limitation stems from subject selection. The behaviorally troubled group consisted of runaways that were selected from a educational program comprised of behaviorally troubled youth. Involvement in this program meant that these participants were able to (and often had) gained counselling to aid in emotional problems stemming from traumatic experiences. Thus, the thought patterns surrounding traumatic events described in the

behaviorally troubled groups' narratives may have been influenced by outside information, and may have reached a developmental equivalent to the comparison group due to this intervention. Thus, the findings from the scoring protocols may not be generalizable to the majority of runaways, especially those that have received no form of counselling or therapeutic support. Consequently, there is a need for future research to try and gain a more "street" oriented population, in order to gain a fuller understanding of how negative events effects developing cognitive competencies.

Summary

It appears that the story content, and narrative scoring schemes are able to best differentiate between the two groups life histories. However, both the developmental and the narrative analysis, due to their substantive nature, were able to tap the narrative voice of the participants. This was viewed as an important finding with clinical applications, as the voice presented by the behaviorally troubled group consisted of "heroic" and "victim" components. It is proposed that through utilization of the aforementioned scoring schemes, it may be possible to delineate and facilitate the "heroic" voice with clients that have undergone traumatic experiences.

These findings would appear to support the assertion that the analysis of an individual's self-narrative may aid in therapeutic interventions. Vitz (1990) has postulated that a person's life can, and should be, interpreted through the use of the stories they recount. This view is based upon the belief that narratives are heavily relied upon, by individuals, to order and organize events in time and space and to make sense of those

events (Vitz, 1990; Tappan & Brown, 1989). As well, as autobiographies tend to center on the atypical in an individual's life, they allow clinicians to assist the individual in understanding where negative biases in perceptual understandings have stemmed from (Bruner, 1989). In other words, the self-narrative is capable of combining the orthodox with deviations, the normative with descriptive elements and internal subjective thoughts with outer objective reality. Consequently, it provides clinicians with guidance regarding which experiences have contributed to developing behavioral and emotional problems and need to be examined in greater detail.

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Appendix A

Parental Consent

Dear Parent or Guardian:

I am a graduate student at the University of Calgary in the Department of Educational Psychology. As part of my degree requirements, I am investigating the effects of various important life experiences on adolescents' lives. In addition, I am studying how these experiences affect the development and quality of the stories adolescents tell about these events and how they influence the adolescents' personal understanding of self and of other individuals in their lives. The study is entitled "A narrative analysis of significant life events in relation to subsequent behavioral problems in adolescence." To undertake this study, I need the participation of a number of 13-to 19-year old girls.

Participants in this study will meet with me individually over two sessions with each of these meetings lasting approximately 40 to 50 minutes and taking place during regular school hours. In the first session a 5 to 10 minute verbal assessment of their knowledge of the relations between concepts will be administered and the participants will be asked to tell stories in response to interview questions about their life histories. During the second session participants will be requested to elaborate upon their first interview, and to comment on future possibilities for their lives. In addition, the girls will tell several stories in response to pictures from the Thematic Apperception Test.

The meetings will be audio taped so that I can transcribe them later. The results of this study will be coded in such a way that the adolescent's identity will not be physically attached to the final data that I produce. The key listing the adolescent's identity and the group-participant code number will be kept separate from the data in a locked file accessible only to the researcher. Precautions will be taken to ensure that the results are confidential and anonymous, and participation will not affect the adolescent's academic standing or detention status in any way. However, should information that indicates that the girl is in serious danger, or presents a danger to others, be reported to me during the interview sessions, it is my legal obligation to disclose this to the appropriate professionals. Participation in this study is completely voluntary, and the participant can withdraw from the study at any time, with no repercussions.

I will be conducting this research under the supervision of Dr. A. McKeough, of the Faculty of Educational Psychology at The University of Calgary. Should you have any additional questions regarding this study, please feel free to contact Alex Sanderson at 220-9656, Dr. A. McKeough at 220-5723, or Dr. Christine Gordon, the Associate Dean of Research and Resources, Faculty of Education at 220 -5626. Please sign the attached form if you will allow your child to participate in this study. Thank you for your cooperation.

Sincerely,

Alex Sanderson

Graduate Student, University of Calgary

Participation Permission Form

I hereby consent to allow _____ to participate in the research project undertaken at various Calgary Public School Board schools, conducted by Alex Sanderson under the supervision of Dr. Anne McKeough of the Department of Educational Psychology at the University of Calgary.

I understand that participating adolescents will be asked to generate a number of stories and complete a brief verbal assessment. I understand that participation in this study is completely voluntary, and that participants can withdraw from the study at any time.

The general plan of this study has been outlined to me and I understand that the project is not expected to involve risks of harm any greater than those ordinarily encountered in daily life. I also understand that it is not possible to identify all of the potential risks in any procedure, but that all reasonable safeguards have been taken to minimize the potential risks.

I understand that the results of the study will be coded in such a way that the identity of the participants will not be revealed from the data. The key listing participants' identities and the participants' code numbers will be kept separate from the data in a locked file accessible only to the researcher. Names of participants will be destroyed upon completion of the study.

I understand that the researcher is legally obligated to report information that indicates that the participant's, or other's, safety is threatened.

I understand that if I have any questions regarding this study, I can contact Alex Sanderson at 220-9656, Dr. Anne McKeough at 220-5723, or Dr. Christine Gordon, the Associate Dean of Research and Resources, Faculty of Education at 220-5626.

I understand that the results of this research may be published or reported to funding agencies, government agencies, or scientific groups, but participants' identities will not be associated with the published results.

(Date)

(Parent/Guardian)

Thank you for your permission to allow participation of your child in this research study.

Appendix B

Participant consent form

To Whom it may concern:

I am a graduate student at the University of Calgary in the Department of Educational Psychology. As part of my degree demands I am studying the effects of various experiences on what adolescents think about themselves and others. I am studying the types of experiences that adolescents think have had an important effect on their lives. To do this I will be asking girls to tell about their lives and to tell me stories. The study is titled " A narrative analysis of significant life events in relation to subsequent behavioral problems in adolescence." I will need a number of 13-to 19-year olds to participate in my study.

During this study you will be asked to meet with me individually over two sessions, with each of these meetings lasting approximately 40 to 50 minutes. These research activities will take place during regular school hours. During the first session a 5 to 10 minute verbal assessment of your knowledge of the relationship between concepts will be administered and you will be asked to tell stories in response to interview questions about your life experiences. During the second session you will be asked elaborate upon your first interview, and to comment on future possibilities for your life. In addition, you will be asked to tell several stories in response to pictures from the Thematic Apperception Test.

These meetings will be audio taped so that I can transcribe them later. The results of this study will be coded in such a way that your identity will not be physically attached to the final data that I produce. The key listing your identity and your group-participant code number will be kept separate from the data in a locked file accessible only to the researcher. Precautions will be taken to ensure that your work remains confidential and anonymous, and participation will not affect your academic standing or detention status in any way. However, if any information is revealed to me that suggests that your safety, or other's safety is threatened, I am legally obligated to report this information to the appropriate professionals. Participation in this study is completely voluntary and you can withdraw from the study at any time, with no penalty. The results of this research may be published or reported to government agencies, funding agencies or scientific groups, but you will in no way be associated with the published results.

I will be conducting this research under the supervision of Dr. A. McKeough, of the Faculty of Educational Psychology at The University of Calgary. Should you have any additional questions regarding this study, please feel free to contact Alex Sanderson at 220-9656, Dr. A. McKeough at 220-5723, or Dr. Christine Gordon, the Associate Dean of Research and Resources, Faculty of Education at 220 -5626.

Please take the time to complete the attached consent form which will allow you to participate in this research study.

Sincerely,

Alex Sanderson

Participation Permission Form

I, _____ hereby consent to participate in the research project undertaken at various Calgary Public School Board schools, conducted by Alex Sanderson under the supervision of Dr. Anne McKeough of the Department of Educational Psychology at the University of Calgary.

I understand that I will be asked to generate a number of stories and complete a brief verbal assessment. I understand that participation in this study is completely voluntary, and that I can withdraw from the study at any time.

The general plan of this study has been outlined to me and I understand that the project is not expected to involve risks of harm any greater than those ordinarily encountered in daily life. I also understand that it is not possible to identify all of the potential risks in any procedure, but that all reasonable safeguards have been taken to minimize the potential risks.

I understand that the results of the study will be coded in such a way that my identity will not be revealed from the data. The key listing participants' identities and the participants' code numbers will be kept separate from the data in a locked file accessible only to the researcher. Names of participants will be destroyed upon completion of the study.

I understand that the researcher is legally obligated to report information that indicates that myself, or another individual's, safety is threatened.

I understand that if I have any questions regarding this study, I can contact Alex Sanderson at 220-9656, Dr. Anne McKeough at 220-5723, or Dr. Christine Gordon, the Associate Dean of Research and Resources, Faculty of Education at 220-5626.

I understand that the results of this research may be published or reported to funding agencies, government agencies, or scientific groups, but participants' identities will not be associated with the published results.

(Date)

(Name)

Thank you for your permission to participate in this research study.

APPENDIX C

Qualitative differences in narrative voice seen in the behaviorally troubled and comparison groups' life histories

Examples of the behaviorally troubled group's feeling statements	Examples of the comparison group's feeling statements
I didn't like it; I didn't like her at all; I didn't like them;	I was really upset; I felt awful; I got really upset;
She was mad at me; I was kind of, like, mad at her, I got really mad; I was mad at myself;	I was kinda happy; I am so happy now; So I was kinda happy
I like him as a friend; I was liked the best; I loved her;	He is getting really mad;
Then I felt guilty; I felt really really guilty; Not caring that he left; I didn't care;	I had major anxiety attracts;
I started freaking out; I started crying; I felt really bad; I miss him; I felt sorry for him.	I didn't like it; (school) I just don't like them (other kids); I didn't like grade seven; I don't like my school
I was so excited;	I felt good; I was glad we got to see everyone
He scared me; I was just scared; I got hysterical-I was frozen; I was terrified; I was like in shock;	She always scared me; I was so afraid; I was so scared of her;
I was very suicidal; I was kind of devastated; I was really upset;	I was nervous; I was soooo scared
I am annoyed; So I was really angry;	My friend was mad at her; I blew up;
I worried about my older brother; I was really nervous; they were worried about me;	I was really, really down; it came naturally to me, when I am upset to cry; I got so upset; again I was unhappy with myself
It made me hate my mom; I hated them;	I hate counsellors;
I was depressed; I got really depressed;	I love him; I love writing poems; I especially love historical novels; I love talking to him; I love sports; I really loved my big sister;
	It makes me kinda lonely;

Qualitative differences in narrative voice seen in the behaviorally troubled and comparison groups' life histories (Continued)

Examples of the behaviorally troubled group's social statements	Examples of the comparison group's social statements
That bitch; He was a jerk; pretty fucked up people; Some asshole;	My life long friends, the people I hung around with; new friends; new people; she's my best friend;
Now we're best friends; My boyfriends; The love of my life; I felt so attached to him;	They were a negative influence on me; People labeled me as a geek
You're a minor; She's a runaway; She's a hooker; He's not a pimp; One man took care of me; I am a wanderer	It was kinda boring; It's just weird; it was pathetic; Its hard; it just bugged us to much; That was kinda a big thing; something really big for me
My dad's an alcoholic and a drug addict; My uncle is a very sick person; my parents were party animals; He did lots of drugs... like right in front of us, so that was kinda bad	I had that school, had it in my hand; I was the most popular girl in the school; Grade six was a fun, fun year
I have absolutely no social skills; I became really apathetic; I was pathetic; I didn't really have very many friends; I have always been lonesome; I am a hard person to get along with	It was stupid; It was the worst; It was harder to make friends there; people were cold there, mean
Everyone called me a Nazi; I was a punk; I was the nice one; We were just the tough guys; I was gay	I'm not a smoker; I was the odd outsider; when I was a little girl; I became more mature; I was so outgoing; I felt so cool
I was a solitary user; There was no way in hell I would have called myself a drug addict at that point; my supplier	My social life is really, really important; we have fun; we were just joking around; My parents were so good to us
I had very high morals; I was a really good kid; I was the adult of the house	She's the nicest person; She was so scary; She got a bad reputation; the kids were even worse
I was really screwed up; I was so fucked up; a really screwed up situation; It was so horrible; I'm a fucking drug commercial	Architects, most of them were; we were more like acquaintances
I was really screwed up; I was so fucked up; a really screwed up situation; It was so horrible; I'm a fucking drug commercial	I am so lucky; I am more open minded than most people;

Qualitative differences in narrative voice seen in the behaviorally troubled and comparison groups' life histories (Continued)

Examples of the behaviorally troubled groups' cognitive statements	Examples of the comparison groups' cognitive statements
I couldn't pretend; I wasn't really interested	I didn't want to stay in French; I want to stay in skiing; I really wanted to move
We decided that we were going to do 6 tab; She made me realize you have to keep on; decided I was going to kill myself; I decided to fight back	It gets frustrating; It's a confusing mess I think its really good; It made a big impression on me
I felt quite different than a lot of people; All these people thought I fit in	The principal thinks negatively of our whole group;
I used to erase my moments of being sober; I can get out if I want to; I didn't know what to do	I would never consider hurting anybody; I just thought it was so stupid;
I wanted to have scars all over my face; we did whatever we wanted; any drug you wanted or any girl you wanted; I wanted to kill myself; I didn't want to have sex with him; I don't want to; I didn't want to scream; I didn't want to make a scene; It was too embarrassing to scream; They wanted to jump me	I didn't want to make friends; I am interested in traveling; That was interesting; I am more interested in T.V. and hanging out with my friends. we were just drawn to each other;
They wouldn't expect I was living the kind of life I did	we decided that we couldn't stay there anymore;
My parents never taught me; He thought he could change me; He was trying to think of a way to kill me	That bugs you, when you can't get what you want; I don't know how to bring my marks up.
They didn't believe us; My dad would get all suspicious	I felt relieved, cause I knew I 'd finally actually graduate.
I didn't really understand; She didn't really understand	I've been thinking about her constantly

Qualitative differences in narrative voice in the behaviorally troubled and comparison groups' life histories (Continued)

Examples of the behaviorally troubled groups' interpretive statements	Examples of the comparison groups' interpretive statements
I was really scared cause I didn't really understand what he was asking me to do	My parents really wanted to get away from that and start a new life because they were so attached to them.
It made me feel like they were trying to make up for something that happened and I didn't really want them to	If you don't want to do something and you feel its not going to be fun it will be the funniest thing you will ever do
I realized that he was a jerk but I felt attached to him because I had never slept with anyone but him	I did think that I loved him and I thought that hey, that again, I fell into that trap, they this is what you are suppose to do
Like, the alcohol abuse and all those things, I was blind to it and I didn't want to look at it	I won't go to movies that have a lot of violence... no because my parents tell me not to, but because I feel uncomfortable there... because I don't think its acceptable
I guess they liked to link blame onto me.. it was a lot casier to do it... to blame things on me than it was to blame it one themselves, because they didn't want to look at themselves	I had a lot of memories of Africa because it just made such a big impression on me
I don't know why I used to slash myself, I just wanted to have scars all over my face.	But I was very quiet and I guess the kids just thought I was different
I don't know why I stayed, I kind of enjoyed it but it was just so sick, they only thing that kept me alive was the fact that I knew that I was going to get high	I noticed that the people in Vancouver are more distant, they're colder, they're more reserved than I noticed people are in the prairies, so it was harder to make friends there
I got hysterical, I was frozen, I couldn't move any more because I thought if I move, he'll hear me	Everyone is so concerned about parties, and their next boyfriend, care and clothes, and it just doesn't mean anything much to me
Every time I even look at a guy I feel so guilty, and I always think he's going to see me... even though I know it's impossible, I just feel that way	They are always around me and they purposely blow it in my face case they know that I am not going to have it