Performing competence and negotiating disclosure: Discourses of adolescent help-seeking

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Kay Marie Mathewson
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Abstract

Research indicates that many adolescents experiencing psychological distress do not seek help. The traditions in which this research has been conducted have contributed to gaps in understanding about the meaning of seeking help and the ways that adolescents make sense of psychological services. Using a collaborative interview method, the help-seeking experiences of a group of nine adolescents aged 13 to 17 years of age were examined. An analysis of their talk identified two distinct but inter-related discourses. A performance-of-competence discourse made available a position of an agentive competent-self who claimed the ability to resolve problems without help from others. The competent-self was constructed in three ways; by providing evidence of competence as a continuous aspect of identity, by claiming a position as a source of help to peers and by constructing available sources of help as incompetent. Competence was also discursively maintained by constructing a 'not coping experience' variously as; an isolated one-off event, using indirect requests for help, normalising this experience, and spatially and temporally distancing the self from not-coping. Positioned against the competent-self was the incompetent-other whose inability to help was constructed in terms of irreconcilable generational differences, who acted in immoral ways by breaking confidentiality, who was culturally incompetent and who failed to notice clear requests for help. Both these positions of competency and incompetency functioned to disclaim the need for help and legitimised avoidant actions. A second discourse, negotiating-disclosure, was centred around the contradiction between wanting to disclose and holding back. Holding back was used to avoid the potential for being repositioned as incompetent by peers or powerful adults, as well as avoiding possible abandonment or ridicule by peers. The social consequences of being repositioned as incompetent impacted on both the level of disclosure and engagement with services. These consequences were managed by invoking the competent-self, withholding information or using silence to resist disclosure. Informants constructed facilitative 'rules of engagement' with psychological services in terms of professional competence, friendship, trust and confidentiality, congruence and indirectness. Implications are discussed for counselling interactions with young people in highlighting the importance of a competent counsellor in facilitating disclosure in ways that enable young people to maintain a competent identity.

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Chapter 1
Introduction

"The world of youth mental health care is largely defined by adults, but the voices of young people must still guide us"
(Hurry, Aggleton & Warwick, 2000, p.3)

Adolescence has been described as an important developmental stage, intrinsically different from childhood and adulthood. It has been described in chronological terms as a period that begins at around ten to 13 years of age, with termination at around 19 years of age (Moshman, 1999). Opinion is divided about an "expiry date" for this period because there is a lack of consensus about the tasks that signal completion (Moshman, 1999). This phase has also been characterised in terms of change, with the beginning of accelerated physical maturity, changes in cognitive functioning (eg. development of more complex abstract thinking, reasoning and problem-solving) and changes in the nature of relationships with parents and peers. Relationships are said to become more peer focussed (Cotterell, 1996; Moshman, 1999) with smaller numbers of more intimate and intense friendships than in childhood (Santrock, 2001). The role of parents as confidantes reduces as peers provide more advice, support and feedback in relationships that have been described as more egalitarian and reciprocal than those experienced with adults (Cotterell, 1996).

It has been suggested that a number of 'key developmental tasks' must be mastered during this time, including the formation of identity and self-concept (Cotterell, 1996; Grotevant, 1992, Kroger, 1996), separation from parents, development of intimacy and trust outside the family, development of social roles with peers (Frydenberg, 1997) and a move towards autonomy and increased independence (Santrock, 2001) associated with successful adult relationships (Marcia, 1993). Successful transition to adulthood is said to have been achieved through the successful mastery of these developmental tasks.

Historically, adolescence has been talked of as a time of turmoil and upheaval (Kroger, 1996; Lesko, 2001; Moshman, 1999) through which few young people survive

psychologically unscathed (Moshman, 1999). Davey (1998) reports on research in New Zealand that suggests that between 22% and 26% of adolescents experience some mental health difficulties. These difficulties have been described in a number of ways, including that of 'mental illnesses' that begin or peak during adolescence. This classification labels distress using terms such as depression (Essau, Conradt & Petermann, 2000), obsessive-compulsive disorder (Whitaker, Johnson, Shaffer, Rapoport, Kalikow, Walsh, Davies, Braiman & Dolinsky, 1990), conduct disorder, anorexia nervosa (Fombonne, 1995b), anti-social personality disorder, social phobia and substance abuse (Kaplan & Sadock, 1998).

Research from an epidemiological perspective has suggested this distress is experienced by a significant number of young people. The World Health Organisation describes mental health problems, as "the crisis of the 21st century". In 2000, a World Health Organisation International Consortium on Psychiatric Epidemiology, across 30,000 people in seven countries found that the median age for onset of anxiety disorders was just 15 years of age and they suggested that anxiety disorders were more likely to become chronic, even ahead of mood and substance disorders (World Health Organisation, 2000). In 1996, a Dunedin study of adolescents at age 15 years of age found 22% of the sample group had a mental disorder diagnosis and this had risen to 37% by 18 years of age (Silva & Stanton, 1996, cited in Davey, 1998). In a Christchurch study, 26% of the sample was diagnosed with a mental heath disorder at age 15 years (Feehan et al., 1994, cited in Davey, 1998). Follow-ups at age 18 years reported that the most prevalent illnesses were listed as major depression, with 21% of the sample group reporting at least one major depressive episode in the previous two years, 16 percent were diagnosed with an anxiety disorder and 3.5% of the group had attempted suicide (Ferguson & Horwood, in press, cited in Davey, 1998).

In one international study, half of all adults diagnosed with obsessive-compulsive disorders reported that they had experienced symptoms of anxiety by 15 years of age (Whitaker et al., 1990). Other researchers have suggested that the incidence of anxiety and other disorders within adolescent groups, has also increased over the last 10 years (Fombonne, 1995a). Using meta-analyses, Twenge (2000) reported increases in self-

reported anxiety for non-clinical American adolescents in 1993 that exceeded levels reported by psychiatric adolescents in the 1950's. In New Zealand, statistical data has reported suicide as the second major cause of death for both male and female young people aged 15-24 years of age (Ministry of Health, 1998a). Data from the Ministry of Health has also reported an increase in New Zealand youth suicides over the last 20 years (Ministry of Health, 1998b) with mortality rates tripling to 18 per 100,000 from 1976 to 1994 (Statistics New Zealand, 1998). In 1994, statistical data reported that 1315 young New Zealanders, aged 15-24 years, were hospitalised for attempting suicide or deliberately injuring themselves. Empirical research also describes 'mental illnesses' that may co-exist. For instance, of this group of 1315 young people, 35% were diagnosed with secondary mental health disorders including "alcohol/drug dependence and abuse, neurotic and other depressive disorders, affective psychoses, schizophrenic disorders, stress and adjustment reactions and personality or other neurotic disorders" (Ministry of Health, 1998a).

Normal day-to-day stressors, perhaps exacerbated by mental ill-health, are said to contribute to emotional, cognitive and social impairment that negatively impacts on the lives of young people. For some adolescents, feelings of distress may spontaneously subside without any psychological intervention, while others may seek help from family and friends or sources other than psychological services. Frydenberg & Lewis (1994) reported that Australian adolescents used a number of coping strategies, irrespective of the nature of the problem, but variable according to problem severity. These core strategies included problem-focussed thinking, detachment, seeking social support, focussing on the positive, self-blame, tension reduction and keeping to themselves.

Of great concern are a smaller group of adolescents experiencing unabated distress (Davey, 1998; Kroger, 1996; Hurry, Aggleton & Warwick, 2000) who seek no help at all. In the most extreme cases, some of these individuals may consider suicide as a viable means of reducing distress (Frydenberg, 1997). While there is little New Zealand research on adolescent help-seeking, failure of psychologically distressed adolescents to seek help has been documented in international research. Whitaker et al. (1990) reported that over 58.9% of American adolescents diagnosed as "impaired due to a mental health

diagnosis" had never discussed their problems with a mental health professional. Longitudinal research on the incidence of depressive disorders in German adolescents (aged 12 to 17 years of age) suggested that, while 17% reported having had a depressive episode some time in their lives, only two percent had sought help (Essau, Conradt & Petermann, 2000).

Most schools and university campuses offer free and apparently accessible psychological support service by counsellors and other trained mental health professionals. Psychological services are also available outside the school, although most adolescents are referred by parents or schools rather than self-referred. Despite this apparent availability, these and other mental health services are reported to be under-utilised (Davey, 1998; Deane & Todd, 1996; Stefl & Prosperi, 1985).

This under-utilisation has come to be seen as a dynamic conflict between 'approach' factors, that is those that motivate a person to seek help and 'avoidance' factors (see Kushner & Sher, 1989) or 'barriers' (Stefl & Prosperi, 1985) that inhibit help-seeking. This conceptualisation has been influential in much of the subsequent literature.

Two empirical tests have also been seminal in framing research endeavours. The Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH) created by Fischer and Turner (1970) described avoidance in terms client and therapist attributes such as recognition of the need for psychological help, stigma tolerance, inter-personal openness and confidence in mental health practitioners. The Thoughts About Psychotherapy Scale (TAPS) developed by Kushner and Sher (1989), proposed that severity of psychological distress was related to three salient factors; an empathic and professional therapist (see also Fischer & Turner, 1970), image concerns (fear of negative evaluation) and coercion concerns (fears about being made to say or do something against their will).

Kushner & Sher (1989) characterised avoidance in terms of treatment fear, described as a subjective state of apprehension derived from an expectation of a negative help-seeking experience. People who avoid treatment have been described as having the

highest level of treatment fearfulness (Deane & Todd, 1996; Kushner & Sher, 1989) although this was not supported by Carlton (1997), who reported that treatment fears were not significantly related to help-seeking intentions of her sample of New Zealand adolescents.

Characteristics of the individual such as attitudes and personality factors have been a primary focus of research (eg Amato & Bradshaw, 1985; Deane & Chamberlain, 1994; Deane & Todd, 1996; Fischer & Turner, 1970; Kushner & Sher, 1989; Stefl & Prosperi, 1985). High self-concealers, who believed that counselling would require them to reveal personal information, reported more negative attitudes towards counselling but indicated they were also more likely to seek counselling than those characterised as low self-concealers (Kelly & Achter, 1995). In an Australian study, the highest scoring item listed as a reason for not seeking help was "I knew I could solve the problem myself". For those who made internal attributions for the cause of their problems, "threats to self-esteem and feelings of personal inadequacy" were suggested to have a greater perceived psychological cost that contributed to avoidance (Amato & Bradshaw, 1985). It was also suggested that those making external attributions for their problem found seeking help less threatening because it presented a reduced threat to the idea of the 'self as a competent person'. Maxwell (1988) also reported that a third of her 444 New Zealand undergraduate university student sample made external attributions for the cause of a psychological problem. Research by Taylor, Adelman & Kaser-Boyd (1985) suggested that adolescents who made external attributions for their difficulties could be broadly categorised into three groups, those holding negative attributes of therapy itself ("too many questions", "not helpful"), positive attributes of self ("I don't need it", "I don't have problems") or lack of choice in the decision-making ("I had to", "would have got into trouble"). Incongruence was highlighted between the attributions of the parents and therapists of these same adolescents, who reportedly made external attributions such as "adolescent rebellion" and negative personality characteristics for their adolescent's avoidance.

The relationship between self-esteem and reciprocity on help-seeking attitudes and behaviour has also been explored with 40, twelve and thirteen year old boys and girls in

Israel. Nadler, Mayseless, Peri & Chemerinski (1985) reported that those with high self-esteem were more reluctant to seek help if they did not perceive a future opportunity to reciprocate. For these individuals, self and public esteem was threatened by implied dependence on others for help.

Negative evaluation by others has also been investigated by Stefl & Prosperi (1985) who have suggested that non-users of mental health services perceived greater stigma in seeking help than service users. This was later tested by Deane & Chamberlain (1994) who proposed an additional subscale for the TAPS labelled 'social stigma concerns' that tapped this dimension.

Gender has consistently been suggested to predict help-seeking intention (Amato & Bradshaw, 1985; Deane & Chamberlain, 1994; Fischer & Turner, 1970; Kushner & Sher, 1989; Surgenor, 1985). Females are reported to be more likely to seek help from friends than their male peers (Schonert-Reichl & Muller, 1996). It has also been claimed that females hold generally more positive attitudes towards help-seeking (Carlton, 1997; Deane & Chamberlain, 1994; Deane & Todd, 1996; Maxwell, 1988; Surgenor, 1995) and are more likely to seek help from psychological services than males, even though they report more treatment fears (Kushner & Sher, 1989). Surgenor (1985) suggested that the counselling relationship required "expressions of emotions" in which female clients were positioning as 'being helped' and that this position of less power, was more acceptable to women than men.

Reports of prior contact with psychological services have been suggested to relate to a more favourable attitude towards future help-seeking (Carlton, 1997; Solberg, Ritsma, Davis, Tata & Jolly, 1994; Surgenor, 1985), irrespective of the quality of the service received (Carlton, 1997). Deane & Todd (1996) however, reported no differences between intentions to seek help of those participants who had received help in the past, with those who had not received any previous counselling.

'Barriers' broadly defined as availability, accessability, and affordability, have been investigated by Stefl & Prosperi (1985), who report that respondents listed cost, long

waiting lists, inconvenient hours, lack of anonymity and perceived stigma, as some of the reasons for not seeking help. They also reported a significant positive relationship between the severity of psychological service need and the number of self-reported barriers to utilisation of an available service.

Research on the impact of perceived characteristics of the helper has been investigated and distinctions have also been made between different types of help source, from formal (mental health professionals, school counsellors) to informal (friends) and family helping sources (Maxwell, 1988). Perceptions of viable help sources were investigated for White, Black and Hispanic adolescents aged 12-18 years of age with participants being asked which help source (friends, parents, school counsellors, clergyman) they would turn to if they were experiencing substance abuse problems. Windle, Miller-Tuutzauer, Barnes & Welte (1991) reported that help sources that excluded parents were preferred by all adolescents, irrespective of age, gender or ethnicity and this has been supported by a New Zealand study, in which adolescents holding negative attitudes towards help-seeking, indicated a friend as their preferred help source (Maxwell, 1988). Comparatively however, Windle et al. (1991) noted that both male and female Black and Hispanic adolescents perceived parents and adults as more viable help sources, than did White males and females. Tinsley, Brown, De St Aubin & Lucek (1984) investigated perception and expectations of help from different helping sources among American undergraduate psychology students aged 22 years and under. They reported that significantly greater expectations of a positive therapy outcome were found for service from a counselling psychologist, clinical psychologist or psychiatrist, than with a career or campus counsellor. Participants also indicated they were as likely to seek help from a peer counsellor as a counselling psychologist, psychiatrist or clinical psychologist. Participants expecting acceptance and a positive therapy outcome were reported to be more likely to seek help from a peer counsellor than a campus counsellor.

Dudley (1994) also followed this suggestion that the perceived characteristics of the help provider influenced the decision to seek help. He reported on the ways psychiatrists were portrayed in 128 fictional works by Australian or New Zealand writers and suggested that a generally negative image was held. Although psychiatrists were seen as

well-intentioned, they were also described as ineffective, failing to empower their clients and with behaviour ranging from unhelpful to illegal. Hopson & Cunningham (1995) surveyed 40 adult clients and 65 adult non-clients in Sydney and reported that clients rated psychologists higher than social workers and psychiatrists, but lower than nurses and counsellors. Non-clients reported that they turned to laypeople or a GP when they needed help and when asked "what do you think of when you hear the word psychologist?", 22% of non-clients responded with "negative/angry" and "don't know/miscellaneous" responses.

In summary, the empirical literature examines a wide range of contributing factors in an attempt to discover those factors mitigating avoidance of psychological services. Primacy of client characteristics has been a focus of research with extensive studies of perception, cognitions and behaviours. Responsibility for avoidance is generally located within the adolescent, who may recognise a need for help but whose avoidance may be moderated by self-presentation concerns such as self-image, high need for self-concealment, fears of being powerless to avoid coercion, and concerns about perceived stigma of being labelled 'mentally ill'. Adolescents may avoid situations that threaten their self-esteem if they situate the cause of their difficulties as inherent personality characteristics. Less emphasis has been placed on factors external to the adolescent, but those that have been investigated centre on perceived characteristics of the available helping sources.

While this research has illuminated many aspects of adolescent avoidance, there are still identifiable gaps. Research has often focussed on intention to seek help, rather than on actual help-seeking behaviours (Offer & Schonert-Reichl, 1992) and limited their generalisability by focussing on university student populations (eg Deane & Chamberlain, 1994; Deane & Todd, 1996; Maxwell, 1988). The empirical research would suggest that adolescents from age 15 years may be 'at risk', yet they are an under-researched group.

In highlighting the large Pacific Island population in New Zealand, Surgenor (1985) asked how culture and ethnic identity impacted on attitudes toward help-seeking. Cross-

cultural studies have investigated help-seeking in different cultural groups. Nickerson, Helms & Terrell (1994) reported negative attitudes toward help-seeking were related to higher levels of cultural mistrust by Black students of White campus counsellors. A number of researchers have also highlighted issues of within-group variability and warned of the danger of assumptions of cultural homogeneity (Nickerson, Helms & Terrell, 1994; Solberg et al., 1994). Gergen (1985) suggested that psychological processes are constructed differently cross-culturally, yet past research has assumed that the nature of distress and help-seeking are universal processes that can be operationalised by scales such as the ATSPPH and TAPS scale.

Research has rarely been informed by the voices of young people although a number of researchers have begun to address this issue by putting young people "at the centre" of discussion. For example, Shucksmith & Hendry (1998) asked young people to identify their own health concerns rather than seeking feedback using a pre-determined agenda. Content analysis work in "The Myth of Peer Pressure" (Ungar, 2000), suggested that this label was used by adults to explain oppositionary adolescent behaviour but the label was not accepted by the adolescents themselves. Within the context of inclusion and belonging, the adolescents talked of consciously adopting the attitudes and behaviours of their peers to "enhance personal and social power" (p.167).

Gaps in knowledge may partly reflect the assumptions imposed by a positivist research epistemology. While the epistemological framework is often hidden from view, it defines the legitimate sources of knowledge, the nature of research, the research questions and subsequent actions of the researcher. This has been acknowledged by Kushner & Sher, who note that 'treatment fearfulness' about psychological service is a "multi-dimensional construct" that is "not exhausted by the TAPS" (1989, p.255). Kushner and Sher's 1991 review of the help-seeking literature failed to look beyond itself and ask wider questions about treatment fear. Instead it has been constrained by the assumptions on which most of the help-seeking research is based. This weakness centres on assumptions that there is a quantifiable "truth" about avoidance that can be discovered and captured using psychometric instruments. Furthermore, there is an assumption about the utility of an adult construction of an avoidant adolescent.

Empirical positivist research has been accorded the "mantle of hegemony" (Fairclough, 2001; Guba & Lincoln, 1998; Howarth, 2000), but has been challenged by others who make different assumptions about the nature of knowledge, reality and "truth". Debate has continued about the existence of one "truth" or an "objective reality". In particular there is discussion about whether "truth" can be discovered or is created, and whether it resides within the individual or is constructed within social practices (Gergen, 1999; Schwandt, 1998).

Reality may be seen as fluid in nature. For example in recent times, the notion of a tumultuous adolescence has been challenged and reconstructed. Evidence is now offered that most adolescents, perhaps as many as 80%, successfully complete the prescribed developmental tasks without much difficulty or distress (Offer & Schonert-Reichl, 1992). Consequently the experience of adolescence is now talked about as a relatively stress-free transition to adulthood (Byrne, 2000; Offer & Schonert-Reichl, 1992; Ritchie & Ritchie, 1984). A number of authors have placed this talk within a "historically contingent context" (eg Barker & Galasinski, 2001; Burr; 1999; Gergen, 1985; Kroger, 1996, Parker, 1992) by describing it as an ongoing conversation about adolescence that has occurred within society throughout recent times (Parker, 1992).

For most of western history, the end of childhood marked the beginning of adulthood, and "adolescence" as a named developmental phase or the label used to describe it, did not exist (Gergen, 1985; Moshman, 1999). Young people took on adult roles at an earlier age than they do today and did not experience the "relatively long transitional period between the dependency of childhood and the relative independence of adult life" (Hurry et al., 2000, p.2). Gergen (1985) suggests that it is not the nature of adolescence that has changed over time, but the ways our talking has constructed it. He suggests that these new discourses are based on new, shared understandings that result from the "communal interchange" between people in relationships (Gergen, 1985).

Empiricists claim that the world can be known because it is reflected in the thoughts and actions of individuals. Examination of this reflection is the pursuit of 'objective' and

'value-free' scientific research based on the assumption of a physical reality outside the self. These claims have been challenged by social constructionists, who claim there is no one objective reality 'out there', but rather a "co-existence of multiple realities" (Cox & Lyddon, 1997; Guba & Lincoln, 1998; Taylor, 2001) holding unique meanings for each individual.

Empirical research is noticeably silent on aspects of help-seeking that relate to the idiosyncratic nature of meaning and fear, to an individual within the context of their own reality. This has been alluded to in empirical research but not pursued. Kushner & Sher (1991) suggested that treatment fears were likely to be a related to age and these would be different for children, adolescents and young adults. New Zealand research by Surgenor (1985) and Deane & Chamberlain (1994) has supported this notion. Surgenor (1985) reported differences in attitudes towards help-seeking and indicated that participants under 25 years of age held significantly more negative attitudes toward help-seeking than either the 25-50 year or 50 years+ age groups. Deane and Chamberlain (1994) suggested that meanings ascribed to different treatment fears varied not only across age but were variable with gender. In reporting differences in treatment fears for younger males compared with older females, they suggested that for men under 20 years of age, a combination of 'image and coercion concerns' were involved in decisions to seek help. These factors were not salient for women over 20 years of age, for whom both 'approach factors' (more particularly severity of psychological distress) and 'avoidance factors' (fear of being stigmatised) were implicated.

While psychometric tests are commonly used, they are unable to adequately describe the meaning of the help-seeking experience of adolescents. For example, what does "fear of negative judgement" as described by Kusher & Sher (1991), actually mean to a distressed adolescent and how does this perception of a 'judgemental psychological service' manifest itself in the lives of these young people? How do they talk about this judgement and what does it mean to them? Without understanding the meaning and significance of seeking help within the context of an adolescent's world, we as psychologists may fail to deliver effective services. An exploration of these postulated diverse meanings requires a qualitative research methodology (Maxwell, 1996;

Silverman, 2001), that offers an alternate way of conceptualising, analysing and interpreting adolescent help-seeking.

Critics of positivist research claim that removal from context is a critical epistemological error. From a social constructionist framework, "con-text" is a co-text (Lehtonen, 2000) or "accompanying text", and is the key to interpreting the spoken or written word (Chimombo & Roseberry,1998). Help-seeking they claim, cannot be investigated separately from the adolescent or adolescence itself, but rather it can best be understood within the social, cultural and historical context in which it occurs.

A number of authors have acknowledged a developmental context (eg Kushner & Sher, 1991; O'Leary, Shore & Wieder, 1984, Surgenor, 1985) and suggested that adolescents are less likely to discuss personal problems with adults (Kushner & Sher, 1991) because they are less trusting of perceived 'establishment' authority figures (Surgenor, 1985). This acknowledges avoidance as a social activity conducted between people but also suggests that it can be more clearly understood within a wider context.

In its widest sense, this cultural context is made up of different social worlds inhabited by an individual (Cotterell, 1996; Parker, 1999) and these worlds are constituted through language (Barker & Galasinksi, 2001). Yet this context can become 'backgrounded' (Rosen, 1996) within widely accepted and powerful discourses, becoming invisible to the majority of group members (eg. Foucault, 1977). Cotterell (1996) notes this invisibility by highlighting the cultural context against which existing research is situated. He notes that it is predominantly constituted and interpreted within an American cultural context that may be incongruous with the social realities and experiences of adolescents in New Zealand.

One important aspect of adolescence is identity development. This is critical to a discussion about help-seeking and forms a contextual backdrop against which this discussion should take place. A constructionist perspective locates identity within social activity as a cultural construction that uses discursive resources to bring the subject "into being" (Barker & Galasinski, 2001; Gee, 1999). Identity is located dialogically

between individuals as a "relational rather than representational" construction of meaning (Shotter, 1997). Formation of self-concept occurs through the continuous re-balancing of these boundaries between 'self' and 'other' (Kroger, 1996). Described as a "sophisticated explicit theory of oneself as a person in continuous action in the world" (Moshman, 1999), it has been put more simply as "the story we tell about ourselves" (McAdams, 1993). Through purposeful action, an adolescent actively and continuously constructs and re-formulates the 'self' as new experiences are encountered and integrated. Identity is not static or one-dimensional (Berzonsky, 1994: Cox & Lyddon, 1997), but is continually in flux as one's 'theory of self' (Berzonsky, 1994) is constructed. These "situated identities" (Gee, 1999) may change as a result of the positions taken up within discourses (Davies & Harré, 1999), dependent on different contexts and settings (Cox & Lyddon, 1997, Gee, 1999: Phinney, 1993) or in response to the ways an individual is positioned by others. The performance of identity can be seen as a continuously negotiated activity as positions are claimed, accepted or contested. Gee (1999) describes how discourses are created within this "recognition work", in which people make their 'selves' visible to others discursively.

An "authentic identity" is said to be achieved through successful integration of personal and social aspects of identity (Phinney, 1993) that are negotiated within the wider cultural and social context. Gender, ethnicity and cultural identification are central to identity (Barker & Galasinski, 2001; Phinney, 1993; Wodak, 1997). Identification with one particular cultural group has more complex psychological consequences for adolescents from minority cultures who are faced with integrating ethnic identification into self-identity, as a minority member within the dominant discourses of a dominant culture. Phinney (1993) describes the creation of "multiple selves" as a strategy that enables these young people to move between different ethnic or cultural contexts. Against this background of potentially "conflicting cultural models" (Gee, 1999) identity formation occurs. The cultural milieu, made up of different social worlds (eg. family, peers, school, classrooms) also constrains the available positions and acceptable ways of constructing self-identity within those worlds (Chimombo & Roseberry, 1998, Parker, 1992). These acceptable ways are reflected in the content and form of language used (Chimombo & Roseberry, 1998, Taylor, 2001).

The starting point for this inquiry into different versions of help-seeking lies with the adolescents themselves, in talking with them and hearing what they say.

Exploration of talk can be usefully examined within the interpretive framework of discourse analysis, a methodology focussing on language-in-use. Within a discursive approach, language is more than a symbolic communication device governed by grammatical rules. It becomes the object of investigation (Sarangi & Coulthard, 2000) as an ever-changing system of meaning (Burr, 1995) that is shared "inter-subjectively" and does work for the adolescent (Silverman, 2001). As adolescents talk, they call on the communal resource of language to construct aspects of their lived reality and construct multiple meanings within the social activity of language usage (Lehtonen, 2000ø; Silverman, 2001; Wodak, 1997). This communicative activity produces discourse. Parker (1999) describes discourse as "patterns of meaning which organise the various symbolic systems human beings inhabit and which are necessary for us to make sense to each other" (p. 3). Within this social activity of discourse, adolescents are social actors, collaboratively constructing meaning using culturally available language. Meaning does not reside within the individual (Gergen, 1999; Rosen, 1996) or within signs or utterances (Burr, 1995; Silverman, 2001), but is embedded in language (Schwandt, 1998) where sense is made through the "interweaving of words and phrases in different contexts" (Parker, 1999, p.2).

Different discourses are "inter-textually related" (Barker & Galasinski, 2001; Wodak, 1997) and differentially drawn on by speakers to do work and achieve a particular purpose such as to claim or hold a position (Parker, 1999, Silverman, 2001). An adolescent needing help draws upon powerful 'prevailing' or alternatively 'competing' discourses (Burr, 1995) to make sense of their experiences. Construction of identity as "an adolescent needing help", is achieved through accepting or resisting positions made available within discourses. Examination of powerful discourses is one of themes of Foucauldian discourse analysis, concerning itself with the ways that power is constituted and claimed within certain "authoritative discourses" that determine the discursive rights of speakers (Barker & Galasinski, 2001). Power/knowledge claimed by

powerful groups is invoked by calling on discourses that position adolescents as less powerful and less competent to make their own decisions, relative to more powerful people such as parents, teachers and psychological services. An analysis of these discourses can look at how language is used to construct identity in a social world (Parker, 1999; Taylor, 2001) and well as the ways in which identity is itself constructed by language (Barker & Galasinski, 2001; Sarangi & Coulthard, 2000). Foucauldian themes of power relations that "form the objects of which they speak" (Gubrium & Holstein, 2000; Parker, 1999) are intrinsically interwoven into the contextual frame of adolescence. Social practices such as institutional settings of the school, work to reproduce power relations and the subject positions open to adolescents. The authority of the school replaces that of the parents and positions adolescents in relation to more powerful adults. This authority is legitimised by calling on discourses that require adolescents to attend school and to subject themselves to rules and regulations "for their own good". The designation and provision of psychological services on school and campus grounds, derives from prevailing discourses of adolescents "needing help". The discrete location of counselling offices 'tucked away', is consistent with the ways that the stigma of seeking counselling is constructed and called upon as 'common knowledge'. Medical discourses are invoked when adolescents are required to present themselves at the counselling office for delivery of psychological services "by appointment" by a person positioned within the school as an 'authority'.

Using discourse analysis, the inquirer seeks to examine how this group of adolescents reproduce 'avoidance' through their talk, how it is made "literal and objective" (Potter, 1996) and what function this serves. Differing threads of discourse analysis are woven together, because analysis can not be done adequately by ignoring one or the other. Both the work done by discourse (Parker, 1999) and a Foucauldian notion of power relations are examined here. In particular the focus is placed on how adolescents construct help-seeking and psychological support services and the ways that an 'adolescent needing help' positions themselves in relation to those providing that service. These research questions are interpreted within the wider context of adolescence and prevailing discourses of both adolescence and help-seeking.

Chapter 2
Method of Inquiry

This chapter establishes the methods of this study used to achieve the research goals as described in Chapter One. This chapter describes the selection of informants, the locations in which they were interviewed, the effects of the inquirer on the research, how data was collected, and the ways that the interview data was analysed.

Selection of Informants

Youthline is a nationally based youth-focussed community mental health organisation that provides a range of services to children, adolescents and their families. These include freephone crisisline, face-to-face individual counselling, family and couples therapy, pregnancy counselling, alternative education schooling for adolescents expelled from school and school education programmes. Additionally they offer two personal development programmes, "Voice" and "Next", aimed at facilitating personal growth and empowerment of young people. In line with the research focus, potential informants were drawn from the Voice and Next groups because it was expected that they would be likely to have current or past experience with psychological support services within their schools or the wider community. The groups comprised both males and females from a variety of ethnic backgrounds, ranging in ages from 15-19 years. After consultation with group facilitators, the inquirer attended "Voice" and "Next" group meetings to discuss the research, distribute information sheets (see Appendix A), consent forms (see Appendix B) and seek volunteers. Those interested in participating gave their names and contact numbers to their group facilitators who passed them back to the inquirer. All those who indicated interest were contacted directly to discuss the research further and to arrange a convenient time and place to meet.

Approximately two thirds of those who had indicated initial interest did not take part in the research. Some did not respond to messages left, others indicated they had changed their mind and the greatest proportion cited time constraints or difficulties with transport as the reason for their non–participation.

Interviews were then arranged with all of the young people who wished to take part. Five males and two females, all aged 17 years, consented to participate from the Youthline groups. Difficulties in arranging actual interviews, as indicated above, lead the inquirer to seek additional informants using a snowballing technique. Additionally, two female informants aged 13 and 15 years were also recruited, because they were also likely to have had experiences of seeking help. Their parents were briefed on the nature of the research and parental verbal consent only was sought before proceeding. Written consent was sought from all informants and the Youthline informants were advised that the decision to tell parents/caregivers about their participation was theirs to make.

The nature of the research question, the age of the informants and a need to ensure informants were not disempowered in the research process, meant that ethical research practices were paramount. Ethics approval was sought and given by the Massey University Human Ethics Committee. An extensive and lengthy consultation process within Youthline was also instigated involving parallel consultation processes with management, the facilitators of the two youth programmes and a Maori consultation group to discuss the nature of the research, implications of the Treaty of Waitangi, give an opportunity for answering of questions, receive feedback and ultimately seek permission to speak to the groups directly. This process was lengthy and highlighted the role often taken by adults as 'gatekeepers'. Whilst Youthline seeks to empower young people, this action was interesting because it positioned adolescents as dependants who would be unable to assess the value of the research independently without guidance and who also required protection.

Settings

While a truly naturalistic research interview is somewhat illusory, an attempt was made to have the interview conversations where informants felt comfortable and were able to speak privately and freely. Four interviews were conducted at Youthline premises, the location of the informant's group programme. Another two interviews were conducted at a residence requested by the informants and attended by their parents. Finally, three informants asked to be interviewed at their respective schools. These interviews took place in private rooms adjacent to the school counsellor's offices. Appropriate school

authorities were notified of the inquirer's presence on school grounds, school counsellors were also advised about the nature of the interviews and those that indicated interest were advised that they would be sent a research summary. However the confidential nature of the interview was highlighted to school authorities and it was stressed that the content of the interview would not be disclosed to them.

The Reflexive Inquirer

This research can not be considered to be value-free since the inquirer is also part of the social world being investigated. Although the interview does not require detachment between the inquirer and the informant (Tolich & Davidson, 1999), there was a need to balance this subjective stance with inquirer reflexivity (Silverman, 2001; Taylor, 2001). As a 'traveller passing through' these adolescent's worlds, I was aware of the ways my age, gender and ethnicity as an older, female paheka woman might impact on the data collection and analysis. I was aware that my own experience as an adolescent did not qualify me as an 'expert'. It has been said that "times have changed" and this was certainly echoed within the talk of the informants:

> "sometimes it's a **bit hard** ↑ to go to your parents↓ [mm] cos they've been there done that sort of thing.. now I did this.. and you're like...[yep] things have changed... [yeah you're feeling like things have changed and..] yeah things have changed since their time so..."(Jessica)

I came to this research with three years training in clinical psychology largely based on empirical models, along with four years experience as a volunteer phone counsellor with Youthline, an organisation whose philosophy is built on the client-centred therapy model of Carl Rogers. These philosophies are at times contradictory, particularly in relation to the positioning of the client. Within a client-centred model, the client is positioned as the expert on their own experience with the phone counsellor walking alongside them. More commonly in an empirical model, the 'psychologist' is cast in the role of 'expert' and the client is positioned as the recipient of psychological service. I acknowledged my own dilemma in this contradiction as both a strength and weakness. My personal philosophy draws on both these discourses although this analysis places the informant at the centre of the research as an expert on their subjective experience of

seeking help. Both these positions were called upon at different times within the interviews as I endeavoured to give the informants un-interrupted space to talk about their experiences, while also managing the interview process.

My involvement with Youthline on a number of levels, both as a phone counsellor and management team member posed a number of ethical questions regarding potential conflicting roles as a researcher/phone counsellor and power differentials between these adolescents and myself as a management member. The nature of the research topic suggested that the conversation might touch on feelings of current or historic unresolved emotional pain. I was clear about my role as a researcher as well as the potential for the interview to be seen as therapeutic by these young people because of their knowledge of my role as a phone counsellor and the location of some of the interviews. During some interviews, informants raised issues of current concern, indicated by returns to particular topics that were often accompanied by more hushed speaking tones. While I was careful not to pursue these topic areas, ethical responsibilities were raised, particularly with informants who discussed past suicide attempts or suicidal thoughts. At these moments, I was more directive and called on my clinical skills to assess current risk and clarify that informants had current support to address those issues.

My status as an 'insider' at Youthline allowed me privileged access to these adolescents. Initially I decided not to approach the group members directly because of my assumption that my roles as the 'researcher' and management team member positioned me as more powerful than these adolescents and that this might cause them to feel pressured into taking part in the research. However, the status I claimed as an 'insider' within the context of 'Youthline the institution', was reclassified (see Hassan, 2000) as 'outsider' by the facilitators of the groups. My position was rejected by them as they claimed power, by invoking their status as leaders of the groups and positioning themselves as more influential people in these adolescents' lives than I was. Consequently, I made a request for informants directly to group members to avoid placing them under pressure to volunteer.

Discourses of difference, based on culture, between myself and informants as well as

between informants and the deliverers of psychological service, were invoked by Pacific Island informants early in the interviews:

> "and also they are **european**... like no disrespect but it's just that the background that I **have**.. like they wouldn't understand" (David)

Awareness of my position as a thesis psychology student was also recognised by some of the informants who talked about their own interest in a career in psychology. This occurred both within the interview and after its conclusion:

> "I have been looking into psychology as a career" (Peter)

> " I enjoy art [mm] I was thinking about becoming an Art Therapist so.." (Janet)

Although attempting to avoid expressions of personal opinion, on a number of occasions I voiced my own beliefs. At the end of one interview, I was asked "what a psychologist did" following a question about the perceived differences amongst psychological services. This was treated as a valuable example of the power relations in operation in the interview and served to remind me that the "collaborative interview" was underpinned with an expectation that the informant would obligingly answer questions rather than ask them. A quick switch in the power balance served as a timely reminder of the invisibility of power dynamics within adult-adolescent interactions and those that were implicit within this interview.

Data Collection

Data collection using an individual interview method was selected because it presented an opportunity to directly access participants' talk about their experiences within a conversational relationship (Kvale, 1996; Van Manen, 1990). Described as "local accomplishment" (Silverman, 2001) they are useful because meaning is constructed within the dialogue between the inquirer and the informant (Fontana & Frey, 2000). Within this interaction, the inquirer became the research tool and co-participated in the construction of discourses about help-seeking and psychological services. A number of other factors also pointed to the utility of interviews. A collaborative conversational

interaction empowered these young people to direct the conversational focus to areas they considered meaningful. This interview method was also expected to influence the quality of data shared about this sensitive topic (Kvale, 1996; Maxwell, 1996) by building rapport quickly within a short timeframe. While rich verbal data was considered critical, non-linguistic data was also considered an important source of information and was collected in fieldnotes that were completed at the end of each interview. This information included logistical data about the interview (time and setting of interview, potential distracting factors, seating arrangements), informant characteristics (demeanour, body language, gestures) and inquirer's own responses during the interview. While this interview technique approximates "everyday talk", this talk is clearly "researcher-provoked" (Silverman, 2001) and this was kept in mind during analysis.

After obtaining written consent from informants, the adolescents participated in one interview, ranging in length from approximately 45 to 80 minutes. Multiple interviews were not possible, so interviews were audiotaped to aid later transcription and analysis. This also allowed the sequence of talk to be more carefully detailed (Silverman, 2001).

A semi-structured interview format was chosen to elicit help-seeking discourses and to ensure that discussion centred on experiences of help-seeking, perceptions of the help source and experiences of avoidance (see Appendix C for the Interview Guide). The conversation was initially framed by the inquirer, asking informants if there had been a time when they had needed help and what they had done about it. Open-ended questions were also used covering issues related to experience of seeking help from different sources and perception of that help within the context of peer relations and the school setting. The questions were framed for an adolescent audience, so for example, a question that focused on the ways adolescents constructed the people delivering psychological services became "can you tell me about her?", "what makes her kind of cool?". This structure helped to keep the discussion focussed but was flexible enough to ensure that the conversation could be directed by the informants themselves.

Preliminary Data Analysis

Analysis started at the first interview with an on-going analysis of emerging themes and patterns and lead to ongoing reformulation of concepts that were brought into later interviews. For example, tv/movies were positioned as powerful influences on expectations of a help-seeking experience. Initially this concept emerged with Janet in terms of stereotypes and was also mentioned by Peter in his talk about people who see psychologists. The trustworthiness of this concept was then checked by directly raising it with Scott:

> ",it was kind of like... in the films... you know what you ...the stereotypical type [oh ok] the couches and everything (smiles)" (Janet)

> "I mean when you see.. when you see on movies and tv and people are seeing psychologists, they are usually the insane ones of the programme, they are the ones who go off an kill people" (Peter)

> "[mm mm ...ok do you think that um... do you think that... that people generally get an image about what counselling is and um... psychology is, whatever from tv or from movies and stuff] yep [can you tell me about what kind of image you think that is?] um.. [or you know what **you** think it is maybe...you know.. not what..] what I think the image is↑... um... think it's kind of.. (?) oh just hippy.." (Scott)

Transcription of Interviews

The audiotapes were transcribed verbatim by the inquirer, in the interest of remaining closer to the data and in maintaining confidentiality of sensitive information divulged in the interviews. While the transcripts were analysed, the spoken word remained the object of analysis, and the original tapes were continually re-examined. The transcript notations were specially created for this research although they were adapted from standard Conversation Analysis notation following Wodak (1997). This adaption for the purposes of analysis and presentation, enabled the text to be read more easily by unpractised readers (See Appendix D for the Transcription Notation). The notation included pauses (approximate length of pauses were notated), stressed words and paralinguistic features.

Quotes from informants were used in the analysis to show the ways that help-seeking was made up. The identities of informants were protected with the use of a pseudonym and on a few occasions, identifying information was also removed.

Continuing Analysis

Initially, the transcripts were repeatedly read to get a sense of the flavour of the interactions. Then the transcripts were broadly analysed for recurrent topics, concepts and constructions and this formed a more detailed analysis of content (Silverman, 2000) used to organise data into provisional discourse concepts. These initial concepts were loosely grouped as constructions about self, constructions of psychological services, themes of trust and confidentiality, experiences of seeking help and reasons offered for avoidance. Following this initial classification, each transcript was examined more closely for adherence to this preliminary criteria. As the transcripts were examined, constructions about self and psychological services, trust/confidentiality and reasons offered for avoidance became more clearly defined as talk that centred on 'competence', 'disclosure', 'trust and confidentiality' and 'reconstituted self'.

As analysis progressed, these discourse categories were challenged and subsequently shifted as more dominant discourses became clearer and this required a return to the tapes and transcripts to check their authenticity. 'Trust and confidentiality' for example, was talked about as a highly important precursor to disclosure and became part of a wider discourse on 'disclosure' itself. A 'reconstituted self' was heard as these adolescents talked about their experiences following a visit to see a school counsellor or psychologist. Although initially appearing to be talk about post-disclosure identity, it was related specifically to a construction of a 'competent self'. Consequently, a 'reconstituted self' collapsed into a wider discourse of 'competence'.

After considerable shifting of discourse categories, two clear discourses, often co-located in the talk of help-seeking experiences, clearly emerged and remained dominant throughout the rest of the analysis. The first was named 'performing competence' and centred on how adolescents constructed themselves as competent and coping individuals. This competent self was "socially-situated" within talk about

competency/incompetency of psychological services. 'Competence-talk' was clearly seen when they experienced themselves as 'not coping' and subsequent to this 'not coping' experience often with concomitant disclosure, competency was reclaimed through the deployment of a number of discursive strategies.

Secondly, there were specific and distinctive ways of talking about disclosure that incorporated issues of trust, confidentiality and the construction of psychological help services and these merged into a larger discourse named 'negotiating disclosure'. In particular, 'rules of engagement' for disclosure, made up by specific ways of talking about disclosing, how they disclosed and those they disclosed to, emerged within the conversation about help-seeking experiences. Within this 'disclosure-talk', negotiation of power was evident as attempts were made to keep control of the 'competence label'.

The site of "avoidance of psychological support" and "construction of psychological support services" occurred within both discourses of competence and disclosure.

Authenticity of these discourses was established by cross-checking within and between the transcripts. Consistent and repeated ideas were highlighted because they indicated important constructions within wider discourses that were persistently drawn on as informants made up 'help-seeking'. For example, a consistent idea of "being required to disclose information", often against your will, was constructed by a number of informants. The authenticity was demonstrated by looking for this talk within and across the transcripts. Examples from three informant's talk illustrates this point:

> "I mean it's not a big **thing** but.. um.. they were like... **immediately** wanted to know my life story without telling me anything about them" (Sarah)
>
> "..[did you have an idea in your mind about what a counsellor would be like?] oh I thought she would be like an **interrogation** (laughs) they just sit there and interrogate me"
> *This was later repeated*
> "I wasn't too sure whether it would be back to the interrogation thing again (laughs)" (Peter)
>
> "I went with my friend the first time [yep] cos we both had the same thing to talk about... and we were like... ah I hope they don't get us to do anything

> **strange** (laughs) [yeah what were you thinking, what was going through your mind?] oh.. we're like what if they get us to do this.. what if they **make us** talk about that and... we'll just tell them to shut up (laughs) leave me alone" (Janet)

Variability of transcripts was also examined as part of a wider analysis of the way discourses were drawn upon to claim or refute ideas. For example, the idea of 'incompetent' psychological services was drawn on by adolescents as they offered reasons for their avoidance of these services. These same services were sometimes constructed as 'competent' and this represented a contradiction. On further analysis, this tension became clearer as positions of 'competence/incompetence' were used by adolescents to talk about different experiences of seeking or not seeking help. Variance in the talk indicated shifts in the way that talk of 'competence' was used.

The focus during the analysis was on how these discourses were constructed, claimed and rejected, and for what purpose. This occurred by examining the ways these adolescents used language to achieve these goals within the social action of the interview. Specifically, focus was placed on the adolescents attitude towards their talk, and how they claimed 'truth' for their position as well as how the discourses were influenced by themes of ethnicity and power.

Chapter 3
Findings and Discussion

This chapter describes the ways that 'interview talk' has been interpreted by the inquirer within the methodological framework of social constructionism. This interpretation is firstly located within a contextual frame of the school. Then, the two major discourses involved in help-seeking are outlined and discussed.

Contextual Frame

The social institution of school has been created within a discourse of "moralised action" (Van Leeuwen, 2000) that legitimises the "practice of schooling" to provide for the educational instruction of young people. "Pervasive cultural models" (Gee, 1999) of the authority and power of adults, are invoked through discourses reproduced within the school (Lesko, 2001; Ritchie & Ritchie, 1984) that position adults with rights to demand compliance from students (Harré & van Langenhove, 1999). Parents are compelled by law to submit to the authority of the school and while at school, pupils are required to subject themselves to the authority of representatives of the school in the form of "adult rules, knowledge and resources" (Lesko, 2001). I also acknowledged this tacit power as I presented myself to the school authorities for approval, before speaking to three informants on school premises.

All of the informants were attending schools that provided resources in the form of school counsellors. Consequently, most of informant's help-seeking experiences were primarily anchored within their school. The contextual setting has often been ignored in positivist research, but lack of attention to a physical reality has also been a frequent criticism of some versions of social constructionism (Burr, 1999; Cromby & Nightingale, 1999). The physicality of the school environment is acknowledged in this research because it could be seen in the ways that avoidance of help was constructed. The location of the counselling rooms was clearly part of a help-seeking experience although it was reproduced in different ways by different informants. For example, Janet talked about her reluctance to make an appointment because of the public nature

of appointment making. Although the counselling rooms themselves were private, Sarah talked about the disclosure of 'not coping' and how it also became public. Scott interpreted his feelings about seeking help, in terms of the location of school guidance rooms at the back of the school:

> "[yeah , how do you, is.. do you make an appointment at the school or do just drop in?]
> ------ "it's not a very good system at our school cos she um... she's ever hardly in her office and if she is she's with somebody [mm] so you've got to kind of write on a piece of paper outside the door and **anybody** can just .. you know... ↑ ooh OK look what she's going for [oh really?] "look what he's going for" [oh so what happens to the piece of paper?] I don't know I haven't done it yet I just kind of walked into the door and... cos I didn't want to **write** on this piece of paper like (informant's name).....da da da da"(Janet)
>
> "[how to get them. You were saying before that you didn't think people knew how to find if they needed help, didn't know where to go, even though most schools have a school counsellor] yeah.... I mean most schools do have at least a school counsellor but... it's not exactly the easiest thing to go and do like it's, like it's in all schools , it's extremely **public** when you go and see a school counsellor [is it?] yeah it's kind of like, to actually **make** the appointment is always pretty public and [oh really] yeah [you can't.. so I mean everyone's gonna know] pretty much yeah I mean everyone that walks past can see you making an appointment **put** in that way"(Sarah)
>
> ----"[how were the school guidance counsellors are they.. are they approachable people?] um.... not really [not really mm what's it about them that means that...?] um.... I don't know...s'pose it's like um ...part of it could be like... just the physical place cos its this little.. house at the back of the school [oh ok , is it separate from the school?] um.. well it's not physically attached but... it's.... it's part of the school, but it's like just... mmm.. [mm just a bit away from the school?] yeah [is that...does that make it harder to go?] um...I don't know... it's just like... the whole **feeling you get** when you talk about **guidance"** (Scott)

All but one informant had direct experience with psychological services at their school and additionally, four informants had experiences with psychologists and psychiatrists outside the school. Parental relationships were also important, although predominantly help-seeking talk related to school and school counsellors.

Having located the talk within one context, it is important to acknowledge the wider issue of "being an adolescent" and how this 'self' was performed within talk of help-

seeking. Lesko (2001) describes adolescents "living in expectant time as adults-in-waiting". This tension was reproduced by Sam, who repositioned himself within one utterance from "man to "boy". Sarah's talk also provided an example of this tension in her construction of 'ideal counsellors'. In this utterance she constructed a counsellor in terms of the parenting of 'kids but also discursively distanced herself from claiming the position of 'kids' herself:

> "[what it is about your friends , you were talking about trust, you trusted them, what is it about them ?] I mean basically cos we.. talk about our... men things and... oh I think it's just a.... boy's thing" (Sam)

> "... but she does have kids of her **own**, she just knows how to deal with them↑" (Sarah)

During adolescence, identity formation has been considered an important part of psychological development. Within dominant cultural discourses, attainment of autonomy and self-reliance are part of identity formation and considered critical in the performance of 'maturity'. In order to claim 'maturity' adolescents must adequately perform the socially prescribed skills considered necessary and this was reproduced by John, whose construction of himself as a more mature person disclaimed the need for help:

> "I don't... **always** go to her anymore [mm] like I will **go there** in times of strife and crisis and blah blah blah [mm] but I **won't** go there to... to have a chat anymore really cos I'm Seventh Form... [mm] whereas I would last year but I reckon it **was** a good thing last year" (John)

Calling upon different discourses of 'competence' and 'disclosure', "makes available a particular space for particular types of self to step in" (Davies & Harré, 1999, p.9). John's position was part of contradictory talk about seeking and avoiding help and the ways that different 'selves' and positions were called upon by informants as we talked about their help-seeking experiences.

The Performance of Competence

Competence-talk was an important aspect of a public performance of adolescence and was foregrounded by informants within talk about help-seeking. Competence-talk was made up of positions of 'competence' and 'incompetence' and these positions were reproduced dichotomously in relation to and with each other. These positions worked in a number of ways and were differentially called upon in certain specific situations to construct the 'self' or 'other'. Performance of the 'competent self' served a number of functions within help-seeking talk in support of this. Primarily, the need for psychological help was disclaimed through performance of a 'competent self' who exercised agency over their world. This claim was made truthful through the provision of examples of the 'competent self' in action and these served to refute the authenticity of opposing versions of "truth". An 'incompetent other' was positioned against this 'competent self' to claim so-called "avoidance behaviour" as a legitimate course of action by a competent rational agent. Positioning of an 'incompetent other' also served to legitimise avoidance of disclosure of 'not coping' to peers, friends, parents, teachers and psychological services. In particular, informants often rejected the social position of 'competent others' positioned by school and society as providers of help and instead claimed these skills for themselves. Diane, for example, needed "to think for a while like .. who **would**.. help me the most .. [mm] who will help me do something about it". While this talk is used to claim a position of 'competence' it also indicated that there was also an available position for a 'competent other' who was considered a viable help source.

The Competent Self

The performance of the 'competent self' was achieved discursively in a number of ways. Informants performed their own 'competence' by invoking 'agentive discourse', providing "objective" evidence from others, claiming 'competence' as a continuous part of identity and discursively claiming a position of power. This position of 'competence' was a fluid construction and this was demonstrated when informants experienced themselves as 'not coping'. Following an experience of 'not coping' a number of discursive strategies were subsequently employed to preserve threats to the 'competent

self'. These strategies included positioning 'not coping' as a discrete event, using indirect requests for help, normalising their experience and spatially and temporally distancing themselves from 'not coping'. Then, having discursively claimed a position of 'competence', a position of the 'incompetent other' was made available and called on to further support the primary claim to self-competence.

Firstly, agency and control over one's world were claimed in support of the position of competence and enacted by accepting responsibility for purposeful actions (Harré, 1995). Within the positioning of the 'agentive self', informants were also enacting power relations to retain control of their situation and the 'competence' label when experiencing themselves as 'not coping', in situations that ranged from relationship difficulties and pregnancy to feelings of suicide. This was achieved by calling on an 'agentive discourse' in which they claimed an ability to resolve difficulties on their own without the need for the help of others They strongly committed to this position through the use of first person singular, "I" in their talk. Jessica, for example, talked of her difficulties in peer relationships but reaffirmed her self-competence by claiming agency over this situation in having "overcome" this problem:

> "just a simple.. problem that I got **sick of**. like all my friends there was this one person trying to **take** all my friends off me.. [mm] it wasn't that great [mm] but I found a way to overcome that". (Jessica)

Agency was also called on by other informants in support of the claim to 'competence'. Peter for example, constructed himself controlling his experience and achieving his goals, despite feeling uncomfortable in a situation in which he might be judged badly. Another example of agency can be seen in John's talk in which he constructs the counselling relationship in terms of a "chat". This positioning enacted a power relationship in which he minimised his distress, thereby retaining control of 'competence':

> "I **did** go there, I **did** get help (laughs) and I'm **back** and I'm **better** so... the actual way I did it wasn't as important [mm] as whether I was comfortable there or not um... [mm] I still got the desired **outcome** of it" (Peter)

"it wasn't really **counselling myself** but it was really having **big** conversations about stuff" (John)

"I don't wanna waste their time having to **repeat** the same things that I've learnt [mmm] ..so that's why I just don't go to them [mm] cos I know **what to do**" (David)

"I actually referred myself to (name of health provider)↑ [mm] because.. things just got really to a point where it was just kind of ..... wasn't much else to do.." (Sarah)

"cos I know I **needed** help cos I actually sensed there was a problem coming up within in me [mm] and I was like oh no um.. I didn't want to **admit** to the fact that I needed help though , I wanted to like.. get over it **myself** [mm] you know I'm strong enough I can do this **myself"** (Peter)

The positioning of the agentive self was invoked to claim power in situations where there was a perceived risk of loss of control. Consequently, power struggles were evident and could be seen discursively at work in comments such as:

"from **there** I went to see **millions** of counsellors and I am now very proud to report that I have 17 counsellors [laughs wow] I make a little collection of counsellors (laughs)"---
and later
"mm so I collect counsellors ↓... yes it's quite fun..."(Sarah)

"cos if you tell your family, your family just loses control [mmm , what would they, how would they react?]
---- "after they'd both calmed down, it's it looks like we have to plan a wedding [mm] and then.... I think that's what happened to a lot of Polynesian kids at our school"
and later
"I try not to **tell** anyone about that stuff that goes on through my head" (David)

"[mmmso you hold back a bit and..] yeah [don't say so much] don't say so much [mm mm yeah.. mm] not that I'm... crazy , I did **say a lot** there, I didn't hold back anything.. much [yeah] I just held back.. held back a few things which I.. didn't particularly want to say and I didn't see that they has any problem like.. I mean he would have been able to get around them anyway ... without me saying..... yeah [when you say get around them do you mean that..] like [you didn't, there were some things you didn't have...] yeah [to say that weren't important] they weren't relevant to what he was needing to... find out about me.." (Peter)

Secondly, a number of informants talked about the ways they were interactively positioned as the helping source within their peer group. This position involved being sought out by friends with "problems" for the explicit action of disclosure. This interactive positioning was also accepted by the informants themselves, who called on it as confirmatory evidence supporting their own claim to self-competence:

> "they don't see me on a pedestal [mm] they don't see me as high up.. they see me eye-level [mm] they don't look at me and do this "oh yeah, they have a degree" [mm] "he has a degree", or.. he's been to this school, yeah.. they see me as for who I really am [mm] like I'm just a..just a **normal guy** on the street [mm]..someone you can walk past every day" (David)

> "I seem to be the counselling person in our group.. but yeah.. [yeah why do they come to you, your friends come to you, you reckon?] yep they all do, it's because (laughs) I'm the only one that actually **listens**↑" (Sarah)

> "cos she normally does talk to me whenever she has problems and stuff [mm] through the internet" (Peter)

> "I've had other people, like a lot of people um..my friends and stuff , my close friends come to me with their problems as well↑" (Scott)

Thirdly, competence was claimed as a continuous and integral aspect of self-construction. Sam called on his cultural identity in claiming a life-long experience of coping in this utterance "yeah for me it's just mostly **my background**, why I don't go to people for... support [yeah] I just take it in my stride and... it's just as I live my life". Acceptance of this position as the preferred helping source by his siblings, as well as acceptance of his parent's positioning of him as 'competent', also highlighted tensions that had consequences in constraining him from seeking help himself:

> "I didn't seek any.. **professional help** cos... for me.. like.. it was.. just I take it by myself [mm] cos.. I've.. grown up around five ki.. // er five females and they come to me for help and stuff so.. I've just learnt that if I have a problem, I deal with it **myself** [yeah] so I just kept inside" (David)

> "If I told them what my problems were they would just... like if I started at any early age... they would understand... but if I just started now they **wouldn't** understand [mm] so... like I haven't told them anything so I just leave it at **that"** (David)

In order to continue to claim the position of 'competence', a number of discursive strategies were employed to prevent threats to the construction of the 'competent self' and these formed another important way in which the performance of 'competence' was accomplished. These functioned to allow the incorporation of 'not coping' into the 'self' while discursively retaining control of the 'competence' label and resisting a potential positioning of 'not coping' by others. Berzonsky (1993) describes the individual as a self-theorist continually incorporating new information into a fluid self-construction. This competent self was preserved through the use of five discursive strategies; construction of 'not coping' as a discrete event, use of non-verbal means to communicate 'not coping' such as tears, indirect coded requests such as "dropping hints", normalising talk and distancing the 'self' from 'not coping' spatially and temporally.

One of these "threat-avoiders" worked to construct "not coping' as a "transient state of being" (Sabat & Harré, 1999). Within this construction, 'not coping' was performed as a discrete rather than continuous event that served two purposes. Firstly it functioned to ensure continued access to a position of 'competence' as secondly it served to disclaim 'incompetence' as a permanent state of personhood :

> "I booked into (counsellor's name) to see a counsellor here but it **still hasn't been done** [it hasn't , how long ago was that?] ...couple weeks ago, yep longer than that ↓ [mm yeah maybe we can see if we can sort something out about that] yeah.. ↑ I mean it's finished now so.. mm" (Scott)

> "yep.. one was a **trainee** I went to see [mm what was that like?] a bit **freaky** at first.. cos you didn't know what they were going to ask you, yeah .. but um they **helped**... a lot..[mm] yeah cos I went for about a week, a day every week... **at first** but then.. everything was OK and I... haven't gone for ages."(Jessica)

> "like well.. **this isn't me** (laughs) I don't **want** to accept it. I want to change I **want** to go back to what I **was**, cos I know I was someone different" (Peter)

Secondly, indirect non-verbal requests for help avoided a direct articulation of 'not coping'. Although indirect, informants talked about them as clear indicators of distress. For example, tears could take the place of words in initial encounters with psychological services:

> "oh I just walked in cos I was like half crying already so.. (laughs) [oh really] she said like "ok you can come in" (Janet)

> "it's probably the fact that I was crying a lot (smiles) [yeah] ...I mean... that's like a sign that you've got a problem" (Scott)

Thirdly, preservation of 'competence' was achieved through the use of indirect or coded requests for help. "Giving away hints" that something was wrong, as well as being disruptive in class were also considered by some informants as clear requests for help. This indirectness, much like tears, avoided a direct verbal threat to 'competence'. These coded requests were most often directed towards adults, who were clearly positioned in social roles with responsibility for acting in certain specific ways. 'Incompetent others' were constructed as those that failed to notice these indirect requests for help and this was often advanced as a reason for avoiding this "help". In doing this competence work, informants claimed competence over 'parent', 'counsellor' or 'psychologist' and refuted the 'competence' position claimed by these socially ascribed roles:

> "Like in **class** I was just horrid, I was so.. I was just terrible and I mean every **day** I'd just start screaming at some teacher you know. it was just reaching that point where it was just getting too far and **no-one said anything**, no-one was like. do you need help kind of thing (laughs) [yeah] and I found that quite weird because.... yeah.. I just found that.. mmm.. cos like adults are meant to be the people that look **after you** ↑" (Sarah)

> "cos I didn't want my friends to **know** about me... having these problems or anything so... [mm] so since I didn't wann'o I just gave hints away, so just hopefully my Mum would just **click on to it** [yeah] like (smiles) oh my god... my son... he's having these problems [yeah] I better get. something worked out [yeah] but. she didn't really click on to it (laughs) [oh no]... that's why I started giving **more** and **more** until in the **end**... um.. I actually had to sit down with her and I actually had to say **look**... (laughs) over the last few weeks I have been trying to say that I need some **help**"(Peter)

Fourthly, informants called on a 'normalising discourse' that served to retain a competency label through the reconstruction of help-seeking as "normal" rather than for "crazy" people. Informants invoked common knowledge about the large numbers of people who saw counsellors in support of this claim. Peter, for example, positioned 'school counsellors' as people who deal with "proper schoolkid problems", indicating that there were problems considered acceptable for people so-positioned. Positioning

help-seekers as "popular people" normalised and socially sanctioned this behaviour. Examples of this normalising can be seen in the following three quotes:

> "actually.. actually I didn't think many did in this school but I know **a lot do"** (John).

> "no-one gets hassled for it or anything.. [mm] cos it's mostly the popular people that have the problems that go ↑ [oh ok] yeah.. like they're **always** going" (Diane)

> "before my birth but.. [mm] 50,60,70 years ago... like... to see someone like that you actually had to be. noticed as crazy by a lot of people, and then you'd be told to go and see the psychologist or whatever [mm] and they try to figure out what was wrong with you mentally [mm] but now it's become more of a um.. just if you're.. having any **standard** problem kind of thing.. that you just feel like you can't deal with, then you can go and see one" (Peter)

Finally, spatial and temporal distancing was a fifth means of distancing the self from 'not coping'. Spatial displacement was used to locate 'not coping' outside the 'self' and also called on the construction of 'not coping' as a discrete event rather than a continuing or enduring aspect of identity. Peter, for example, constructed needing help in terms of a developmental stage of his life that he had mastered as well as spatially dislocated 'not coping' from himself, when he said "I'm kind of getting **over** that stage of needing that help". The self was also temporally distanced from "not-coping" by talking of it as something that had occurred in the past, often so long ago, that they details could not truthfully be recalled:

> "[so you were thinking like when you were going to the psychologist and you had been referred like what were you thinking , like what was going through your mind?] um.. it was **so** long ago now [yeah] last October.um..."(Peter)

All of these strategies served primarily to position and maintain the self as 'competent' within help-seeking talk and to make these claims "literal and objective" (Potter, 1996). Having done this work, an 'incompetent other' could be articulated, positioned and claimed against this 'competent self'.

The Incompetent Other

Parents, school counsellors, psychologists and psychiatrists were all variously positioned as 'incompetent' in different situations within help-seeking talk. Three different discourses were called on to verify the claims of ineffectiveness of these help sources; a 'discourse of difference', a 'discourse of parenting' and a 'discourse of morality'.

A 'discourse of difference' was made up by talk of ethnicity, cultural solidarity and competence and was used to disclaim "culturally incongruent" counsellors as competent because of their ignorance of cultural mores and "ways of being". A second way of talking about difference focussed on differences in life experience and this was also called on to position both parents and counsellors as an 'incompetent other'. This dissimilarity was based on constructions of a "generational gap" that positioned informants and adults in "different times" with adults lacking understanding of the informant's social worlds. Primarily, 'discourse of difference' was based on cultural incongruence and was particularly called on by two informants. While they both labelled themselves with pakeha names, they constructed their identities by calling on their Samoan and Tongan heritage. Although they differed in the extent to which they called on this discourse, it was clear that difference based on cultural identity was an important part of the construction of a helping source as 'incompetent' by positioning the help source as culturally incompetent. In particular the positioning of 'culturally incompetent' counsellors served to justify total avoidance from these services and positioned culturally similar counsellors as 'competent'. In talking about disclosure of 'not coping' to pakeha school counsellors, David talked about how he could lose control of his situation because of their cultural naiveté. By positioning himself as competent while positioning pakeha school counsellors as culturally incompetent, he was able to retain control of the situation and legitimise his actions in avoiding these services:

> "it's just that the background that I **have** like they wouldn't understand what would happen **next** [mm] if like they said oh. look tell your parents. and then if I was to say .yeah my parents wouldn't understand and then if they said.. oh you know they, they would understand, we'll be here you can come over here.. [mm] I'll tell them **there** and **be safe** for **that time** but as soon as I got home... then

> that's when it changes [mm] so yeah.. we just learn to keep our problems to ourself and like tell only our friends" (David)

David's construction of the 'competent self' was positioned against an 'incompetent other', who had educational training but who lacked the knowledge that came from having had similar life experiences. Within this construction, knowledge was made up in ways that called on life experiences rather than educational or institutional knowledge:

> "Oh it's just that one, background, two... the person has to have like respect, your respect, three, your trust, four, the experiences that you've been through... like you can look at them and say "oh yeah that person might have been through this, so they might know what to do" (David)
> *and later*
> "but the people that have been through what I've been through... and have come out stronger... [mm], they **hold something**,...you know that's worth something more than a piece of paper... cos the paper, a piece of paper burns... [mm] but experiences stay for life" (David)

A second 'discourse of parenting' positioned parents and teachers in terms of the social role of adults in nurturing and protecting young people. Within this discourse, 'competent' adults were positioned as acting to care, protect and nurture informants. Positions of 'incompetence' were invoked in construction of adults who failed to act in these ways and within this discourse it rendered parental help ineffective. Interestingly, this discourse was also called on to position uncaring teachers and counsellors in terms of their failure to meet these "parental" responsibilities" and suggested that 'parent' and 'teacher' could be constructed in similar ways in relation to help-seeking experiences. Peter's parent had failed to notice his distress despite his coded hints, causing him additional distress because he had to make a direct and overt request for help. Sarah and John constructed available help sources as people who didn't really care about them. By contrast, Jessica constructed a particularly respected counsellor as a person who kept in touch because he cared and Sam positioned a culturally congruent counsellor in terms of a "hoped-for parent":

> "I never felt that (counsellor's name) actually **cared** about how I felt↑" (Sarah)

> "[ok I see and why wouldn't you talk to one of them?] yeah it's the same with the tutors really.. ↓. They're meant to be like the big brother image... but.. yeah they're just.. they're just.. oh I see them there just for the job really ↓" (John)

> "he'll make time for you [mm] but um... one of my friends had quite a serious one ↓and he... now that he's left.. um.. he gave her his phone number.. his um... home phone number.. mm .. he said she has to ring him every week to see how she is going [mm] mm [mm even though he's left the school] he's still ..yeah he's still keeping in touch with the ones.. that.. um... he still wants to be there for..."(Jessica)

> "mmm.. he's a good person [mm] yeah [yeah] most of the Polynesian students look up to him as **their father** ↑ in school [mm] yeah.. [yeah... he sounds like a... a good person] mm good role model yeah" (Sam)

Within a 'parenting discourse', counsellors could also be positioned as people who ignored direct requests for help as in Sarah's talk below:

> "on the day that I tried to kill myself.... I went in to school originally and I said to (counsellor's name) "look I **really** need to see you, I **really** cannot go to class. and she's like.. oh well you have to" (Sarah)

Thirdly, the 'incompetent other' was constructed within a 'discourse of morality' in talk about broken confidentiality and unwanted disclosure by others. This highlighted the ways that 'competence' and disclosure' were closely connected in help-seeking talk. Moshman (1999) has highlighted the development and social nature of morality within the context of peer relationships. He claims that if morality is an important part of the construction of 'self', experiences are more likely to be interpreted in these terms. A 'discourse of morality' was enacted within talk about broken confidentiality and this was part of the way that informants constructed an 'incompetent' other. Counsellors who broke confidentiality were constructed in immoral terms and avoided as help sources because "oh she doesn't keep confidentiality or anything like that, it's really a waste of time" (John). The talk about broken confidentiality highlighted a contradiction in the ways that the 'incompetent other' was constructed by different informants. Only Jessica had direct "evidence" that supported the claim that confidentiality had been broken by psychological services. She talked about her friend's experience of unwanted disclosure and how this later became an available position of 'incompetence" that was

drawn on by others in the peer group. This evidence was called on to support this claim of 'incompetence':

> "if you go and **talk** to **them** and they've.. they think it's something that your parents should know.. they just go straight and **tell** them.. [mm] that's one.. that's just one of them so.. that person has hardly anyone that goes to them now" (Jessica)
> *and*
> "yeah so there's been quite a few things going around about her.. **not** to see her [oh what kind of things do people say?] oh they say that she's like... um.. someone who you talk to and she just goes around telling everyone else.. [mm] that's the sort of thing.. like no-one wants to see her.. [mm] yeah but.. she doesn't.. like no-one round the school really likes her, only a few people do [mm] mm **no-one** sees her" (Jessica)

By contrast, other informants made up the 'incompetent other' by drawing on their experiences of unwanted disclosure of their personal secrets by friends not school counsellors. Interestingly, this evidence was not considered contradictory by these informants. An example from both David and John's talk highlights this contradiction and shows the variability in the ways 'incompetence' could be made up, yet it also shows that this talk functioned to position psychological services as 'incompetent' and thereby support avoidant action:

> "what we think is that... if we can tell a counsellor, the counsellors are with the teachers and the counsellors will say. oh yeah this person came to me for this.. like even though they say confidentiality and stuff, we don't believe it. [mm] cos.. like.. I told one of my mates one thing... and it ended up around the school.. so that's why I just **don't bother**.. I only stay to my group of mates" (David)

> "I have told someone this.. this **stupid-as** thing I think.. (informant discloses personal information) and I told that to someone and.. I was going. oh don't tell anyone ok.. and he's like.. oh yeah yeah yeah. and next day some... three people came up to me and go. ha ha ha... and I was like. oh ok thanks.. I didn't really want anyone to **know that** but you know ... [mm] so yeah you got.. I find it hard to find the people that I can trust to tell those sort of things ↑" (John)

Moral outrage within this 'discourse of morality' was drawn on by Sarah in talking about the actions of psychiatrists following her suicide attempt. Her self-construction as not being a "firm believer in school counsellors" was also consistently reproduced in

her interpretation of experiences with psychiatrists. The 'incompetence' of these people was constructed in terms of inappropriate access to private information as well as violations of rights to privacy. This construction draws on both medical and moral discourses in positioning 'psychiatrist' as someone who knows her secrets and who has received this knowledge immorally. She goes further to reject the position claimed by 'psychiatrist' that allows privileged access to her "files":

> "[so you have to tell them the whole story again] yeah and I was actually really ticked off because um.. my original psychiatrist left ↑ and I needed a new one to monitor my medication and all that crap [mm] um, and I had no idea who she **was.** I didn't know her **at all** [mm] and she read all my files↑ [mm] and I just found that really invasive ↑ [mm] it was just [mm] I didn't like that at all" (Sarah)
> *and*
> "Well it was just, it was really annoying because it's not their business↑ it's not their place to read my files" (Sarah)

Various adults were positioned as 'incompetent' but unexpectedly, informants also talked about 'incompetent' peers. This positioning functioned to retain self-competence and more importantly served to avoid a negative outcome on social relationships. This was important for male informants who spoke of this social consequence of disclosure of 'not coping' to friends and the ways that disclosure would change the nature of interactions. They constructed their friendships in terms of depth, quality and value, and positioned close friends/mates as the ones they would talk to. However, there were clear contradictions in their talk about their reluctance to disclose feelings of 'not coping' to them. This was interesting because within much of the help-seeking literature, friends and peers are often positioned as the preferred help source. This reluctance was constructed in talk about the possible ways they might be remade by friends as 'not coping', or reconstituted as "crazy" and this served to justify pursuit of alternate help sources or an avoidance of help altogether. Avoidance of disclosure appeared to maintain a claim of 'competence' and preserve the bonds of one's social network. Cotterell (1996) describes the large amount of energy expended on making and keeping friends during adolescence and describes a threat of rejection or abandonment by friends as a "frightening prospect not only because it may lead to loneliness, but because it can be seen as a social failure" (p. 34). David's experience of disclosure of distress to close

friends resulted in a change in the ways they positioned him and lead to his feelings of sadness that he had let his friends down. Peter and John were concerned about the reactions of friends whom they positioned in terms of an inability to cope with the nature of their disclosure or as an expectation of abandonment. Avoidance of disclosure of 'not coping' retained these relationships. Sam's reluctance to disclose "saved face" and avoided the potential of being ridiculed. An interesting tension could also be seen in the talk of some informants, who positioned friends as being "unable to cope" and whom they protected from this position by avoidance of disclosure. In this way, avoidance of seeking help from 'incompetent friends' reconfirmed their friendship bonds rather than weakened them:

> "I've just learnt that if I have a problem, I deal with it **myself** [yeah] so I just kept inside and... only told three, three people... [mmm] and they were really **angry at me**... [those three people that you told were really angry at you?] yeah... they were really angry cos.. they were disappointed that.. cos they.. basically saw me as a role model and stuff .. [mm] and that got me **down**" (David)

> "like I can call up (friend's name) and he'll... come round to school and pick me up or we'll get a pizza or something [yeah] and then he'll bug me about money or something about something about that or... get me to pay for it or something..but still it's a chance to get **away** from... the clutterdness you've got at the House↑ [mm] and... like I wouldn't blabber my mouth to (friend's name), I wouldn't go blah blah blah and ....lay all my problems on **him** because he might not be able to deal... not know how to deal with **that** and.. he might be just left blank if I do that, so... really it's just.. it's just the same as I had with (friend's name), it's just forgetting about everything else and just having a bit of... laughs and bit of fun" (John)

> "I don't find anyone else that, that I could ↑ [mm] apart from some friends but I **avoid that** as well [how come you avoid like your friends as well?] well **not** my friends **inside** school but my friends **outside** school ↑ [mm].. um... I sort of avoid that because... I **don't want** to bring it up as a subject ↓ ...and then have like.. I could spend all day with someone and um... yeah.. I'd... they be asking me "Are you OK?" "Are you OK?" all day...." (John)

> "[yeah yeah so you were kind of worried you didn't want your friends to know] no I **didn't** want my friends to know (laughs)[yeah what would they have said?] um... they're usually pretty nice but.. um.. they wouldn't have ...they wouldn't have said much cos like they know I go see the counsellor ↓ now and everything [mm] it's all fine [mm] but um.... they would've just been like... what...you

don't have a problem with **that** .. **get over it**. **harden up** kind of thing. it's like well I don't really feel like **hearing** that right now I mean... (laughs)" (Peter)

"I am quite like... strong willed... as a person, I'm quite stubborn as well and like to tell my friends.... Um.... I've got this problem kind of thing.. like this weakness.. which they'd either....like I didn't know how they'd react to it, **attack** me or **support** me or.. [mm] or **what** would happen.. I mean I trust my friends like heaps but like I didn't know.. what their reaction would be towards me saying look.. I'm thinking about this and this. cos it would be **too much** for them to like... think about.. like I don't know what they are thinking or maybe that doesn't just even come across their mind at all [mm] and them to think that one of their friends is **thinking** about committing suicide. It just might tip them to ....think (laughs) oh my god [yeah you just didn't know how they were going to react] no I didn't know how they were going to react and I didn't want to put them in some situation where... um... they're going to feel really uncomfortable [mm you thought they might feel uncomfortable if you told them you were thinking...] yeah it ..cos they might not know what to do and they might feel kind of like responsible , they had to find something or..... cos like if I had a friend and I didn't know what to do and they said..look I'm thinking about committing suicide, like I'm really scared of people and I don't know what to do about it, what can I do and I'm sitting there like oh..um... (laughs) oh... god what can he do [yeah] I don't want them freaking out over my problems or anything.. [mm and you didn't know whether they might freak out or not] yeah I wasn't sure what they'd do so.... I thought it would just be best just don't go see them about it [yeah] I'll talk to other people first [yeah and that was when you talked to your Mum?] yeah" (Peter)

"[why do you make the decision to keep it inside?] cos um... well I believe that...if...if **I** spoke my mind out, people will.. judge me ↑ [mm] or... what I'm **thinking** or.. what I've **said** to them [yeah] about what I **feel** [mm] and... I just don't... trust them... and believe that um... I believe that they might.... use the things that I've said to them about my feelings as a um... as a joke ↑ [mm] they might not take it serious [mm yeah] yeah [when you say they might not take it seriously, who do you.. who do you mean when you say that?] oh counsellors or... or my mates" (Sam)

In summary, both adults and friends could be positioned as 'incompetent' although this served different purposes. The construction of an 'incompetent adult' was an important part of performance of the 'competent self' who exercised agentive choice in judging the effectiveness of external help sources and in avoiding services seen as 'incompetent'. The positioning of the 'incompetent friend' was a more complex negotiation of identity within peer relationships that served to protect the 'self' from ridicule and rejection as well as protecting peers from their own 'incompetence'.

Enactment of Positions Between Competence and Incompetence

The 'self' can be made up in various ways and this was amply demonstrated with tension within the talk of 'competence' following an experience of the 'self' as 'not coping'. The consequence of a public performance of 'not coping' drew on two discourses that constructed the 'incompetent self'. Powerful medical discourses that constructed sanity and insanity, also positioned an 'other' with the power to remake and relabel the 'self' as 'incompetent'. Within a 'medical discourse', 'not coping' was constructed in terms of disease and sickness, and this was drawn on in making up the 'incompetent self'. For example, Jessica described a friend who "came down with bulimia". Sarah constructed psychological services as people who "try and.. make you all **cheerful** and **fixed"** but later resisted this action in saying "I don't want to be **fixed**". Images within this discourse of long couches, wearing of glasses, certificates on the wall, note-taking and big old buildings were some of the physical aspects to the ways that 'psychologist' and 'psychiatrist' were constructed. A 'medical discourse' was also related to the institutional power of knowledge that positioned these psychological services with the power to label the self as 'incompetent'. Peter talked in terms of fear when he said "it sounds kind of like... menacing the psychologist word...". This fear was later related to constructions of the power of a psychiatrist to reposition him against his will as 'incompetent' and banish him to a "mental institute":

> "it's usually the psychiatrist that has that word .. of whether they are... mentally .... **sane or insane** [mmm] ↓It's them who put the **stamp** on you basically ... [oh ok the stamp?] yeah ..you know the "insane" or "sane" (laughs) [laughs] [oh ok so is that like the **final word**?] yeah like if you're insane then oh.. that's it. yeah.. (laughs) . the world thinks you are insane [laughs] there's nothing **you** can do about it. and you know you're probably not or you think the world's insane (laughs)" (Peter)

> "I don't know.. some.. is there like some kind of psychologist's handbook that says you have to wear glasses, perhaps (laughs) [laughs]... have a couple of certificates on your wall [laughs] must be something like that.." (Janet)

Mental ill-health was constructed in a starkly dichotomous way that called on 'discourses of sanity/insanity'. Within these discourses, the 'self' could be either "with it" (Peter) or "damaged beyond belief" (Janet) and those who went to see school counsellors ran the risk of being re-constituted as "nutso" (Peter) by peers. This feared

consequence of being remade particularly following disclosure, and the likely ways that this would reposition them in relation to peers, served to legitimise avoidance of help:

> "oh if you **got** to a counsellor you've got these problems and you're **obviously different** from everybody else you can't **handle this**, and .... kind of you're put down"(Peter)

> "but I didn't want to go say look "I want to go get a counsellor" cos I thought that, at the time, it was a bad thing [mm] that you needed to see a counsellor [mm] and there's something desperately wrong with you [mm] that you are going insane or something (laughs)" (Peter)

> "[mm.. yeah.. wow it sounds like a lot of people go.. at the school] yeah.. all my friends do but I'm not the only one .... I... I don't go cos I don't have anything **wrong**... I'm fine" (Diane)

Although subscribing to this medical discourse, it also proved problematic in constraining their 'available selves' by precluding an available position between sanity and insanity and was lamented by Janet who said:

> "I reckon you need a counsellor now just to keep you sane [mm] cos like school's so **pressurised and things**.. **stressful**, so you need somebody to keep you.. you know.. on track and....[mm] not that you go down the wrong way all this type of thing" (Janet)

Alternatively, a 'power of the media' discourse was also drawn on in talk about the ways they constructed a 'feared future self', and the ways that this discourse could be drawn on by peers in repositioning them from 'competence' to 'incompetence'. Within this discourse people who engaged with psychological services were constructed in particularly extreme ways. Informants interpreted their experiences of 'not coping' in relation to these dominant discourses and talked of contradictions between their own self-construction and the positions of 'cracking' and 'insane' that were made available to them within a 'power of the media' discourse. These discourses were not mutually exclusive because informants also drew on both medical and media discourses in reflexively positioning themselves as less powerful to resist a position of 'not coping'. This positioning was important because of the ways it impacted on the ways they were constructed by friends:

> "I don't think it's the real image.. [mm] that they show [mm] they should be showing it as you know a place you just come to and talk and stuff... but um... the patients always seem to go there... when they're you know... on the verge of **cracking** (laughs) or whatever... breaking..."
> *and later again*
> "they should be uh.. giving off a more... realistic image to... life [mm] cos yeah .. cos I think the closest my friends have come to a psychologist is... what they see on tv and (laughs) um.. yeah [mm] kind of stick with that image [yeah do you think that's the right image?] (laughs) no..."(Janet)

> "I mean when you see.. when you see on movies and tv and people are seeing psychologists, they are usually the insane ones of the programme, they are the ones who go off an kill people and [mm] (laughs) stuff , they are seeing psychologists, I mean , this is who **you're** gonna go and see [yeah] I mean you don't think you're that bad are you..."(Peter)

> "[do you think about when you see um like... counsellors on tv.. do you think it's **accurate**. When you see things?] not really cos ...on tv they have like this big bed and everything and you lie down and stuff [mm] but ... they have their own little rooms [mm] and you can sit wherever you **want** [yeah] yeah [so you don't have to lie on the bed (?) no you don't have to lie on the bed or anything (laughs) you can sit on a chair, sit on the floor. [yeah] or [is that what you thought it was going to be like when you went the first time to see? ..] yeah I was hopefully I don't have to **lie down**, close my eyes, and just blurt out on everything but... they try to make you feel as comfortable as possible" (Jessica)

Both medical and media discourses were significant in the ways that informants constructed and feared the 'incompetent self', so it is not surprising that they also talked about their difficulties in admitting they needed help. John discursively distanced himself by removing his 'self'' from 'not coping' in saying that "maybe the person just doesn't want to own up to themselves or... [mm] like... admit that they need to go to a counsellor or something like that↑". Diane successfully employed a narrative switch in this utterance by distancing herself from "having something wrong":

> "[mm what would be difficult about do you think?] ..... dunno↓... [mm] .. well I **reckon** that you have to **admit** that you have a problem ↑ [yeah.. you think that might be hard?] yeah.. cos like yeah... no-one likes to.. admit to themselves that they've got something wrong with them (smiles)" (Diane)

The action of re-positioning of 'self' from 'competence' to a position of 'incompetence' or a place in-between, was enacted following a 'not coping' experience. A fluid self-construction enabled different positions to be claimed in different circumstances. For

example, a repositioning to a position of 'incompetence' could be seen in Sarah's utterance in which she talks about an "illusion of competence" that must be given up. The performance of the 'competent self' could also be seen as she also claimed seeking help as a sign of her 'competence' and maturity:

> "like I think things just got to a point where....there's ... you reach a certain place in your **mind**.... where I mean there's a stage where you think "OK I don't need help" even though you're the most screwed up person. But then you go beyond that and think "hey wait a minute if I actually want to live I need help" you know [mm] so it got to **that** point and I thought just OK if I'm gonna grow up I'm going to have to get help from somewhere.. and I mean no-one was, no-one else was **offering help"** (Sarah)

The action of repositioning an object in different ways and taking up different positions themselves, allowed informants to legitimise seeking help from psychological services that had been formerly positioned as 'incompetent'. The performance of this repositioning of self also positioned adults with the responsibility for "seeing their distress" and acting in ways consistent with a nurturing parent. This discursive shift also allowed informants to remove themselves from a former position of responsibility and agency. This re-positioning talk was apparent in Sarah's utterance about her suicide attempt in which she discursively switches from claiming agency to distancing herself from responsibility:

> "I was depressed for the whole year.. which resulted in me... getting like within.. **inches** of dying kind of thing [mm] literally.. like I was going to die if I hadn't..stuff hadn't happened" (Sarah)

Repositioning of others, also came with a cost for some informants who constructed an increasing competence of others with a decreasing competence of 'self'. In particular, informants accepted an increasing 'incompetence' of 'self' if they were on-referred from school counsellors to services outside the school. For example, John constructed the 'psychologist' more clearly in terms of increased knowledge, training and ability but also in ways that reflected his own increasing incompetence. Later in the conversation he also constructed a 'psychiatrist' as a more competent 'psychologist' and positioned

this 'psychiatrist" with an increase in power in which he could be permanently remade as "insane":

> "[you talked about , well you actually said the word psychiatrist and I was just wondering if you think there's a difference or..] I don't know .. [you're not sure?] no I'm not sure what the difference is between a psychiatrist and psychologist is [mm] I think.. again.. it's the psychic// psychiatrist is a step up again↑ from the psychologist.. like if you're **completely** insane, like the psychologist says like.. like this guy's **nuts** (laughs) then you got to the psychiatrist (laughs) [oh ok so you think the psychiatrist is for **really** .. really nutty people] yeah the ones that you actually see going to the mental institutes (laughs) and stuff" (John)

> "I'd probably go to like.. a... (organisation name)-type person I reckon [mm] like... not a **school** counsellor [yeah] like cos yeah...they'd only forward you to... people like (organisation name), so I'd probably go to someone like that [yeah and do you think that... the (organisation name) person would be different from the school counsellor?] uum... they'd probably um have more... severe cases than the school counsellor [mm] the school counsellor's probably got.. more... on-the-surface problems I reckon.... I don't know [mm] ah yeah (organisation name) probably.. I don't know, probably deal with harsher things cos I mean when you go to the school counsellor and tell **her**.... the problem you know, too big.. she'll tell to (organisation name) come so.." (Janet)

The Competent Other

A 'not coping' experience was the catalyst for an action of renegotiation of 'self" and 'other' in which informants sought to incorporate this experience into their existing self-construction. The availability of a 'competent other' provided a necessary safety mechanism that allowed disclosure without risking changes to important relationships:

> "[yeah.. yeah.. so.. so if you decide you need help... what's the first thing you do?] I go to my Mum[yep] mm [mm] and if it's something I can't **trust** with **anyone..** then I'd probably see... like↓... a ↓counsellor or something [mm... do you think they are trustworthy?]... yep.. cos if..they've **gotta** be it's.. yeah.. ↓ [mm] cos like.. I don't know like my friends or my Mum's gonna go off and tell anyone [mm] like another friend (?) [you're not sure?] and then you'll get the whole story.. mixed around [mm it sounds like it really is important that.. you tell someone something they don't go and **blab**] mm [to other people?] yep [mm] cos a lot of people have a habit of **doing** that at school [yeah] yeah.. [and those are things that you don't want people to know?] mm [mm..mm.. yeah.. yeah I guess maybe there are some things that you don't wanna necessarily tell ya...parents..] mm [.. or friends] mm [things...] cos you don't know what they're gonna **do**.. what they're gonna **say** [mm] like you don't know if they're

> gonna ground you or anything [mm you think you might get grounded maybe?] yeah.. oh it's not.. I've done nothing bad but... [mm] if it did.did come that that [mm.. you're not quite sure what their reaction would be?] mm.. that's what I would be scared of **most..** probably [yeah] that I wouldn't know if my friend would **want** me as a friend or **Mum..** would talk to me or anything" (Diane)

Having relinquished total claim to the 'competence' position, the 'competent other' was enacted in three ways. Competence was evidenced within talk about skills and professional ability as a 'competent expert', constructed in terms of friendship and thirdly located in "God".

The 'competent other' was positioned in terms of a professional ability and engendered with qualities of cultural and professional skill, knowledge and respect for confidentiality. A 'discourses of difference', previously invoked to negate the action of engaging with psychological services, was also called upon to position congruent counsellors as professionally and culturally competent. Cultural solidarity was enacted to position a clear boundary between Pakeha counsellors and "us Polynesians" (David). For Sam competence was enacted in utterances like "cos he's a Polynesian just like me" and this helped him in "feeling more comfortable". This was directly contrasted against 'Pakeha counsellors', who were avoided because, "they don't **really** know me [mm] as well as (PI counsellor's name) does":

> "but then I never get to sit down and talk to them like.. [mm why's that?] I'm not quite sure .. why I don't do that but... it never happens [yeah] yeah [yeah mm] nevermind...oh maybe because of different culture or something [yeah] yeah [yeah you feel more comfortable with (name of PI counsellor)] mm [and (name of counsellor)... yeah] yeah not that I'm a Maori but ah.. [yeah but it sounds like you still feel more comfortable with him] mm" (Sam)

Much of this "comfortable-ness" was about cultural congruence and this was seen to be synonymous with competence. In particular, cultural skill in knowing how to engage with informants in respecting cultural values and showing respect to family members within a future help-seeking encounter. David talked of a 'competent counsellor' who "would **know** how to come into my family's house and be respectful to my parents... [mm] like he would know what to say, how to behave".

In light of the potential negative consequences, informants often looked for evidence of the 'competent other' before engagement with psychological services, and his could also be a lengthy process:

> "oh.. I was going to go to the counsellor (smiles) [yeah] yeah [yeah so you were thinking if it didn't sort itself out ...] yeah cos it works for everyone else so I thought it might work for me" (Diane)

> "I didn't tell her last year I told her this year ↑ .. about my father and.. she can help me out.. it' just something that I have been looking over, she might... might be a good person to talk to [mm] yeah it's not something I just chose....she's not just the person that I just chose to speak straight away... [mm] I wait for a year.... [yeah so you waited a bit of time and...] yes [and decided whether she was the right person to talk to about it] .. mm [mm] to see to if she was a counsellor and she can **help** other people [yeah] so I though yeah she can.. she can help other people , she can help me as well" (Sam)

There were tensions in the different ways that informants made up 'competence' and in the ways it was ascribed to different psychological services. Informants who located greater 'competence' with those they labelled as 'psychologists' also talked about these people in terms of "professionalism" and the institutional power of education and knowledge. This construction is likely to have been part of the ways that informants renegotiated 'self' when on-referred to other psychological services. This institutional power of wisdom, was refuted by other informants, who constructed 'psychologists' as people who didn't care or listen. John's talk is an example of how he resisted the power of 'psychologists' to remake him while claiming a position of power in the interaction with a 'counsellor':

> "and he basically asked me the same types of questions that the counsellor did [mm] he just seemed to.. being a **psychologist** and doing that extra.. bit to become a psychologist.. he'd know a bit more about what he was.. what I'd be talking about and everything.. so he'd be able to **analyse** it better.. that was the only **difference** that I found [mm so you found that the counsellor and the psychologist kind of did the same thing except at the psychologist was more ...] he was more specific and able to analyse my.. thoughts and .. what I said [mm] a lot better so.. when the counsellor didn't know when I was like saying when I was saying all these things, had all these options going through her head, "**this** could be the problem, , **this** could be the problem, **this** could be the problem [mm] that she wasn't **exactly** sure." (Peter)

"he was more like either experienced or... um.. trained **longer**.. doing his **studies** and stuff [mm[and so he' like ... a lot wiser with what he knew.. more knowlegable about everything.. so he **was** step up and again.. a person who'd done their masters and doctorate and **everything** in... psychology is the psychiatrist" (Peter)

"[yeah you were saying before that the um.. (organisation name) people, you think are more professional] oh I don't know the whole environment is more professional [the environment?] mm[what is it about it, can you like describe it?] um... this is the secretary there and then... the um... psychologist also has a social worker and... well she had her there... [mm] when I went with... (friend's name), my friend [mm] um... and she was **taking notes** and stuff (smiles) , it was kind of like... in the films... you know what you ... the stereotypical type [oh ok] the couches and everything (smiles) [oh really?] yeah seems more um.. cos our school counsellor.. doesn't take notes or anything [mm] I don't know [do you think taking notes is important?] I don't know it just seems more... (laughs),adds to the whole professional thing [oh ok] (laughs) [you were saying about um..the stereotype] yeah (laughs) [what's that like I am really curious?] (laughs) oh um.. I don't know... from what you see in films where everybody's categorised into different... **groups** and the counsellors would be... like notepads and .... taking notes and ... ooh.. you'd be lying on the couch.. or not that we laid on the couch we were just sitting there [mm] but um.....I don't know.. I think they **do** need to take notes, cos our school counsellor she you know probably forgets half the things (smiles) you tell her [yeah... so the notes helps them to remember?] yeah [what you've said and..] it's the whole image you get of a counsellor, they **need** the notepad there (laughs) adds to the whole look.. thing,, what a counsellor's supposed to... (laughs)" (Janet)

"I just I reckon... they really I reckon they don't give a crap, ↓psychologists, they are just there to tell you what's wrong with you and what you need to do.... whereas counsellors.. they're there to listen and tell you what you want to hear ↑ I reckon... tell you the truth but tell you what you want to hear to make you feel better↑.. whereas a psychologist you could walk out feeling like absolute bullshit... and when you go to a counsellor you could feel as happy as whatever"(John)

This enactment of 'professional competence' was an important part of the way that informants negotiated changes in the way they constructed themselves. Alternatively, a 'competent other' was made up in terms of friendship. Within the context of adolescence, "friendship" could be considered to be the single most significant relationship and solidarity was invoked in talk about these people as being "just like me". In one example, Jessica positioned 'friend' against a position of 'counsellor' in talk of a well-liked and respected school counsellor in "he's more like a friend than a counsellor". In this position, 'friend' was also engendered with the quality of 'coolness'

that made disclosure easier. A trustworthy 'friend' also helped facilitate disclosure and these related concepts were located within this 'friendship-talk'. The construction of friendship was interpreted as one of the ways that informants negotiated disclosure, because without "closeness", disclosure was a just a "waste of time"(David). "Being known", synonymous with deeper friendships was an important concept within this construction as these examples show:

> "cos he's a Polynesian just like me" (Sam)
>
> "[mm and the one who left was the guy and you found him really good to talk to] yeah.. he was real **cool** to talk to" (Jessica)
>
> "and I don't think she'd got very clo//.. she's got **really closeness** with students but I **don't think** she's got it with the teachers.. **at all** [mm] apart from the **good** ones [mm] but the bad ones they are just *(grimace)*" (John)
>
> "but everyone preferred **this** guy [mm] he was just more **fun** [mm] and if you were upset he wouldn't purposely try and make a **joke** ↑ to make you feel better , he'd like talk to you about it and then afterwards he'd make a joke [mm mm] so.... you don't get like sidetracked sort of thing [mm so he could sort of sit and talk with you and not um.. try to jolly.. make you feel better..] yeah [when you were feeling really bad ?] yeah [yeah] cos he knows that if you feel **that bad**, there's nothing that's gonna... make you feel better.. only just talking about it [mm mm yeah mm and so he would kinda go round the school, and just wander round?..] and everyone would say hi to him (laughs) [yeah] and he's say **hi back** and he'd add your name into it as well [yeah] he **remembers** everyone [yep that sounds like that's important?] yeah ↓ [mm] not like "oh this is (informant's name), this is one person that has that problem and remembers you from... why you came [mm] but remembers you as a **person"** (Jessica)
>
> "people that you tell stuff to.. they **have to be close to you**.. [mm] cos if they're not... then it's just a **waste of time** [mm] cos if... you tell someone close to you, you know that can see them everyday.. you rely on them..you know.. you can keep in touch [mm] but if you tell a school counsellor, you see them five days a week, but... you don't actually know them as a friend [mm] that's why there's only probably... **one** person in school that I would tell [mm] and that would be the (PI counsellor)...he's like a really cool dude [yeah OK] everyone knows him as a friend" (David)

A third enactment of 'competence', involved the position of God as 'confidante' and this was called on by two informants within a wider context of the cultural importance of the church (Meleisea & Schoeffel, 1998). While other informants drew on alternate versions of the 'competent other' to seek help, the positioning of 'God' negated need to

seek help from any other external source. This positioning of God in this utterance, also reconfirmed cultural identity and positioned a loved relative as a 'competent other'.

> "[--- is there anyone else that you'd talk to if you weren't. if you couldn't talk to your mates and you couldn't talk to (counsellor's name)... is there anyone else that you'd talk to?] The man upstairs.. I just talk to God [mm] or I just sit there... and re-arrange all my thoughts.. I think "how did I get here in the first place", "what were the steps that I took to get there" and "how I can get out of it" (David)

> "that's where I started learning... to **pray** when I need help [mm] cos anytime.. he's.. struggling with carrying box.. um.. or sacks or coconuts .. he's always sitting down... like he's really worn down.. he'll sit down and ..... just sit there and pray for.. and ask God to help him [mm] go on through our journey back home [mm] .. yeah.. so that's where... I learned **everything** from... from.. him.." (Sam)

Ultimately, a position of 'competent other' allowed engagement with psychological services and disclosure of 'not coping'. However, this was not the case for disclosure of 'not coping' to God, where it functioned to negate the need for disclosure to others. This example highlights the ways that the performance of the 'competent other' was variable and complex. In Sam's talk, for example, 'competence' was made up by calling on professional effectiveness, friendship and cultural identity within a wider context of parenting:

> "....[you talked a little bit about um.. (PI counsellor's name).] uh-huh [mm is he someone that people can go and talk to?] yeah oh... most of the Polynesian students go up to him and talk to him .. yeah... he helps a lot of people [mm] solve their problems and stuff [mm] and.. [what kind of person is he?] oh he's **humble** (laughs) [humble?] yeah he can respect other people's um... **dreams** ↑ [yeah] and .. yeah... **who** they are... where they're **from** and ... and other people's **cultures** as well.. you know he likes to mingle and **mix** with them [mm] yeah he's a ... a **fun boy** (smiles) [is he?] [laughs] yeah.. yeah he likes to tell jokes and ...[yeah] yeah and he loves his taro though (laughs) [does he?] [smiles] yeah [yeah] yeah he eats a lot of his taro [yeah]....mmm.. he's a good person [mm] yeah [yeah] most of the Polynesian students look up to him as **their father** ↑ in school [mm] yeah.. [yeah... he sounds like a... a good person] mm good role model yeah (Sam)

Informants performed the 'competent self' to legitimise avoidance of psychological services and this was chiefly accomplished within the work that positioned an agentive

self and constructed the 'incompetent other'. Enactments of positions between 'competence' and 'incompetence' emerged with a renegotiation of 'self' when experiencing 'not coping'. Informants were more likely to engage with psychological services that were constructed as 'competent' and performed less resistance to being labelled 'incompetent' when there was an available position of 'competent other'. A renegotiation of 'competence' and an acceptance of alternate positions, also involved a renegotiation of power relations. Informant's claims to 'competence' and the power that was discursively located in this position, were more easily given up or reconstituted in drawing on a discourse of a 'competent other' made up as either a 'professionally competent other' or 'friend'.

Negotiating Disclosure

Informants did not specifically talk about the decision to seek help, other than indicating that they experienced an awareness that they were "having a crap day" and indicated there had been a decision to disclose. Seeking help requires a certain level of disclosure that was clearly problematic for informants. Within this decision to seek help, were critical questions about who to disclose to and how much to disclose. The 'negotiation of disclosure' was enacted by calling on positions of 'competence' and 'incompetence' to determine who that person might be and how much would be disclosed. Renegotiation of 'self' made the position of the 'competent other' available, and was called on to enable disclosure of 'not coping'. An alternate action also took place with an 'incompetent other', to which a 'desperate' self might disclose under certain conditions.

Tensions existed within the talk of 'disclosure' and represented a struggle between the 'self' and 'other' within a dynamic power relationship. 'Disclosure-talk' principally focussed on three concepts that mediated engagement with psychological services. A "disclose/withhold" tension existed between wanting to disclose and the feared consequences of this disclosure, with the latter focussing on the ways that 'others' were positioned with power to remake them. Secondly, power relations were enacted as informants claimed power by withholding information and using silence to resist or

reject available positions. Employment of other discursive devices such as "hedges" also resisted revealing information. A third aspect of 'disclosure-talk' was made up of the ways that disclosure could be enacted within a counselling interaction. These could be characterised as the 'rules for engagement' in which informants talked about the rules that allowed optimal conditions for disclosure.

Informants talked about their desire to disclose and this focussed on a heartfelt need to find someone to listen to them. This need to talk was balanced against a reproduction of 'disclosure' that used very strong imagery of holding 'not coping' inside, of holding on until it could be contained no longer. This object of disclosure was constructed separately from the 'self' when it was made up as an "it" and a "thing" and discursively created distance between the 'competent self' and 'not coping'. This was clearly seen within talk about the action of disclosure, which was described as "spilling", "letting it go", "blurting", "blabbering", "giving away", "spitting it out" and "dropping your guts". These images reproduced a strong sense that control was also a part of disclosure. Loss of control was also reproduced when informants positioned 'counsellors' and 'psychologists' with the power to remake them and they felt "vulnerable because you are opening up" (Janet).

> "oh ↑ sometimes I wanna **share** what me and my mates talk about cos I.. I don't.. like thinking about it over and over [mm] in my mind .. I wanna... **let it go** ↑ [mm] I want somebody to hear me out ↑ [mm] and... it's a bit... hard... to tell other people.. what you and your mates talk about [mm] just in case they... spread the **news** and stuff...." (Sam)

> "I do I trust her that she's not gonna go off and ↓blabber her mouth about anything like there's someone at (organisation's name) that I wouldn't... trust... as far as I could throw them but [mm] yeah... [so it's important that they **won't** tell anyone?] yeah yeah... but the thing is with people... there's **things you wanna tell...** and you **really** wanna tell them to someone... but you can only tell them to someone if... they are not going to go off and tell **someone else**.. and I have found that a lot **here** like..." (John)

A desire to disclose was mitigated by talk about feared consequences of this act. One of these risks was an expectation of being judged following this disclosure. Informants enacted 'being judged' in different ways describing it in terms of anticipated 'future

selves' in which they risked being marginalised, evoking ridicule or being abandoned by peers. Being judged also carried more serious undertones of being more permanently remade as 'incompetent" or worse, by more powerful 'others'. This was discursively managed by positioning 'disclosure' in terms of "being for your own good" and indicated that the positions of 'counsellor' and 'psychologist' were continuously renegotiated. Informants also managed 'being judged' by distancing themselves from 'judgement' through discursive switching from the agentive "I":

> "[yeah .. so you don't talk to them about those sorts of things?] Na..no [who do you talk to about **those** things...?] oh.. I sometimes I don't talk to **anybody** about it.. yeah I just keep it inside [yeah] mm like.. I know some..one day... I'll spit it out because I can't keep it inside....for a really long time [yeah] mm [why do you make the decision to keep it inside?] cos um... well I believe that...if...if **I** spoke my mind out, people will.. judge me ↑ [mm] or... what I'm **thinking** or.. what I've **said** to them [yeah] about what I **feel** [mm] and... I just don't... trust them... and believe that um... I believe that they might.... use the things that I've said to them about my feelings as a um... as a joke ↑ [mm] they might not take it serious [mm yeah] yeah [when you say they might not take it seriously, who do you.. who do you mean when you say that?] oh counsellors or... or my mates [mm] yeah" (Sam)

> "mm [and you think that stops you from being able to tell the counsellor what... what it is you want to go and talk to her about ?]mm.. and.. or if I do... by **some chance** happen to **get out** what I want to say... it always sounds so insignificant to what... I don't know.. it sounds so **different** than it does in my head [mm] sounds very... very insignificant when you get it out in words. I don't know could be like this big tornado happening in your head and then you get it out in words and then you're like..not a big problem type-thing so..." (Janet)

> "[yeah...yeah I was just kind of wondering what people say , your friends say and , what people say about going to see the school counsellor?] um... some of them are like "I'll never go there' cos they think.. oh adults. they'll probably **judge** you and um.. tell you that you are doing something wrong.." (Jessica)

> "[mm mm so you might be less.. um with the psychologist?.. or the psychiatrist?.. you might not say so much?....] I might not say so much cos they're judgemental.. it's kind of they're there to **judge** you ↑ , [mm ok] and you don't want.. no-one particularly likes to be judged that I know of [mm] and to know that you are going to be there.... And you're there to be judged, it's kind of a bit difficult to actually kind of think about , that you don't want to be judged but you know you're there because ..... you are going to get judged for your own good kind of thing [oh ok] yeah and it's just a natural thing that when you're getting judged, you don't.. want to be judged badly [mm] and you try to make yourself get judged as good as possible (laughs) [yeah] and so you might

> not want to say a few things you might **think** might .. would give you that **bad judgement,** might judge you badly" (Peter)

Careful negotiation of a disclosing action was also highlighted in the ways that the disclose/withhold tension was managed. Informant's construction of a risk to peer relationships has already been described in terms of estrangement. Disclosure to peers risked being remade by them in ways that potentially impacted on informant's status or reputation within the peer group and this included being "hassled and teased" (Diane). Cotterell (1996) highlights the importance of the peer group in offering acceptance and validation. Any action that could reconstitute this bond could be considered a threat. Therefore maintenance of a 'competence' position could be achieved by non-disclosure or alternatively, managed by disclosing to someone other than a peer. In this example, Peter constructs a feared consequence, then demonstrates how this is managed by choosing to disclose to a third party:

> "you just don't want your friends .. people close to you .. you don't want them worrying about you.. or [mm] constantly asking you know are you alright?. are you feeling ok? or you don't want them turning on you.. oh this guy's got **problems**, and **walking away** and just **leaving you** [mm yeah] kind of **stranded alone** um... you just want them to stay the way they are, with your friends, cos you think at the time. it's all fine.. this is good and you don't want to change that.. you just think the best way to go is just talk to someone else [mm] that's how I see it anyway" (Peter)

This negotiation of new positions could also be seen in Diane's talk. She constructed a parent in terms of 'competence' as a most trusted help source but this position was not available for disclosures of a "personal" nature and this contradiction was "hard to explain". Friends in general could not be trusted, although the position of 'trusted confidante' opened up to specific friends in specific circumstances, such as 'boyfriend-talk', in which disclosure could not be made to the person most commonly disclosed to:

> "[and it's about **who** you might go and talk to, who are all the different people that you might be able to talk to] ah.. I always talk to my **Mum**.. yep [yeah] like I can't talk to my Dad.. [mm] but I just talk to my Mum .. she's like the only person I can talk to [yeah] oh there's (relative's name) .. I can trust her as well [yep] but I can't trust my friends because.. when I have in the past they've always tried to like..tell everyone else and it gets out and stuff [mm] but.. mm.

> **definitely** my Mum.. she knows **everything** [yeah] ↑but if there's always like something like.. if there's something I don't want Mum to know↓ .. like kind of personal and stuff.. I don't know.. I would tell like my best friend cos.... I don't tell... I don't tell my friends .. oh it's hard to explain [yeah] if there's something I can't tell my Mum, I'd either tell my best friend (name)..↓ [yep..mm so it sounds like there's **some** things that you might go and talk to your Mum..] yeah but if its personal, like a boyfriend or something.. I'll just talk to my friends ↑"(Diane)

'Not coping' talk could be seen as a negotiated social activity in which informants navigated a path of engagement that was primarily adult-constructed. Within the school setting, informants were required to take the first step in engaging with counsellors. This could be an altogether risky business as Sarah described. In positioning the inquirer as being able to see her point of view through the use of discursive devices such as "you know", she invited understanding of her experience of desperation when her request for an urgent counselling appointment was refused. In having her claim to 'competence' refuted by the school counsellor, her available means of communicating 'not coping' was reduced to other means such as overdosing:

> "on the day that I tried to kill myself.... I went in to school originally and I said to (counsellor's name). look I **really** need to see you, I **really** cannot go to class and she's like.. oh well you have to.. have you got any of your books? and I was like.. no (laughs) and she's like why? and I cos.. I had no idea what day it was kind of thing [mm] I was really out of it [mm] and she was like. I'll write you a note, go to class and I'll see you next period. but I mean... that wasn't good enough you know so I ended up overdosing and got rushed to hospital [mm]. so.. and I just, I seriously wonder if how much of that could have been stopped if she'd actually **clicked** that. hey something's not right here [mm, and you don't think she did?...] I mean it was fairly obvious that something wasn't right you know [mm] I mean I wasn't like.. I wasn't even 50% normal you know, I was kind of bordering on psychotic that morning you know"(Sarah)

'Disclosure' within the school setting risked a reconstitution of 'self' and this was part of the fear surrounding disclosure. School counsellors were considered accessible help sources because "every single teenager has to attend school until we're 16, so it's a **likely** place to seek help you know" (Sarah) and the school setting influenced the 'competent self' in two ways. The 'self' could be reconstructed by peers through the mechanism of rumours, in which informants accepted a position of powerlessness in their ability to control 'competence' of 'self'. Consequently psychological services

outside the school could also be constructed as more viable helping sources that enabled one informant to retain her label of 'competence' within the school context and to perform 'incompetence' away from peers. Alternatively accessibility to school counsellors allowed Jessica to hide 'not coping' from her parents and thereby allowed her to control 'competence'. This work also resisted a position of parents as 'ideal confidante' and positioned her as managing her 'disclosure'. These different examples were interpreted as the different ways that informants managed their performance of 'competence' in different settings:

> "[and that was the rumour going round?] that was one of the rumour going round// one of the rumours going round and it's just there were so many stupid rumours going around (sighs) you **do**, you do **have to** deal with the rumours [sounds like if you do go, you have to know what you're in for?] yeah [sounds that way to me] that's one good thing about (organisation name) is that.. it isn't at school, it is **out of school"** (Sarah)

> "with counsellors they're in school and you don't have to go out of school to go. [yeah would that be quite hard?] yeah cos like if you needed someone to talk to and there was no-one else and there's only people outside the school.. the thing is that this age you can't exactly **get there** ... [mm] and it's a bit harder. Cos you can't say "oh mum, dad can you drop me off cos I need to talk to someone" [yeah] cos they're like..well you can talk to **me** [mm] sometimes.. you think that.. I can't though" (Jessica)

'Disclosure' threatened a claimed position of 'competence' within talk about a "counsellor out of context". The act of disclosure was located in the physical space of the counselling room. Counsellors walking around the school "out of context", presented a threat to 'self competence' because a witness to their 'not coping' had encroached into their "coping" world. This experience was not consistently constructed negatively by all informants because its meaning depended on whether the counsellor was constructed in terms of 'competence' or 'incompetence'. In the following examples, David's talk calls on 'discourses of differences' in his construction of "them", Janet claims 'competence' in saying she "doesn't have to go" because she doesn't have "big problems" but also distances herself from "vulnerability" experienced in meeting the counsellor in the school grounds. By comparison, Jessica's experiences of meeting the counsellor "out of context" was not constructed in terms of threat but

drew on a discourse of the 'competent other'. "Being known" by a counsellor was only less threatening when the counsellor was constructed in competent ways:

> "it's just like having to walk past them every day... and they are looking at you.. I don't like that feeling [mmm] it's like they are judging you right then and there because of what you've said [mm] so that's why I don't like counsellors (laughs)" (David)

> "I think I'll need a couple more counsellor appointments [mm yeah ok] (?) [oh ok] but yeah I... I don't have to go to counsellors ↓to... I don't have such a big problem with things [mm] but not the school counsellor [not the school counsellor, No?] No cos [how come?] (laughs) cos I see her walking around the school and think like you know my problems [oh ok] yeah [and that's you don't ..you don't like that feeling?] (laughs) no [yeah] cos I don't know you feel.. vulnerable because you are opening up to like.. you know.. a counsellor [mm] and they know.. everything's that's going on" (Janet)

> "[mm and the one who left was the guy and you found him really good to talk to] yeah.. he was real cool to talk to ... like everyone said hello to him when he was walking around the school and he knew everyone's name [mm] he remembers [yeah do the others... do the others] yeah they kind just like remember you cos they know that your name is coming up, so when you walk in they know.. it's on their... daily sheet.. that they've got you.. but he remembers.. everyone" (Jessica)

Another feared consequence within the "disclose/withhold" tension was made up in terms of "disclosing against your will", in which informants talked of being made to reveal themselves within a counselling interaction. Informants did not talk about how this 'unwanted disclosure' would occur but they constructed a position of 'interrogator' in which they gave up claims to power by discursively locating it in powerful 'others':

> "---[yeah if I went to (organisation name) I'd probably only want one counsellor there.. [not the social worker?] no cos it makes you feel too... uh ... I don't know interrogates or whatever ..[yeah] yeah just kind of .. yeah.. it's more intimate with just the counsellor and... um... just the person I reckon so." (Janet)

> "---[did you have an idea in your mind about what a counsellor would be like?] oh I thought she would be like an **interrogation** ? (laughs) they just sit there and interrogate me and say "look you've got this problem and you're going to have to do this and you're going to **have** to **do** this and if you **don't do it** you're going to go completely **insane** (laughs) [yeah] yeah..probably end up **killing yourself** or something [yeah so that was what you were thinking you didn't

> know what to expect] I wasn't sure **at all** what to expect [yeah] I just thought . I thought it would be something bad cos interrogated .. basically **yelled at** kind of this.. this ..this, you've got these problems **these** problems (motions to an imaginery list) and look look look what's wrong with you" (Peter)
>
> "yeah ↓ at the beginning you feel like that... they'd.. kind of **dig in** til they got the **right** answer that they want out .. of you"(Jessica)

"Disclosing/withholding" also reproduced power relations that were recognised by informants who accepted positions of 'discloser' within the counselling interaction. Inequality was reproduced and power located within the position of the 'counsellor' by virtue of their knowledge. Gergen (1999) describes this as a quiet submission to more powerful people drawing on Foucauldian ideas of power/knowledge. In the following example, Scott positions himself as less powerful than 'counsellors' by calling on positions in a 'discourse of knowledge' :

> "[yeah mm mm mm yeah....I am just kind of wondering about some of those difference like.... like do you think that the.... school guidance counsellor is like those people that you meet when you go to those gatherings of.. counsellors and ...therapists and...] um... yes and no..... [mm yes in what way?] um..yes in the way..... it is... that... little bit of... **open-mindedness** and .. [mm] but yeah ..... [and how about no?] ..mm.....I don't know .....the fact that um.... you're there to share with **them** rather than.....they are with **you** and sort of... difference in... communication [oh ok yeah] mm [so it's kind of different] and like the whole power thing [oh the power thing yep] yeah like they are... more, they are supposed to be knowledgeable and things like that it's not like.. it's not that they're equal..." (Scott)

'Disclosure against your will' was also constructed by Sarah, who drew on discourse of morality in talking about how her 'not coping' was publicly disclosed without her consent, to peers in class by a teacher. She claims this account as factual through a detailed discursive dramatisation of the event. Her outrage at the behaviour of her teacher, who had interactively repositioned her, was interpreted as a threat to her 'competence'. The construction of this threat is further accomplished in her use of an extreme case formulation in the construction of disclosure to the "world", rather than her class. She contests this position in claiming that she is not threatened about seeing a counsellor, thus reasserting her claim to 'competence':

> "I mean most of my class knew I had to go and see counsellors anyway I mean that was no biggie but it was just the fact that he'd done **that..** that really annoyed me, because that's... it's a private thing it's not meant to be known by the whole.. world [mm] yeah [mm and the teacher didn't respect **your** privacy?] yeah I felt really ticked off about it" (Sarah)

Power relations existed within the language used and were contested in several ways, by withholding of information, through the use of silence and thirdly in the employment of discursive devices that resisted disclosure. Claiming and resisting available positions such as 'incompetent', 'interrogator' and 'discloser' was discursively achieved through a subtle subversion of power enacted by withholding information. Power relations were negotiated with parents and psychological services in which rejection of available positions of 'discloser' were enacted by purposeful withholding. This 'withholding' occurred within parental interactions as well as those with psychological services. Withholding information was performed for a number of different reasons that served to enable the 'self' to minimise threats and manage perceived consequences by retaining control over the ways that others might reconstitute the 'self':

> "[..you have to tell your parents?] I think um... 18 or over I think ↑ yeah [mm.. so would that be quite hard?] yeah (laughs) oh probably [yeah] but if it was... a **big**..... **problem**, I mean I have to tell my Mum so.. well **not tell her the whole issue**, just tell her "OK I'm going to (organisation name), you need to sign here type of thing [ok yeah and she'd be alright with that?] um.. mm.. probably not.. (laughs) cos I don't know it's annoying to her cos she always wants to know more and more and more and more and.." (Janet)

> "I'm like super-open but I'm also like super-hostile to people I don't **know** [yeah could you be super-open with .. school counsellors and psychologists and psychiatrists?] yep , depends on what they're....um like with the psychologist maybe one of the reasons I wasn't so... like I did say no to a couple of questions, was I wasn't sure what he was trying to get out of it ↑ , whether .. it was... a very.. a good thing for me ↑ or a bad thing for me ↑ , [mm] I mean if it wasn't to **my advantage** , then I don't want to go on with it [mm mm] I'd rather be... (?) kind of thing , and I wasn't sure at times cos he ..... he just gave kind of an impression that ..maybe... he was gonna .. **something bad** was going to **happen** (laughs) [oh no what might happen?] oh I don't know like .. it was just going to say. look you need to see a psychiatrist, and you're going to go insane" or.. [oh ok yep] or there's something seriously wrong with you and you just don't want that to **happen** to you [yeah] it would be better the other way" (Peter)

> "[mm – why do you not go to them?] I **just** feel I just **don't**... **really**.... like... I would tr.. I do trust them but I don't trust them in that situation and I'd ... and I couldn't really **say**... much or wouldn't **want** to" (John)

Use of silence was a second means of negotiating power within the counselling interaction. Renegotiation of power relations and the struggle for control could be achieved quietly and silence was a "discursive" means of resisting less powerful positions within this interaction. Scott performed this resistance throughout the conversation, which was a short but dramatic performance of reluctance to disclose. It is important to highlight that aspects of the environment outside this interaction may have had a strong bearing on this informant's interest in disclosure and continuing the conversation because he was aware of his friends waiting outside for him and he seemed eager to rejoin his group. Tensions were apparent in his talk because he had constructed himself in terms of an "alternative" identity and positioned this identity in allowing him greater freedom to engage with and disclose to psychological services, yet he also resisted disclosure because 'counsellors' were "pretty weird". Prolonged silences were often enacted directly after conversation-stopping devices such as "and... yeah"....", "mm", and hedges such as "kind of" were effectively used to avoid disclosure. Scott had earlier constructed an unequal power relationship surrounding disclosure and reproduced this within the conversation to resist the position of power discursively located in the inquirer's questioning. Positions of 'naivety', discursively enacted in utterances of "I don't know", "I'm not sure" and "I don't have any personal opinion" also functioned to close the conversation and avoid disclosure. This action subversively resisted the inquirer's expectation of disclosure and located discursive rights to end the conversation with the informant:

> "[would it be easier to go to the school guidance counsellor...] um [if you needed to... you were saying .. you said before not really] yeah.. I think it... for me it would be but.... I'm not sure about other people [yeah what would make it easy for you?] um..... think it's more like..... my image or... my place and.. yeah.... [your image and your place?] sort of yeah [can you tell me a bit more about that?] sort of how people think of me and .....[yeah] yeah [how do they think of you?] ..... sort of... hippi-ish I think [hippi-ish... yeah?] mm [yeah] yeah"(Scott)

> "[---do you think that... that people generally get an image about what counselling is and um... psychology is, whatever from tv or from movies and stuff] yep.. [can you tell me about what kind of image you think that is?] um.. [or you know what **you** think it is maybe...you know.. not what..] what I think the image is?... um... think it's kind of.. (?) oh just hippy.. [hippy?] don't have any personal opinion mmm..... [mm] yeah I'm not sure... [mm] I'm pretty sure that there would be an image" (Scott)

In summary, tensions existed between wanting to disclose and fearing the consequences of this action. Informants managed this tension by negotiating how much they disclosed, to whom they disclosed and where they disclosed. Withholding information managed the ways they were constituted by others particularly in 'being judged'. The power of 'counsellor' or 'psychologist', to demand disclosure was rejected discursively by withholding information or resisted by using silence.

The third of these important functions of disclosure-talk focussed on how informants constructed rules for disclosure and these were called 'rules of engagement'. These 'rules' constituted the ways that young people chose to engage with psychological services. This analogy was appropriate, in light of the battle for control of the 'competence' label and the struggle to discursively claim/retain power within these social encounters. Conditions for disclosure to psychological services drew on the position of the 'competent other' as informants talked about "being comfortable" to disclose. Primarily they focussed on issues of trust and confidentiality and the ways these two concepts were inter-related. Also reproduced were concepts of congruency and 'being indirect'.

One 'rule of engagement' was made up in talk about confidentiality. This was constructed as a vitally important pre-condition for disclosure and an important aspect of a 'competent other' to whom they might choose to disclose. As already discussed, informants constructed confidentiality from their experiences of unwanted disclosure by peers, and these experiences were also expected to occur within the counselling interaction. Informants drew on this experience of broken confidentiality and invoked it in support of avoidance of engagement with and/or disclosure to, psychological services. Trust, like disclosure, was also a negotiated activity although informants

differed in the ways they made it up and the ways it impacted on their level of disclosure. These examples below show how trust could be earned over time or described as "all or nothing" as well as the ways it was related to other valued qualities such as respect:

> "[I'm kind of wondering what do you **imagine** it's like.. what do you imagine. that it'd be like?] um.... I reckon at first it would be **difficult**.. but if you like .. kept going.. it'll get.. **easier** ↑ and you can like trust them with more stuff ↑"(Diane)

> " but I don't have anyone that I can **fully completely**.. trust that I hang out with in the weekends or something like that ↑...that I **completely utterly trust** ..."(John)

> "(counsellor's name)... knew that I respected him enough to **come** to him.. so he would respect my parents [mm] in order to come with me [mm.. respect is really important isn't it?] yeah... respect and trust [mm] cos if you don't respect someone, then don't trust them. if you don't trust someone, then you don't respect them" (David)

> "I mean like sometimes yeah you just **don't like them** ↓ [mm] you just **don't.. don't** connect with them at all ↑ and you do have to have a certain amount of like for your counsellor, you do have to... **respect them** at least" (Sarah)

Counsellors who "broke confidentiality" were positioned as "untrustworthy" and this was made "true" by invoking common knowledge. The 'competent self' was invoked within this talk as informants spoke of "just knowing" whether a counsellor could be trusted or not and this was contrasted against the 'incompetent other' also functioning to legitimise a decision to avoid disclosure

Some informants also talked about disclosing to an 'incompetent' other who was "known" to betray confidences. Within this alternate position, 'incompetence' of psychological services was accepted if the 'self' was considered "desperate" enough to disclose. In this example, Peter talks about the importance of confidentiality but makes available a position for a 'desperate discloser':

> "I'm not 100% sure that (smiles) she's not going to be confidential, but she **says** she is and that means **a lot**.. to me [mm] so... and I think that would mean **a lot** to other kids if someone **says** they are going to be confidential with what they

> do [mm] then you **expect that**, and if they don't.. then.... that's your reputation gone cos they just tell everyone about this guy.. don't talk to him [and is that what would happen?] that's what would happen [no-one would talk to you?] um you'd get a few people that were like really desperate for help ..... they would come and talk to you but a lot of people would just.. screw em.. if he's just going to go off and... **tell everyone** your **problems**.. that **you wanted** to keep confidential then it's not worth **telling** him anything.. you may as well keep it to yourself [mm mm] or you might as well get a megaphone out and just go tell the whole school (laughs) cos that would just as effective way of doing it [laughs]" (Peter)

A second 'rule of engagement' with psychological services was constructed in terms of congruency. This was constructed in different ways by informants, firstly as culturally congruent engagement and secondly in terms of congruent counsellor style. For David and Sam, culturally congruent ways of engaging with psychological services were directly related to their willingness to disclose. David contrasted his experiences of engaging with culturally different services in his talk about attempting to see 'other' counsellors. His experience of being ignored while waiting outside their counselling rooms further contributed to his construction of 'incompetent' others. The discursive dislocation of these two services was also replicated in the physical environment and represented a barrier to engagement. A second way of constructing congruent engagement was the counsellor's style in which informants talked "about finding the right match". Examples of this congruency can be seen in David and Sarah's talk:

> "---- so like all of us will just pile into the office" ------he'll see them in a group and then.. like that way you have someone to look at... you have your friends to look at when you are saying stuff [mm] and if they **back you up** you **feel safe..** [yeah] but then if you have the one on one, face to face with the other counsellors, it's different..." (David)

> "and there can also be a matter of the counselling style that you don't like [mm] like I don't like counsellors that .... um..... brainstorm heaps.. that just doesn't appeal to me [mm] but I do like counsellors that I can talk to .." (Sarah)

Finally, a counsellor 'being indirect' was facilitative of disclosure. 'Being indirect' was valued in a 'competent other' and was constructed within talk of 'disclosure'. Informants talked about the ways that 'being questioned' or direct talk negatively impacting on their willingness to disclose. Within the context of the performance of

'competence', being blunt may have represented a direct threat to the 'competent self'. Consequently, disclosure was more likely when talk was less personal. This general talk may also have provided an opportunity for 'potential disclosers' to negotiate a position of 'competence' for the 'counsellor' which ultimately determined their level of disclosure. Indirect talk was also utilised within the performance of the 'competent self' that allowed informants to discursively distance themselves from a 'not coping' experience. In the following examples, informants talked about the how being "straight out", following-up on someone, being "blunt" and going "into psychology and stuff" was constituted as "invading their space". 'Being indirect' by putting "sugar on top" was seen as one way of reducing a threat to the 'competent self':

> "then she kind of **changed..** once she got the .... whole talking-thing right ↓.... [so she didn't have the talking-thing right?] mm. yeah she kind of like said things that came out the wrong way I think [yeah] she goes. now you said **that** and .. like sort of like straight out ..hardest way" (Jessica)

> "it's just general questions, but then it brings out the problem."
> *later repeated in*
> "like if they told me they were alright, I would know that they are [mm] and I know if I tried to follow-up on that they'd think I'm invading their space....that's the thing, it's like really tricky... [mm] you have to wait for them, but then, if you wait too long ....[mm so you think, is is, is it that, that it's the person has to come to you?] mmm [If they need help?] mm [and you can't kind of go to them?] (?) cos if you like um see something is wrong and you ask them.. the response these days is. oh no everything's cool.. and you know nothing's wrong.. [mm] but like, like I can tell that you know something's wrong but I have to wait... like if I try and keep, if I keep pushing and pushing.. it's gonna make that person feel worse [mm] but if I just keep on going, I'm **here** if you want to talk [mm] and just to let them know that there's someone for them to talk to [mm] and that's what they all done for me.. like they saw something was wrong. we're here for you if you want to talk [mm] and then.. in my **own** time.. I **went** to them and I told them... [mm ..so they were quite supportive] yeah so yeah it's just the **timing**" (David)

> "[just kind of had a chat?.. mm] yeah cos if... if I wanted to talk, to talk to him about his family and tell about like psych it or whatever it's called... [yeah] go into psychology and stuff like that and say well this is what you need to do and blah blah blah... I probably would've put him off and wouldn't have changed him much so" (John)

> "I think the way, it's just being.. kind of like direct, as direct as he was.. like blunt and really direct,..I just. na, I don't want to tell you kind of thing (laughs)

> [yeah it was a bit much] it was a bit much, but when he put it in a more.. um... kind of sugared.. like the sugar on top and everything [oh ok] made it really sound like really. not much at all. a little thing, you just tell me this... it's not really important and um.... oh ok, yep [yeah] just let it out [yeah] but when he was direct and blunt.. it's kind of like. na you just don't want to say" (Peter)

In summary, disclosure was a purposeful action between 'self' and 'other' in which informants called on positions of both 'competence' and 'incompetence'. These positions were continuously negotiated as informants managed their desire to disclose against feared consequences. These consequences focussed on the reconstitution of 'self' that occurred through 'being judged' and they were managed by invoking the 'competent self' to negate the need for help, withholding information or by resisting the position of 'discloser' using silence. Informants constructed willingness to disclose within a 'discourse of competence' as well as constructing rules in which disclosure could be made. These 'rules of engagement' focussed for the most part on confidentiality and trust as a necessary precursor for disclosure. 'Being direct' was not facilitative of disclosure because it was constructed in terms of threat and resulted in a reluctance to divulge 'not coping'. "Feeling comfortable" encapsulated an ideal 'disclosure' interaction and this was made up of talk about a 'competent other', trust, confidentiality, congruence and indirectness.

Chapter 4
Conclusions

This research has focussed on the ways that informants talked about their help-seeking experiences. The meaning of this experience was accomplished within the "constitutive force" (Davies & Harré, 1999) of two discourses of 'competence' and 'disclosure' that constructed both the 'self' and psychological services. These positions were actively and continuously renegotiated in relation to these and other discourses that included 'difference', 'parenting, 'morality', 'medical' and 'power of the media'. The performance of the agentive 'competent self' was positioned against the 'incompetent other', a person whose help was avoided because of generational and cultural differences, who failed to act in ways consistent with an 'attentive parent', and who could not be trusted to keep informant's "disclosure of not coping" confidential. In support of their claim to 'competence' informants also used a number of discursive devices to maintain this position. Renegotiation of the 'competent self' occurred following a 'not coping' experience and this also made available a position of 'competent other' that was enacted to facilitate engagement with psychological services. More particularly a 'competent other' was a critical construction within a 'negotiation of disclosure' that illuminated the ways that psychological services could be considered a viable help source. Within a 'discourse of disclosure', informants were torn between a desire to disclose and a need to withhold disclosing their 'not coping' because of the perceived consequences of a disclosing action. Disclosure was more likely if the helping source was professionally or culturally competent or was constructed in terms of friendship. Within these two positions, informants talked about the necessary precursors of disclosure. These 'rules of engagement' were constructed in terms of needing confidentiality, having congruent ways of engaging and avoiding directness.

Talk is a social practice (Potter, 1996; Willig, 2001) and these experiences and positions were enacted within discourses that were reproduced within the conversational action between the informant and the inquirer. This is a written account of talk that has been described by Parker (1999) as a "signification" of the spoken word. These interpretations have been made within the methodology of discourse analysis,

commonly criticised for failing to contribute 'knowledge' to ongoing academic discussions (Willig, 1999). This is unsurprising, given that discourse analysts do not claim to have found the "key" to understanding and report their work within a larger number of possible interpreted versions. An interpretation does however, place the inquirer at risk of claiming authority to speak from the position of 'interpreter' (Schwandt, 1998) and risks "backgrounding" the informant (Bevan & Bevan, 1999). This research addressed this issue by undertaking a careful analysis supported by detailed quotes from informants that were presented to authenticate the interpretation.

The value of this discourse analysis lies in the ways that it can contribute rich detailed understanding of human experience. While Sinclair (1992) reminds us that interpretations can be considered situationally-specific, Potter (1996) suggests that understanding explicit features enacted in specific settings may lead to better understandings of the ways objects are constructed. In using this inductively driven research methodology, valuable insights are provided into versions of help-seeking experiences in an attempt to provide better understanding of the reasons that young people avoid psychological support services. Consequently, this research can inform people engaged in providing psychological services to young people. This is critical in view of the numbers of young people who are 'avoiding' psychological services and these insights are offered as a means of facilitating further discussion.

How can psychological services facilitate interactions with young people who are experiencing themselves as 'not coping'? The challenge here is for providers to attend to the ways that 'competence-work' can be facilitated and accomplished within 'negotiated disclosure'.

Psychological services should attend to the ways that power relations are enacted to 'avoid' seeking help or to evade disclosure within a counselling interaction. The constructions of 'competence' and 'incompetence' legitimise 'avoidant' actions, disclaim a need for help and refute the power of psychological services to remake people seeking help. This suggests that an adult-constructed position of 'avoidant adolescent' was not accepted by these informants. Power relations are also reproduced

by providers of psychological services who position themselves as 'deliverers' of service to acquiescent young people. Services can not be 'delivered' when psychological services are constructed as 'incompetent' because young people may purposefully resist this available help. Even following engagement, a discursive struggle for power may occur within the counselling interaction, in which informants negotiate power in terms of how much they choose to disclose or who actively seek to resist loss of power by subversively withholding information.

While research has suggested that under-utilisation of psychological services may be due to unavailability or inaccessibility, this analysis challenges the ways these ideas construct 'avoidance'. Psychological services are 'available' within the school setting but this analysis indicates that availability is not concomitant with accessibility. In fact, accessibility is not constructed in terms of the physical environment, but rather located within the positions of 'competent' or 'incompetent' counsellor. Counsellors need to be aware that their 'availability' as a help source is constructed in terms of their personal characteristics not their physical presence at school.

It is important to note that invocation of the 'competent self' or 'incompetent other' inhibited engagement with psychological services. 'Competence' was not only important in informants' decision to seek or avoid help, it was an important factor in the decision about the degree of disclosure. This indicates that 'competence' is an important area for work in facilitating engagement and counsellors need to attend to this. Young people may avoid psychological services because of the ways that the appearance of 'not coping' will impact on their self-constructed identity and on the ways they may be remade by others. A construction of feared 'future selves' with perceived social consequences may act as a powerful inhibitor to engagement with psychological services. Counselling interactions can be directed toward supporting the 'competent self' while addressing the individual's feared consequences of disclosure. Furthermore, psychological services need to be aware of the ways that engagement and disclosure are related to the constructed 'competence' or 'incompetence' of the person providing psychological service. In particular, important constructions of 'competence' are related to trust, confidentiality, cultural and professional skill and the value of 'being indirect'.

Friendship is also an important quality within the counselling interaction, perhaps because it is less threatening, and the challenge here is for counsellors to conduct themselves with professional integrity in ways that allow young people to feel they are still talking with a friend. Additionally, counsellors who break confidentiality or who fail to notice distress may not be seen as competent and are likely to be avoided.

Research also indicates that peers are a preferred help source amongst adolescents (eg. Maxwell, 1988; Tinsley et al., 1984). Psychological services should be aware of inconsistencies in the ways that adolescent males and females talked about this help source. For young women, friends were considered to be a viable help source and were often confided in, unless these same friends were considered to be part of their problem. Young men also constructed friends as ideal help sources but concerns about how their disclosure of 'not coping' would be interpreted often precluded this action. This highlights an area of concern for counsellors who should be wary of assuming that young men experiencing distress are actually receiving peer support. It is unlikely that young men will turn to their friends because of feared consequences that include being abandoned or ridiculed. Instead they may only disclose their 'not coping' if there is an available counsellor whom they construct as 'competent'.

The rationale for this analytic work comes from a belief that provision of effective psychological support for young people is a critical area for research efforts. One of the ways that this can be achieved is by talking with young people themselves to better understand the meaning of their experiences. A common cry from young people is 'to be heard', listened to and understood. As psychological professionals, we need to listen ..... and if we listen hard enough, young people will tell us how we can be most effective in ways that allow them to retain a claim to 'competence' and to demonstrate that they are viable candidates for a position of 'adult'.

Appendix A

Reluctance to seek help from support services

Information Sheet for participants

My name is Kay Mathewson and I have been a member of Youthline for about two years. I am also a post-graduate psychology student currently doing my Masters thesis and I am looking for people who would like to volunteer to take part in my research. This research is being done under the supervision of Associate Professor Kerry Chamberlain in the School of Psychology at Massey University and has been approved by the Human Ethics Committee at Massey University, Albany.

What is this study about?

From time to time many people feel they are not coping in their life and this causes them some distress. But some research tells us that very few young people who are suffering distress actually seek help from others, particularly from support services such as counsellors, school counsellors, therapists, clinical psychologists or psychiatrists. The aim of this study is to better understand why young people are reluctant to seek help when they feel distressed.

What would I have to do if I agreed to take part in this study?

If you agreed to take part, you would be interviewed by me for about 1 -1½ hours at a place that we were both comfortable with. You could bring a friend or family member with you, to sit with you during our conversation if you wanted to. I wouldn't be asking them any questions at all. Because the things we talk about during our conversation are confidential, they would be asked to sign an agreement that said they would not talk to anyone about the things you and I had talked about.

There are no specific questionnaires to answer, it would be more like a chat about what you think about people needing help, your experiences of getting help when you needed it and what might stop you getting help if you needed it. You would have complete control about what we talk about and you would be able to say what you didn't want to talk about as well.

The interview would be audiotaped so that it could be transcribed (typed up). After the research is completed you could either keep the tape yourself or otherwise it will be destroyed. No-one else (other than my supervisor) will hear the tape and it will be kept securely stored so that your confidentiality is maintained. (You don't even need to use your real name if you don't want to).

You would need to sign a consent form before you took part in the study.

If I take part in this study, what are my rights?

You have the right to

- continue to ask questions about the study even if you have already agreed to take part
- not answer any question if you don't want to
- ask for the audiotape to be turned off during the interview
- decide not to participate in the study up to the time that the information is analysed
- expect that your confidentiality will be respected at ALL times
- receive your audiotape back at the end of the research
- be given a summary of the findings from the study

What can I expect from you as the researcher?

As a psychology researcher, I am bound by the ethical and professional guidelines of the NZ Psychological Society. This means that

- the information you give me is confidential and I will treat it accordingly - your tape and transcript will be given a number so that your real name is kept confidential
- if I use some parts of your transcript in my thesis, your name will be changed and every effort made to make sure you remain anonymous
- your transcript and tape will be kept securely stored at all times and access will be restricted to my supervisor and myself only
- the only other person who will see your transcript is my supervisor

Youthline will also be given a summary of the findings but this will not identify anyone who participated.

It is up to you to decide whether to take part in my study. You might want to tell your parents or caregivers about it – but this is also your decision.

If you would like to take part in this study or you have some questions you want me to answer before you decide, please give your name and contact number to your Group Facilitator. Your contact details will be passed on to me and I will phone you to answer your questions or arrange a time to meet.

My supervisor (Kerry Chamberlain) at Massey University is also available to answer any questions you might have. He can be contacted on 443-9799 extension 9078

Thank you

Kay Mathewson

Appendix B
Reluctance to seek help from support services

Consent Form for participants

I have read the information sheet and I am happy with the answers to all of my questions about taking part in this study.

I understand that I can continue to ask questions throughout the study

I understand that I can decide to stop participating in the study if I want to right up until the time the information is analysed.

I understand that I don't have to answer any specific question if I don't want to.

I agree to take part on the condition that the interview is private and confidential and that my real name will never be used

I agree to the interview being audiotaped and I know that I have the right to ask for the recorder to be turned off at any time if I am not comfortable.

I understand that parts of the interview might be used in the researcher's thesis, articles based on the thesis or the Youthline summary, and that I could not be identified if parts of my interview were used.

I have read and understood everything on the information sheet and agree to take part in this study

Name: _____

Signature: _____

Date: _____

Appendix C
Semi-structured Interview Guide

Pre interview action

Researcher background and introduction
- description about my involvement in Youthline
- description about my studies and how this research fits into that

Review details on information sheet
- what informant will be asked to do
- informant rights as specified on information sheet
- confidentiality
- audiotaping of interview

Confirm receipt of signed consent form
- from informant
- and verbal consent from parents for those under 16 years of age

Interview proper

Introduction
- briefing about study purpose as specified in the information sheet

Questions
Note – The researcher may choose to ask only some of the questions if the researcher assesses that use of this semi-structured guide would negatively impact the quality of the interview. To some degree, the nature of this research deems that the interview be guided by the informant. However the researcher would still require discussion with respect to the research questions.

- Sometimes people need help to sort things out. Do you remember a time fairly recently, when you needed help? Can you tell me about that time?
- Do you remember who you asked for help? How did you decide to ask that particular person?
- Do you know about other places or people you could have asked for help?
- Can we talk about the kind of people they are? Are they easy to talk to?
- Do you think there is a difference between say a psychologist and a counsellor or a school counsellor? (If yes) What do you think makes them different?
- What do you think about people who go and see these support people? What do your friends say?
- Have you ever needed help and decided not to get any. Can you tell me about that?

- What would stop you talking to a support person?

Closing interview process

"I don't have any more questions to ask. Is there anything you would like to add to what you have already said?"

Check out informant safety – What was it like to be interviewed?

Post interview briefing

Next step in study

- listening to tape and transcription leading to data analysis, this will take until the rest of the year.

Summary of findings

- "would you like to receive a summary of the things that I find? "

Return of transcript and tape

- asking informant if they wish to retain both. Otherwise advise destruction guaranteed.

Thanking informant for taking part in study

Appendix D
Transcription Notation

bold	Indicates stressed word
//	Repair
(friends name)	Identifying information that has been removed to preserve anonymity of the informant
----	Indicates portions of the text have been removed
[ ]	Inquirer's words
(laughs)	Paralinguistic feature
.	Pause of up to one second in length
(?)	Unclear utterance on tape. Transcriber's "best guess" at the words spoken
↑ or ?	Rising intonation
↓	Lowered intonation (often accompanied by lower volume)

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