

Running head: RESTORYING SELF- NARRATIVES

UTILIZING EXPRESSIVE AND NARRATIVE ENHANCEMENT THERAPIES WITH
ADOLESCENT POPULATIONS: A PERSONAL AND THEORETICAL EXPLORATION OF
RESTORYING SELF-NARRATIVES AFTER INTERNALIZING STIGMAS

by

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Abstract

Many individuals internalize stigmas associated with mental illness diagnoses. This phenomenon, also called self-stigma, may encourage the development of negative self-appraisals, which, in turn, may contribute to the loss of one's identity and hopes for the future. This thesis is an autoethnographic account of my experience internalizing stigmas related to a bipolar II diagnosis. After conducting significant personal research as per the autoethnographic methodology, I composed a series of stories describing my experiences and linked these personal narratives to relevant scholarly literature in order to connect my story to a larger societal and cultural context. I learned that individuals like me, who had a history of bullying victimization and subsequent low self-esteem and self-worth, were more susceptible to internalizing stigmas associated with mental health issues. I also became more aware of the devastating consequences self-stigma can have on an individual, especially during the periods of adolescence and emerging adulthood when one's identity is forming. However, amongst my dark stories and the accompanying literature of similar nature, I discovered that there could be light for me and for others who had internalized stigmas. I discussed, at length, the positive effects of creative writing and songwriting for individuals who have internalized stigmas. I also creatively introduced a relatively new therapeutic approach, Narrative Enhancement Cognitive Therapy (NECT), in which I placed myself as a character in a fictional, yet scholarly driven, story that described how trained facilitators can encourage their clients to differentiate themselves from self-stigma through cognitive restructuring and narrative enhancement techniques. I have strived to bring my true self – reflective, poetic, and vulnerable – to each section of this thesis. I hope that my words have encouraged my readers to think, to feel, and, most importantly, to share their story too.

Key words: autoethnography, self-stigma, mental illness, bullying, writing, NECT

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I would like to step away from the City University community for my last acknowledgment. Thank you to every person who has impacted my life story. To those who have loved me and inspired me: Thank you. To those who have ridiculed me and brought me down: Thank you. To those who have broken my heart and made me feel as if I would never be loved again: Thank you. Without each and every one of you, I would not be who I am today. I would not have this story to tell. And, I would not have the strength to tell it.

Dedication

I dedicate this thesis to my family. And, by family, I mean by blood and by choice. This composition would not have been possible without your love and support. These words are for you, my best friend in the entire world, because you were by my side as I went through each experience: You never gave up on me and I know you never will. These words are for you, my partner in life, because, despite all of my insecurities and flaws, you see me for who I truly am: And you inspire me to be that person every day. These words are for you, my brother, because, despite the fact that you have been on this earth for three years less than me, I look up to the kind, outgoing, and brave person that you are. These words are for you, Mom and Dad, because I would not be the person I am today – empathetic, motivated, passionate, and strong – if I had been raised by anyone else. You supported me when I was immersed in darkness and helped me realize that there was still light left in the world. These words are for you, my Grandma and Papa, because without your love and generosity my experience as a grad student would have been all work and no play. You gave me the resources to have fun and to treat myself, which, in turn, kept me happy, healthy, and focused on achieving my goals. Without you, darkness may have visited again, so thank you for keeping the sun shining. And, finally, these words are for you, my Nana. I would have never had the chance to write these words if it was not for your love, support, and unwavering belief that I can accomplish anything I set my mind to. You have given me the opportunity to achieve my dream of making a difference in the world, one person and one story at a time.

This thesis is also dedicated to each individual who is impacted, in any shape or form, by the internalization of stigmas. It is my hope that these words make you feel even just a little bit less alone, and that maybe, just maybe, one day you may share your story too.

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CHAPTER ONE

I have a story to tell. In this story, I am the protagonist: a girl whose identity was disfigured by the internalization of stigmas. This internalization was a side effect of being labeled by cruel individuals, as well as a judgemental society. During my early adolescence I was a victim of bullying, and, eventually, I internalized the negative messages I received. I was ugly. I was worthless. I was no longer a human being. Several years later, as I departed from adolescence and entered emerging adulthood, my mental health began to suffer, partially, perhaps as a consequence of my previous victim identity I had internalized from the constant bullying. I was labeled with a number of mental illnesses over the course of my treatment; however, I did not begin to internalize a new stigmatized identity until I was diagnosed as bipolar II, and, eventually, I began to define myself according to my diagnosis and its associated label. I was damaged. I was stupid. Yet again, I was no longer a human being.

I was dehumanized during two of the key developmental stages in which identity is believed to be formed; therefore, it isn't surprising that I had a difficult time discovering who I was supposed to be. During these periods of my life when internalized stigmas defined me, I felt completely powerless and unsure of what the future held. I cannot recall the exact moment when I realized which outlet would help me discover my identity, but, I do not think trivial details like the when and the where matter in instances like these. It was the how and the why that made the difference for a girl who desperately needed to determine who she was, apart from the internalized stigmas she had received from others. So, how did I begin this journey of rediscovery?

I expressed myself on paper. I recorded my hopes and dreams, as well as my fears. I filled hundreds of pages with my thoughts and feelings, and, sometimes, I would transform these

lines into lyrics and sing softly to myself. Eventually I began to make sense of the thoughts that were mine and the thoughts that belonged to others. And, ultimately, written words were my way of expressing myself to my loved ones who desperately wished to understand my experiences.

Sharing my story is not my only intention for composing this thesis. Although I believe that sharing my personal narrative could be beneficial for a larger audience, as well as therapeutic for myself, I realize that connecting my experiences to a larger societal context will be more beneficial to the individuals who are struggling and to the helping professionals who provide care and support. I view this thesis as a piece of activism as much as a piece of creativity. I believe a greater number of stories like mine need to be shared and related to relevant scholarly literature. I also believe connecting personal experiences to the professional realm will contribute to the empowerment of individuals who have internalized stigmas, as well as providing counsellors with insight into the inner worlds of their clients in order to promote greater understanding and stronger therapeutic alliances.

Relevant Background Information

Researchers have suggested that many children and adolescents in today's society internalize stigmas associated with being a victim of bullying (Menesini, Modena, & Tani, 2009; Sharkey et al., 2014; Thornberg, 2011) and a person living with a mental illness (Boyd, Otilingam, & DeForge, 2014; Chronister, Chou, & Liao, 2013; Corrigan et al., 2010). The following section briefly introduces the issues of bullying and mental illness and how individuals may come to internalize associated stigmas. Since bullying experiences are suggested to contribute to the development of mental illnesses (Houbre, Tarquinio, Thuillier, & Hergott, 2006; Menesini et al., 2009; Powell & Ladd, 2010; Sharkey et al., 2014), I will introduce bullying victimization first.

Bullying Victimization

The issue of bullying is receiving attention worldwide because of the increasing number of school-aged children being victimized in numerous countries (Powell & Ladd, 2010; Power-Elliott & Harris, 2012; Veenstra, Lindenberg, Oldehinkel, De Winter, Verhulst, & Ormel, 2005), including Canada (Canadian Council on Learning, 2008; Power-Elliott & Harris, 2012).

According to an international survey conducted by the World Health Organization (WHO) in 2001 and 2002, Canada has the 9th highest bullying rate among 13-year-olds within a sample of 35 countries (WHO, 2004). The same survey also revealed that between 2 and 8% of Canadian students (grades 6-10) have reported being victims of bullying on a weekly basis (WHO, 2004). The statistics included above illustrate that bullying is a common, prevalent issue for Canadian school-aged children.

According to Olweus (1993), one of the first scholars to research bullying, “a student is being bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more students” (p. 9). Many individuals who become victims of bullying are children or adolescents who appear “a little bit different, odd, or weird” (Thornberg, 2011, p. 259); therefore, these victims are labeled as different, and this label becomes a dominating part of the individual’s identity at school (Thornberg, 2011).

Veenstra et al. (2005) suggested that victims of bullying “tend to be more withdrawn, depressed, anxious, cautious, quiet, and insecure than others” (p. 673). Researchers have also proposed that low-self-esteem is common among bully victims (Menesini et al., 2009; Powell & Ladd, 2010; Sharkey et al., 2014). An additional consequence of bullying is the potential for children and adolescents to internalize negative appraisals within their identity and to label themselves as a victim which may lead to stigmatization (Sharkey et al., 2014). Sharkey et al.

(2014) suggested that children and adolescents who incorporate aspects of a victim identity into their self-identity may experience “self-blame, loneliness, low self-esteem, and anxiety” (p. 3).

Internalizing a stigmatized, victim identity can also contribute to the development of depressive and anxiety disorders in adolescence (Menesini et al., 2009). According to Menesini et al. (2009), “the most frequent diagnosis (more than 70%) in adolescent psychiatric patients with a history of victimization was depression” (p. 117). In addition, numerous researchers have proposed that victims of bullying are also at a greater risk of developing depressive and anxiety disorders in adulthood, which suggests that bullying experiences can contribute to long-term psychological effects (Houbre et al., 2006; Menesini et al., 2009; Powell & Ladd, 2010; Sharkey et al., 2014).

Mental Illness

As stated above, victims of bullying who have internalized negative appraisals are at risk of developing mental illnesses in adolescence and adulthood (Houbre et al., 2006; Menesini et al., 2009; Powell & Ladd, 2010; Sharkey et al., 2014). Additional factors such as poverty, unemployment, low socioeconomic status, less education, poor or chronic health issues, and the presence of adverse life events also contribute to the development of mental illnesses (WHO, 2010; WHO, 2013), as well as “social, civil, political, economic, and environmental inequalities” (WHO, 2010, p. 29). It is important to note that the list of causal elements included above is by no means comprehensive.

Given the number of factors that contribute to the development of mental illnesses, it is not surprising that millions of people in the world are affected by mental health conditions (Hinshaw, 2005; Pearson, Janz, & Ali, 2013; WHO, 2013). According to the 2012 Community Health Survey – Mental Health (CCHS-MH), 1 in 3 Canadians (9.1 million people) “met the

criteria for at least one of the six selected mental or substance use disorders at some point in their life” (Pearson et al., 2013, p. 2), and, in 2012 alone, 1 in 10 Canadians (2.8 million people) met at least one set of the selected criteria (Pearson et al., 2013). The CCHS-MH survey indicated that the most common mental illness present in Canadian society was depression (4.7%), followed by substance use disorder (3.2%), generalized anxiety disorder (2.6%), and bipolar disorder (1.5%).

Before introducing the issue of stigmatization and mental illness, I believe it is essential to provide the definition of mental illness I will be utilizing throughout this thesis. It is important to note that since the terms mental illness and mental disorder are used interchangeably in the literature, the American Psychiatric Association’s (2013) definition of a mental disorder is applicable:

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (p. 20).

Due to the clinically significant disturbance described in the definition of a mental illness above, it is not surprising that some individuals living with mental illnesses appear different when compared to individuals with good mental health (Goffman, 1963). Due to the inherent differences, many societies throughout the world hold negative attitudes towards people with mental illnesses (Boyd et al., 2014; Jamison, 2006) because these individuals deviate from prescribed norms (Goffman, 1963); therefore, negative stereotypes and acts of discrimination are

typical outcomes that may eventually lead to stigmatization, often referred to as stigma (Boyd et al., 2014; Goffman, 1963).

Chronister et al. (2013) suggested that “mental illness is one of the most stigmatized conditions in our society” (p. 583). Much like victims of bullying, individuals who experience stigma associated with a mental illness are at risk of internalizing the negative appraisals received from society which has the potential of impacting their daily lives, future goals, and overall health and wellness (Corrigan et al., 2010). In addition, stigmatized individuals may also experience “lower self-esteem, depression, feeling misunderstood and ashamed, ... fewer successful social interactions, reduced help seeking, worse recovery, ... and lower quality of life” (Chronister et al., 2013, p. 583). Overall, researchers have discovered numerous negative implications for individuals who experience stigma due to mental illnesses (Boyd et al., 2014; Chronister et al., 2013; Corrigan et al, 2010). A thorough overview of the stigma associated with having a mental illness will be discussed in Chapter 4. Relevant research on stigma will also be integrated throughout the thesis as a whole, since I am utilizing an autoethnographic methodology that allows me to integrate my personal story with scholarly literature.

Autoethnographic Methodology

When I first discovered that an autoethnography was an accepted qualitative methodology to utilize for my thesis, I was ecstatic. I was not aware that elements of my personal narrative could be integrated into my thesis, and that this process, in fact, was research. Coming to this realization was paramount for me, both as a person and a future counsellor. Taking an autoethnographic approach to my thesis allows me the flexibility of exploring my story in greater depth than ever before, while also creating a document that serves as a contribution to scholarly literature and the general public.

The following section serves as a brief overview of the autoethnographic methodology. Key scholarly literature will be summarized and integrated within a description of how I intend to research and write this document. I will also address the primary critiques and concerns of autoethnographies and discuss how I intend to approach my research ethically and thoughtfully in order to maintain the integrity of the final composition.

According to Ellis and Bochner (2000), an autoethnography is “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (p. 739). Autoethnographers have the opportunity to “zoom backward and forward, inward and outward” (Ellis & Bochner, 2000, p. 739) in order to eloquently and evocatively describe personal and cultural experiences as connected entities (Ellis & Bochner, 2000).

Carol Ellis and Arthur Bochner, two of the pioneers of the autoethnographic approach, began to develop autoethnography as a qualitative method at a point in history scholars called “the narrative turn” (Bochner, 2012, p. 155). This “narrative turn” focused on stories and storytelling as an expressive way of creating and managing ones identity, as well as making sense and meaning of ones lived experiences and communicating this understanding to others in dialogues (Bochner, 2012). Bochner (2012) reported that both he and Ellis had a “strong desire to write social science in a different form and with a different purpose” (p. 156); therefore, the two scholars collaboratively sponsored a personal narrative and autoethnography project in 1992 which focused on “connecting social sciences to humanities through storytelling” (p. 156).

During the autoethnography project, it became clear to Ellis and Bochner that several characteristics set autoethnographic methodologies apart from traditional, postpositivist approaches (Bochner, 2012). According to Bochner (2012), these include but are not limited to: (1) authors become an object of their research and typically write in the first person; (2) the

document focuses primarily on one person's account of an experience over an extended period of time; (3) the composition usually includes elements of stories such as narrators, characters, and plotlines, much like a novel or a biography; (4) the authors emotional experience is typically highlighted and private details of their life are often exposed; and, (5) relationships are represented in episodic form which illustrates the connectivity of lives during a period of time.

Ever since I was a young girl I have been fascinated with stories; therefore, it isn't surprising that the characteristics described above appeal to me. Although reading stories has always been a favourite pastime of mine, it is when I have a pen in my hand that I feel most inspired. Creating imaginary worlds with dynamic characters immersed in adventures, relationships, and challenges is an outlet that encourages my sense of creativity. And, I have discovered that writing stories which incorporate elements of my experience into fiction is a healthy way for me to process strong emotions and difficult circumstances. Expressing myself through a fictional character provides me with the distance required to truly reflect upon my experiences.

Bochner (2012) stated that "reflection is the heart of autoethnographic storytelling" (p. 161). Bochner's words excite me, for I have always been a reflective person who integrates what I have learned from my experiences into some form of creative expression. Bochner (2012) also suggested that autoethnographers deeply reflect upon their pasts and strive to make meaning of their experiences in order to connect to a larger audience, which, I believe I am capable of doing. I realize that an autoethnography is more than a story. An autoethnography is a representation of the author's experiences and not a work of fiction; however, I feel as if my past creative writing endeavors will contribute to the strength of this document. Having had the experience of writing intriguing plotlines and creating dynamic characters will help me share my story in an exciting,

evocative manner, which I believe will contribute to fulfilling the primary goal of an autoethnography: “to encourage compassion and promote dialogue” (Ellis & Bochner, 2000, p. 748). By exposing my vulnerabilities, imperfections, and challenges in a creative way, I hope to create a human and believable story that may promote greater self-understanding, discussion, emotionality, and empathy amongst my desired audience (Ellis & Bochner, 2000).

Ellis, Adams, and Bochner (2011) stated that autoethnographers must approach their writing as a “way of knowing, a method of inquiry” (Ellis et al., 2011, p. 7) in order to achieve the goals described above. Philaretou & Allen (2006) compare autoethnographic research to field research methodologies because autoethnographers must observe, analyze, understand, and communicate life experiences in order to produce accounts of their subjective reality. In order to share my version of reality, I will conduct research by gathering, analyzing, and interpreting personal documents from my past including diary entries and letters, as well as personal recollections of significant events.

Philaretou and Allen (2006) define personal documents as “any first-person narratives that describe an individual’s behavioral actions, most intimate experiences, and inner beliefs” (p. 67). Diary entries are particularly useful for autoethnographers because they include both descriptive and reflective elements on a series of meaningful events in an individual’s life (Philaretou & Allen, 2006). As a child, adolescent, and emerging adult I wrote in my diary on a regular basis, typically directly after a significant, emotional, or interesting event had happened; therefore, these entries contain key details of my moods, thoughts, and feelings associated with important experiences that have influenced my life (Philaretou & Allen, 2006).

Philaretou and Allen (2006) also stated that letters to and from significant individuals in the autoethnographers life are extremely useful for autoethnographic studies since the depth and

nature of the relationship is typically revealed, as well as the state of mind of the writer. As an adolescent and emerging adult, I wrote several letters to loved ones in order to express challenging events, thoughts, and feelings that I did not feel I could communicate verbally.

In addition, Philaretou and Allen (2006) suggested that personal recollections are utilized to “fill any voids left from written documents” (p. 68); however, autoethnographers are warned not to shape their recollections to the themes of their current document. I believe this is a valid warning for me to be aware of as I compose my autoethnography since it may be tempting to fictionalize certain aspects of my story in order to create plotlines and characters that are more interesting to read and that fit with the themes and concepts discussed more effectively. I realize that I must be cautious of the memories I do remember, and, to verify the accuracy of my personal recollections, I may ask individuals who were present in my life during those times to corroborate my personal accounts.

I also recognize that I will be influenced by my academic background and current state of mind while I choose which personal recollections and documents to include in this document (Philaretou & Allen, 2006). It is important that I realize that it is not feasible or necessary for each significant moment in my life to be included within this composition. The recollections and excerpts I choose to include will be those that were most significant to me during my experience with bullying victimization and mental illness.

Since my past diary entries contain valuable information on how I processed thoughts and emotions during challenging moments in my life, excerpts will be included in subsequent chapters. In addition, a selection of diary entries also demonstrate the stigma associated with discussing bullying victimization and mental health issues, which will be discussed in depth later on. It is important to note that I will also include excerpts from stories and songs I have wrote in

the past. Although the literature on autoethnographic methodologies does not refer to these expressive outlets as personal documents, I believe that they are meaningful and relevant texts that will contribute to the overall depth and emotionality of my story.

As an autoethnographer, I strive to write a compelling, emotional story that will give my readers an opportunity to enter my subjective reality; however, since a great deal of my story is constructed from personal recollections, I believe it is important for me to reiterate that my recollections may be shaped by my current academic experiences and my expectations for the thematic content of this thesis. In addition, as alluded to above, memories are dynamic entities that may be reconstructed over time as a person matures (Philaretou & Allen, 2006). Although I may ask influential people from my past to verify my account, it is important to note that their memories may be altered as well due to their own experiences; therefore, Philaretou and Allen (2006) stated that the true accuracy of personal recollections can never be verified.

The issue of dynamic memory and its accuracy is only one of the critiques offered by scholars who do not see the merit of an autoethnographic methodology. As an autoethnographer, I believe it is important I am aware of these criticisms so I am able to understand and respond to any critiques I receive regarding my final document. Some critics have argued that autoethnographers are “self-absorbed narcissists who don’t fulfill scholarly obligations of hypothesizing, analyzing, and theorizing (Ellis et al., 2011, p. 11). Burnard (2007) and Ellis & Adams (2014) have also suggested that some critics believe autoethnographers are self-indulgent. Although I admit that I can understand this criticism to some degree given the large amount of private information divulged within an autoethnography, I feel as though meaningful knowledge can be gathered and shared by conducting personal research. I believe general

members of society may better understand research that is partially represented in story form, since personal narratives are integrated into several aspects of daily life.

Some critics of the autoethnographic approach have also stated that an autoethnographers goal is “therapeutic rather than analytic” (Ellis & Bochner, 2000, p. 745). Since large portions of the text are written in story form and the author typically demonstrates signs of personal growth throughout the document, I can understand this criticism to some extent; however, as Ellis and Bochner (2000) argued, I believe that personal research has the ability to deeply connect with readers, while promoting meaningful conversations that may eventually lead to societal change. Due to this potential positive effect, I am not concerned by critics who also believe that an autoethnography is not an academic text due to the lack of fieldwork (Ellis et al., 2011; Ellis & Adams, 2014). As an autoethnographer, I believe looking inwards and expressing what I have learned from my experiences has the potential to connect with the general public, and, some academics as well, in a way that postpositivist research simply cannot. It is my goal to be seen as a human being and not as a statistic.

Since autoethnographers strive to make human vulnerability visible by interpreting personal documents and recollections, scholars also have concerns regarding the validity, reliability, and generalizability of autoethnographies (Ellis et al., 2011; Ellis & Bochner, 2000); however, several researchers (Ellis & Bochner, 2000; Ellis et al., 2011; Ellis & Adams, 2014) have suggested that these three terms have different meanings in autoethnographic research when compared to traditional methodologies. For autoethnographers, validity is present when the document evokes emotion and encourages greater understanding for readers (Ellis & Bochner, 2000; Ellis & Adams, 2014). Ellis et al. (2011) suggested that reliability is present if the autoethnographer is credible. In other words, if the author’s account represents what they believe

has happened to them in the past and is not a work of fiction, the autoethnography is considered reliable (Ellis et al., 2011). And, to autoethnographers, a document is generalizable if the text speaks to the readers' personal, relational, and cultural experiences (Ellis et al., 2011; Ellis & Adams, 2014). Overall, autoethnographers accept that the finalized text may not be 100% accurate in terms of factual information; however, if the document evokes emotionality for readers, autoethnographers believe that narrative truth – the truths told through stories and storytelling – is present, and, that this truth, has the potential to promote change.

Researchers have stated that there are numerous ways to approach writing an autoethnography that stimulates emotionality and encourages change. These styles include, but are not limited to: reflexive ethnographies, community autoethnographies, narrative ethnographies, co-constructed narratives, native ethnographies, and personal narratives (Adams & Ellis, 2012; Ellis et al., 2011; Ellis & Bochner, 2000). Although each autoethnographic form has several similarities, minor differences are present. As I reviewed the definition and process of the personal narrative approach, I found myself nodding in agreement – my experiences and preferred writing style appeared to align perfectly with the description of a personal narrative. In that moment I knew that I had found the approach that would work for me: an evocative, controversial form of writing that encourages greater understanding of one's self and how their story connects to a larger cultural context by integrating knowledge acquired from personal, academic, and research ventures (Adams & Ellis, 2012; Ellis & Adams, 2014).

I have always considered myself to be very creative, contemplative, and curious. As a young child and adolescent, I recorded my thoughts about myself, relationships, and the world around me in numerous journals and coped with challenges by writing stories, songs, and letters. When I realized that these artifacts are viewed as personal documents from an autoethnographic

perspective, a blurred picture of my thesis began to form. I saw fragments of stories I wrote as a vulnerable girl to cope with constant bullying intertwined with research substantiating expressive writing techniques for victimized youth. I pictured excerpts from letters written to loved ones expressing my fears of being diagnosed with a mental illness enmeshed within a discussion of the advantages of writing for stigmatized individuals. I envisioned verses from songs demonstrating my personal growth and empowerment intertwined with literature suggesting the links between expression and healing. And now, this blurred visualization is coming into focus.

I must admit that a small part of me is frightened of writing an autoethnography that may become a public document. Several relational, personal, and societal concerns expressed by scholars (Burnard, 2007; Ellis et al., 2011; Philaretou & Allen, 2006) resonated with me as I pondered the potential effects of telling my story.

Philaretou and Allen (2006) suggested that the process of writing an autoethnography may be a challenging experience for the autoethnographer, since the immersion in emotional experiences may have the author question core parts of their self. I realize that revisiting some of my past memories may be difficult and painful. The experiences I share throughout this composition are some of the most challenging and emotional moments I have encountered in my life thus far; however, I believe that immersing myself in these memories and remembering how I felt and thought in the past will help me view my experiences through a different lens in the present. And, I realize that in order to effectively handle this emotional process, it is important that I regularly assess my feelings as I begin to research and write (Philaretou & Allen, 2006), as well as the feelings of my loved ones included in my story.

Ellis et al. (2011) highlighted the impact autoethnographical research may have on the author's relationships with informants of the study, especially the individuals who will continue

to be part of the authors' life after the study has concluded; therefore, it is crucial that autoethnographers are aware of relational ethics. Since autoethnographers are social beings that "do not exist in isolation" (Ellis et al., 2011, p. 8), typically others are implicated within the document. In order to protect the identities of loved ones, acquaintances, and other informants, authors must purposely censor certain details of their story (Philaretou & Allan, 2006).

Philaretou and Allan (2006) suggested that "attributing real people's thoughts or behaviors to pseudonymical characters" (p. 72) is an effective censorship practice that masks the identity of informants; however, autoethnographers have also stressed the importance of research integrity (Ellis et al., 2011). In other words, the author must strive to protect the informants from harm while also maintaining meaning (Ellis et al., 2011; Philaretou & Allen, 2006).

Although I am aware of relational ethics and the necessity of utilizing pseudonymical characters to protect the identities of my loved ones, I do realize that risks are present: I have only one mother and father. Only one best friend and significant ex-partner. And, only one ex-psychiatrist. Since we live in a social world, it is possible that some readers may be able to identify certain characters in my story, and, these characters may not always be cast in the most positive of lights. Readers may see a different side of a person they know and love; however, I believe that it is important to accurately depict the reactions of individuals who love someone who is diagnosed with a mental illness since these responses demonstrate the depth and power of stigmas in our society. I believe these reactions, as well as a greater number of first person narratives, need to be expressed and exposed in order to increase societal awareness of stigmatization.

Exposing such accounts, however necessary it may be, has the potential to harm both the stigmatized individual and their loved ones. Burnard (2007) and DeLeon (2010) have stated that

autoethnographers have no control over how the final document is read. Since readers each have their own set of experiences and values, some individuals may misunderstand or misinterpret portions of the autoethnography. In addition, Burnard (2007) has pointed out that some readers may judge the autoethnographer for revealing a private part of themselves, such as living with a mental illness.

We live in an individualistic society that strives for perfection, and, in my experience, the most common fear is that of being judged. When I was labeled as a victim of bullying and as a person diagnosed with a mental illness, I felt different. And, since I was born and raised in the Western world, living with individuals immersed in the medical model of thinking, I knew there were consequences of deviating from the prescribed norms. I knew that I would be stigmatized.

When I first decided that I was ready to tell my story, I did fear judgment. I knew that there were people in the world, even educated helping professionals and academics, who would judge me for experiencing mental health challenges. A voice, soft yet strong, in the back of my mind whispered, “you may miss out on a great job opportunity if you share your story.” Some days, the whispers volume gradually increased until the warning was shouted. My fear was greater then. But, recently, the whispers have remained whispers. And, today, my fear is represented only by a whimsical wisp of words I can barely distinguish.

I view this soft hum as a sign. I am now ready to immerse myself within the autoethnographical process. I realize the risks involved with this style of writing; however, I believe my story should be shared, rather than hidden. Only after I have composed this document will I feel as if I have contributed to the growing movement of reducing stigmatization in our judgemental world.

Structure of Thesis

It is my hope that this introduction has inspired my readers to proceed to the next chapter. I have offered only a small glance into my subjective reality and the concepts intertwined within my story in order to capture the attention of the curious individuals who wish to discover more by reading further. And, although I admit that I am biased since this composition is so close to my heart, I believe readers will have a greater understanding of stigmatization and the power of expressive writing after reading the document in its entirety.

This thesis contains five chapters. The first chapter has introduced my story and the autoethnographic methodology, as well as the relevance of stigma within a societal context. Chapters Two, Three, and Four contain snapshots of my personal narrative integrated within discussions of relevant scholarly literature. Chapter Two describes my experience of bullying victimization as an adolescent, while Chapters Three and Four describe my experience of being diagnosed and living with a mental illness as an emerging adult. The document concludes with a fifth chapter that describes how creative writing helped me to overcome the internalization of stigmas. In addition, the final chapter also creatively describes a newly developed therapeutic approach, Narrative Enhancement Cognitive Therapy, which is intended to help clients rediscover their true identities after internalizing stigmas.

I did not write this thesis with one specific audience in mind. It is not geared primarily towards scholars, writers, or the general public. I believe that this thesis is a piece of scholarship. And a piece of creativity. And a piece of activism. I believe that this autoethnography can educate, touch, and move people from a variety of backgrounds. It is my hope that these words reach many people. That these people talk about these words amongst themselves. And that these words light a match that may spark change.

CHAPTER TWO

I have had many defining moments in my life. Some have been wonderful and positive, while others have been awful and negative. Although the positive moments have influenced my life, it is the negative moments that I remember the most. And, while it saddens me immensely to think back and reflect upon on the painful periods of my life, I believe these moments have had the largest impact on my identity and life story; therefore, I feel as if it is essential that I travel back in time and share with you – my readers – the first defining period of my life: my experience as a victim of bullying.

The following chapter contains a series of stories describing my experience in the seventh grade, enmeshed within a discussion of relevant scholarly literature. In the previous chapter, I introduced a statistic: In 2001-2002, a survey conducted by the World Health Organization (WHO) revealed that between 2 and 8% of Canadian students (grades 6-10) reported experiencing bullying victimization on a weekly basis (WHO, 2004). Interestingly enough, I was in the seventh grade in 2001. I have a faint memory of taking several surveys as a twelve year old girl, sitting at my desk with a number two pencil in my hand. So, although I cannot say for certain, I believe that I was one of the victimized individuals who became a statistic. It is my hope that this chapter will bring statistics to life as I describe my experience of bullying victimization, vulnerably, as a human being. It is my hope that the memories I share within this chapter evoke your emotions and encourage you to step into my shoes as I wander back in time.

My Safe Place

As a girl, I spent hours sitting at my desk peering out my bedroom window. I sat in silence and observed the happenings on the street below, wondering what each human being that passed by was thinking and feeling as they strolled along the small section of sidewalk in my

range of view. I wondered if these people were content with their lives or if they were weaving aimlessly through neighborhoods in an attempt to silence their sadness, heartbreak, or pain. I often observed these people frowning or crying, and, in these moments, I remember wishing for their somber eyes to glance up and find my own eyes, also somber. Then, perhaps, they would realize that they were not alone. Unfortunately, glances were never exchanged. These people passed my house, focused straight ahead, oblivious that they had just helped a girl feel just a little less alone.

I lived on a fairly quiet street growing up, so, realistically, this one-sided connection I felt to fellow sufferers did not occur often. When the street below me was barren of people, and only shrubs, pavement, and parked automobiles were in view, I no longer had the option to ponder another human being's thoughts or feelings. I was forced to face my own. In those moments, I would sit with my journal opened before me. The blank pages were eager to discover the happenings taking place in my world. Hundreds of pages were filled and hundreds of hours passed by as I sat at my desk, contemplating why I deserved to be in so much pain.

In this very moment, I am sitting at my childhood desk. It is a crisp spring afternoon and I am bundled up in a blue blanket, thoughts of my past bouncing and bursting throughout the intricate circuits of my brain. The content of the previous paragraphs danced off of my fingertips effortlessly, as if my thoughts could not convert to written form until I returned to this very place. I have made several attempts over the course of the last week to begin this chapter, but, last night, I realized that I needed to be here. I needed to peer out of my window and travel back to the time in my life when sitting at this desk in this room was the only safe place to be. I needed to situate myself within the four walls that contained the pain I held within. I needed to close my eyes, picture his face, and go back.

* * *

One of the Boys

It is a Wednesday afternoon and I have just arrived back at school from band practice at the local high school up the street. Every Monday and Wednesday, a group of intermediate students from my school have the opportunity to play our instruments with a selection of kids from around the district. We leave directly after the first activity of the day has finished and arrive back at school just in time for lunch. And today just happens to be the best lunch of the month: pizza from Dominos! Oh, the perk of being in the sixth grade!

The scent of melted cheese and spicy pepperoni puts a smile on my anxious lips as I enter the classroom. My mother typically does not allow my brother and I to eat pizza, so today's lunch will be a scrumptious treat.

“Hey! Terah!” a boy from across the room shouts.

“One sec!” I shout back to the boy sitting amongst his friends, “I'm starving!”

After choosing two pieces of pizza— both cheese, my absolute favourite – I venture over to the other side of the classroom and sit down with the group of grade seven boys who had called my name a few moments before. I was one of only eight grade six's in a grade six/seven split class, and I was extremely grateful for my placement. I have always felt more mature than most kids my age.

“How was band practice today?” one of the boys asks curiously, “I had a dentist appointment so I had to miss it.”

“It was great,” I reply, grinning. “We finally had a chance to play the last section of that new song we got last week.”

“Sounds awesome! Hopefully we will get to that point again on Monday’s practice.” The boy smiles at me and then pauses for a moment before opening his mouth to speak again. “So, the guys and I were talking before you got back from band and we have a proposition for you.”

I feel the blood rapidly rushing to my cheeks. What could the boys possibly want from me? A studious, somewhat shy girl with braces and frizzy brown hair?

“Well,” the boy starts, “You’ve been hanging out with us for a few months now and we like hanging out with you. We kind of feel like you’re one of the guys, you know? So we thought, maybe, you would feel more like one of us if you had a nickname or something!”

My face quickly returns to its normal colour as a wave of relief surges through my veins. They want to be friends with me! Real friends! I know I cannot say no to this offer if I want to continue hanging out with the boys at lunch, so I don’t hesitate, “I’d love to have a nickname! You guys are a ton of fun to hang out with, you know.”

The boy laughs, “So are you. Which is why we wanted you to feel like you are one of us.” He pauses for a second before continuing, “Well, the guys and I went around in a circle and talked about a few names. We thought you deserved a cool name that rolls off the tongue really nice.”

“Well, thank you for that.” I say, grinning from ear to ear, extremely curious of the name the boys have brainstormed. “So, what’s my new name going to be then?”

“What do you think about Eddie?” the boy says, leaning forward eagerly, awaiting my response.

I think to myself for a moment. Eddie seems like the name of a cool person. Someone who has a lot of friends and who can just go with the flow. And going with the flow is something I have difficulty doing for the most part. Perhaps this new nickname will be a new beginning for

me. Perhaps it will help me find some much needed self-confidence. So, without pondering the name for too long, I agree, “Eddie sounds great!”

“Well,” the boy exclaims, “Welcome to our group, Eddie!”

* * *

A Leap of Faith

Today is the final dance of the year for all grade six and seven students. I must admit that a large part of me is quite sad about this. Over the last several months I have bonded with the grade seven boys in my class, and now it is almost time for them to graduate from elementary school and transition into the eighth grade. If only I could go with them. They are, after all, my only friends here at this school.

My thoughts are interrupted by my teacher’s voice stating that the gymnasium is finally finished being decorated by the parent volunteers. My classmates and I cheer as we jump out of our seats and walk rapidly down the hallway towards the decorated room. I can already hear the upbeat music escaping through the tiny cracks in the door.

I grin as I enter the gym. The parents have transformed the beige, mundane room typically used to host basketball games into a beautiful, vibrant space that reminds me of school dances in the movies. The volume of the music increases as the last of the students enter the gym and the disco lights are activated: The room has come to life.

“Hey, Eddie!” shouts one of my friends from across the room. “Come dance with us!”

I smile and walk with a hint of confidence to the other end of the gym. I felt relatively pretty in my red tank top, white jean shorts, and platform sandals, and my blue eyes were radiant thanks to the shimmery copper eye shadow I had applied this morning. I knew that I wanted to look the very best I could so lots of boys would ask me to dance today. The last dance had been

very fun and I had danced with several boys, but I wanted today's dance to be the best one yet. I have been looking forward to this dance for weeks.

The moment I reach my friends, the music switches from a heavy bass beat to a gentle guitar strum. For a split second, fear consumes me. What if no one asks me to dance and I am left standing alone in a sea of couples? Luckily, my fear subsided rapidly as a boy from my class approaches me and asks me to dance. I accept with a smile and drape my arms around his neck.

As the dance nears to a close, I realize that there is still one boy I would like to dance with: the boy I have liked for over a month. A part of me is disappointed that he has yet to ask me, but the other part wonders if I should simply approach him. If he says no, at least I will know that I had taken a chance.

I pause for a moment and look his way. His wavy brown hair and sparkling hazel eyes seem to hypnotize me as I am drawn closer and closer to him. Before I know it, I am standing directly in front of the boy of my dreams, and, surprisingly, he smiles.

Before I have a chance to succumb to my fears, I smile back and ask, "Would you like to dance with me?"

The boy grins, nods, and follows me to the center of the dance floor. One of my favourite songs begins to play and I can no longer contain my grin. I am dancing with a cute boy who I like underneath disco lights to a melody I can softly hum under my breath. For a few moments, I feel as if I am the prettiest girl in the room. I took a leap of faith and it feels absolutely amazing.

* * *

Adolescence

The memories I described above – as well as those I will describe throughout the rest of this chapter – occurred during my adolescence. When I hear the term adolescence referred to in

conversation or see it written in text, I find it rather difficult to feel a solitary emotion or think back to a single memory since a seemingly infinite number of experiences took place during my years as an adolescent girl. These memories were some of the most defining moments of my life thus far, but, before I continue sharing my story and linking these experiences to literature, I must ask you – my readers – an important question: What is adolescence?

Before I began conducting research for this thesis, I rarely contemplated what separated adolescence from other developmental stages or pondered which particular age range individuals must fall into in order to be considered an adolescent. I must admit, when the term was discussed in undergraduate and graduate coursework I typically became distracted and nostalgic, thinking back to my time as a teenager. It appears then, after considering my flashbacks, that I define adolescence as the teenage years. And now, after reading the work of researchers and scholars who specialize in developmental psychology, I realize that my definition was fairly accurate, yet not completely. In addition, familiarizing myself with relevant literature has made me aware of how cultural, social, and technological changes over years and decades contribute to an ever-changing definition of adolescence.

Many scholars have considered the publication of G. Stanley Hall's seminal work *Adolescence* in 1904 to be "the beginning of the field of adolescence as an area of scholarly and scientific research" (Arnett, 2006, p. 186). Hall asserted that adolescence is a life stage characterized by "storm and stress" (Arnett, 2006, p. 186) in which individuals experience significant emotional and behavioural turmoil before stability may be established in adult roles. Hall believed that adolescence occurred between the ages of 14 to 24 (Arnett, 2000; Arnett, 2006); however, contemporary scholars strongly disagreed with this declaration, defining adolescence as ages 10 to 18 (Arnett, 2000). Arnett (2000) suggested that the significant

difference in age ranges is most likely due to biological and societal shifts that have occurred in the past century. For example, during Hall's time, puberty took place at roughly 13-15 years of age. In addition, the majority of individuals chose to start building a family in their early to mid-twenties and, due to the economic climate, many did not attend high school (Arnett, 2000). In contrast, in contemporary society, puberty may begin as early as age 10 and most individuals do attend high school and graduate at the age of 17 or 18. In addition, contemporary adolescents are able to vote after turning 18, which creates a legal distinction as well (Arnett, 2000). Therefore, due to the factors described above, any individual aged 10-18 represented in this thesis is considered an adolescent.

As I briefly touched upon above, numerous historical, cultural, and societal factors impact an adolescent's development (Arnett, 2000; Jones, Vaterlaus, Jackson, & Morrill, 2014). Contemporary adolescents are socialized in a world that offers input from parents, siblings, teachers, mentors, friends, and peers on a daily basis (Jones et al., 2014), as well as the media (Arnett, 2006); therefore, it is not surprising that adolescence is considered a tumultuous time (Alsaker & Kroger, 2006) due to the seemingly endless amount of stimuli adolescents are in contact with (Berzoff, Flanagan, & Hertz, 2011).

During this life stage, adolescents separate from their families and strive for greater autonomy (Berzoff et al., 2011; Jones et al., 2014; Meschke, Peter, & Bartholomae, 2012). Peers become highly influential and adolescents aim for social acceptance (Alsaker & Kroger, 2006; Jones et al., 2014; Meschke et al., 2012). Since adolescents develop the ability to reason and think abstractly, many individuals become suspicious of their status within peer and romantic relationships; therefore, it is not surprising that depressed moods are common during adolescence (Arnett, 2006; Meschke et al., 2012).

In addition, given the immense cognitive developments that occur during this life stage, adolescents become more self-reflective and self-aware (Alsaker & Kroger, 2006; Meschke et al., 2012). These personal insights give adolescents the opportunity to look inwards and question who they truly are. In other words, during adolescence, individuals begin the process of identity formation (Alsaker & Kroger, 2006; Berzoff et al., 2011; Jones et al., 2014; Kroger, 2003). It is important to note, however, that forming one's identity is a complex process due to the social nature of human beings. Adolescents are highly influenced by others, as well as the cultural, historical, and societal contexts in which they live (Berzoff et al., 2011; Jones et al., 2014); thus, integrating these multiple messages into a cohesive, stable identity can be quite challenging for adolescents.

The social and personal challenges described in the literature resonate with my experience of adolescence. As a pre-adolescent I was not concerned with what others thought of me; however, as my reasoning and reflective skills developed, I found myself yearning to be accepted by my classmates. The memories I described in the two pieces of prose at the beginning of this chapter illustrate a time in my life when I did fit in. I also felt as if I was figuring out who I was; however, this sense of social belonging did not last for long and I began to wonder if I knew who I was at all. One mean boy changed everything.

* * *

The New Boy

Today is the first day of the seventh grade. I am sitting in the same classroom as last year, yet I do not feel the same. All of my friends have graduated, and, at this very moment, they are most likely sitting in their homeroom class smiling and laughing, eager to begin the next step of their educational journey. And I know that they are not thinking of me: I am forgotten.

Tears begin to accumulate in my eyes but I force them to retreat as I hear the classroom door open abruptly. The teacher enters, but she is not alone. The thoughts of being forgotten by my old friends disappear the instant I see the boy who trails behind her. I am transfixed by his pale, smooth skin and bright, piercing blue eyes. His short, dark hair is styled into hundreds of small spikes, yet it looks as if he expended no effort to look this way. It is as if perfection comes naturally to the boy. I realize that even his walk exudes excellence as he saunters to the other side of the classroom and sits down at a desk with a glimmer of confidence in his eyes.

The teacher takes her position at the front of the classroom and introduces the boy, but her voice is practically non-existent – a whisper on a windy winter afternoon in the midst of a snowstorm. I focus only on the handsome pale boy to my right, a rare snowflake on a mild autumn morning. I cannot seem to look away from the boy. I know I am being silly. I am not the type of girl that he will ever like. I am smart and shy, and not very pretty. I am not a snowflake, rather, I am a drop of rain.

I decide to look at the boy one last time, promising myself that I will stop fantasizing after this one last glance. Slowly, I turn my head to the right, lift my gaze, and prepare to memorize what I see before me so I will always remember his face as I first saw it. But I am not prepared for what comes next. Instead of seeing the boys perfect profile staring straight ahead at the blackboard, I see his pale, pristine pallet in its entirety. His blue eyes lock on mine, and, for a matter of seconds, kindness reflects between our two sets of blue eyes, four beautiful snow globes on a serene winter morning. We both smile.

* * *

Confessions

I enter my classroom on the second day of school grinning. Although I realize that my old friends are gone, I have something to look forward to now: Today I will find an excuse to talk to the new boy. Visions of his blue eyes are in the forefront of my thoughts as I sit down at my desk to begin the day.

As my classmates settle into their seats, the teacher announces that two students will be selected to complete a number of errands this morning during journal time. I silently wish to myself that I am not chosen since writing is my favourite hobby and I enjoy having time dedicated to perfecting my craft during school hours. Unfortunately, my wish did not come true. The teacher announces my name and my lips begin to curl into a frown; however, the process is interrupted as the second name is called: the new boy. The new boy! My lips reverse and I glow from head to toe. I glance over to the boy and he is smiling too. His smile creates a ripple effect and I flash a toothy grin his way.

Our primary task is to transfer chairs from one classroom to another on the opposite end of the school. And, by the looks of it, I approximate that there are over one hundred chairs to move. I smile because I think this may take a while.

At first, we walk through the halls and outdoor courtyards in silence. I am extremely nervous. I am rarely alone with any boy, let alone a boy this handsome. I simply did not know what to say. Luckily, the boy breaks the silence a few minutes later, telling me his name and asking me for mine in return.

I pause and wonder what I should say. I know I will tell him that my name is Terah, but should I also tell him my nickname? After all, many students in our class are aware of it and call me Eddie on a regular basis. It doesn't bother me either. So, perhaps I should tell the new boy. I

think back to our glance yesterday and the kindness in his eyes and decide that it is safe to share this part of me. The new boy has a good heart, I can tell.

“Well, my name is Terah,” I start, smiling softly, “But, some people at school call me Eddie. I was friends with all of the grade seven boys last year and I was part of their group, so they wanted me to feel like one of the guys.”

“Okay, cool,” the new boy says, flashing a smile that makes me feel as if waves are surging within my stomach, “Nice to meet you, Eddie!”

For the rest of the morning, the new boy and I walk back and forth between the two classrooms, talking intermittingly and laughing occasionally. When he isn’t looking, I grin and give myself an imaginary pat on the back. Perhaps the new boy will be my friend. Or more.

Unfortunately, when I arrive at school the next day, eager to learn more about the new boy, he doesn’t glance in my direction. He doesn’t smile. He doesn’t talk to me. It is as if I am invisible. I wonder what I have done to cause this after our promising conversation yesterday. But, then I realize something important. I remember that he is a snowflake and I am a raindrop. He is special and I am not. Suddenly, it all makes sense.

* * *

The Epiphany

Weeks have passed since the new boy – now, simply, the boy – and I had exchanged pleasantries while carting chairs back and forth between classrooms. And he still has yet to say another word to me. I have accepted that we are different kinds of people and that we will probably never speak again, unless forced by the teacher.

It’s lunchtime, and, to my surprise, the boy approaches me at my desk. I am shocked and do not know what to say so I sit there, anxious to discover the reason for his visit.

A large smile is pasted upon his face, yet this smile is different than the smiles we exchanged in the past. This smile is not kind, and his blue eyes appear subtly darker and less pure. I panic. What is the boy going to say?

“So, last night, when I was watching *Frasier* with my brother I had an epiphany,” the boy says, visibly containing laughter, “The second the little dog pranced onto the screen and was introduced as Eddie, I knew that you were just like it. You’re a dog. You’re Eddie the dog!”

The boy laughs cruelly and then walks away. When he reaches the other side of the room and is surrounded by his friends, he looks at me and barks, laughing hysterically as he tells his friends the new meaning of my nickname.

Tears rise to the surface but I fight them back. I will not let him see me cry. I bow my head down and focus intently on eating my sandwich, attempting to drown out the barking that echoes in the background. A few minutes later, I raise my head and glance towards the boy and his friends. He isn’t looking at me right now, but I can still see his eyes. They look nothing like the snow globes I peered into during our first glance weeks ago. The serene snow has been replaced by harsh hail.

~

Weeks have passed, and the hailstorm continues. I dread coming to school. I dread facing the boy – now, simply, the bully – and I even dread facing my other classmates. The bully has turned most of my peers against me, and they now summon me with a chorus of harmonious barks. I try to ignore their taunts. I try to fight through and be strong. I try to remember that I am still me: I am a girl and not a dog.

Some days I do believe that I am still here, somewhere, beneath the new identity the bully has given me. But, I realize that those days are dwindling. The taunts and barks are slowly

infesting my being and taking over. And, today, I no longer see a girl staring back at me in the mirror. I see a hairy beast. A dog. A bitch.

* * *

Identity Formation and Bullying

As a thirteen year old girl, I was struggling to discover who I was. At home I was the daughter of a wonderful set of parents and the sister of an annoying, yet caring, younger brother. I was praised for my academic achievements and kind-hearted nature towards others. I was loved and cared for. However, at school, I was a dog. I was teased because of the hair on my body and barked at until I no longer felt like a human being. I was hated and looked down upon. When I gained the courage to look at my reflection in the mirror, I remember wondering the same thing over and over again: Who am I?

All adolescents are faced with this same question. They must consider who they have been in the past, who they are in the present, and who they want to be in the future and work towards formulating a cohesive sense of self (Alsaker & Kroger, 2006; Berzoff et al., 2011; Luyckx, Klimstra, Duriez, Petegem, & Beyers, 2013). Before I introduce the impact of bullying victimization on an adolescent's identity formation, I believe it is necessary that I introduce the concept in terms of normative adolescent experiences first. It is my hope that an overview of typical identity formation will help you recognize the additional difficulties adolescent victims of bullying face when attempting to discover who they truly are after they have internalized a victim identity.

Identity formation was first seriously introduced to the field of psychology by Erik Erikson, a psychologist known worldwide for developing a psychosocial theory of development that considers biological, psychological, and social factors (Alsaker & Kroger, 2006; Berzoff et

al., 2011; Côté, 2006; Kroger, 2003). Erikson posited that individuals follow an “epigenetic blueprint” (Jones et al., 2014, p. 51) in that one must successfully resolve each stage in order to move on to the next. According to Erikson, there are eight psychosocial stages which coincide with specific developmental milestones that occur during the lifespan (Côté, 2006; Jones et al., 2014). Since this chapter focuses purely on adolescence, I will introduce only the fifth stage – identity vs. role confusion – since it occurs during this particular life stage.

During adolescence, individuals are faced with the challenge of balancing ones identity and a sense of role confusion (Alsaker & Kroger; Côté, 2006; Luyckx et al., 2013). According to Erikson, in order to discover ones identity, adolescents must undergo an identity formation process. During this process, adolescents experiment with and explore potential adult roles and consider which work and which do not, keeping certain attributes and discarding others (Alsaker & Kroger, 2006; Côté, 2006). After engaging in role experimentation for a period of time, adolescents should ultimately create an optimal identity formation (Alsaker & Kroger, 2006), thus achieving a stable sense of self which fits with an adolescent’s past and present, as well as their hopes and goals for the future (Berzoff et al., 2011).

It is important to note that the process of identity formation is a difficult time for most adolescents since they experiment with many roles and are impacted by a variety of social factors that may influence their overall sense of identity (Alsaker & Kroger, 2006; Berzoff et al., 2011; Luyckx et al., 2013). Berzoff et al. (2011) suggested that adolescent’s achieve “individual identity through a group identity” (p. 108). For example, if an adolescent is a member of a social group that experiments with drugs and sexual activities, the adolescent may incorporate associated views held by the group – whether positive or negative – into their personal ideologies; thus, impacting their overall identity (Berzoff et al., 2011). In addition, adolescents

are faced with the challenge of incorporating the values they have learned from their parents with the messages they have learned from other social groups such as peers, friends, and other influential adults such as teachers or mentors (Berzoff et al., 2011; Jones et al., 2014).

Adolescent victims of bullying encounter the challenges described above; however, these individuals must also attempt to understand the negative messages received from bullies and how these messages relate to their personal identity. As a result of continuous bullying victimization, many adolescents come to internalize a victim identity (Hampel, Manhal, & Hayer, 2009; Menesini et al., 2009; Salmivalli, 1998; Sharkey et al., 2014). When this internalization occurs, some victimized adolescents may begin to believe that the bully's appraisals are true and incorporate these negative messages into their self-identity (Salmivalli, 1998; Sharkey et al., 2014). Adopting a victim identity may result in self-blame, low self-esteem, and anxiety (Menesini et al., 2009; Sharkey et al., 2014), which, in turn, may encourage and perpetuate victimization (Perren, Ettekal, & Ladd, 2013; Thornberg, 2011). In hindsight, I believe I experienced this phenomenon as an adolescent. I viewed myself as a weak and powerless girl; therefore, I became a more susceptible victim which ultimately increased the bully's behaviours.

As a victim of bullying, I began to internalize a victimized identity, as illustrated by the memories I described in the snapshots above. I blamed myself for the bully's actions and my self-esteem plummeted lower than it ever had been. I absolutely despised going to school; however, I did not share these feelings with anyone. I did not tell my best friend who attended a different elementary school. I did not tell my mother, father, or brother. And now that I have decided to share my story with these loved ones, I am continually asked why I chose to keep my experience of bullying victimization a secret from those who cared about me. Before I began conducting research for this thesis, I answered with two simple statements: (1) I was ashamed;

and (2) I did not want to burden my loved ones with my pain. But now, after educating myself on the effects of bullying and the internalization of a victim identity, I realize that I kept my experience hidden for another primary reason: I feared the stigma associated with being labeled a victim of bullying and internalizing this new, powerless identity.

Many adolescent victims of bullying indicate the negative implications associated with adopting a victim identity, primarily in regards to public stigma (Heretick, 2012; Rigby, 2007; Sharkey et al., 2014) When an adolescent is stigmatized, they are “discredited and globally devalued (i.e., treated as a second class citizen) and consequently [are] denigrated and [socially] marginalized” (Dixon, Smith, & Jenks, 2004, p. 55); therefore, it is not surprising that experiences of bullying victimization are often underreported (Green, Felix, Sharkey, Furlong, & Kras, 2013; Heretick, 2012; Sawyer, Bradshaw, & O’Brennan, 2008; Sharkey et al., 2014). Sharkey et al. (2014) suggested that many adolescents fear being viewed as “a weak and ineffectual person” (p. 3) if they report being bullied at school. Since adolescents place great importance of others’ opinions (Jones et al., 2014; Meschke et al., 2012; Sawyer et al., 2008), many victims of bullying will remain silent in order to decrease the likelihood of being looked down upon by individuals who are not aware of the adolescent’s experience with bullying. In addition, Rigby (2007) posited that victims of bullying may feel as if tattling on a bully will cause others to view them as a weak crybaby, which, according to Heretick (2012), may exacerbate the bully’s actions even further and potentially lead to additional social ostracism.

As an adolescent who internalized a victim identity, yet still wished desperately to fit in and be accepted by my peers, the literature discussed above resonates with me on a personal level. I did not want to be seen as a weak girl, both at school and at home with my loved ones. I

did not want to exacerbate the bully's behaviours, so I remained silent. I attempted to remain strong. Unfortunately, this strength would not last.

* * *

The Ugly Geek

The theme of the week is Egyptian history, and I am beyond excited to have an opportunity to work on an independent project to earn bonus marks for my Social Studies grade. Although I already have an A in the class, I was not about to turn down a chance to work alone rather than with a partner. The majority of my classmates are now the bully's understudies. They see him as a powerful sensei and listen to his every command. So, it isn't surprising that I avoid these followers whenever I can.

Since I am an excellent student, I have the privilege of working on my Egyptian pyramid project out in the hall this afternoon. I gather my supplies, exit the classroom, and take a seat on the linoleum floor, surrounded by cardboard, paper mache, and paint. I am building a model of the Great Pyramid of Giza, the largest pyramid in all of Egypt. Giza is strong, beautiful, and powerful: everything I wish I could be.

My thoughts of being someone else entirely are interrupted by the slamming of the classroom door. I look up, and standing directly above me is my least favourite person in the entire world: the bully.

"Stupid bitch!" he says under his breath as he slides down the wall to sit a few feet away from me, "She can't talk to me like that!"

The bully continues to mutter to himself for a few moments before glancing over to me and my project, "Why the hell are you doing this, Eddie? You already have the best mark in the

class. Why can't you just be normal? You're already an ugly geek without doing extra credit work!"

I look back at him, holding back tears and stammer, "Well... Well, at least I get good grades."

"Good grades mean nothing." The bully responds with a cruel smile, snickering, "You'll learn next year in high school that good grades will make you an even bigger loser than you are here. Having cool friends is what counts."

"Who says I want to be cool?" I say, allowing a single tear to fall down my flushed cheek.

"Look at yourself." The bully says in an even, serious tone. "Do you honestly think you could be cool even if you wanted to be? You don't see cool girls with pimples all over their faces or hair all over their legs. You're a dog, Eddie. A dog with hair all over you. You even have a unibrow! No one cool has a unibrow. You will never have many friends and you can't say that you don't agree with me! You're a dog. You're worthless..."

The bully is interrupted as our teacher opens the door and steps into the hallway, "It's time to come back now, you two."

The teacher walks back inside the classroom, completely unaware of what she had just broken up. I focus my attention on cleaning up my supplies, purposely not looking in the bully's direction. But, I cannot ignore the last comment he mutters before he walks through the door to return to his understudies, "You know it's true, Eddie. Everything I said is true."

With that, he walks into the classroom and slams the door behind him, causing the floor to vibrate. I sit in silence for a moment, the ground beneath me shaking, unable to deny the truth

any longer. The bully is right. I finish his sentence for him, whispering softly to myself: I am worthless.

* * *

Razor Blades

I cringe as I hear the bully and I's name said in the same sentence by the teacher. We have been paired to buddy read with a grade three girl from a classroom down the hall. We will have to spend the next half an hour together, and I feel as if I am going to vomit. This is going to be torture. Doesn't my teacher realize what the bully is doing to me? Am I invisible?

We walk down the hall together in silence. I wish that time travel was possible so I could fast forward the next thirty minutes and skip to lunch. Or, perhaps, I would magically end up four months in the future, sitting at a high school desk surrounded by new friends, away from this hell hole completely. If only time travel existed.

The little girl with pigtails is waiting for us outside of her classroom with a large smile pasted upon her tiny lips. She is wearing a white dress: a symbol of innocence. She has yet to feel the harshness of the world and I hope that she never has to witness the cruelty that I have.

"So, what would you like to read with us?" I ask the little girl in a soft voice, smiling. I have always loved children.

"I have a book called "The Lucky Boy" that I want to read." The little girl stammers shyly. The three of us sit down in the hallway and the girl begins to read, "There is a boy named Matt. He loves to... ride... his bike. His best... friend is his... dog."

The bully bursts into laughter, looks at me, and interjects, "Hey, look! It's you!"

Tears well up in my eyes but I fight them off. I must be strong in front of the little girl. Perhaps if I ignore him he will stop. At least for the next twenty minutes.

“Keep on reading, sweetheart.” I say, forcing a smile.

“Oh, come on!” the bully says, snickering, “You can’t honestly ask her to keep reading after this. You’re going to fall apart you weak, furry dog! Look, even the dog in this stupid picture book is better kept than you are. Go for a trim already! You’re a hairy beast!”

I look over at the little girl, sadness filling my eyes, “I think you should go back to your classroom early, okay?”

The girl nods and walks down the hall, slowly, yet gracefully, her white dress swaying with each step. I can’t help but imagine a splash of black paint smeared upon the fabric that used to be so pure. The girl had witnessed cruelty today, but at least she did not see me fall apart. I stand up, walk away from the bully, and, when I am finally alone, I allow the tears to trickle down my cheeks, dripping onto my blue tee shirt that is slowly turning black.

~

I arrive home from school and make sure that no one else is home. Luckily, I am alone. I hurry into my parent’s bathroom and search for the item that I have imagined using for weeks. Today’s events were the last straw. After a few minutes of searching, I found it. Exactly what I need to try to stop the bully, exactly what I need to feel like a girl again: my father’s razor.

I have seen my father shave many times as a child, so I mimic his movements. I moisten my face, spray shaving cream into my left hand, and put a tiny dab of the white substance over the thin hairs between my thick eyebrows. In two minutes, the hair will be gone and I will feel better.

I grasp the razor tightly in my hand and slowly put it on my skin, dragging it down to the bridge of my nose. I do this three or four times and then wipe the shaving cream off of my face with a cloth. I run my fingers down the little patch of skin and feel nothing but smoothness. But I

do not stop there. Frantically, I fill the sink with warm, soapy water and put my left leg into the suds, balancing awkwardly on my right leg. Balance has never been a talent of mine. Now, I mimic my mother. I cover my entire leg with shaving cream and begin to stroke upwards, rinsing the blade after each full glide.

Half an hour passed and finally, I am finished. The surface of the water in the sink is now covered by dark brown hairs, floating: finally free. I rinse my legs off and stand in front of the mirror, now, almost hairless. On the way home from school I was dreaming of the moment that the trim was done. I had imagined an enormous sense of relief followed by a gigantic smile upon my lips. But, this did not happen.

I stand here after my trim and I feel exactly the same. The hair may be gone, but I still hear the bully's voice echoing in my thoughts. I still feel like an ugly, worthless dog. Tears accumulate in my eyes and I let them flow freely since no one else is home. I cannot let my parents see me cry. They will be ashamed of me. Maybe they will even begin to see me as a dog too. Like the bully does. Like his understudies do. Like I do.

I realize that I am still clenching the razor tightly in my hand. I begin to loosen my grip but then stop myself. I look up at my reflection in the mirror and I see the ugly beast staring back at me. I look down at the razor. I wonder what it would feel like if I were to run the blade down my wrist and watch the crimson liquid seep onto the bathroom floor. Drip by drip by drip. I look up again, and, although I am disgusted by what I see, I know that this day has already been painful enough. Perhaps I will visit the razor again another day.

* * *

The Power of Writing

I did sneak into my parent's bathroom again on multiple occasions to visit the razor. I remember, in those moments, thinking that perhaps it would be easier if I felt the blade cutting into my veins. Perhaps the emotional pain would finally end if I inflicted just an ounce of physical pain on my pale wrists. In those moments of weakness, I remember telling myself that there was another way to cope with the emotional distress I felt from the bullies cruel words and actions. There was a way that would help me escape from the pain for just a little while. There was a way that would slowly help me process what was happening to me at school and discover who I truly was underneath the victim identity I had incorporated into my being. I would write.

Adolescents utilize a variety of mechanisms in order to cope with being victims of bullying, as well as other negative experiences (Davis, Randall, Ambrose, & Orand, 2015; Hampel et al., 2009; Visconti, Sechler, & Kochenderfer-Ladd, 2013). Coping is defined as “the means through which individuals respond to stressful experiences with the aim of managing or reducing the emotional or situational impacts of the event” (Visconti et al., 2013, p. 123). Hampel et al. (2009) stated that there are two primary modes of coping: problem-focused and emotion-focused. In the prior, individuals strive to alter the stressful situation, whereas, in the latter, individuals aim to regulate negative emotions associated with the stressful situation. For example, an adolescent who adopts a problem-focused means of coping may confront the situation by finding social support (Hampel et al., 2009). In contrast, an adolescent who embraces an emotion-focused coping strategy is more likely to control their feelings and re-examine their identity, which may result in escaping, avoiding, or distancing themselves from the stressful situation (Hampel et al., 2009).

Similar to problem-focused and emotion-focused coping mechanisms, Davis et al. (2015) introduced behavioural and cognitive coping strategies. Much like emotion-focused coping,

individuals who cope cognitively focus on their internalized thoughts and oftentimes forget or dissociate from the situation (Davis et al., 2015). And, comparable to problem-focused coping is behavioural coping: individuals who seek social assistance, retaliate, engage in self-harm, or “[pursue] a creative and/or expressive outlet” (Davis et al., 2015, p. 367). Hampel et al. (2009) stressed that coping mechanisms are essential internal resources that must be utilized in order for adolescents to manage, understand, and ultimately overcome bullying victimization and other negative experiences.

Although embracing my creativity and expressing my thoughts and feelings was the primary coping mechanism I adopted, I believe writing is a behavioural coping strategy, as well as cognitive and emotional. I pursued creativity and expression in order to regulate my emotions and examine my identity; however, I also dissociated from the situation as a way to escape the pain. Writing as a character who looked, thought, and felt like me – yet, one who had a different name and location – gave me an opportunity to process my pain in a different way. And, when I was ready to write as myself in my diary, I began to piece together who I actually was, aside from the victim identity I had internalized from others.

Many adolescents write as a means of coping with difficult life circumstances (Boniel-Nissim & Barak, 2011; Chang, Huang, & Lin, 2013; Facchin, Margola, Molgora, & Revenson, 2013; Litowitz & Gundlach, 1987), including peer victimization (Giannotta, Settanni, Kliewer, & Ciairano, & 2009; Margola, Facchin, Molgora, & Revenson, 2010). Given the tumultuous nature of adolescence, it is not surprising that writing is a common outlet that many adolescents adopt to express their thoughts and feelings (Litowitz & Gundlach, 1987). When writing, adolescents are able to question, analyze, and understand aspects of their being in a private, inner dialogue. Writing enables adolescents to increase ones self-awareness, since adolescents are able to focus

on their inner worlds and create associations through a creative outlet (Berardo, 2014). Recording ones thoughts on a page allows adolescents to contemplate thoughts or actions that they may fear saying out loud while also creating a document that leaves a trace of their self-talk in order to reflect upon at a later date (Litowitz & Gundlach, 1987). Writing also promotes disclosure, which encourages adolescents to make meaning of and reframe stressful and/or emotional situations while also promoting emotional regulation. Giannotta et al. (2009) and Margola et al. (2010) have suggested that this cognitive reappraisal may contribute to an adolescents' personal growth.

In addition, many adolescents write in order to explore the possibilities of potential future roles; thus, facilitating the identity formation process (Litowitz & Gundlach, 1987; Waterman, Kohutis, & Pulone, 1977). Through writing, adolescents are given an opportunity to understand themselves on a deeper level and discover meanings for their past experiences, positive or negative, and integrate these understandings into a cohesive identity (Litowitz & Gundlach, 1987).

When individuals write in order to cope with difficult experiences, to reflect upon aspects of oneself, and/or to help formulate ones identity, it is particularly interesting to note which pronouns are utilized. Although the studies conducted on pronoun usage have focused primarily on adult populations, I believe that, given adolescents' well-developed reasoning and abstract thinking skills (Arnett, 2006; Meschke et al., 2012), the results and implications can be applied to adolescent populations as well.

Researchers have suggested that the pronoun used indicates whether the writer is emotionally immersed in or psychologically distanced from the associated written experience (Chang et al., 2013; Cohn, Mehl, & Pennebaker et al., 2004; Seih, Lin, Huang, Peng, & Huang,

2008). For example, if the writer chooses to write in first person point of view, Chang et al. (2013) suggested that the author is intensely involved in the experience, clinging to thoughts and feelings that may increase emotional reactions. Writing with a first person pronoun is termed a “field perspective” (Chang et al., 2013, p. 157) since the writer feels as if they are still immersed in the experience. In contrast, if the author utilizes a third person pronoun, they remain relatively detached from the experience and are more rational. Writing from a third person point of view is termed an “observed perspective” (Chang et al., 2013, p. 157) since the writer is likely psychologically distancing themselves from the emotional experience as a coping mechanism or to gain a different perspective (Chang et al., 2013).

Although much of the research on pronoun use has been conducted on diary entries (Chang et al., 2013; Cohn et al., 2004; Seih et al., 2008), from my personal experience I believe the results can be applied to story writing as well. As an adolescent girl who was a victim of bullying, I wrote countless stories – from both first person and third person perspectives. It is interesting to note that the stories I wrote in order to escape the pain in my life were written in first person. In these stories I created fictional adolescent girls who were pretty, popular, and perfect. As I wrote the details of their flawless lives, I imagined what it would be like to be that person; therefore, the fact that I wrote these accounts utilizing first person pronouns makes complete sense. I wanted to intensely feel how these girls felt as they lived their perfect lives. The excerpt I include below, written when I was thirteen years old, illustrates my strong desire to be accepted by my peers and desired by boys:

I can't believe I've been in Montreal for 1 month now! Right now I'm walking in the door of my house after Tommy and I's like 20th date. I have so much fun with him!

School's out in one week for summer vacation and I have so many plans for every day of the summer with all my friends! (Inkster, 2001).

I wrote countless stories like the one excerpted above; however, soon after I finished writing the story, I would realize that I was still me: I was Terah. It felt amazing to escape for periods of time, but, ultimately, I stopped writing stories describing perfect girls since I knew that I would never be one. This realization resulted in even more sadness. So, as time passed by, I started writing stories that clearly depicted my internalized victim identity in order to process the difficult emotions I was feeling. The majority of these stories were written in the third person, which clearly illustrated my need for psychological distancing. I was unable to write “I” or “me” in stories describing ugly, unpopular girls who did not fit in. The following excerpt illustrates my need to process my victim identity from a safe distance:

Tasha was feeling cold stares at her back from all the surrounding people. They're probably wondering, why in the world would the poor girl's parents bring her here? The place of action and excitement, Australia. But Tasha was used to all the stares, because she's a lot to look at. She has greasy, messy brown hair, gross hazel puke color eyes and her clothes are not really in style. But the thing that makes her stick out the most is the fact that she's in a wheelchair. The reason Tasha's parents brought her to Australia, was for in their words, for Tasha to “find her inner self”. All Tasha knows, is that she's in a wheelchair and that's that! Nothing could ever make her normal again. (Inkster, 2001).

I cannot remember why I included the wheelchair in the story when I wrote it as a victimized adolescent girl. I had no physical disability. Practically every other detail I wrote was correct: I did have messy brown hair and unstylish clothes. Yet, now I realize that the wheelchair was my way of expressing the stigma I felt associated with the victim identity I had internalized

from the continuous bullying. As an adolescent, I must have felt as if messy brown hair and unstylish clothes were not enough to accurately depict how different I felt, so I inserted a large physical attribute that would illustrate the immensity of my deviance from the prescribed norms. As I stated in the last line of the excerpt above, I felt as if I would never be normal again. I felt as if I would be stigmatized forever due to my internalized victim identity. And, the bully's last cruel action towards me on the second to last day of the seventh grade solidified this identity for me for years to come.

* * *

The Dance

It is the day of the final dance. I remember how excited I had been exactly a year ago to this day. I was wearing my favourite red tank top and my eyes were sparkling from the bronze makeup I had applied in the morning. I had wanted to look the prettiest I possibly could so that boys would ask me to dance. And they did ask. I remember I even asked the boy I had liked to dance too. In those moments, I had felt strong, confident, and even a little bit pretty. But, 365 days can change everything.

Today I am wearing a plain black tee shirt, cotton shorts, and flip flops. My eyelids are bare and there is no sparkle in my eyes. I will not dance with anyone today. And I am okay with this fact. As I walk into the gym, I find myself wishing, once again, that time travel existed. I would travel far beyond today to a day when I am happy – if happiness even exists for me in the future.

I am brought back to the present moment by the cheering of my classmates. Apparently, the song that just came on is a big hit. I slowly walk along the sidelines of the gym to the back corner, observing the dancing bodies underneath the twinkling lights. The decorating committee

has done an even better job than last year: Twinkly lights and flowers made of tissue paper hang from the ceiling, and the walls are covered in hundreds of shimmering gold and silver stars. The room is radiant. Yet, this radiance means nothing to me.

The song switches to a slow ballad and I sit down on a bench leaned against the wall, settling in for a full afternoon of miserably sitting on the sidelines. After less than thirty seconds of solitude, I see a boy walking towards me. The twinkly lights emanate enough light so I can see his face: It is the bully. He reaches me and I look up at him, completely and utterly surprised.

“Wanna dance?” the bully asks with a small smile.

I pause, wondering why in the world he was asking me to dance out of all of the girls in the seventh grade, “Why me?”

“Because I want to dance with you.” He replies.

A large part of me screams that I should remain seated upon the bench where I know I belong, but a tiny part whispers that perhaps I should take a chance. Maybe, just maybe, the bully has found his conscious. I do believe, after all, that people can change. I always see the best in people.

“Okay then,” I agree, somewhat hastily.

I can sense everyone’s eyes on us as we walk into the middle of the dance floor side by side. A bead of sweat starts to form on my forehead as I realize how nervous I am to dance with the bully. I have never been nervous to dance before this moment.

We stand close, facing each other, and I reach for the nape of his neck. My hands almost touch the white fabric of his shirt before the bully slashes my hands away with his wrists. I am confused. What is going on?

The bully laughs and looks at me with the cruelest smile I have seen in my entire life, “Dogs can’t dance! Your paws are too short to reach!”

Every grade seven student in the room hears the bully’s remark, and the crowd bursts into laughter. I am terrified. For a second I remain frozen in place, unsure of what to do next. But, as the laughter continues, my feet gain the strength to lift off the ground and carry me to safety. I dash out of the gym with tears streaming down my humiliated face and find an abandoned hallway. Here, I realize that no one will follow me. I am a joke to everyone. I am alone.

* * *

Long Term Consequences of Bullying Victimization

You have now reached the culmination of my experience of bullying victimization. The memory described in the snapshot above is still etched in my brain to this day, 14 years later. Although a large part of me has moved past the events of that horrible day, and that horrible year, I have realized lately that a larger piece of my victimized identity remains than I previously had thought.

Many research studies have been conducted in order to understand the phenomenon of school age bullying and the associated long term consequences for victims (Dyer & Teggart, 2007; Houbre et al., 2006; Juvonen & Graham, 2014; Mackay, Carey, & Stevens, 2011; Menesini et al., 2009; Powell & Ladd, 2010; Sharkey et al., 2014; Smith & Brain, 2000; Veenstra et al., 2005). The most prevalent long term effect of being bullied is an increased risk of developing depressive and/or anxiety disorders in late adolescence and adulthood (Dyer & Teggart, 2007; Houbre et al., 2006; Juvonen & Graham, 2014; Mackay, Carey, & Stevens, 2011; Menesini et al., 2009; Powell & Ladd, 2010; Sharkey et al., 2014; Smith & Brain, 2000; Veenstra et al., 2005), followed by the development of low self-esteem (Dyer & Teggart, 2007;

Mackay et al., 2011; Menesini et al., 2009; Sharkey et al., 2014; Veenstra et al., 2007) and the presence of suicidal ideation and attempts (Dyer & Teggart, 2007; Juvonen & Graham, 2014; Mackay et al., 2011; Sharkey et al., 2014; Smith & Brain, 2000). Many school age children who experience bullying victimization may also develop adjustment problems and/or conduct disorders (Sharkey et al., 2014), poor social skills (Mackay et al., 2011), antisocial psychiatric symptoms (Dyer & Teggart, 2007; Menesini et al., 2009), and phobia and panic disorders (Juvonen & Graham, 2014). In addition, Houbre et al. (2006) suggested that severe bullying victimization may lead to the development of posttraumatic stress disorder (PTSD). Overall, it is apparent that adolescent victims of bullying are faced with multiple challenges as they work towards deconstructing their internalized victim identities and reconstructing their true self-identities.

As a young woman who experienced bullying as a twelve and thirteen year old girl, I know firsthand that several of the long term consequences are true. The following excerpt from a narrative essay I composed as a grade twelve student illustrates how, four years later, I still felt the impact of the bully's cruel words and actions:

But now, almost five years have gone by since then, and here I am today, four months and ten days until my high school graduation, still hearing the taunts and snickers of a boy who I haven't seen in years. His voice echoes in my mind, permanently imprinted, unable to leave. The burden that he inflicted upon me so many moons ago is still here, alive and well.

One boy, one single person, changed my whole life. To this very day, I still won't get up and dance with my friends, fearing that I will look silly and that they'll laugh like everyone else did. I still hate my reflection in the mirror and think of myself as being

ugly, even though I have a boy in my life now that says I'm beautiful. I still have not gained back the self-esteem that I had lost.

I await the day I will finally feel the strength to break free from the prison that has held me captive for so long. I await the day I can throw all my insecurities into the wind, making them unable to burden me with their presence. I await the day when his face will be forgotten, just another image in the pool of my memories. But most of all, I await the day when I will see my reflection in a mirror and smile. (Inkster, 2006).

It has now been close to 10 years since I wrote the passage above, and unfortunately some of the content is still true. Although I no longer hear my bully's words echoing in my mind every day, they appear as hushed whispers on days when I am feeling down. My self-esteem has never quite recovered since my experience in the seventh grade. While I no longer see a hairy beast or a dog staring back at me when I look at my reflection in the mirror, I still search for unwanted hairs and pluck them out of my skin before anyone has a chance to notice. And, there are still many days when I see an ugly girl staring back at me. In these moments I tell myself that I am being silly and that I am pretty, but there are times when I do not believe this positive self-talk.

In the recent past, the insecurities caused by my internalized victim identity took me over. Other factors were at play too, of course, but, in hindsight, I truly believe that the long term consequences of bullying victimization contributed to the development of my mental health issues which began approximately a year after my high school graduation. My neurotransmitters were in a frenzy and relational issues certainly were a factor as well; however, part of me wonders whether I would have entered my "dark years" of continuous ups and downs if my bully had never arrived on that first day of the seventh grade.

CHAPTER THREE

I have always hated wondering what if, yet it has always been a difficult question for me to ignore. In the past, I have allowed this natural curiosity to consume me, following meandering trails of thoughts. I weaved in and out of an array of possibilities in hope of reaching a pristine photograph of what could have been if only one frame of my life had developed differently. But I soon realized that this curiosity was a dangerous cycle: I was living my life looking backwards rather than forwards, at what could have been rather than what could be. So, I channeled my inner strength and chose to focus my attention on creating photographs in the present moment.

For quite some time I managed to avoid fueling my natural curiosity. I avoided wondering what if and remained focused on living in the here and now; however, I must admit that I have had moments of weakness. In all honesty, composing this thesis has sparked the dangerous cycle I have worked so diligently to break. I do not think this re-emergence is surprising, since I have been immersed in the past as I wrote these words. I have journeyed back in time to periods of my life that I, at some points, wish had never happened. It seems impossible, then, to avoid sparking my dormant curiosity. So, for this last time I will grant myself the permission to wonder. And, perhaps as I wonder – through the meandering trails of thoughts and the weaving array of possibilities – I will remind myself of how I felt and thought back then. Perhaps, this time, wondering what if will help me travel back to the girl I used to be during the most emotional period of my life so far: my experience of mental illness, which I have recently termed “my dark years”.

The following chapter is the first of two chapters which contain a series of snapshots describing these self-proclaimed dark years, intertwined amongst a discussion of relevant scholarly literature. I had intended on telling my entire mental health journey in one chapter;

however, during the process of writing I realized that I could not properly share and make meaning of my significant memories in a single section. I realized that separating my dark years into two separate, yet extremely connected, chapters would give my readers a greater understanding of my overall experience with mental illnesses. Within this subsequent chapter I share my initial experience of discovering I had mental health issues, while in the next I describe the remainder of my journey. I believe it is important to note that the division between Chapter 2 and Chapter 3, although connected, was quite distinct because six years separated my experience of bullying victimization from the beginning of my mental health journey. The transition from Chapter 3 to Chapter 4, however, will be much less discrete. Chapter 4 will simply begin where the third ended: a continuation of my story.

In the previous chapter, I presented results from several studies which illustrated potential long-term consequences of bullying: the most common being the development of mental health issues, specifically depressive and/or anxiety disorders (Dyer & Teggart, 2007; Houbre et al., 2006; Juvonen & Graham, 2014; Mackay, Carey, & Stevens, 2011; Menesini et al., 2009; Powell & Ladd, 2010; Sharkey et al., 2014; Smith & Brain, 2000; Veenstra et al., 2005). Although I do not believe my experience of bullying victimization was the primary instigator of my mental illnesses, I feel as if the internalization of a victim identity increased my likelihood of internalizing the stigma associated with a mental illness diagnosis. And, in hindsight, I truly believe this self-stigma was the most debilitating, life altering component of my dark years.

It is my hope that the following two chapters will bring attention to the concept of self-stigma as I describe my experience of truly believing I was stupid and crazy. It is my hope that the memories I share within these chapters encourage you – my readers – to think and feel differently about individuals living with a mental illness. After all, we are all human beings, and,

it is my hunch that what most of us wish is to be accepted: not only by those around us, but also by ourselves.

Darkness

As a girl I sat at my desk for hours peering out of my bedroom window. I loved watching strangers pass by and I filled hundreds of pages with my thoughts. My desk was my safe place: a refuge from cruel people and a harsh world. I wish I could say that this safe place remained my sanctuary for years to come; however, this was not the case. Several of years passed by and I became a young woman who no longer wished to see light through window panes. I craved darkness, yet the darkness was not safe.

During my dark years, nothing seemed safe. I would enter my bedroom, pull down the thick white fabric to hide the sunlight, and lay in my bed – engulfed in darkness, hiding from everyone and everything. I would lay there for hours at a time and wish that I was someone else entirely: someone who yearned to smile in the sunshine, someone who yearned to live. I remember thinking that I did not want to live inside in the darkness, yet I had no desire to step outside into the light. The dark room held my fears, insecurities, and shame, while the outside world held judgment, comparison, and misunderstanding. There was simply no safe place for me to be. Yet, I remember the darkness feeling just a little less scary. So, it was in the darkness that I remained.

In this very moment I am lying in bed in my childhood room. It is a sunny afternoon in the springtime, yet I am in darkness. When I started writing this section, I knew I needed to return to this very place: the place that held the majority of my thoughts, feelings, and sensations during my dark years. Only now do I feel ready to truly go back in time and revisit the five

emotional years that lead me to where I am today – to who I am today. So, I lay here in darkness, close my eyes, and let myself wonder what if.

“What Is *Wrong* With Me?”

It is a chilly Tuesday afternoon in October and my Educational Psychology class is about to begin. I take my seat next to a friend I had made in the class, smile in her direction, and open my notebook to a fresh page as I take off my coat.

“I can’t believe we are forced to sit through so many of these damn presentations,” my friend says, frowning. “They’re such a waste of our time.”

“I don’t know,” I reply, shrugging my shoulders, “I actually find them kind of interesting. Who knows how many of our future students will be living with a developmental disability or a mental illness, you know?”

“Yeah, I guess you’re kind of right,” my friend says as she glances down at her phone to check her Facebook page. “Holy crap, look at what my cousin just posted! I can’t believe that Taylor Swift is dating...”

As much as I love Taylor Swift and her music, my head darts to the front of the classroom as my professor calls the first presenter to the podium. My heartrate increases as I realize I must present on Thursday. Ever since the seventh grade, public speaking has made me extremely nervous. Luckily, though, today was not my turn, so I take a deep breath, steady my racing heart, and focus my attention on the confident girl standing at the podium with a grin on her lips as she begins to speak, “Today I will be introducing Generalized Anxiety Disorder, which is often shortened to GAD. GAD is characterized by many symptoms, which include: (1) excessive, ongoing worry and tension; (2) restlessness or a feeling of being edgy; (3) muscle

tension, headaches, and difficulty concentrating; (4) irritability; (5) the need to urinate frequently; and (6) tiredness, trouble falling or staying asleep.”

I pick up my favourite green pen and madly take note of as many of the symptoms I can. My classmate speaks rapidly so I can't jot each symptom down, but I manage to catch quite a few: *worry, restlessness, headaches, needing to pee a lot, difficulty sleeping...* My heartrate begins to increase again, yet this time I am not thinking of what it will be like to stand in front of my class on Thursday. This time, I am not nervous. I am afraid. I read over the list of symptoms again and again, and remember another symptom my classmate mentioned, so I add it to the list: *difficulty concentrating*. For a few moments I feel as if I leave the classroom completely, engulfed in my thoughts. *I have most of these. I have felt weird lately. I haven't felt like me. What if I have this? What if I have a mental disorder? What will I do? What will...* My thoughts are interrupted by applause. Clearly, I had zoned out for longer than a minute or two.

My friend looks over at me and asks, “You up for going to Tim Hortons this break?”

I force a smile, shake my head, and respond, “No, maybe next time. Thanks though. Have fun.”

I do not notice her leave and I do not hear anything around me. My surroundings disappear as I hold my head in my hands, the same thought circulating around and around my mind: *Is something wrong with me? Is something wrong with me?* I sit in the same position, consumed by this rumination, until my friend returns and pokes me in the shoulder, “Earth to Terah! Class is starting again.”

I slowly ease my head upwards and face the front. Another classmate is standing at the podium ready to begin. This young man looks quite nervous compared to the girl before him, and

he begins with a stammer, “Today I am going to talk about Autism. I want to talk about Autism because my little brother has it.”

I try my best to focus on the presentation, yet I find myself zoning out again. And, before I know it, the class is over. My friend jumps out of her chair and leaves without saying goodbye, clearly in a rush to reach her next class. I realize I must hurry too since my Geomorphology class in ten minutes is located on the other side of campus.

As I walk swiftly down a series of corridors and across the school’s main courtyard, I feel my heartrate increasing again – from both the quick pace and my racing thoughts. But, in mid stride, I stop myself. I lean against a salmon coloured wall, close my eyes, and take a deep breath. *Nothing is wrong with me. I am fine. Nothing is wrong with me. I am fine.* I repeat this mantra over and over again until I reach my next class. I sit down at a table next to one of my good friends and paste a fake smile on my lips. Unlike my friend in my last class, this girl knows me well and will know that something is wrong if I am acting strange. So, I grin and ask her about her day. And, as class begins, I repeat the mantra in my mind until it becomes white noise: *Nothing is wrong with me. I am fine. Nothing is wrong with me. I am fine.*

Two hours later, my class is over. I walk to the cafeteria with my friend, smiling and laughing. And, after an entire class’ worth of repetition, I find myself believing that my mantra is, in fact, true. Nothing is wrong with me. I am fine.

“Okay”

“Mom,” I shout, desperately, “I am *fine*. Come on, can you please just stop freaking out like there is something wrong?”

My mother sits down at the kitchen table and sobs, “Terah, you are not *fine*. You have not been yourself lately. You’re moody and you just shut yourself in your room whenever you are home! You barely talk to me or your dad anymore. It’s like we are the enemy!”

I am furious. I cannot believe my own mother has the audacity to make these sort of claims straight to my face, especially when I just asked her to stop freaking out so damn much. “Mom, I am *fine*. You want to know what’s not fine, though? You and dad acting as if I am twelve years old! You invade my privacy and you need to know my every single god damn move! It’s too much! I can’t take it anymore!”

With that, I dash out of the kitchen, run to my bedroom, and slam the door shut behind me, ignoring my mother’s wails from the kitchen. I knew my father would be climbing the stairs from the basement momentarily to join my mother for a two-on-one battle, so I lock my door in hopes of shutting them both out, at least for a little while.

For a few moments, there is silence in the house. I pull down my thick blind and say goodbye to the beautiful sun and settle under the covers in complete darkness. I lay here, motionless, and I realize something: I feel nothing. I don’t feel remorse for yelling at my mother. I don’t feel relieved to be out of the kitchen and engulfed in darkness. I don’t feel the need to write in my journal or to call my best friend to vent. I feel absolutely nothing. I am void of everything.

All of a sudden there is a soft knock on my door and I hear my mother’s voice, “Terah, please just come out of your room and talk to us.”

I pause, flick on my lamp, and say the first excuse that comes to mind, “I’m doing homework, Mom. I have an assignment due tomorrow and I need to finish it.”

There is silence for a long time before I hear my mother walk away, stifling tears. I know that I should want to comfort her in times like these, but, in this moment, no such inclination exists.

I realize that I do, actually, have readings to complete for my Cognitive Psychology class the next morning, and, as much as I want to ignore my textbook, I know that I need to do well in this class if I want my GPA to remain consistent. So I reach for my textbook, open to Chapter 9, and begin to read. I try to comprehend what the words are saying, but I can't. I read the same two lines again. And again. And again. I stare straight ahead and close the textbook with a thud. There is no point in trying. Not anymore: not after five consecutive nights of not being able to concentrate or absorb any information at all. It is useless.

I turn off my lamp, shove my textbook aside, and nuzzle my head into the soft pillow. I lay here, motionless and thoughtless, until I hear my parent's footsteps moving down the hall towards their room. It must be late. I realize I do not have much sense of time anymore. Hours pass by and I don't even notice in this state of nothingness. So, I continue to lay here well into the night, until I cannot help but drift off to sleep: to dreams where I really was fine.

* * *

Emerging Adulthood

During my dark years, my mother recorded a series of thoughts and observations about my deteriorating mental health in a blue notebook: the kind of notebook that children are required to purchase in elementary school as 32 bound lined pages to practice their handwriting and to write imaginative stories. My mother's notebook, however, contains confessions of a woman that was terrified of losing her daughter to darkness mixed within pages upon pages of personal research she had conducted as an attempt to understand why the darkness had arrived in

the first place. If notebooks were entities that had thoughts and feelings, I can only imagine how surprised these pages would have been after my mother wrote on the first several lines. The expectation of a chipper, creative story written by a child was certainly not fulfilled.

At the time, I was unaware of my mother's blue notebook; however, today, several years later, I am reading through it, immersed in my mother's inner world. Although my mother documented many thoughts and feelings, one of her curiosities significantly captured my attention since I am a grad student familiar with lifespan development. During one of her entries, my mother scribbled a small comment in the left hand margin of a page, a fleeting thought after she had recorded a series of my symptoms: *Are Terah's changes happening because she is an adolescent or a young adult?*

My mother was, and still is, an intelligent woman. She is aware of developmental stages and the changes that typically occur alongside significant transitions in one's life. After having several conversations with my mother in the years since my recovery, I am aware of the times she wondered whether I was still a normal girl or if something was wrong with me. And, given the research I have conducted on developmental stages for this thesis, I do not blame my mother for thinking, on several occasions, that I was just a typical teenager and young adult with an attitude and fluctuating moods. These observable behaviours are, after all, a regular aspect of growing up within contemporary society. What my mother did not know, however, is that I was no longer considered an adolescent according to developmental scholars and researchers. Rather, I was considered an emerging adult.

Emerging adulthood is a developmental stage first theorized by Jeffrey Arnett in 2000 which encompasses individuals aged 18 to 29 (Arnett, 2011; Negru, 2012; Padilla-Walker, Nelson, & Carroll, 2012). Arnett (2011) stressed that emerging adulthood is a cultural theory

which “exists only under certain cultural-demographic conditions” (p. 255): industrialized societies where individuals pursue higher education and enter marriage and parenthood at a later age. It is not surprising that a new developmental stage has been theorized, given the shift in the definition of adolescence I described in Chapter 2.

Adolescence is now considered to conclude at the age of 18 (Arnett, 2000); however, when asked by developmental researchers, the majority of individuals ranging from late teens to mid-twenties feel as if they are neither adolescents or adults (Arnett, 2000; Arnett, 2011; Negru, 2012). Given the significant demographic shifts occurring in industrialized societies, individuals aged 18 to 29 are now granted a prolonged, distinct period of time in which they are allowed, even encouraged, to experiment with adult roles and to question who they want to love and what they want to do with their lives (Arnett, 2011; Halpern & Kaestle, 2014; Jamison & Proulx, 2013; Smits, Doumen, Luyckx, Duriez, & Goossens, 2011).

As a current emerging adult, the research I have uncovered on this particular developmental stage has resonated with me significantly. Although I am twenty seven years old, I do not consider myself an adult quite yet. I have spent the last eight years of my life exploring the wealth of possibilities surrounding me including careers, romantic partners, and academic programs. I have consistently wondered when, in fact, I would feel like an adult; however, I have not yet felt the pressure to stop exploring the world around me. I realize that I have this luxury, however, largely because I was born and raised in an industrialized Western society. Arnett (2011) argues that there are four underlying cultural beliefs which permit the emerging adulthood developmental stage: (1) individuals should be independent and self-sufficient before entering adult roles and taking on the associated commitments; (2) individuals should marry for

romantic love; (3) individuals should find employment which expresses their identity; and (4) individuals should be self-focused and enjoy leisurely and fun activities.

It is important for you, my readers, to understand that there are many countries in the world who do not hold these beliefs; therefore, when I refer to the theory of emerging adulthood throughout this thesis, I am referring only to individuals who live in industrialized, and primarily Westernized, societies. A thorough cultural examination of developmental stages is well beyond the scope of this thesis; thus, I will continue to explain emerging adulthood and how being an emerging adult impacts my story.

Enmeshed within the cultural beliefs I noted above, Negru (2012) suggested that there are five key features of emerging adulthood, which include “amplified exploration of identities, increased level of perceived instability, heightened focus on one’s self, augmented perception of opportunities for experimentation, and subjective perceptions of being ‘in-between’ adolescence and adulthood” (p. 358). Although each of these five features are considered extremely important to one’s development, many scholars and researchers highlight the importance of identity exploration and formation during emerging adulthood (Arnett, 2000; Jamison & Proulx, 2013; Ritchie et al., 2013; Syed & Seiffge-Krenke, 2013).

The concept of identity formation was popularized by Erikson, a psychologist known for creating a psychosocial theory of development (Alsaker & Kroger, 2006; Berzoff et al., 2011; Côté, 2006; Kroger, 2003). As mentioned in Chapter 2, Erikson believed that adolescents must discover their identity by experimenting with a number of potential adult roles. Only then, after deciding to keep certain attributes and discarding other traits, will an adolescent be able to gain a sense of who they truly are and who they should be in the future (Alsaker & Kroger, 2006, Berzoff et al., 2011; Côté, 2006). Erikson’s concept of identity formation still resonates with

many scholars; however, several contemporary researchers have suggested that although identity formation begins in adolescence, the majority of identity development actually occurs during emerging adulthood (Arnett, 2000; Arnett, 2011; Jamison & Proulx, 2013; Leveque & Pedersen, 2012).

As an emerging adult, I believe the statement above is true. As an adolescent, I started a tumultuous journey of self-discovery. I asked myself who I was then and who I wanted to be in the future. Yet, given the immense amount of pressure to be well liked and to fit in, I found myself trying to be someone else on several occasions when I was a teenager. Social comparison and societal expectations were driving forces of my identity construction as an adolescent, and, although I still believe many external sources are impacting the development of my identity as an emerging adult, I feel as if I have decided who I do not want to be, and, consequently, I can now truly question who I do want to be, as well as what I want to do for work and who I want to spend the rest of my life with.

Arnett (2011) suggested that emerging adulthood is the period in life which offers the opportunity for individuals to explore many areas, particularly love and work. In terms of love, emerging adults search for intimate relationships and strive to find the person who will be their partner for the rest of their lives (Arnett, 2000). Arnett (2011) posited that this search is becoming increasingly difficult in contemporary times due to the relatively new belief in “soulmates”: One must find their ideal partner that is perfect for them. Similarly, emerging adults also have high expectations for finding a rewarding career which expresses their identity. The majority of individuals in this age range no longer view work as arduous and depressing. Rather, emerging adults seek to find a career they truly love (Arnett, 2011).

It is not surprising, then, that emerging adulthood is a difficult developmental stage for many individuals (Arnett, 2011; Leveque & Pedersen, 2012; Ritchie et al., 2013). In fact, Arnett (2000) described emerging adulthood as the stage that includes “the most volitional years of life” (p. 469). One may strive to find their soulmate, yet they may experience heartbreak and rejection: One may feel as if they will never find the person they are meant to be with which may lead to significant disappointment and disillusionment (Arnett, 2011). One may strive to find a career which allows self-expression, yet they may not successfully achieve that occupation or they may not find that occupation in the first place. These outcomes may ultimately lead to disappointment as well (Arnett, 2011). In addition, as I have mentioned previously, emerging adulthood is an in-between stage for individuals. Feeling as if one does not belong into a specific developmental category, either adolescence or adulthood, may be a significant stressor for many individuals (Arnett, 2011; Leveque & Pedersen, 2012). Furthermore, Arnett (2000) suggested that since many emerging adults seek independence, the journey to self-discovery may be very lonely.

I chose to provide an overview of emerging adulthood and a short description of the typical associated difficulties because I believe it is important for you, my readers, to understand that emerging adulthood is a tumultuous time for most individuals. Questioning who one is, what they should do with their lives, and who they should be with is a feat for the majority of human beings. Yet, there are many individuals whose lives include other stressors in addition to the typical challenges present in emerging adulthood. I, unfortunately, was one of these individuals for the majority of my time as an emerging adult, for I had a mental illness. I had to question who I was, yet I also had to wonder why I did not feel normal... whatever “normal” is. I had to question what I wanted to do with my life, yet I also had to wonder if an employer would hire

someone with a mental illness. I had to question who I should be with, yet I also had to wonder whether a man would love me for who I truly was. Because, in all honesty, I knew back then that I was not fine. I was not normal anymore. And I wondered if I would ever be fine and normal again.

* * *

A Visit to the Doctor

Two days have passed since I handed my parents the letter: the letter I wrote as an attempt to explain what has been happening to me these past several months. It was the only way I knew how to express such difficult thoughts, feelings, and desires to anyone. Saying those words out loud would just be too difficult. How is a daughter supposed to tell her mother and father that she thinks she's depressed and that she has considered hurting herself?

I guess it is understandable, then, that I am sitting in the passenger side of my mother's car on the way to see my family doctor. After crying for hours two nights ago and trying desperately to understand what I wrote, my parents both came to the same conclusion: I was not fine. I needed help.

When we arrive at the doctor's office, we take a seat side by side in the waiting room: just as we would if we were here for a regular visit for a cough or a sinus infection. I wonder what my mother said to the receptionist on the phone when she made my appointment. Was she honest about our reason for coming in or did she formulate a lie to hide the shame she felt for having a daughter who was no longer "normal"?

My name is called and I follow the nurse down the familiar hall, my mother trailing behind us. I have had the same doctor since I was born. In fact, the set of hands that will check my blood pressure today are the same set of hands that touched my newborn skin for the first

time. The two eyes that will look me up and down – checking to see if something is physically wrong with me – are the same set of eyes that met my mother’s when she was told she had given birth to a baby girl. This doctor had brought me into the world safely, handing my mother a healthy human being. Yet today I fear that my doctor’s words would swiftly snatch the safety from beneath my mother’s feet. I fear my doctor will validate my fear: I am no longer a healthy human being. There is something wrong with me.

I sit on the examining table and my mother sits beside me on a chair. We sit in silence until the door creaks open and my doctor enters the room, smiling softly.

“So what brings you in today, Terah?” my doctor says, taking a seat on the swiveling chair several feet away from me. I realize I have no words again, so I hand my doctor the same letter I handed my parents two days before. An awkward silence fills the room as I watch my doctor’s eyes move rapidly down the typewritten page. The eyes do not pause to take note or pay respect to the remnants of dried up tears that had trickled from my mother’s sullen eyes. The eyes simply take in the data and then look to me, “Everything you wrote here is true, Terah?”

I nod, “Yes, I didn’t know how to say this all to my parents. Or to you. So I wrote it down instead.”

“You’ve considered hurting yourself?” my doctor probes, gently, yet firm.

I glance at my mother for a split second before looking back to my doctor’s inquisitive gaze. I stammer, “Yes, I guess I have. I don’t think I will ever actually do anything though. I just want to escape sometimes.”

My doctor nods and is quiet for a moment as she jots down a series of scribbles in my file. She must believe I am suicidal. She must believe I am crazy. After a series of additional questions, my doctor places my file face down upon her desk and reaches for a tiny pad of paper

to her right. I know what she is going to say now. She is going to say that something is wrong with me and that I need to be fixed.

“Terah, I am prescribing you Prozac in order to treat your symptoms,” my doctor states, glancing back and forth between me and my mother. “Do either of you have any questions? The pharmacist will give you detailed instructions when you pick up the bottle at the drug store.”

“Will this help her be *my* Terah again?” my mother asks, desperately. “I just need to know that she is going to be okay.”

My doctor smiles at my mother and says, “Prozac has had good results for adolescents and young adults experiencing similar symptoms.”

This statement appears to slightly calm my mother’s nerves, yet my heartrate remains elevated. “So all I do is take a pill every day and I am supposed to just get better?”

My doctor slides her chair a few inches closer to me and smiles gently, “I am hoping you will see results in the near future, Terah. I am also going to refer you to see a psychiatrist since this is not my specialty. You will be in good hands.”

With that, my doctor stands up and gives my mother the prescription, “Please schedule Terah another appointment in the next few weeks so I can track her progress, alright?”

My mother nods and three seconds later we are alone. We glance at each other and then walk out the door and down the familiar hallway. I cannot count how many times I have walked down this same carpeted path, yet today my stride is different. Trailing behind my mother who grasps the Prozac prescription between her shaking fingers, I am defeated. And, just like I had anticipated, the world no longer feels safe.

* * *

Psychiatry

I sit in the waiting room of the hospital's Adolescent Psychiatric Unit in my regular seat, surrounded by the familiar artwork on the walls and the familiar footsteps of a series of psychiatric nurses, youth care workers, and administrative staff. Typically as I wait to see my psychiatrist, I listen to music on my iPod or attempt to read a book; however, today, I decide to be more observant of my thoughts and feelings. For some reason, I feel more aware, more alive.

I realize that I like coming here. For the first time I give myself permission to acknowledge a somewhat disturbing emotion: I feel safe here. I chuckle softly to myself as I remember thinking that this place seemed like a prison the first time I walked through the large metal door a year ago. I was required to announce myself and my reason for visiting the unit through an intercom, and, only then, and after hearing a loud buzzing sound, was I granted access to enter. As soon as I took three steps on the linoleum floor, the door closed with a thud: I was locked in.

I remember feeling somewhat trapped that first day. I knew that I needed help, but I also knew that I was sitting less than twenty feet away from the common area of the unit: the space in which a number of truly troubled teenagers roamed. Although these patients were supervised, I knew there was a solid door and a buzzing system at the entrance for a reason. These teenagers were here for a reason and were not allowed out. I remember feeling quite relieved as I realized that I was not one of them, and, that in precisely one hour, I would be free to leave. The security system was not in place for a girl like me. I was not an inpatient. I was not a flight risk.

Today, however, I'm not sure who, exactly, I am. I know that I am not an inpatient. I am also not a flight risk. Yet, I wonder if I will end up staying here one day. I look to the common area and realize that I see the patients differently than I did on my first visit. On that day, I envisioned an invisible barrier between me and the troubled teenagers. I was confident that I was

different from these patients in a multitude of ways. But, today, I realize that we may be more similar than I had previously thought. I see the pain and hopelessness in their eyes. I see a mixture of lethargy and mania. I see human beings that look a lot like me. Perhaps, then, I would stay here one day, surrounded by people who would actually understand me. Perhaps this feeling of safety is a sign that I have crossed the invisible barrier without even knowing it. Perhaps I should no longer be granted permission to leave. Perhaps...

My thoughts are interrupted as I hear the familiar clicking of high heels headed in my direction. I have come to know the sound of my psychiatrist's speedy, authoritative strides, and I realize in this moment that her confident gait provides me with a sense of comfort.

"Good afternoon, Terah." My psychiatrist says with a pleasant smile as I stand up and follow her down a hall to her tiny office.

"Good afternoon!" I say, emitting an energy that baffles me.

As soon as we sit down, the session begins in a typical manner. My psychiatrist asks how I have been in the week since our last meeting and I speak immediately, words flowing out of my mouth rapidly as if I was a contestant in a "Most Words Spoken in One Minute" competition.

"It's been quite the week," I start, "Well, I don't really think I can just talk about the last week. I've been pondering a lot of things lately. From not only this week, but from the past few months. All of this year, really. Some days are just fine and dandy. I get up and I have lots of energy. I can focus at school and, wow, I've wrote so many new songs lately! My grades are great, and I am volunteering and keeping myself busy, and everything is awesome with my friends. But, then, I think back to how I was a month ago and it's as if I was a different person! I was so sad and down and hopeless. I barely wanted to live. So I guess I am just confused. None of this makes any sense. I don't understand why I'm happy and then, suddenly, everything just

seems to fall apart for no reason. I feel fine now. I really do. I feel great actually. But I always have this fear looming in the back of my mind that I could return to this other version of myself any day. And I don't want that to happen. I just want this all to stop."

My psychiatrist looks at me, concerned, "Did you stop taking your sleeping pills last week like I asked?"

I nod, "I've barely slept. Honestly, there were three nights in a row when I didn't sleep a wink. I just tossed and turned, consumed by my thoughts. Some nights I would turn on my light and write, thinking that writing would help me sleep. But it didn't. Nothing could make me fall asleep."

My psychiatrist nods and writes a few notes down on the chart, "We've talked about the possibility of a bipolar II diagnosis before, Terah. I think we may need to look into this possibility further, given these current symptoms."

I nod, "I just want to know what's wrong with me."

"Well, let's meet again next week and we can explore this further. Please know though, Terah, that a diagnosis has not been made. There could be other reasons for these symptoms. Diagnoses are not made lightly," my psychiatrist says as she stands up and walks towards the door.

I nod again as I follow her into the hallway. When we reach the waiting area, she smiles, says goodbye, and asks the staff to open the large metal door. I hear the loud buzz. I know I am free to leave. As I walk towards the door – the boundary between freedom and confinement – I glance over my shoulder and realize that this could very well be the last time I walk out of the unit as an unlabelled person. This very well may be the last time I walk out of the unit feeling as if I am a normal human being. My next visit could change everything.

* * *

Narratives and Mental Health

I was incredibly confused at this point in my mental health journey. I was not yet diagnosed; however, I remember contemplating whether I was turning into a different person and whether my entire future would deviate from the picture I had previously envisioned. Although fragments of my victimized identity caused by the consistent bullying still lingered, I had worked diligently to regain my confidence and my hopes for the future. I was still quite insecure of my physical appearance, yet I had realized that I was not a worthless dog on the inside: I was an intelligent and motivated girl who would one day achieve her dream of becoming a teacher and a mother. I was positive that my story would have a happy ending. In theoretical terms, I had created a series of strong personal narratives which contributed to the construction of a meaningful narrative identity.

According to Lysaker, Lysaker, and Lysaker (2001), “personal narratives are the stories people tell to themselves and others to make sense of daily experiences in the larger context of their lives” (p. 253). When one connects past to future, links emotions to thoughts, and internalizes self-representations, a personal narrative is constructed (Lysaker et al., 2001). In addition, personal narratives synthesize ones sense of self by promoting a dialogue “within the individual and between the individual and others” (Lysaker et al., 2001, p. 253). Reflecting upon and sharing one’s personal narrative helps individuals construct their narrative identity: an internalized, continuously developing story of one’s self which, by connecting past to future, provides individuals with a sense of unity and purpose (Adler, 2012; Adler et al., 2015; Carless, 2008; Pasupathi & Hoyt, 2009). Ultimately, an individual’s narrative identity is constructed

when one makes sense of a series of significant personal narratives and integrates this understanding into their sense of self (Pasupathi & Hoyt, 2009).

It is not surprising, then, that an individual's narrative identity may be significantly impacted by the introduction of a mental illness (Adler, 2012; Baldwin, 2005; Carless, 2008; King, Neilsen, & White, 2013; Lysaker et al., 2001). People who experience mental health issues "actively construct personalized stories of their lives and difficulties, just as others do" (Lysaker et al., 2001, p. 254); however, individuals who are learning to live with a mental illness are faced with the challenge of understanding and making meaning of the associated hardships while attempting to integrate this new part of their identity into how they viewed themselves before. These individuals had an understanding of who they were in the past and who they wanted to be in the future, but, after experiencing hardships associated with a mental illness, they are forced to question their narrative identity: Are they still the same person deep down or have they changed entirely? In other words, the presence of mental illness can highly impact the continuity and coherence of one's personal narratives and narrative identity (Adler, 2012; Baldwin, 2005; Carless, 2008; King et al., 2013).

In addition, one's narrative agency may also be threatened when one experiences mental health challenges (Adler, 2012; Baldwin, 2005; Carless, 2008). Baldwin (2005) posited that individuals who are affected by mental health challenges may lose the ability to construct and articulate their personal narratives due to cognitive difficulties or loss of language. In addition, Adler (2012) suggested that those living with mental illnesses may feel as if external sources are in control of their personal narrative and that they can no longer author their own story. Carless (2008) went further and suggested that one may feel as if the "out of control conditions of psychotic illness broke into [their] life story" (p. 240), creating a sense of chaos.

I believe chaos is an accurate word to describe my experience of integrating mental illnesses into my narrative identity. As I stated at the beginning of this section, I had a strong sense of who I was and who I wanted to be before my dark years began. I was a motivated and intelligent young woman who believed, whole-heartedly, that I would be a teacher and a mother in the near future. However, this vision was soon shattered and chaos commenced.

I have left you, my readers, at a time I consider to be a significant turning point in my dark years. I had just departed from the Adolescent Psychiatric Unit, wondering whether my life was about to drastically change. I had not been diagnosed, yet I was beginning to feel as if I was no longer a normal human being. I had observed the inpatients in the hospital and felt that I should, perhaps, be one of them since, despite my hesitation to admit it, I felt safe in the prison-like environment. However, I believe it is important for me to tell you that at that point in time – despite my various visits with darkness and my curiosity of whether or not I was normal – 99% of me still felt that I would emerge from the shadows and that I would have a bright and successful future after I was healed. After I was fixed. Yet, the remaining 1% - a soft whisper coming from the deepest corner of my mind – wondered if I would soon have to look over my shoulder and wave goodbye: to who I used to be and to the sunshine that was just within my reach. Perhaps I could not be healed. Perhaps I was broken and could not be fixed.

CHAPTER FOUR

At this very moment my fingertips are on the verge of bleeding and tears are forming in my eyes. I am surrounded by stacks of old songs and journals: portals back in time. My guitar sits next to me. A number of fingerprints scattered along its neck and body expose small parts of its vibrant coat from the thick layer of dust that has accumulated over the past several months: I have been ignoring it. I have justified why I have allowed my beautiful guitar to become an ornament rather than an instrument countless times over the past week. And, up until now, I have believed these justifications: *I'm too busy with school: I need to focus on writing. I just moved: I need to organize my new home.* These rationalizations are true, but, with that being said, I realize now that the primary reason for avoiding my guitar has not been because I have been too busy. Truthfully, there have been many moments when I have sat in my bedroom reflecting upon the memories I intended to include in this chapter. And, in those moments, it was as if my guitar had created its very own gravitational force to pull me towards it. I knew that I should have walked across the room and picked it up. I knew that strumming the worn in strings and singing softly to myself would help me process memories from my dark years. I also knew that I would feel a release. But I continued to let the dust settle, layer upon layer, for I was not ready to go back to those times quite yet.

Today, however, I realize that I am ready. Although I still fear immersing myself in memories of the most tumultuous and emotional two years of my life, I recognize the importance of going back to those times. And, I have realized that the only way I can truly remember how I thought and how I felt during that period of time is to revisit the songs I composed while I was living in shades of grey interrupted by sudden, short-lived bursts of light. It is my hope that singing the lyrics I wrote from the worst of my dark years will act as a portal to the past that will

help me tell the remainder of my story as truthfully as possible so that you, my readers, may have a better understanding of how living with mental illnesses can impact one's inner world.

Am I A Flame or Am I The Smoke?

*Some days I feel like I'm constantly falling,
Some days I feel so high.
Some days I'm trapped in the in between,
Between hello and goodbye.*

The fire hypnotizes me. I hear my friends laughing in the background, but it's as if I am in an alternate universe, completely entranced by the flickering flames. I have always been afraid of fire, yet tonight – as I sit here in the middle of the woods on a clear summer evening – I inch my chair closer to the embers. I feel the heat on my bare legs as I raise my knees to my chest and lower my chin to rest within the newly formed valley. I see bodies moving in my peripheral vision, yet I remain intently focused on the flames. Nothing and no one else matters.

As I stare into the flickering fire, I wonder if I will ever feel normal again. A few weeks have passed since my last visit with my psychiatrist: the visit when I realized three disturbing things. One: I felt safe in the prison-like environment at the Adolescent Psychiatric Unit. Two: When I looked around at the inpatients, I saw people I could relate to. Three: I might be diagnosed with Bipolar II in the near future. And although the first two realizations concerned me immensely, it was the third that instantly consumed me the second I walked through the metal door and back into the “normal” world.

I have yet to tell anyone about my potential diagnosis. Part of me is scared of what my friends and family will think of me if I confess that I may be bipolar. Honestly, though, I think the true reason why I have not muttered the words to a single soul has more to do with how I feel than how I think others will react to the news of a mentally ill person in their lives. I am terrified that I will never be normal again. I am terrified that I will continue going through this cycle of

ups and downs. I am terrified of what my life may end up looking like. All I know is that I want this to all go away. I want to step out of this limbo world I have been living in lately and into a world of stability. Unfortunately, though, in this moment I am beginning to realize that this wish may never come true, for I am surrounded by my closest friends camping in the middle of the woods – one of my favourite summertime activities – and I am completely miserable.

My thoughts are interrupted as a friend of mine crouches down in front of me, blocking the entrancing flames.

“We’re going down to the lake for a quick swim. Come on, you should walk down with us, Terah!”

I attempt to look into my friend’s eyes, yet all I see is fire. It’s as if the image of the flickering flames has been burned onto my retinas to remind me that life as I know it may soon be a pile of ashes.

“Maybe tomorrow night,” I say softly, lifting my gaze towards the wisps of smoke spiraling towards the night’s sky.

She walks away. The sounds of laughter fade as my friends meander through thick bushes to reach the sandy shore below. Solitude is finally here.

I gaze into the fire again, yet, this time, I also pay attention to the smoke. As I glance back and forth between the ground and the sky, I wonder whether I would rather embody the flames or the wisps of smoke. Would I have enough energy to maintain this powerful fire or would it be easier to simply let go and let what is left of me wither into nothingness into the black sky? I ponder this for quite some time yet I cannot decide which entity I would rather be. And, eventually, as I continue to contemplate whether I would want to be the light or the

darkness, my eyes – scarred with images of flames – shut, and I drift to sleep in the middle of the woods: alone.

* * *

Skipping

*I've got my fingers crossed,
And my toes too.
I wanna be the girl,
You give your heart to.
So I'm searching for a four leaf clover,
Wishing on every star,
Cause baby I wanna be in your heart.*

I walk down the hallway towards my Quantitative Methods class, incredibly excited. Today I get to see him: my new love interest. Although I barely know him, I can tell there is something special about him and I am determined to find out what it is. And, luckily enough, we have both been assigned the same research question for the final project: the perfect excuse to initiate conversation!

After the professor delivered a short lecture, myself and my classmates were given the remainder of class time to work on our final projects.

“I cannot believe how difficult this project is!” I exclaim to my two best friends in the class who sit next to me. “I don’t know if I can figure out all of this math stuff. You both know that numbers and I don’t really get along!”

My friends laugh, and one of them pipes in, “Well, you could always go tap *you know who* on the shoulder and ask if he’s any good with numbers.”

I glance down the row of chairs and smile. There he is: the cutest guy in the Geography department by far. He is dressed in a plaid shirt and jeans, with his sandy brown hair styled

perfectly. Yet, it is his vibrant smile and kind eyes that truly catch my attention every time I see him.

I grin from ear to ear and stand up, “Maybe I will go ask him!”

My two friends look at me, wide-eyed, and reply in unison, “Really?”

I nod and flash the two girl’s one last grin before I walk towards him, my eyes sparkling, “Hey! Are you having any luck with the final project so far? I am so stumped! Honestly, I just hate numbers.”

He laughs and responds, “I’m not having much luck either. I’m not horrible with numbers, but they’re definitely not my favourite thing in the world.”

“Well,” I say with a large, confident smile, “If you want to work on any of it together I will be in the geography lab with some of my friends today after class.”

“I will keep that in mind,” he says, returning my smile.

My eyes continue to sparkle as I return to my seat and the sound of giggles from my friends as they glance over at the cute guy.

“So, what happened?” one of my friends asks curiously.

“Well, we might just see him after class today in the lab.” I say, grinning ear to ear, “I guess we will just have to wait and see!”

The rest of the class goes by quickly, and, before I know it, I am making my way to the geography lab to get some more work done on my final project, crossing my fingers that the cute guy will stop by later.

When I walk into the geography lab, a number of friends say hi, including a good friend who is also in an education class with me, “Hey, have you finished your teaching portfolio yet?” she asks.

I beam, “Yes! I finished it last night actually. If you want to see it I have it with me!”

My friend walks towards me, clearly relieved, “Yes please! I know it is due in a couple of days but I still don’t know how to approach a few pages.”

We take a seat at the large table in the center of the lab and begin to flip through my portfolio. I smile softly as I look at the pictures of me volunteering with students in a number of classrooms and I beam as I read the short passages I wrote describing why I want to be a teacher. As I look through the pages, a wave of excitement consumes me as I realize how close I am to finally fulfilling my dream of becoming an educator.

“How in the world did you finish this so quickly with everything else that’s going on in your life, Terah?!” my friend asks me, clearly astounded by my finished product.

“I guess I’ve just had a ton of energy lately so I haven’t needed very much sleep to function! My creative juices are also flowing to the max right now, so I’m not complaining!”

“Well,” my friend says, “I am incredibly jealous of you right now!”

And, although I know deep down that my friend would never want to be me when I was not in *this* state of mind, I laugh.

I am suddenly aware of movement in my peripheral vision. I glance over my shoulder at the entrance to the geography lab and I can’t help but smile: He is here!

The cute guy walks towards me and asks, “What are you working on? Clearly this isn’t our final project for Quantitative Methods!”

“No, it’s a portfolio for my education class. I had to document my volunteer experience teaching and describe why I want to be a teacher.”

“Oh wow, that’s awesome!” he exclaims, “I’m thinking of possibly going into teaching as well.”

I grin from ear to ear. Perhaps his “special factor” is the fact that he wants to teach! And, perhaps, that is only one of the reasons why I am drawn to him.

As afternoon transitions to evening, I realize that everyone else has left the geography lab except for me and the cute guy. Who, now, I do not feel comfortable calling *the cute guy*. Now, I think I need to call him *the guy*. Not only does he want to be a teacher, but he is a musician as well!

“I have a few of my new songs on my iPod that you could listen to,” I exclaim. “They are pretty rough, but they’ll give you an idea of the type of music I write. Please promise me you won’t judge me though!”

He smiles, nods, and begins to listen.

I am extremely excited as I sit here watching the guy I like listen to songs I have wrote describing my life: songs of pain and struggle, as well as songs of love. I know I should be nervous right now, for these songs illustrate my true self and are exposing my vulnerabilities to a guy I barely know, yet I am not. A strong surge of adrenalin pulses through me as I watch him as he listens to the words of my heart and soul, and I cannot wait to hear his reaction.

“They’re really good,” he said, smiling. “Thank you for sharing them with me.”

I beam back at him and we are greeted by a moment of silence: the first absence of conversation in several hours, which, I believe, is a very good thing.

“Wow, it sure is getting late.” The guy says, breaking the short spurt of silence.

I look out the window and realize that it is, in fact, evening. “Wow, it really is! We probably should get going soon, I guess.”

After packing up our things, we realize that we parked in the same lot so we exit the school and walk towards our cars together, in silence. It’s obvious that there is a connection

between us. A strong, positive energy flows in the air above us, and, before taking the time to think of the potential consequences, I take a risk: I skip my feet, turn to the amazing guy beside me, and say, “I think I really like you.”

He is clearly shocked by my forwardness, but he does not grimace or back away. Rather, he smiles at me and I smile back at him.

“Maybe we should get together sometime soon and we can share more of our music! Like not at school.” I say as we approach my car.

“I would be up for that,” he says. I can tell that he is still somewhat taken aback by my last comment, but, I realize that he must have some interest in me if he has agreed to get together, one on one and outside of school.

With that, we say goodnight. I open the door of my car, sit down, and smile and wave as he walks a few stalls over. As I start my car and drive away, I cannot contain my excitement. Lyrics flow through my mind and I cannot wait to write them down when I get home. And, for what seems like the first time in a very long time, the rhymes are joyful and not sad, for I see him in the distance: He is hope. Perhaps everything would be okay.

* * *

Shades of Grey

*Moments pass like a hummingbird buzzing through the breeze,
Colours flashing for a second and then they're gone away,
Non-existent in the present, now just a memory.*

*Yeah it's crazy to think, crazy to dream, crazy to feel something
When in a second, it fades away.*

*Yeah it's crazy to care, crazy to cry, crazy to love, my oh my
When in the blink of an eye, it can be taken away.*

“Why is this happening to me?” I ask my mother with tears welling up in my eyes, “What have I done to deserve this?”

My mother looks up from the stack of cue cards and sighs, “I don’t know why this is happening to you, Terah. Of course you don’t deserve this. It has to get better soon.”

“Will it get better? Will this ever go away? I’ve been diagnosed as bipolar. Maybe I’m going to be riding this roller coaster for the rest of my life.”

My mother’s eyes fill with tears as well and a thick silence fills the room. I can tell that we are both contemplating this terrifying possibility. I try to think back to a time when I felt normal. A time when I felt like everything would be okay. A time when I had hope. But I realize that I can barely remember who I used to be and how I used to feel, even though these moments occurred not too long ago. It’s as if I have left my past life behind and have started over in an alternate universe. And, this alternate universe has stolen and erased each and every happy, positive memory I have of who I was before. Now, I live in shades of grey. No colours are here. My world is just a haze.

My mother’s voice interrupts the dismal thoughts circling through my mind, “We should try to continue studying again, okay?”

I nod, yet deep down I know that studying is useless since I can no longer concentrate and my short term memory is non-existent. “Ask me a question.”

“What are the three types of water movement that occur in soil?” My mother asks gently.

I pause. I know that we just went over this question before we started speaking about my deteriorating mental health. I know that the answer is in my brain. I know that all of the answers are in my brain, somewhere, yet I cannot retrieve them. I cannot find a single answer in my hazy mind.

“We just went over this, Terah.” My mother says softly, “Remember the mnemonic we came up with? SUV. The first term begins with an S. The second begins with a U. The third...”

“I know what a mnemonic is, Mom!” I manage to choke out between the sobs. “I just can’t remember. I can’t remember anything new, Mom! Put on a brand new episode of a TV show, Mom. I won’t be able to tell you what happens after the half an hour is over! I won’t!”

My mother’s eyes fill with a mixture of sadness and rage, “These damn medications are making things worse! Look what this new drug is doing to you, Terah! Maybe you need to switch to a new one or try being without all of these drugs.”

I shake my head, “My psychiatrist knows best. She says I need to be on medication in order to remain stable. She says that the Lamotrigine just needs some time to really get in my system.”

“But you’re not stable! You haven’t been stable in years, Terah. And this new drug is affecting you like none of the others have. This is not right!”

“Nothing is right anymore, Mom. Nothing.” I say glumly, “I’m going to go to my room. This is useless. I won’t pass the test tomorrow. I probably won’t pass any tests this semester.”

“Don’t think like that, Terah.” My mother says desperately, “You are a smart girl. You are going to get through this.”

“I used to be smart, Mom.” I say as I turn away and walk towards my room, “But I’m not smart anymore. Don’t lie to me.”

I hear my mother sobbing as I enter my room, turn off the lights, and shut the door. I crawl into my bed, lay on my back, and stare at the glow in the dark stars on my ceiling. As a child, these stars made me smile. I would look at the vibrant constellations before I fell asleep and make countless wishes, as if shooting stars were actually emitting magical energy in my bedroom. Wonderful dreams danced around my sleepy mind those nights. Yet, now, the stars no

longer help me drift off to a happy dreamland and I only make one wish on the imaginary shooting stars: to disappear.

* * *

Stigma

I wished to disappear countless times over my dark years, especially during the periods when I fluctuated between hypomania and depression. I remember feeling as if I was trapped on a roller coaster at a local amusement park. I was continually pulled up and down by an external force that did not care whether I was enjoying the ride or not. I knew that I was no longer in control, for I would never choose to live in constant motion, not knowing where I would end up after each bend in the tracks. And, ultimately, riding on a roller coaster and feeling as if I had no control over any aspect of my life took a great toll on me. Tokens were not valid forms of currency at this amusement park. Each time I cycled around the track – up and down, up and down – I was asked for an ounce of my identity as payment. So, rather rapidly, I lost sight of who I was and the bright future I had previously seen just within reach. My diagnosis had taken me over.

During my dark years, I felt completely alone. I thought that I was the only person who had had their identity snatched from beneath their dangling feet on the never-ending rollercoaster ride. Now, however, I realize that there were others sitting just within arm's reach. Each seat of the rollercoaster was filled, yet each person wore an invisibility cloak out of fear. Fear of what others would think and fear of what we, ourselves, were thinking too. We no longer had bright futures. We no longer had strong self-esteem. We were puppets, and our diagnoses pulled our strings.

I could write a novel about the phenomena described above utilizing abstract, creative language, yet I believe it is essential that you, my readers, understand what I have described in more concrete, academic terms. This composition is, after all, meant to be both emotionally evocative and informative. Therefore, the following section briefly outlines a concept I have always been aware of, yet just recently attached to my own experience: stigma.

Many researchers have recognized that stigma is a complex phenomenon (Corrigan & Kleinlein, 2005; Corrigan & O'Shaughnessy, 2007; Girma et al., 2013) and that definitions vary between scholars (Link & Phelan, 2001; Link & Phelan, 2010; Raskin, 2009). The ancient Greeks first utilized the word stigma and defined it as a physical mark to publicly recognize immoral members of society, such as traitors or slaves (Corrigan & O'Shaughnessy, 2007; Goffman, 1963; Hinshaw, 2005). Erving Goffman, however, was the first modern day scholar to adopt the term. Goffman (1963) expanded on the ancient Greeks definition and stated that stigma was an "attribute that is deeply discrediting" which reduces an individual "from a whole and usual person to a tainted, discounted one" (p. 3). Jones et al. (1984, as cited in Link & Phelan, 2001) recognized Goffman's link between attributes and stereotypes and produced their own definition: "a 'mark' (attribute) that links a person to undesirable characteristics (stereotypes)" (p. 365). Link and Phelan (2001) further expanded upon Goffman (1963) and Jones et al.'s (1984, as cited in Link & Phelan, 2001) definitions and view stigma as a process in which an individual is linked to undesirable characteristics and is therefore labeled and stereotyped, as well as separated from and discriminated by the rest of their society.

For the purpose of this thesis, I will utilize Link and Phelan's (2001) definition of stigma; however, I believe it is important to note that a thorough discussion of the history of stigma research is well beyond the scope of this composition due to its magnitude and complexity.

Within this chapter I will focus on the issue of stigma and mental health since what I experienced and what many of my future clients will experience is related to the stigma associated with mental illness in contemporary society.

The stigmatization of mental illness is recognized as a central, complex issue within the healthcare field (Corrigan & O'Shaughnessy, 2007; Girma et al., 2013; Hinshaw, 2005) that has a substantial and detrimental impact on many of the individuals who live with mental health issues (Corrigan, Watson, & Barr, 2006; Corrigan et al., 2010; Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001). The stigma of mental illness has many definitions – much like the general term – yet I believe the definition crafted by the Mental Health Commission of Canada (2009) is the most accurate: Stigma is the “beliefs and attitudes about mental health and mental illness that lead to the negative stereotyping of people and to prejudice against them and their families” (p. 91). This particular definition refers to the underlying characteristics of stigmatization – the stereotyping and prejudice of an impacted individual – yet it also includes an additional entity that is ignored in every other definition I have come across during my research: families. I believe the inclusion of families in the definition of mental health stigma is essential, for many family members are stigmatized by association. Literature on family members and mental health stigmatization will be discussed in more detail at a later point in this chapter.

Before I discuss the impact mental illness stigmatization has on many individuals living with mental health issues, I believe it is important to briefly describe how this phenomena develops in human beings. Jamison (2006) suggested that “the stigma of mental illness is engrained in deep and ancient attitudes held by virtually every society on earth” (p. 533). Since stigma is a social phenomenon which develops when an individual deviates from prescribed norms (Boyd et al., 2014; Goffman, 1963; Thomé et al., 2012) it is not surprising that attitudes

regarding particular groups, such as those with mental illnesses, develop quite early in life (Corrigan et al., 2006; Link et al., 2001; Link & Phelan, 2010; Link & Phelan, 2013). Children are raised in societies that hold specific views of people who have mental illnesses. And, most likely, these views include several negative stereotypes which originate from family stories, personal experiences, and the media. In turn, children internalize these conceptualizations which may ultimately form an expectation of how to react to and interact with a person who has a mental illness (Corrigan et al., 2006; Link et al., 2001; Link et al., 2010; Link & Phelan, 2013). Ultimately, when numerous members of society believe that the stereotypes surrounding mental illness are true, and, in turn, prejudice and discrimination surfaces, public stigma becomes a reality (Corrigan et al., 2006; Corrigan et al., 2010; Corrigan & Kleinlein, 2005; Corrigan & Rao, 2012). It is important to note, however, that although the majority of people in society are aware of these stereotypes, it does not mean that every person agrees with them; thus, only those that believe in the stereotypes are prejudiced and may engage in acts of discrimination (Corrigan & O'Shaughnessy, 2007; Corrigan & Rao, 2012; Corrigan & Kleinlein, 2005).

I am incredibly fortunate to say that I have not experienced the consequences associated with public stigma. Since my mental illness was hidden, members of society around me had no idea that I was suffering or different in any way; therefore, I was never a victim of prejudice or discrimination. Yet, since I was raised in a society that looks down upon those with mental illnesses – a society that labels these individuals as “crazy” people who will not be successful (Hinshaw, 2005; Szeto et al., 2013) – I have, in turn, internalized these beliefs and values. Therefore, although I never experienced any negativity from those around me, my inner world was incredibly dark. I stigmatized myself. I started to believe that I was, in fact, crazy and stupid, and that I would not amount to anything in my life.

Corrigan et al. (2006) and Girma et al. (2013) have stated that one does not need to experience public stigma in order to develop self-stigma. If an individual has been socialized in a culture that has stereotypes of people who live with mental illnesses (stereotype awareness), this individual may then agree with the predetermined stereotypes if they develop a mental illness themselves (stereotype agreement). And, ultimately, this individual may then internalize these stereotypes (self-concurrence) which may contribute to a significant decrease in their self-esteem (self-esteem decrement) (Corrigan et al., 2006; Moses, 2009, Thomé et al., 2012).

I have experienced the process described above. As a young girl, an adolescent, and an emerging adult, I came into contact with a variety of stereotypes involving people who had mental illnesses. The largest, which I have mentioned above, was the stereotype stating that individuals with mental illnesses were “crazy” people who would not be successful in their lives. I realize that I have repeated this stereotype several times now in the past section, yet I believe this redundancy is necessary for you, my readers, to understand if you are to truly recognize the difficulty of my experience. Before my dark years began, I believed I was a bright, intelligent young woman who would have a successful career as a teacher, and, possibly, as an author. I had many dreams and I knew that I could achieve them one day. But as I began to define myself as a bipolar person more and more as each day passed, my dreams withered away to nothing but distant memories. I was no longer a person with a bright future. I knew the grey haze would continue, and that it would most likely transition to a thick, never-ending layer of black smoke.

After conducting research on the stigmatization of mental illness, I have discovered that the phenomenon I described above, termed self-stigma by various researchers, is quite common among people living with mental illnesses. Concretely speaking, self-stigma is defined as “the prejudice individuals turn against themselves because they are members of a stigmatised group”

(Corrigan & O'Shaughnessy, 2007, p. 90). Individuals who self-stigmatize internalize stereotypes from society; therefore, negative consequences typically arise such as a decrease in one's self-esteem, self-efficacy, and overall wellbeing (Boyd et al., 2014; Corrigan et al., 2010; Corrigan & Kleinlein, 2005; Corrigan & Rao, 2012; Corrigan et al., 2006; Link et al., 2001; Link & Phelan, 2013; Moses, 2009). One's sense of self-worth may also decrease which may ultimately contribute to a loss of hope: one may believe they can no longer achieve their dreams and be a successful person (Corrigan & Rao, 2012).

Corrigan and Rao (2012) introduced "The Why Try Effect" (p. 465), which they believe to be a significant consequence of self-stigma. Individuals who have internalized stigmas often come to believe that they should no longer strive for competitive employment opportunities or independent living due to a significant decrease in self-esteem and self-efficacy (Corrigan et al., 2006; Corrigan & Rao, 2012; Corrigan & Kleinlein, 2005). For example, a person who has self-stigmatized themselves may say, "Why should I seek a job as an accountant? I am not deserving of such an important position. My flaws should not allow me to take this kind of a job from someone is more commendable" or "Why should I attempt to live on my own? I am not able to be independent. I do not have the skills to manage my own home" (Corrigan & Rao, 2012, p. 465). Ultimately, when one truly believes the statements included above, their quality of life and ability to achieve life goals may be severely impacted, which oftentimes results in a decrease of overall quality of life and well-being (Corrigan & Rao, 2012; Corrigan et al., 2006; Corrigan & Kleinlein, 2005).

It is important to note, however, that not all individuals with mental illnesses internalize stigma and experience the negative consequences described above (Corrigan & Kleinlein, 2005; Corrigan & Rao, 2012; Moses, 2009). Researchers have suggested that people who have a high

sense of self-esteem before the development of a mental illness are less likely to internalize stigma and are more likely to become angry with societal stereotypes, gain a sense of personal empowerment, and attempt to challenge the prejudice and discrimination present in society (Corrigan et al. 2010; Corrigan & Kleinlein, 2005; Girma et al., 2013). I wish I could say that I was one of those lucky individuals who had strong self-esteem before the development of my mental illness, but, as you – my readers – are aware, my experience of bullying victimization in the seventh grade significantly lowered my self-esteem and, unfortunately, it never quite recovered. So, I internalized the stigma associated with mental illness. I strongly believed I would amount to nothing, and, despite the words of encouragement from my loved ones telling me that I would one day return to my old self, I knew the truth: I was bipolar. I would amount to nothing. And, I would not tell anyone from outside my trusted group of loved ones of my hidden illness: The world is a terrifying place for those who have been exposed.

* * *

“Crazy”

*All I've gotta do when I'm feeling down,
Is picture your face and my frown turns around.
All I've gotta do when I'm crying,
Is hear your voice and I'm smiling again.*

*All you've gotta do is kiss my lips,
And everything else around me disappears.
All you've gotta do is hold me tight,
Nothing in this world has ever felt so right.*

It is Saturday morning and I have just started my shift at a local convenience store. I can barely keep my eyes open since I had stayed at my boyfriend's house until 2 a.m. the night before. I had told myself several times over the course of the evening that I needed to leave no

later than midnight if I were to have enough sleep to be able to function for my 8 a.m. shift the next morning, yet I did not listen to my own advice.

I think of my boyfriend's handsome face as I meander through the aisles organizing a variety of products. Given my current state of mind I have little to smile about at the moment, yet, somehow, when I picture his lips curling upwards I can't help but slightly move mine in the same direction. I realize he is the only person in my life who can still make me smile sometimes. He has helped lift me up ever since we had spent time together at his family home sharing our stories through song. That was an afternoon I will certainly never forget. In the beginning, my boyfriend was able to make all of my troubles seem as if they did not exist. I smiled constantly in his presence. But, unfortunately, close to a year has passed since those days, and, as I think back to the events of last night, my lips return their normal position: a straight, emotionless line.

It was just past seven o'clock, and my boyfriend and I were lying on the couch in his living room watching *The Big Bang Theory*. He laughed at something one of the characters had said and looked over at me, expecting for me to at least crack a smile. But I didn't. I remained intently focused on the screen, attempting to follow the storyline of the episode. Recognizing humor and laughing were not at the top of my priority list. The Lamotrigine had taken my memory hostage and I was drastically trying to recover the lost part of myself.

"Terah," my boyfriend had said as he turned towards me, "Do you want to do something else rather than watching TV?"

I remember nodding and asking him if we could just lay down together for a while. All I wanted was for him to hold me and never let me go. So that is what we did for the rest of the evening. He held me as I drifted in and out of sleep. He attempted to initiate conversation but I had no energy to speak. I simply needed to be in presence. And, even though I didn't tell him

this, I remember thinking that laying there in his arms was the closest to happiness I had felt in months. It was the closest I had been to actually smiling and to actually wanting to speak what was on my mind. But, I wasn't quite there yet. I needed him to wait. I needed him to...

I am brought back to the present moment by the shrill voice of my boss, "Terah! Stop daydreaming and get back to work!"

"Yes, of course. I'm sorry." I stammer as I move quickly down the aisle to an area that required organizing.

A minute later, a coworker of mine walked towards me, giggling, "Can you *believe* our boss? I bet she is bipolar! Honestly, an hour ago she was in the best mood ever, telling me to take my time since it is a slow morning, and then she attacks both of us in the last few minutes because we're not moving at top speed? She just goes up and down, up and down. She's totally crazy, isn't she?"

I am caught off guard by my coworker's comments but I don't want to seem odd to her, so I giggle too and say, "Who knows!" I watch her walk towards the cash register and, all of a sudden, I feel as if I am going to be sick. Although I have noticed some ups and downs in my boss' behaviour, I have never thought that she was bipolar. I am aware that rapid cycling bipolar disorder is rare, and that my boss' mood swings are most likely contextual, but I realize that I am significantly more educated on the topic of mental illnesses than most of my coworkers. I'm fairly certain that the majority of people in the world view those suffering from bipolar disorder as "crazy". If anyone here – my boss, my coworkers, or my customers – discovers that I, in fact, am bipolar, would they call me "crazy" behind my back? Would I face the same hurtful comments from those around me? Would I be looked at differently?

I am incredibly relieved that no one here knows about my mental illness. And, I fully intend on keeping it this way. Being mentally ill is not a piece of information I plan on broadcasting to the general public. Because, in all honesty, most of my loved ones don't even know what is happening to me, and, perhaps that is for the best.

A large pain invades my chest. I hunch over and apply pressure to my ribs as an attempt to stop feeling like I was being stabbed by a hundred tiny needles. My body is clearly trying to send me a sign, so I allow my thoughts to wander to an area I didn't think existed. Up until this very moment, I have not considered the fact that my loved ones may be paying more attention to my mental illness than I had previously thought. Perhaps my mother thinks I'm stupid. Perhaps my friends think I have transformed into some kind of boring zombie. Perhaps my boyfriend's patience is wearing thin after dealing with me in this state of mind for months at a time. I realize that I have contemplated whether I believe I am crazy. Yet, perhaps those around me already know the answer and are just too frightened to tell me what they truly think.

Slipping Away

*I want you to go away,
Go torture someone else.
I want you to leave me alone,
Your actions are no longer stealth.*

*I know you're here,
There's no use hiding anymore.
You've taken me over,
I'm not me anymore.*

“Please stop trying to convince me that I'm smart.” I say to my boyfriend as tears begin to accumulate in my eyes. “Please stop lying to me.”

“Terah,” my boyfriend starts, reaching his hand across the kitchen table to grab mine, “You have to believe me when I say that you are a smart person. You have so much potential!”

“I have potential?” I respond almost angrily, “I am so stupid. I can’t remember anything! If it wasn’t for my psychiatrist’s letter to my teachers I wouldn’t be passing any of my classes right now. How in the world can I have potential when I need a professional to ask my teachers to scale my grades differently because I can’t, for the life of me, concentrate or remember anything? Does that describe someone who will be a good teacher someday?”

“You’re struggling right now,” my boyfriend says, grasping my hands tighter in his. “You need the help from your psychiatrist to get through this. But that doesn’t mean that you will need her help forever. One letter doesn’t change all of the hard work you have put into your degree: all of your great grades! You will be successful, Terah. I know you will be.”

I pull my hands away and fold my arms across my chest, “I just don’t understand why no one else can see how stupid and worthless I am. I am going to amount to nothing. I’m bipolar and I am going to be on this rollercoaster for the rest of my life. It’s useless. Everything I dreamed I would be isn’t possible anymore. Please just stop trying to tell me otherwise because your words are just lies.”

He sighs and sits back in his chair. I assume that he is feeling defeated at the moment, which I see as a good thing. He – as well as everyone else in my life – needs to realize that what I’m saying is true. Academia isn’t my future anymore. Teaching isn’t my future anymore. The future I imagined years ago is gone and will never return.

“Look,” I say, attempting to force a smile, “Can we just relax for a little while? I’m exhausted.”

My boyfriend nods and follows me to the couch, yet I can tell there are other places he would rather be. I nuzzle into the nook of his arm and take hold of his hand tightly. We sit in silence, but, unlike the other evening, I do not feel anything that resembles happiness creeping back to my heart: The energy has shifted.

I tilt my head and look into my boyfriend's eyes, and, although I see what I interpret as a hint of fear peering down at me, I know that his fear will pass because of the overwhelming amount of love he has in his heart for me. I know that he will never leave me. So, even though I realize that my intelligence has been snatched and that I will never be a teacher, I know that I will always have his love. He will always be by my side.

* * *

The Impact of Stigma on An Individual's Identity and Loved Ones

Having my boyfriend's love and support throughout the worst of my dark years was what kept me holding on to life. I honestly don't know how I would have survived the stretch of darkness without him next to me holding my hand. Yet, during those long walks – side by side – I remember wondering how much longer my boyfriend would be holding *my* hand. For the person he fell in love with was beginning to fade away: The fingers he first felt intertwined with his were losing their ability to hold on. I was becoming someone both he and I could no longer recognize, and I was petrified of the seemingly endless roller coaster ride I was on. I had been a prisoner at the amusement park for far too long and my identity was almost gone. What would happen when I had nothing left of myself to give?

Elkington et al. (2012), Leavey (2005), and Moses (2009) are just a few of the scholars who have researched the relationship between mental illness stigmatization and identity development. And, these authors have all arrived at a similar conclusion: When a mental illness

develops during adolescence or emerging adulthood – the developmental stages in which identity is primarily formed – individuals are faced with the challenge of integrating the label associated with their diagnosis into the identity they had already been in the process of forming (Elkington et al., 2012; Leavey, 2005; Moses, 2009). These authors' conclusions are also closely linked to Adler (2012), Adler et al. (2012), Carless (2008), and Pasupathi and Hoyt's (2009) findings regarding narrative identity and mental illness that I discussed in Chapter 2. One faces the challenge of understanding and making meaning of their mental illness and integrating this newly developed part of themselves into their narrative identity. This integration process can have devastating effects on one's self-esteem, independence, and views of "normality", which, ultimately, may contribute to lifelong consequences such as a loss of self-confidence and uncertainty of functioning (Hinshaw, 2005; Moses, 2009). Elkington et al. (2012) also noted that those who develop mental illnesses at a later age may have more difficulty integrating this new label into their current identity since their previous identity had been more consolidated than those of younger individuals.

As a person who developed mental health issues during the transition between adolescence and emerging adulthood, I struggled to integrate my new bipolar identity into my previous identity. I had viewed myself as a strikingly normal, yet intelligent, person with a bright future for the majority of my life. I was always known as the "smart girl" in the class who studied relentlessly in order to achieve excellent grades. In fact, I was voted the third most perfectionistic person in my entire grade in the back of the yearbook for my final year of high school. However, eventually, I began to lose sight of the normal, intelligent girl I used to be: I succumbed to the stereotypes surrounding a bipolar diagnosis, and these newly integrated beliefs about my attributes and abilities started to overtake my previous identity. I was no longer smart:

I was stupid. I was no longer normal: I was crazy. I no longer had a bright future to look forward to: I had a dreary haze to fear. These realizations were terrifying for me. I no longer knew who I was and who I should be. Ultimately, this sense of uncertainty contributed to my deteriorating mental health. And, in hindsight I realize that I was not the only person in my life who was impacted by my diagnosis. Yes, I was the one cycling through the highs and the lows and I was the one questioning my identity and my future, but, I know now that the stigmatization of mental illness is a curse that reaches beyond the diagnosed individual: My loved ones were affected as well.

During my dark years I was aware that my fluctuating moods and disintegrating sense of identity were negatively impacting those around me. I knew that many of my relationships were suffering – falling apart even – because of my inability to converse, my decreased motivation, and my dreary, hopeless state of mind. I knew that I was a burden to many of my loved ones, especially my boyfriend and my parents, for I required their continual support in order to function somewhat “normally”. And, I knew that I was bringing these special people down with me. My boyfriend fell in love with a vibrant, intelligent, and outgoing girl who wanted to be a teacher, who loved to play music, and who engaged in thoughtful conversations. He did not sign up to be the main pillar of support for a girl who was riding a roller coaster and losing her identity piece by piece. My parents, too, were used to having a bright, friendly, and smiley daughter who was driven to succeed. They did not expect to have to support a girl who had lost all sense of direction and purpose in her life.

Like I mentioned before, I was aware of the effect my diagnosis and associated self-stigmatization was having on my relationships. But, I realize now that I was fairly oblivious to the fact that my loved ones, especially my parents, were also in danger of being stigmatized. I

knew that my parents desired to keep my condition a secret from the rest of the world – even my extended family members – and I did not understand why. I was appalled of my parents fear to tell others. Yet, I was not aware of how the outside world may have viewed them if my diagnosis was exposed. I was unaware of the concept of “courtesy stigma”, and the number of families who were impacted by this phenomenon.

Courtesy stigma is a complex, multilayered phenomenon (Corrigan & Miller, 2004) that “involves discrimination, rejection, or avoidance by others who blame parents for causing the problems, and parents’ internal sense of shame or embarrassment” (Moses, 2010, p. 783). In other words, courtesy stigma occurs when family members are aware of societal stereotypes surrounding mental illness and are “tainted by [their] association with relatives with [mental disorders]” (Corrigan & Miller, 2004, p. 538). Thomé et al. (2012) stated that “43% to 92% of caregivers of people with mental illness report feeling stigmatized” (p. 666). It is important to note that not all family members experience courtesy stigma or believe in the stereotypes associated with mental illness (Corrigan & Miller, 2004); however, Corrigan and Miller (2004) and Moses (2009) have suggested that many family members do, in fact, feel – or fear – the effects of stigmatization.

The primary stereotype which leads to prejudice and discrimination – and, ultimately, courtesy stigma – is the belief that parents are to blame for their children’s mental illness (Corrigan & Miller, 2004; Hinshaw, 2005; Moses, 2010). Corrigan and Miller (2004) suggested that this belief developed because of the prevailing models on the etiology of mental illness in the first half of the 20th century. These theoretical models claimed that parental weaknesses caused developmental problems in children which contributed to the development of mental health issues. And although these theories are no longer recognized by contemporary mental

health professionals, many members of mainstream society still believe these past claims; therefore, parental blame is still evident well into the 21st century (Corrigan & Miller, 2004).

Due to the presence of parental blame in modern society, many parents may become victims of prejudice and discrimination; thus, in order to reduce the stigma of being a parent of a child with a mental illness, many parents attempt to conceal their child's mental illness from others (Corrigan & Miller, 2004; Corrigan & Kleinlein, 2005; Hinshaw, 2005; Moses, 2010). Concealment is strongly linked to the shame associated with having a mental illness in contemporary society. Corrigan and Miller (2004) noted that several studies have discovered that "between a quarter and a half of family members believe that their relationship with a person with mental illness should be kept hidden or otherwise be a source of shame to the family (p. 540). In fact, Corrigan and Miller (2004) also suggested that "family shame was 40 times more prevalent in families with people with mental illness compared to families who have members with cancer (p. 540). These two statistics illustrate the immense stigmatization of mental illness; therefore, it is not surprising that so many family members wish to keep their loved ones mental illness a secret.

During my dark years I was not aware of courtesy stigma. The only thing I knew for certain was that my parents were ashamed of me. Why else would my mother and father be so incredibly focused on keeping my condition "within our four walls"? Why else would my parents tell me, time and time again, to not tell anyone: even my grandparents and other extended family members? I realize now that they were simply trying to protect me from a harsh, judgmental world, yet, in those times, I did not have such insights. Ultimately, my parents' strong desire to conceal my mental illness from others made me feel even more different, crazy, stupid, and unsuccessful.

I know now that I was not alone in feeling anger, resentment, and disappointment towards my parents for striving to keep my mental illness a secret. I was not alone in feeling as if my parents' actions negatively impacted how I viewed my identity. Moses (2010) posited that a child's self-stigmatization may be significantly exacerbated if their mental illness is concealed by their parents. Although parents view this concealment as a protective strategy, the subsequent shame, embarrassment, and secrecy modeled by a child's parents will oftentimes reinforce the self-stigmatization the child already feels (Moses, 2010). Yet, I must admit that I understand where my parents were coming from now. Although their actions contributed to my diminishing sense of self during my dark years, I realize that I needed that protection during those times. I was not strong enough to deal with the public stigma that accompanied being exposed as a person living with a mental illness. And, little did I – or anyone else – know, my mind was not the only part of me that was deteriorating. My body, too, was beginning to fall apart.

* * *

Heart Attack

*I want you to disappear,
You're a menace to my heart and soul.
I want to stab you right through your heart,
So I can be rid of your dangerous pull.*

*I know you're invincible,
Because I'm strong and I can't make you go away.
You've taken me over,
I've lost sight of better days.*

It is December and the mall is bustling with customers who are eager to find the perfect Christmas gifts for their loved ones. I plan on scouring the shops at five o'clock since, at the moment, I am in charge of stocking and organizing the countless racks of lingerie at the largest department store in the mall.

I am deep in thought sorting through lace, satin, and cotton, when one of my coworkers approaches me with a concerned look in her eyes, “How are you feeling today, Terah? Yesterday was quite the scare.”

My face rapidly turns the colour of the red satin underwear I am holding, “Oh, I’m alright now. Thank you for asking. I’m more embarrassed than anything.”

“Oh, my dear,” the woman says softly, “There is no need to be embarrassed. Medical emergencies happen all of the time. Everyone is just happy that you are feeling better today.”

I smile and thank the kind woman again as she walks back to her department on the other side of the large room. Clearly the paramedics had to rush through the entire store to assist me yesterday.

I try to ignore the happenings of yesterday by focusing on organizing the lingerie by style, colour, and size. After all, the doctor in the emergency room assured me that my heart was fine. I had a panic attack, not a heart attack. I was fine.

Right now, however, I do not feel fine. The stitch-like sensation I felt in my chest yesterday returns, and, this time, a series of sharp pains trickles down my arms. I am terrified. Why is this happening again? This is not a panic attack. I have had panic attacks in the past and I know that I’m not having one right now. I can breathe. I am not about to faint. But I know something is very wrong.

Holding my chest tightly, I rush to the nearest cash register and describe my symptoms to my coworker. She immediately picks up the phone and calls for an ambulance. And, just like yesterday, in less than five minutes paramedics arrive. I am lifted onto a stretcher, rolled through the store, and lifted into the awaiting ambulance in the parking lot. Sirens ring in my ears as the vehicle forges through traffic towards the nearby hospital.

A paramedic places an oxygen mask gently over my mouth and nose and tells me to take a deep breath. I follow his orders even though I feel as if I am breathing normally. I try to tell him this, "I can breathe. It's my heart. I feel like I'm having a heart attack."

"We will see what the doctor says once we get to the hospital," the paramedic replies in a monotone voice, "Just concentrate on breathing for now."

I am frustrated. I can breathe just fine. I am not having a panic attack. Is the history of panic attacks recorded in my file making the paramedics not take my symptoms seriously? Are they actually listening to me or do I look like a crazy person who can't make it through a single shift at work without falling apart?

We arrive at the hospital which provides me with some relief. I need to speak to a doctor. Now. Luckily I don't have to wait long before a man in a white jacket pulls the pale blue curtain aside and walks towards me.

"So, Terah," the doctor starts, "What happened today?"

"It's my heart. I was here yesterday and the doctor said I was having a panic attack. But I knew that he was wrong. I've had panic attacks before and this is different. I feel like my heart is going to explode, and it feels as if there are sparklers running through my arms. I just want to know what's wrong with me."

The doctor listens to me carefully and jots down several notes on my chart, "Alright, Terah. Let's run a few tests and see if we can find out what is going on."

My lips curl into a slight smile, "Thank you, Doctor."

~

It is nighttime and I am sitting on the couch at home between my mother and father. We sit in silence for a few minutes before my mother speaks, “I knew those medications were doing you no good, Terah. I knew it.”

“Mom,” I say, weakly, “I can’t just stop taking all of my medications. I’m on them for a reason. I’m bipolar. I need to be stabilized.”

“This drug could *kill* you, Terah!” my mother says, tears welling up in her eyes, “Look what it’s done to your heart!”

I don’t know what to say. Part of me knows that my mother may be right. And I know that she is not the only one thinking this way either. My boyfriend and his parents had picked me up from the hospital after the tests had been completed, and they had said the exact same thing: I needed to stop taking the medications. Not only Citalopram, the antidepressant that had induced a prolonged QT in my heart, but all of them: the concoction of mood stabilizers, antidepressants, and sleeping pills that had been attempting to regulate my mood and emotions for close to four years. Every single person in my life who cared about me was desperately trying to convince me to stand up for myself. Apparently, I needed to tell my psychiatrist that she has failed and that I could get better without the help of medication. Honestly though – as I had listened to my boyfriend’s family and as I listen to my own flesh and blood right now – I do not know if stopping all medications is the answer.

“I’m on these medications for a reason, Mom.” I say as I stare straight ahead, afraid to look her in the eye, “Everyone knows that I’m not normal. I’m bipolar. Who knows what will happen if I pretend I’m normal and don’t need medications to keep me stable.”

“But Terah...” my father interjects, “Your heart can’t take it. Who knows what else in your body is being affected right now too!”

“So I will stop taking the Citalopram then. But that’s it! My psychiatrist knows what is best for me. I trust her.”

We sit in silence for a long time before I stand up and head to my bedroom without a word. I know that everyone in my life just wants what is best for me. But, what they don’t realize is this: They have no idea what it is like to be me. They are normal, healthy human beings with bright futures ahead of them, and, to put it quite bluntly, I am the exact opposite. I am bipolar. I need medications to regulate me. I am going nowhere.

* * *

Crash

*One day you're up
The next you're down
The next thing you know you're spinning around
In circles and spheres, around and around
High in the sky until you hit the ground
And crash, crash, crash, crash
Bipolar lover*

“Thanks again for dinner,” my boyfriend says to my parents as we walk out of the kitchen and towards my bedroom.

“You’re welcome,” my mother responds, smiling, “You know how much we love having these dinners.”

My boyfriend chuckles softly as we close the door behind us and take a seat on my bed, leaning against colorful cushions on the wall.

We sit in comfortable silence for a few moments, each staring straight ahead and peering out of my bedroom window. The sun has just set and the beautiful colours of twilight dominate the sky in the brief time that exists between daylight and darkness.

I turn my head, glance at my boyfriend, and attempt to smile, “What are you thinking about?”

He continues to look out the window for several moments before turning to face me. He pauses for several more moments and then speaks gently, yet confidently, “I can’t do this anymore, Terah.”

“Do what?” I ask, looking straight into his blue eyes.

“I love you, Terah.” He starts, looking back into my eyes intermittingly, “But this is just too hard on me. I’ve tried. I just can’t keep on doing this.”

“You’re breaking up with me?” I say as tears well in my eyes and my heart begins to pound heavily in my chest.

He looks at me and nods, tears accumulating in his eyes as well, “I can’t handle it anymore. I love you. But we don’t talk anymore. You never want to do anything. You are just always so sad and down. I know it’s not your fault that you’re going through this, but I just can’t go through it with you any longer.”

I feel as if my heart is going to explode within my chest, “But you love me! You said you’d never leave me!”

He looks at me with devastated eyes, “I do love you, Terah. But I do need to leave. It is going to be the best thing for both of us eventually.”

I am speechless.

He takes my silence as a cue to come closer and to gather my crumbling body in his arms, “I’m sorry, Terah.”

He holds me for what feels like two seconds and then lets me go and makes his way to my bedroom door, “I’m going to leave now, but I’m going to tell your mom and dad before I go, okay? I want to let them know what has happened.”

I can barely move my head to nod or to watch him walk away from me. I can barely breathe. I can barely think. Only two thoughts circle through my brain as I hear the sound of his footsteps fading away: *He loves me. How can he leave me?*

Moments pass. I don’t know how many. All I know is that there are still voices downstairs. He is still here. I need to hear what is going on. I need to hear what he is saying to them.

I perch myself on the top of the staircase. I can’t see anything. I hear only murmurs. More moments pass. And more. And more. I can’t seem to keep track of how much time has passed since he left my room. Has it been seconds? Minutes? Hours? All I know is that it seems as if time is playing a terrible trick on me as I sit here in what feels like limbo land, waiting – just waiting – for the voices to become audible so I can understand what is going on. I know he told me that he still loves me. But I also know that he told me he can’t do this anymore. How can he have two feelings that are on such opposite sides of spectrum? What made him choose to leave instead of to stay? What made him...

I hear voices clearly now.

“Thanks for listening,” my boyfriend says to my parents softly, “I hope you understand. I hope Terah will be okay.”

“She will be.” My father says, holding back tears. “In time.”

I realize that this may very well be my last opportunity to see my boyfriend so I use every ounce of energy I still have and stand up. I make my way to the bottom of the stairs just as he is about to walk out the door.

“You love me!” I say desperately, “How can you leave me if you love me? You said you’d never leave!”

He looks at me. Through his cloudy, swollen eyes, I can see that his heart is broken too. But, I know that parts of his heart remain intact. Mine, however, has been shattered into a million pieces: harsh, jagged edges that will never heal.

“How? How can you leave me?! We were going to get married and have kids! We were going to have a forever! How can you just leave all of that behind?”

He opens the door and steps outside, “I’m sorry, Terah. I need to do this. I love you, but I need to leave now.”

My knees buckle and I crumble to the ground as I hear the sound of his engine starting on the street. And, as I see his car drive away, animalistic noises – sounds I never knew I could make as a human being – erupt from my mouth. I moan, sob, and yell simultaneously. My head falls between my knees and every muscle in my body convulses.

“Terah,” my mother says softly as she joins me on the floor of the entranceway, “Let’s get you upstairs. Your best friend will be here any minute. We can all talk.”

“He loves me. How could he leave me? How could he?” I say in a loop, over and over again.

“It will be okay, Terah.” My father says from the top of the stairs, attempting to infuse even an ounce of light into the darkness that has consumed me, “It is going to be okay.”

My father's words break my two thought cycle, "I will never be okay. I will never be normal. I am bipolar and I'm going to be like this forever. How could anyone be with me when I'm like this if he couldn't stay? He loved me! He loved me but he still left!"

At this moment my best friend walks through the door and kneels next to me, "Terah, let's go upstairs, okay? Please, let's just go upstairs."

She extends her hand and I take it. I can barely stand, so my mother and my best friend stand on either side of me as we creep our way up the stairs to the living room. After several minutes, I sit on the couch between my two favourite women in the world.

"No one will ever love me like this." I say after the shaking has subsided and I have no tears left. "I am going to be alone."

My mother, father, and best friend all shake their heads in unison, but it is my father who speaks first, "You are going to get through this, Terah. And you will find someone who will love you for who you are."

"No one will love me enough to sit next to me on this rollercoaster," I say staring at the ground, "If he couldn't stay, no one will be able to. No one."

~

More moments pass. I don't know what time it is. All I know is that the beautiful twilight sky no longer exists. Darkness has enveloped the world. Darkness has enveloped my entire being.

"Terah," my best friend says gently, "Maybe you should try to get some sleep. It's been a long night."

I look at her and then look to my room, tears welling up in my eyes again, "I can't go in there. He's everywhere in there."

“Your mom just took all of the photos out of your room, okay? I know that you will still feel him in there, but now you won’t see him, okay?”

I nod and follow her to my room. My mother sits on my bed and smiles softly. I sit next to her, and my best friend sits next to me. We sit in silence for a long time before I lean back and ease my head onto my pillow. I shut my eyes, and, after several minutes have passed, I sink further into my mattress as the weight shifts from the absence of two bodies. I am alone.

I open my eyes and see the glowing stars on my ceiling. I think back to all of the wishes I have made throughout the years. I think back to the moments that he and I would lay here together and ponder the world. I think back to times in which I felt as if light was returning to my life. I think back to times in which I felt as if darkness was consuming me. I think back to all of the times in between in which I felt as if I lived in an alternate universe: a limbo land where nothing made sense. But, mainly, I think back to that summer evening in the middle of the woods. I realize now that I do not have the strength to be a flame. I am the wisps of smoke spiraling into the darkness. And, although you can see my trace now, I will soon be nothing more than just a memory.

The End of an Era

You have now reached the culmination of my dark years. Much like the peak of my experience of bullying victimization, I was left in an extremely fragile and vulnerable state after the man I loved chose to leave me. In both of those moments, I questioned who I was. I questioned if I was worthy of acceptance and love. I questioned whether I should continue living or if I should let go and give up.

Yet there was a drastic difference between the moment of humiliation that occurred in the dimly lit gymnasium and the moment of heartbreak that happened in my entranceway. As I

watched who I believed to be the love of my life drive away from me on that January evening, I felt as if I had nothing else to live for. I was no longer a thirteen year old girl who could escape to high school and start over. I was a twenty-three year old who had nowhere else to go. I was no longer an adolescent who had so many options of who she could be in the future. I was an emerging adult who had lost all hope of brighter days ahead. And, I was no longer a normal or healthy girl. I was a crazy and stupid young woman with a weak heart that could not maintain a steady beat.

Life is meant to be lived with some sort of stability present, not a mixture of intense ups and downs, and rounds and rounds. Unfortunately though, I was living on a rollercoaster which no longer had any respect for consistency and my heart suffered because of this. The song that played on repeat as the ride cycled around and around – up and down, up and down – was a meandering melody that switched pace and intensity with no warning. Fortunately, though, being abandoned by the man I loved was a turning point. Although I felt as if no one would ever love me again, the fact of the matter was that I *felt* something. For so long I had been in shades of grey: I was a zombie in a world of living beings. But, in the days after I was abandoned by the man I loved, I started to feel again. His departure woke me up from an extended slumber.

In those days, I focused on my thoughts and feelings and channeled my rawness and vulnerability into words and music. And, ultimately, finding a safe place to express myself was what truly helped me replace the meandering melody I had become so accustomed to with a newly crafted song: a song that eventually brought the rollercoaster ride to an abrupt halt. I could finally feel my feet on the ground. And these feet – after regaining their strength – marched me out of the amusement park gates. So, despite the fact that I had lost the future I had envisioned with the man I loved, his actions had forced me to find the strength to end the chaotic cycle I was

trapped in. He had set me on the path towards healing my heart, both literally and metaphorically. He had set me on the path towards developing strength and resiliency. He had set me on the path towards finding *me* again.

CHAPTER FIVE

Just over three and a half years have passed since the man I believed to be the love of my life left me. 1,313 days since I crumbled to the ground and lost the very last ounce of hope I had for any light in my future. In that moment, I was consumed by darkness. And, when I woke up the next morning with puffy eyes and tear stained cheeks, I was ready to give up: I knew that I no longer had the strength to keep the fire going, so I withered away to wisps of smoke.

Luckily, though, I was not wisps for long. As I alluded to in the end of the previous chapter, being left by the man I loved broke the cycle I had been trapped in for so long, which ultimately encouraged me to compose a new melody: a soundtrack for a new chapter of my life.

Many life altering experiences occurred during that part of my life; however, sharing those stories is not the primary purpose of my final thesis chapter. Rather, I believe it is important – both personally and professionally – for me to share the insights I have gained from my experiences and to connect these insights to relevant scholarly literature. Only after I have linked my story to a wider societal context will I feel as if I have made a meaningful contribution to academia and to each of my readers' lives.

The following chapter is split into two main sections. In the first section I will describe how I regained my sense of self through writing stories and songs. I will then introduce the benefits of writing as suggested in the literature. Numerous excerpts from my personal writings will be intertwined within key findings from research studies in order to increase the cohesiveness of my thesis as whole, as well as to keep you, my readers, connected to important aspects of my story and overall growth.

In the second section, I will introduce a therapeutic approach that I believe would have helped me recover and grow more effectively: Narrative Enhancement Cognitive Therapy

(NECT). And, in order to maintain the creative approach that I have utilized throughout my thesis so far, I plan on discussing this therapeutic intervention in an imaginative way. After outlining important background information and the key tenets of NECT, I will step out of my shoes and take on the role of a fictional client. I will picture myself in the therapy room and imagine what it would be like to live through that experience. How would the therapist interact with me? What would the therapist do in each session and how would their interventions make me feel? How would I begin to separate myself from the stigma I had internalized from my mental illness diagnosis?

It is my hope that these questions spark your attention and that you wish to read on. It is my hope that a creative response to these queries may encourage you to look outside of the box and contemplate your life from another perspective. It is my hope that this final chapter will encourage you – whether you are an academic, a person struggling with a mental health issue, or an individual who simply thirsts for knowledge – to look at the world and those around you just a little bit differently. For it is my belief that change can truly begin once one sees through a different set of eyes, thinks from a different perspective, and feels from a place within an empathetic heart.

The Power of a Written Word

As I have explained in past chapters, the act of writing has had a powerful impact on my life. When I write, vast opportunities arise. With a pen in my hand I have the option of escaping to an imaginary world in a creative story, rhyming words and phrases in a poem or song, or expressing my internal struggles in a journal entry. Throughout the years, each of these methods have helped me manage difficult times in my life through the written word; however, articulating the intricacies of my inner world through stories and songs were the two avenues of writing I

gravitated towards most as I worked on rediscovering and rewriting my sense of self after my dark years. And, according to scholars, I was not alone: Many individuals turn to the arts with the hopes of achieving self-understanding and personal growth (Beech, 2014; Leavitt & Pill, 1995).

The Benefits of Writing

According to Murray (2009), writing is “one of the defining characteristics of the human species” (p. 159). Although the written word was initially used to record information, over the centuries human beings have increasingly used writing to communicate with others and to make meaning of their lives (Murray, 2009). Murray’s (2009) statement resonates with me powerfully. I simply cannot imagine a world in which writing does not exist. I also cannot imagine how I would have made it through some of my difficulties without expressing myself on paper. For example, the excerpt below illustrates a time in which I channeled my emotions into a story where I was the protagonist:

I shiver as a single tear rolls silently down my pale cheek. I sit at my desk, lights on overhead, heat coming at my feet from the vent beneath my desk, and take a deep breath in. I wish that more would come, but the tiny track dries as a solitary street. Taylor Swift’s beautiful voice echoes throughout my room, hauntingly telling me that everything will be alright. But somehow, even with her reassuring words, I cannot shake the feeling that something is wrong. Something is very wrong. If only I could figure out what exactly it was. (Inkster, 2012).

At this point in my life – less than a year into my recovery – I was still processing what had occurred during my dark years. I couldn’t quite understand why I had been chosen to experience such darkness. And, a part of me still did not believe that I was going to be alright.

Ultimately, writing this story helped me gain insight because I was able to explore my experience from a different perspective, which, according to scholars (Bolton & Ihanus, 2011; Leavitt & Pill, 1995; Lyubomirsky, Sousa, & Dickerhoof, 2006) is a well-known benefit of expressing one's self through writing. As one begins to perceive their experience differently, their values, feelings, and identity have an opportunity to be clarified (Bolton & Ihanus, 2011; Cattell & Carroll, 2013; Leavitt & Pill, 1995) and reframed (Lyubomirsky et al., 2006), which, eventually, may contribute to a sense of personal integration (Lyubomirsky et al., 2006).

In addition, Bolton and Ihanus (2011) suggested that writing provides a safe and confidential space for one to express themselves, especially when talking to others may be difficult. I certainly agree with this statement, for I recorded many thoughts on many blank pages that I was frightened to admit to anyone in my life, even those I trusted most. I was terrified that my life was switching directions and I did not wish to share this fear with anyone; however, in hindsight, I realize that the act of writing about these insecurities helped me to eventually find the words to express myself verbally to my loved ones (Cattell & Carroll, 2013; Kerner & Fitzpatrick, 2007; Leavitt & Pill, 1995). Writing provided me with opportunities to organize my thoughts (Boniell-Nissim & Barak, 2011; Lyubomirsky et al., 2006), to increase my self-awareness (Boniell-Nissim & Barak, 2011), and to cope with troubling emotions (Kerner & Fitzpatrick, 2007). And, ultimately, writing was a “direct access to [my] creativity” (Wright & Chung, 2001, p. 281) which helped me formulate a resilient inner self. The excerpt below is taken from a Thanksgiving story I wrote less than a year after my dark years concluded:

But most of all, I am thankful that I am me. I spent so many years wishing that I could be somebody else. Somebody prettier. Somebody funnier. Somebody smarter. Somebody who

took more chances. But I guess now I have realized that I am that somebody. (Inkster, 2012).

I remember beaming as I wrote those words three years ago. I had finally regained a sense of inner peace and it was as if a blank page was calling my name; however, I must admit that if you, my readers, would like to know what method of writing contributed most to my personal transformation, you must picture me with a guitar.

Songwriting

When I was eight years old, my parents bought me my first guitar. For many years I would walk around the house strumming chords to country songs and singing along; however, it wasn't until I was fifteen that I began to write songs of my own. When I look back now at the first songs I wrote, I can't help but grimace. Most of the lyrics were extremely cheesy and cliché, and each song repeated the same chord progression over and over again; however, I am aware that every artist must start somewhere. And overly sensationalized songs about love and heartbreak was my square one. Luckily, my songwriting abilities increased over the years and my songs began to capture vulnerable aspects of my inner world, which ultimately lead to greater self-exploration (Baker, Wigram, Stott, & McFerran, 2008; Barba, 2004; Beech, 2014).

Having an opportunity to explore one's self through lyrics and music is only one of the numerous benefits associated with songwriting (Baker et al., 2008; Barba, 2004; Beech, 2014). Scholars have suggested that a sense of healing and catharsis is one of the most powerful effects of songwriting (Baker & MacDonald, 2014; Barba, 2004; Beech, 2014; Turner, 2014) due to one's ability to process difficult emotions (McFerran, Baker, & Krout, 2011; Turner, 2014), to attribute meaning to hardships (Barba, 2004; McFerran et al., 2011), and to take on different perspectives (Baker et al., 2008; Vander Kooij, 2009) in a safe, confidential space (Baker &

MacDonald, 2014). In addition, Baker and MacDonald (2014) noted that many individuals who write songs eventually discover a sense of internal strength, which, ultimately may lead to the development of self-confidence. I feel incredibly fortunate to say that I was one of those individuals, as illustrated in the excerpt below:

I used to, have this view, that you had to be perfect for anyone to love you.

I used to strive to be the image of perfection, not reality, but in reality, everyone's flawed.

But what would this world really look like if perfection were possible?

What would anyone have to strive to be if it were attainable?

I used to, have this view, that fear was a weakness, but in actuality, it's a strength.

I used to be so scared of drowning, that I never jumped, I never took that leap of faith.

But what would this world really look like if we were all so cautious?

What would ever get done if we never took any chances? (Inkster, 2012).

The song above entitled “Grey Eyes” was the first composition I wrote after my dark years concluded. I remember performing it in my living room for my parents directly after I had wrote it and both my mother and father had tears in their eyes as I sang the last line: “think about the possibilities” (Inkster, 2012). I had lived in shades of grey for so long that I had forgotten what it was like to think about “all the colours of the rainbow” (Inkster, 2012). So, when I finally expressed that I was seeing in colour again, my parents were overjoyed, and so was I. I felt as if I was finally finding me again.

Rediscovering ones identity is another benefit of songwriting that scholars have pointed out in the literature (Ahmadi, 2011; Baker & MacDonald, 2014; Vander Kooij, 2009). Expressing oneself through music encourages individuals to increase their level of self-

awareness (Barba, 2004; Vander Kooij, 2009) which may ultimately contribute to formulating a more cohesive sense of self. The statements above certainly resonate with me, for I was able to explore aspects of my identity through song. Writing compositions from a variety of perspectives eventually helped me identify which parts of myself I wished to reinvent. The excerpt below from a song entitled “One, Two, Three” illustrates this concept:

Three strides at a time... until you can run, shine, and stop hiding.

Three stories to tell... one of mistakes, one of heartbreaks, and one of hell.

But if you just look... to your soul and search for the silver linings as well,

You'll realize that... three new stories can be written now. (Inkster, 2014).

Writing the lyrics above helped me realize that I was still holding on to parts of my identity that had been shaped by my dark years; however, in the moment that I sung those words for the first time, I felt a massive sense of relief. It was as if I was finally able to let go of another part of my dark self and move towards writing new, bright stories. I believe songs like “One, Two, Three” are, as Beech (2014) eloquently stated, “sounds of [my] personal development” (p. 59) that are tied to my emotional journey that I could only seem to process through music.

I must admit, however, that songwriting was not always an enjoyable route to personal transformation and growth. At times I would sit there for hours, staring at a blank page, with my guitar settled on my lap, waiting, just waiting, for my brain to find the perfect words to express what I was feeling. Other times I would write down one line or phrase and immediately erase it, for I knew that I was not ready to venture down that path quite yet. And, other times, I would sing the same verse over and over – the verse which troubled or upset me the most – and I would cry uncontrollably. As time passed, however, each of these difficult situations transformed into a positive experience, for the words would come, my heart would be ready, and the tears would

stop flowing. Baker and MacDonald (2014) noted that negative feelings typically shift to more positive ones throughout the songwriting process since the writer has an opportunity to deconstruct their hardships and to create new meanings that better fit their current experience; therefore, it is not surprising that people with mental issues – such as anxiety and/or depression – have reported changes in their moods after writing a personally meaningful song (Ahmadi, 2011; Baker & MacDonald, 2014; Baker et al., 2008; Turner, 2014).

Vander Kooij (2009) stated many benefits of songwriting for individuals living with or recovering from a mental illness. Songwriting not only promotes empowerment for a population who is typically disempowered in North American society, but it is also a way for individuals to actively respond to and make sense of their mental illness (Vander Kooij, 2009). When someone with mental health issues writes a song about their day to day life and shares it with others, the outside world may begin to understand more about the lived experiences of those living with mental illnesses (Vander Kooij, 2009), which, in my opinion, would be a large stepping stone towards decreasing the stigma surrounding mental illness. The excerpt below is the kind of chorus that I believe would help society understand the feelings of helplessness and desperation individuals living with mental illnesses can feel on a day to day basis:

So Doctor, Doctor...

Please just heal this crazy soul of mine.

Doctor, Doctor...

Please just put me on the right path this time, the right path this time.

Because right now I don't know where I'm going at all. (Inkster, 2009).

I wrote the song above, entitled “Doctor”, as I thought of my psychiatrist and how I wished that she could save me from the confusing state of mind that I had no control over. According to Vander Kooij (2009), one of the primary themes that individuals with mental illnesses write about in songs is having a complete lack of control over oneself and one’s identity. Vander Kooij (2009) included an excerpt strikingly similar to mine: “Doctor please, Oh Doctor please. Get me off, off of my knees” (p. 48). This individual, like me, had internalized a sense of helplessness and felt as if they had to look outside of themselves in order to be helped.

Vander Kooij (2009) also stated, however, that people living with mental illnesses who begin to fight against their dominant illness narratives typically write about some sense of hope within their songs. I am also one of those people. Throughout my dark years I wrote countless songs depicting a sense of hopelessness. I was consumed by darkness and my lyrics aligned with my state of mind; however, after small fragments of light and colour began to trickle back into my life, so did hope. And, my songs started to represent this shift, as illustrated in the excerpt below:

Sometimes things change

And sometimes things stay the same

As long as we’re growing who cares.

I thought that we’d grow old together,

But it turns out that wasn’t in the plan.

So I’m going to pick up my feet and grab my guitar...

And I’m going to find myself a new man. (Inkster, 2012).

I realize now that I found hope for love first, and hope for myself second. If I could go back in time, part of me would be tempted to switch the variables so that I would work on myself

first and then focus on finding my soulmate. But, in all honesty, I don't think I would choose that path, for I would not be the same person here, in this moment. The songs I wrote as I waded through the waters of finding love again – and losing it again too – would not exist. My heart would not be the same: I would not be the same. So, for that simple fact, I am happy that I can hold each of my songs in my hands, place them in a long, chronological line on my living room floor, and literally *see* my transformation before me.

Introducing Narrative Enhancement Cognitive Therapy

Writing stories and songs was a healing strategy I stumbled upon naturally; however, in hindsight, I wish I would have been more aware of or had access to other methods which may have helped facilitate my personal growth even further. While conducting research for this thesis, I have come across a specific approach that I believe would have contributed to my recovery: Narrative Enhancement Cognitive Therapy (NECT). As I mentioned briefly in the introduction to this chapter, I intend on explaining this intervention creatively by stepping out of my current shoes and into the role of a client, as if I was still in the midst of my dark years. I have familiarized myself with the literature written on NECT and I will use my imagination and infer how I would think and feel about being actively involved in this therapeutic approach.

I believe it is important to note that I am now an intern counsellor practicing clinical skills in the therapy room; therefore, my opinions towards all elements of therapy – including, but not limited to, the therapeutic relationship, particular therapeutic techniques, and specific theoretical orientations – will be shaped by my experiences with clients and may impact, consciously or subconsciously, how I view certain aspects of NECT. It is also important to note that each character included in the descriptions below are completely fictitious and have no

relation to any teacher, client, or classmate I have conversed with during my time as a Master of Counselling student.

The Basics of NECT

NECT was developed in 2008 by clinical psychologist's Philip Yanos, David Roe, and Paul Lysaker. These helping professionals recognized that there was a lack of therapeutic approaches aiming to address internalized stigma among individuals with mental illnesses (Roe, Hasson-Ohayon, Derhi, Yano, & Lysaker, 2010; Yanos, Roe, & Lysaker, 2011; Yanos, Roe, West, Smith, & Lysaker, 2012). Four psychoeducational groups existed to help individuals understand their mental illness and the associated stigma; however, Yanos, Roe, and Lysaker believed that these groups should focus on more than purely psychoeducation. Rather, therapy groups should be aimed at teaching individuals how they may enhance their cognitive skills in order to change their identity (Roe et al., 2010; Roe, Hasson-Ohayon, Mashiach-Eizenberg, Derhy, Lysaker, & Yanos, 2014; Yanos et al., 2011). It was out of this need that Yanos, Roe, and Lysaker developed NECT, a manualized group intervention which takes place over 20 structured sessions (Roe et al., 2010; Roe et al., 2014; Yanos et al., 2011; Yanos et al., 2012).

In order to promote and facilitate identity change in group members, Yanos, Roe, and Lysaker looked to two key theoretical areas: cognitive restructuring and narrative models of identity development (Roe et al., 2014; Yanos et al., 2011). According to Yanos et al. (2011), cognitive restructuring "refers to the process of learning to challenge one's own inaccurate and/or maladaptive beliefs and then to replace them with more accurate and adaptive ones" (p. 580). Group members become more aware of their negative automatic thoughts and then learn to challenge these thoughts by "examining the evidence that supports and does not support them" (Yanos et al., 2011, p. 580), which, ultimately, may contribute to restructuring ones identity.

Yanos, Roe, and Lysaker believed, however, that therapy groups targeting internalized stigma must also focus on helping participants create a new narrative for themselves, for “self-stigma is not merely a matter of inaccurate beliefs but also infects the stories one tells about oneself” (Yanos et al., 2011, p. 581). In other words, when an individual accepts a maladaptive belief about themselves, they may begin to believe that their story has no future (Yanos et al., 2011). For example, during my dark years I believed I was stupid and that I would no longer have a bright future. Internalizing this inaccurate belief about myself was extremely damaging, for I not only had continuous negative thoughts, but I also lost sight of my true identity and the narrative I had attached to it. If I would have had the option to participate in a NECT group, therapists would have encouraged me to differentiate myself from my mental illness and to begin the process of cognitive restructuring and narrative transformation (Roe et al., 2010; Roe et al., 2014; Yanos et al., 2011; Yanos et al., 2014).

I will now take you, my readers, through the process of NECT as if I was a client engaged in the therapeutic process. The information utilized below was gathered and synthesized from a series of articles written by Yanos, Roe, Lysaker, and their colleagues (Roe et al., 2010; Roe et al., 2014; Yanos et al., 2011; Yanos et al., 2014), as well as from the NECT Group Treatment Manual created by Yanos, Roe, and Lysaker. For a traditional description of NECT’s structure and techniques, please refer to the materials noted above. In addition, in order to maintain flow of the story, I will not include in text citations.

Due to the scope and length requirements of this thesis, it is important to note that I will not describe each of the 20 sessions. Rather, I will combine a number of key discussion themes and exercises from each of the five sections. The five sections include: (1) orientation (typically completed in two sessions, but described in one session here); (2) psychoeducation (typically

completed in three sessions, but described in one session here); (3) cognitive restructuring (typically completed in seven sessions, but described in three sessions here); (4) narrative enhancement (typically completed in seven sessions, but described in one session here); and (5) closure (typically completed in one session, and described in one session here).

Session One: Orientation

My heart beats heavily in my chest as I walk into the room. I glance at the clock on the wall and realize that I made it just in time: it is 6:57 p.m. and the group meeting is scheduled to start at 7 o'clock sharp. I sit down in an empty chair, cast my gaze towards the floor, and wait for it to begin.

“Hello everyone,” says a woman who appears to be in her mid to late forties, “And welcome to the first meeting of the Narrative Enhancement Cognitive Therapy for Self-Stigma group. My name is Alice, and this,” she says, pointing across the circle to a young man, “is Todd, my co-facilitator. Over the next twenty weeks we will be exploring the concept of self-stigma and how it influences our life stories.”

“But,” Todd interjects, “Before we begin the first exercise, how about we go over the general guidelines for group behaviour.”

Alice nods and starts listing off a number of expectations that we must follow as group members. I glance around the room and see a number of heads nodding as Alice explains the issue of confidentiality. I find myself nodding too. Why would I want to share anything with these people if I knew they were just going to spill it all to their friends the next day? I also nod, in unison with the group, as Alice outlines the concepts of respect, openness, and participation. I know that I must treat each group member with respect and have an open mind while listening to each person's story. That is, after all, what I need in order to feel safe here.

“Now that we’ve gone over the ground rules,” Todd starts, “We would like for each of you to open up your workbook, flip to page seven, and respond to the prompt at the top of the page: *Describe yourself as you are at this point in your life.* You’ll have about fifteen minutes to write down your answer, and then, after, if anyone is comfortable sharing their response, we can talk about what they wrote.”

I immediately zone out the rest of the group. I used to love reflecting on deep questions and recording my thoughts. But, lately, I’ve avoided writing anything down like this because I haven’t liked my answer. Today, though, I realize that I must write it down:

I am not who I used to be. I am no longer a happy, smart girl who is going to be a teacher. I haven’t seen that girl in a long time. Now, I am a stupid, bipolar girl who has no bright future ahead. I am going to amount to nothing. And, the worst thing is that I know no one will ever love me like this. Tristan left me when he loved me and saw a future with me. I am going to amount to nothing and I am going to be alone.

“Okay, time to come back to the group,” Alice says in a friendly voice. “Would anyone like to share?”

An awkward silence fills the room for several seconds before the woman sitting next to me raises her hand timidly, “I’ll share.”

Alice and Todd smile and gesture the woman to continue.

“My name is Cassandra. I am a mother, yet I cannot take care of my children. I am a wife, yet I cannot show my husband that I love him. I am a nurse, yet I cannot find the energy to get out of bed in the morning to go to work. I see me in the mirror, but I do not feel like me.”

There are a few moments of silence for the woman’s words to sink in before Alice

speaks, “Thank you for sharing, Cassandra. Would anyone in the group like to comment on what she has said? What do you think Cassandra’s description says about how she views herself?”

A young man with dirty blond hair speaks up right away, “She says what she cannot do, but she also says what she is. And she said what she is first, before her negative statement. I think Cassandra still has part of her old self left. Oh and I’m Adam, by the way.”

Todd nods, “Thank you, Adam. Cassandra, do you agree with his comment?”

“I guess so? I don’t know.” She replies, shifting her eyes to the floor, “I just don’t know anything anymore.”

“And it’s okay to feel that way right now, Cassandra. It’s okay if all of you feel like this right now.” Todd starts, “The important thing to remember is that this is our first session together. This is the first step in your journey to reconnect with your identity and to see yourself as separate from your diagnosis. In the next three weeks we will be learning more about self-stigma and the myths surrounding mental illnesses. It is Alice and I’s hope that you will all become more knowledgeable and empowered after these sessions. But, for now, our time is up! Thank you all for coming to the first group meeting and we look forward to continuing our work together next week.”

I stand up, stretch my legs, and head for the door. As I walk to my car, I realize that I am already looking forward to our next session. Perhaps Todd was right. Maybe this is the first step in my journey to find me again.

Session Two: Psychoeducation

“When I say the word ‘stigma’”, Alice starts, “I am referring to the negative and untrue beliefs some people have about members of certain groups of people. For example, a common stigma is that people with mental illnesses are crazy or incompetent. Since many people believe

these statements to be true, negative feelings (such as fear and disgust) or negative behaviours (such as rejection and discrimination) are typically generated and aimed at people with mental illnesses. And, self-stigma occurs when people in these groups accept these negative stereotypes to be true. How many of you in this room feel as if you have experienced some degree of self-stigma?”

I raise my hand immediately, as does every other person in the room. And, in this moment, I feel a sense of belonging that I have not felt in a very long time. There is something powerful about seeing seven other hands raised along with mine and knowing that seven other human beings feel something similar to what I feel.

“I know I have,” I say quietly, “I’m stupid and I’m not going to amount to anything because I’m bipolar.”

“I understand that this is your experience, Terah.” Todd says gently, “Research shows that self-stigma is very common for people who have mental illnesses. But, before we go on in this discussion, I think it is very important for you, and every group member here, to know that self-stigma is not your fault. Stigma is caused by a society who judges people who are different. You wouldn’t be vulnerable to accepting a stigmatized identity if our society didn’t already have these negative stereotypes or didn’t believe myths about mental illness to be true. Does this make sense to each of you?”

As everyone nods, Todd reaches for his workbook and opens to a new page, “I’d like you all to turn to page 15 in your workbook. After you’ve each had some time to brainstorm common beliefs people in our society have about mental illness, we will share our responses and discuss myths about mental illness as a group.”

I jot down a few beliefs I can think of and then put my pen down. I look around the room and realize that most group members are still scribbling away in their workbooks. It amazes me to think that we are all here for the same reason. We all feel judged, not only by ourselves but by others too. But, I realize that I do not feel judged here, and for this I feel incredibly fortunate.

“Okay everyone,” Alice begins, “Who would like to share one of the myths about mental illness that they came up with?”

Numerous group members raise their hands simultaneously. There is certainly no lack of material to discuss here. And, as the rest of the session flies by with response after response, I get the impression that each person in the room feels the safety here that I do too.

Session Three: Psychoeducation Continued

“Today we are going to talk about the concept of disclosure.” Alice says with a warm smile, “Todd and I will introduce the different types of disclosure, and as a group we can discuss the possible advantages and disadvantages of disclosing you have a mental illness. These are important pieces of information for each of you to be aware of before we move on cognitive restructuring next week.”

“Alice,” Cassandra starts, her eyebrow in a furrowed line, “You think there are advantages of disclosing that one has a mental illness? I really can’t think of any.”

“Well, Cassandra,” Alice responds, “Some people feel relieved after they tell someone about their mental illness. As if they no longer have to harbour a secret. That can be freeing for some people. Can any other group members think of an example of an advantage? Perhaps one that they have experienced in their life?”

“I think this might be considered an advantage,” I say hesitantly, “But doesn’t telling someone about your mental illness mean that you can have someone to lean on for support

during a difficult time? I know that if I hadn't have told my mom and dad about my condition, I would have felt much more alone and I may have not even found this group."

"That's a great example, Terah," Todd says, "Many people living with mental illnesses say that they benefit greatly from receiving support from loved ones in their lives after telling the truth about their mental illness. But, it's also important to address Cassandra's comment from a few minutes ago because there are some disadvantages to disclosure as well. Cassandra would you like to share what you think one disadvantage is from your experience?"

"Well," Cassandra starts, "Your family can abandon you. My parents, the two people in the world who are supposed to love me unconditionally, cast me aside because they were so ashamed to have a daughter who was struggling with depression and needed to be on medications to have any sort of consistency in her life. It was horrible."

"I'm sorry to hear about your experience with your family, Cassandra," Todd replies with an empathetic gaze, "It's unfortunate that there are so many stories like yours out there."

Alice nods in agreement, "Yes, it certainly is, Todd. But, we have to realize that there are some people out there who will not stigmatize you if you do choose to disclose. Perhaps now is a good time to flip to page 21 in your workbooks. Take a few minutes to read over the questions about controlled disclosure and consider which side of the spectrum you currently lean towards: complete disclosure or complete privacy. Then we will come back as a group and discuss some of your responses."

Todd and Alice step out of the room for a few minutes to grab a coffee, and, before I know it, twenty minutes have passed and it is time to share.

"I would say that I am at a 'complete privacy' level of disclosure," Cassandra says quickly, before anyone else could start the discussion.

“I don’t think you are,” Adam interjects, “After all, you are here. You’re disclosing your mental illness to us, a group of people who were complete strangers to you up until 3 weeks ago.”

A blanket of silence fills the room for several seconds, but, unlike the first time this happened, the silence doesn’t seem so scary. I realize, in this moment, that we are no longer strangers. We have bonded quickly, but we have bonded in a way that only people who share similar experiences and viewpoints can bond.

“I agree with Adam.” I say, smiling softly. “We have all shared aspects of ourselves that we used to be scared to share with others. I think that’s the magic of a group like this. We get to learn about how to be a better version of ourselves while being supported by a group of people who understand, somewhat, what we are going through.”

“I guess you’re both right.” Cassandra says, “I guess I have opened up more than I am used to. And I like this feeling.”

“I’m happy that many of you feel like you can open up here,” Todd says, smiling. “Having a supportive, nonjudgmental group is so important if change is to occur. And, next week is when members may need to start to lean on each other for even more support because each of you will begin to tackle restructuring your negative thoughts. And, with that, we come to an end of the psychoeducational portion of this group! Thank you all for coming, and I look forward to starting the next section with you next week.”

I smile at Cassandra and Adam as I walk out the door. And I realize in that moment how I feel just a little less alone.

Session Four: Cognitive Restructuring

“Today we are beginning the cognitive restructuring segment of the NECT group,” Alice says. I can tell that she is excited to start this next portion, and so is Todd. In this moment, I realize how lucky I am to be part of a group led by two facilitators who are so kind, collaborative, and immersed in their work. I know I certainly wouldn’t be as excited to attend the group every week if Alice and Todd weren’t so welcoming and genuine.

“But,” Todd adds, “Before we discuss how each of you can begin the process of cognitive restructuring, it is very important that we talk about how thoughts and feelings can impact your reaction to a situation. Most people think that events cause their feelings, but, in reality, it is typically one’s thoughts that come first. So, if you keep that logic in mind, you can realize that a person can react differently to the exact same situation, depending on what types of thoughts they are having. Does this make sense?”

Adam nods, “I get it. Let’s say that I’ve been taking practice tests online to learn how to speak Spanish. If I get a higher score than I did last time, but I still didn’t pass, I could think one of two ways. I could think: *I’m never going to pass this stupid test*, which would make me get angry or frustrated with myself. Or, I could think: *I did better than last time so I’m improving*, which would make me feel hopeful.”

“Great example, Adam.” Todd says smiling, “If a different thought takes place after the exact same situation, one can feel differently, which, in turn, can also impact the way they act. I’m sure your behaviours were more positive after you thought about your improvements rather than your failures. These links are what contribute to cognitive restructuring. If you can control how you think about a situation, you can control how you react, in terms of both feelings and behaviours. How about you all turn to page 31 in your workbook and answer the self-reflection questions. Then we can discuss your answers as a group.”

After a brief group discussion, Alice smiles and says, “We’ve gone over a lot of new material today. How about we leave some for next time?”

Everyone chuckles and starts to pack up their things. I begin to walk towards the door, but I stop, turn around, and head over to where Todd and Alice are standing.

“I just wanted to say thank you,” I say with a small smile, “The material we talk about here is already starting to make me look at my life a little differently.”

“Thank you,” Alice says warmly, “I’m sure Todd will agree with me when I say that the group wouldn’t be the same without your participation, Terah.”

Todd nods, “I’m happy that you are taking something away from our sessions already, so early on in the group.”

I nod, say thank you again, and turn towards the door, already wishing that it was next week.

Session Five: Cognitive Restructuring Continued

The group has already been in session for five minutes when Cassandra walks in, clearly out of sorts. I find myself wishing I could reach out and give her a big hug, but I refrain. Todd and Alice will know how to handle this situation, I’m sure.

“I’m sorry I’m late, everyone,” she says with tears welling in her eyes, “It has just been a very tough day. I went to work for the first time in a week, which was a really big step for me, but, when I was in the washroom, I overheard two of my coworkers talking about me. They were laughing and saying that they knew I wasn’t sick over the past week and that the hospital shouldn’t employ people like me who use being depressed as an excuse to take a week off of work. They said that I was incompetent and a joke. I was so upset that I stayed in the washroom

for an hour and just cried, thinking about how I should go home early and never go back. I'm depressed and I'm not competent to work as a nurse anymore. I can't help people anymore."

"I'm so sorry to hear about your tough day at work," Todd says empathetically, "Is there anything we can do to help you feel better?"

Cassandra's lips form a tiny smile, "I'm just happy to be in a place that I feel safe. That's enough right now."

"I'm glad you feel that way," Alice says from the other side of the circle, "How about we quickly catch you up on the first few minutes. We've been talking about how stigma can impact thinking. For example, how the myth stating that people with mental illnesses are dangerous may make a person actually believe that they are a dangerous person and should not be trusted around other people."

"What happened to Cassandra in the bathroom today is also an example of what we've been talking about," I say with a frown, "She seems to be internalizing what her coworkers are saying about her."

Cassandra nods, "I guess I am. I really do feel like I'm an incompetent employee and that I shouldn't be working at the hospital anymore because of my diagnosis. I am a joke."

"Cassandra, is it alright if we use this example as a natural way to move on to the next exercise?" Todd asks gently.

"Of course," Cassandra says, "If we can all learn something from my experience today then at least it happened for a reason."

"That is a great perspective to have, Cassandra. Thank you." Todd says with a small smile, "So, everyone, how about we turn to page 35 in your workbook. This page outlines negative ways of thinking, and, since we talked last week about how thoughts can impact our

feelings and behaviours, it's important that we become aware of when we are thinking negatively. Let's discuss these together so everyone can understand their definitions. How about we start with "Labeling", since I have seen several examples of this negative thinking pattern emerge in our sessions so far."

I can't help but disengage from the group as Todd and Alice provide examples of labeling associated with self-stigma. I know that I do this all the time. I know that there are times when I do succeed, but I cannot seem to recognize these times. All I see are the failures, and these failures have made me feel like I *am* a failure. I know I need to focus on the facts, but it is so difficult when the facts are so faint and blurry that they seem to not even exist.

My thoughts are interrupted by group members standing up and grabbing their things. I must have zoned out for much longer than I had intended to. I stand up too, and, for the first time since I have started the group, I leave the room feeling uneasy. Maybe my negative thoughts are too powerful to overcome. Maybe I don't have it in me to recover from this.

Session Six: Cognitive Restructuring Continued

I arrive a few minutes early and sit down next to Adam. He smiles, but I don't smile back. Instead, I say, "I almost didn't come today, Adam."

He looks shocked, "Why?"

"Well," I begin, "I don't know if I can overcome all of the negative thoughts I have. I looked over the sheets from last week so many times over the last few days, and I just don't know if I will be able to get over all of my "All or Nothing", "Catastrophizing", or "Labeling" thinking patterns. It's overwhelming."

"Yeah, I can understand that." Adam says, looking down towards the ground, "Honestly, I had some similar thoughts this week. But, I am here because I know Alice and Todd are going

to help us come up with alternate ways of thinking today. And, I bet that is how you managed to get here too.”

I pause for a moment and then nod, “Yeah, I guess it is. Thanks Adam.”

Before we have a chance to say anything else, Alice starts the group. “Today is an important day for us. Today we are going to look into ways that you can begin to switch your thinking from negative to positive. I know that this task may seem daunting to some of you, and it *is* difficult at first. But, with that being said, both Todd and I believe that each and every one of you has it in you to work towards changing your thoughts.”

Todd nods, “So, how about we get started on some worksheets right away today. I’d like you to flip to page 36 and 37 in your workbooks and skim through the strategies listed. Then we will discuss each strategy together.”

I read through the first strategy and I realize that Adam was right. I do want to learn how to change my thoughts. Maybe I can learn to “Be a Scientist” and examine the evidence for my negative thoughts. Yes, I keep telling myself that I am a failure and that I’m stupid, but do the facts really prove this statement to be true?

Before I am able to answer my own question, Alice brings the group back together. “Would anyone like to share what they’ve come up with?”

I raise my hand. “I didn’t have much time to think it all through, but I think talking about it might help. I think your suggestion to “Be a Scientist” is a great one. I found myself thinking the same thought I always do: That I’m a failure and I’m stupid. But when I forced myself to think of the evidence backing up those statements, I realized that there weren’t many facts there. Yes, I may *feel* stupid and like I’m going nowhere, but, in reality, I am in school and I have a

job. If I was completely stupid or completely a failure, I probably wouldn't be able to say those things."

Todd smiles, "That is great scientific work, Terah. I'm happy to see that analyzing the evidence helped you. Would anyone else like to share what they came up with?"

After a number of group members shared their experiences, Alice speaks up, "Well, everyone, this is the last session we have dedicated to cognitive restructuring. You all have done very well, in my opinion. I feel like there is one last topic that is important for us to discuss, though. And that is how to use positive talk in stressful situations. If you could all look to page 41 in your workbooks, we can go over a list of positive self-talk statements that may be helpful for you to use."

"I like the first one," Cassandra says, "I think I need to tell myself it more often: *I am doing the best I can*. Showing up to work today was a step for me."

"Yes!" Todd replies with a smile, "Does anyone else see a phrase that captures their attention?"

"I like the one that says: *Slow down... take one step at a time*," Adam says, "I have a tendency to get ahead of myself and expect everything to be perfect all the time. Maybe if I were to focus continually on slowing down I could be a little easier on myself."

"I like that one, too," I say to Adam, "But I think the one that resonates the most with me is: *I know that I am okay no matter what happens*. Because that's all I really want in the end. To be okay and to be happy. So if I tell myself this when I am feeling down or feeling like a failure, maybe it will help bring me back up again."

"Thank you to all of you who shared today," Alice says, "Our time is up for this week, but I am looking forward to starting the next section of the NECT group with you all next week."

We will be looking at the stories we tell about ourselves and uncovering what these stories tell us about our hopes, challenges, and strengths.”

I stand up, gather my things, and head towards the door. Adam walks next to me and says, “I’m glad you decided to come today.”

“Me too, Adam.” I say with a smile, “Me too.”

Session Seven: Narrative Enhancement

“The next part of our journey is called narrative enhancement,” Todd says, “In this portion of the NECT group we will focus on storytelling, and the structure of our sessions will change a bit from what you’ve been used to. We will start each session with greetings, opportunities to ask questions or to make comments, and individual writing time. Then, after each of you have completed your story, there will be time for you to share your story with the group and receive feedback from both myself and Alice, as well as the group members. How does this structure sound to everyone?”

We nod in agreement. I realize that I am most excited for this part of the group because I haven’t wrote a story in a long time. I used to love writing stories and somehow, over the past few years, I have lost that passion. Perhaps now is the time for it to be reborn.

After Todd and Alice checked in with each group member and clarified any questions about the exercise, we are asked to start writing a story about how having a mental illness has impacted our life and how we’ve coped with the challenges we’ve faced. So I start to write. And, I must admit that the feeling of a pen dancing across the page feels amazing. It doesn’t take long before I am immersed in my inner world.

“Okay everyone,” Alice says softly, “Finish up your thoughts and come back to the group.”

I blink my eyes a few times to separate myself from my writing and then glance around the room. Everyone appears to be in decent spirits after this exercise. I know I certainly am. It felt so amazing to write again, and to write as *me* – not as a fictional character.

“Now we are going to have some time for feedback,” Alice says at full volume, “But before we do that, I think all of you need to remember that there is no correct way to tell a story. Stories can be told from many different perspective and we, as the listeners, need to accept how the storyteller decides to explore their story. Does this make sense to everyone?”

Each head around the circle nods as Alice continues to speak, “Now if you could each flip to page 49 in your workbooks. This page gives you some guidance on what kind of feedback you may wish to give to your fellow group members. Remember that we do not need to cover all five of these areas. The depth of response is more important. Would anyone like to share a summary of the story they have just wrote?”

Adam raises his hand, “Sure, I will share. My story began when I was first diagnosed with bipolar disorder. I was scared and confused and had no idea where my life was headed. I described how I started to self-medicate and get into trouble with alcohol and drugs. I described how I lost most of my friends because of this and how I lost my job because I lost all faith in myself and my ability to be a successful businessman. I ended the story with a description of the first session of this group and how I thought that maybe, just maybe, the group members could become friends and I could regain some of the parts of myself that I had lost. The story began with a sense of hopelessness but it ended with me seeing a tiny light at the end of the tunnel.”

“I’ll answer question 1 on the sheet,” I say with a smile, “What stands out for me is your strength. You were able to stop self-medicating and channel your energy into a much more

positive coping mechanism: coming here and surrounding yourself with people who understood your experience.”

“I second that,” Cassandra says, also smiling, “I loved how you ended the story with hope, and not hopelessness. It was very powerful.”

Todd smiles, “Thank you to Adam for sharing a summary of his story. And thank you to each and every one of the group members who witnessed his vulnerability and who commented on what stood out to them. This was an amazing first day of the narrative enhancement portion of our group. The next six weeks will all follow a similar structure. It is Alice and I’s hope that writing a new story each week will contribute to your growth and that the opportunity to share your insights will help you feel supported and cared for. We hope that by the end of the six weeks each of you will have started to construct a new story for yourself: one that situates you as the main character, separate from your diagnosis.”

I smile as I stand up and gather my things. I feel lighter after getting my thoughts out on paper and constructing a plotline. And, like last week, Adam joins me as I walk towards the door.

“Thanks for sharing your story today,” I say. “Maybe I will share mine next week!”

“I hope you do, Terah,” Adam replies with a smile, “I’d love to learn more about you and your journey. And I’m sure everyone else would too.”

I return Adam’s smile and then head to my car on the opposite side of the parking lot. Taylor Swift’s voice emerges from the speakers, and, for the first time in a long time, I start to sing along. Perhaps a little dose of creativity is what I needed to guide me back to the girl I used to be.

Session Eight: Closure

“To me, the last session with any group is always bittersweet,” Alice starts, “I have enjoyed getting to know each and every one of you over the last 20 weeks and I am going to miss seeing your faces every week from now on. But, with that being said, I am so proud of the progress you have all made here and I am excited for each of you to exit these doors today with a sense of identity that is recovering.”

“But,” Todd interjects with a laugh, “It isn’t goodbye quite yet! I think it is important that you each have a chance to share what you’ve learned over the last 20 weeks. And to say anything that you wish to say to your fellow group members, or to me or Alice.”

“I’ve learned that I *can* change my thoughts about myself and the hold that my depression has on me,” Cassandra starts, “If I can continue to focus on using positive self-talk in my everyday life, I am confident that I can keep on battling my self-stigma. I can keep on rewriting my story.”

“Ditto to what Cassandra said,” Adam says in a confident tone. “But, for me, the most important thing I learned was the importance of having hope and surrounding myself with positive people. Thank you to everyone here. You made me feel at home, and now I know that I need to find that sense of home in my life outside of this room. You’ve given me hope that I can find that.”

“I guess the biggest thing I’ve taken away from my time here,” I start with a smile, “Is that I need to continue to write my story down. I used to love to write, but, over the last several years, I was too scared to record anything because I hated my life. But, I’ve realized, even if I start hating my life again, I need to write down my thoughts. I need to write down my story, because it is through words that I can gain greater understanding of my experience and begin to grow.”

After a brief pause, Todd speaks, “Thank you to each group member. I am so happy to hear that you have gained such great insights from the NECT group. Although many of you may succumb to self-stigma at some future point in your life, I feel as if you have learned the skills you need to find your identity again.”

“Good luck to each and every one of you,” Alice says as she stands up and walks around the circle, shaking each of our hands, “It’s been an honor getting to know you all.”

I stand up from my chair for the last time and gather my things. The rest of the group members trickle out of the room and only Adam, Cassandra, and I are left standing in the middle of the circle of plastic chairs.

“Want to go grab something to eat?” Adam says with a smile.

“I’m up for getting some food,” I say, returning his smile, “I didn’t realize how hungry I was until right now!”

“Ditto,” Cassandra replies with a laugh. “How about we go to the pizza place down the street?”

We all nod as we walk out the door to the parking lot. The sun is just starting to set, and I am overcome by a strong sense of hope that I haven’t felt in a long time. I smile as I glance over at Adam and Cassandra, two people who I can now call my friends. Five months ago we were strangers, but now we have bonded in a way that, in my opinion, is quite rare in the world we live in. Each of our sets of dark years had brought us to the group and to each other, and, now, I must admit that I don’t feel as alone as I continue my journey towards finding colour in my life story again.

Reflections on NECT

Imagining myself as a NECT group member was a positive experience for me. As I immersed myself in the role of a client, I wished that I would have had an opportunity to be part of a group like the one I created in my imagination from the literature I had found describing NECT. The structure of the group contributed significantly to my positive feelings, for I felt like each of the sections transitioned effectively into each other and built upon the previous information and skills acquired. One of my favourite parts of the experience, however, was having an opportunity to work through some of the worksheets Yanos, Roe, and Lysaker created for the NECT group. The exercises were informative and written in a language that I, as a client, could understand. Each of the numerous worksheets helped me uncover a different layer of my self-stigmatization and how I could work towards creating a more positive life story apart from my diagnosis.

But, I must admit that the highlight of my imaginary experience was the sense of belonging I felt. Since NECT is offered as group therapy and not individual counselling, I was surrounded by others who had also experienced the effects of self-stigma, which contributed to the establishment of strong interpersonal connections. The connection I felt to the group members and to the facilitators is what I believe truly made the therapy sessions most beneficial in this imaginary story.

Although I will most likely work primarily with individuals rather than with groups in my career as a therapist, I believe I could utilize an assortment of Yanos, Roe, and Lysaker's worksheets with many of my clients who have internalized stigmas; however, I believe it is important to share a cautionary note that Yanos et al. (2011) stressed after conducting their research study: NECT "might be less effective for those people with severe mental illness with serious cognitive impairment or very disorganized symptoms" (p. 591). In addition, Yanos et al.

(2011) stated that NECT would not be a useful therapeutic intervention for individuals who are currently psychotic and/or manic. As I reflect upon my imaginary experience with a NECT therapy group, I can understand why Yanos et al. (2011) introduced these limitations to their approach, for it took a great deal of cognitive ability to reflect upon my experiences of self-stigmatization and to reconstruct my identity. I feel like it would have been very difficult to participate in group activities and to engage with the worksheets if I had not been stable or if I was not able to process my thoughts in a coherent manner. Along these lines, Roe et al. (2014) suggested that some NECT activities may also be quite anxiety-provoking for clients with severe mental illnesses; thus, as a future therapist, I realize that I must be aware of my clients' overall wellbeing and mental capacity before choosing to introduce a NECT intervention, for the exercises may do more harm than good.

It is also important to recognize the limitations of the research studies conducted, as well as the approach itself. As I mentioned earlier, NECT is a fairly new therapeutic group; therefore, only a small number of studies have been completed to assess the effectiveness of particular interventions utilized and the approach as a whole. And, so far, these studies have not provided statistically significant results. Roe et al. (2014) and Yanos et al. (2012) have suggested that these results may be due to small sample sizes and the absence of random design; however, the outcomes may point to a fault in the approach itself. For example, Yanos et al.'s (2012) results did not demonstrate any improvement in participants' self-esteem, and only minor improvements in their sense of hopelessness; thus, NECT may address self-stigma, but the approach does not touch upon other representations of self which are crucial to discuss in order to work towards therapeutic growth and overall mental wellness. Yanos et al.'s (2012) results resonate with me as an individual who experienced mental health issues, for I believe addressing self-stigma alone

may not be enough to promote long-lasting change. I agree with Yanos et al.'s (2012) suggestion that a revised NECT manual should include exercises and worksheets to help group members reflect upon and reconstruct additional components of their selves.

Roe et al. (2010), Roe et al. (2014), and Yanos et al. (2012) have all stressed, however, that NECT is an approach in its infancy; therefore, many adaptations will most likely be made after more research has been conducted. Each set of researchers introduced above have also highlighted the importance of having larger sample sizes and random design for future studies. Roe et al. (2010) also outlined the significance of including measures to assess “the long-term effects of different elements of this intervention on multiple outcomes over time” (p. 10). I believe that NECT could evolve into an evidence-based practice in years or decades to come if the results are valid, reliable, and generalizable to groups of people living with mental illnesses who have internalized stigmas.

It is unfortunate that NECT groups are not currently offered in Canada. Perhaps at some point in the future, after Yanos, Roe, and Lysaker have conducted more studies on the effectiveness of NECT, Canadian citizens will have an opportunity to participate in what I believe to be a powerful, informative, and extremely relevant group due to the presence of self-stigmatization in Canada. I intend to keep myself informed on new developments associated with NECT, as well as any other treatments – for either groups or individuals – that strive to combat the stigma individuals living with mental illnesses internalize due to the judgments of others. It is my hope that this thesis, in its creative form, may reach helping professionals who may not have been aware of this therapeutic approach before.

Concluding Remarks

The word bittersweet comes to mind as I look at the two words above. Part of me is thrilled that my thesis is mere pages away from completion. Yet, the other part is actually quite saddened by the fact that this chapter of my life is almost over. I have poured my heart and soul into this document over the past year and, to be perfectly honest, part of me does not want to say goodbye. Writing these pages has been therapeutic in itself, helping me realize how much I have grown since my dark years have ended and how much growing I still have left to do. Immersing myself in the autoethnographic writing process has deepened my understanding of my inner world, as well as my knowledge of countless concepts and of the world I am living in. However, I must admit that the personal and professional growth that occurred, although extremely rewarding and meaningful, was not the highlight of this experience. In all honesty, my favourite part of writing this document was the act of writing itself.

Before beginning this composition, creative writing and I were long lost friends: separated for two years and by, what seems like, many miles. I had been so busy exploring multiple aspects of my life and figuring out my place in the world that I pushed storytelling and songwriting to the bottom of my priority list: I would only express myself creatively when nothing else required my time. Now, however, after writing this autoethnography, I have realized that I need to prioritize putting pen to paper and transforming lyrics into melodies. I have realized that part of me was lost and that I never want to lose my creative outlet again.

I feel as if the words I wrote in these pages poured out of my head and my heart almost effortlessly: a natural reunion with my long lost friend. I felt at home as my fingers danced across the keys, transforming internal thoughts into written words. Although certain moments in time were more difficult to describe than others, the strong desire to share my story is what kept me going. Each time my fingers would pause because the memory was too painful to recall and

record, I told myself that I was writing about these difficult experiences for an important reason: to make a difference.

I believe the words written in this document have an opportunity to impact the lives of my readers, for I have remained true to the heart of autoethnographic research: I reflected upon my inner world. I made meaning of my experiences. And, I created emotional and evocative storylines to engage my readers. Overall, I feel as if I have written narrative truth – the truths told through stories and storytelling – because I have represented my experience as accurately as I know how, in a manner that I hope will evoke emotion for my readers.

Writing this autoethnography has also been an extremely emotional experience for me as the author. Searching through hundreds of personal documents was an intense process, and, at times, I had thought that I did not want to continue conducting personal research. I must admit that reading through line after line of stories and songs describing my insecurities and fears, as well as the most difficult periods of my life, did bring me down many times. Some days I became so immersed in the past that I forgot everything I had worked so diligently for in the present, primarily an increased sense of self-esteem and self-confidence. The bully had made me feel like an ugly, worthless dog. My mental illness had made me feel like a stupid girl who would amount to nothing in her life. During both of those times, I was brought down and carried away from my true self.

It saddens me to confess that my self-satisfaction rates have decreased since I started to write this thesis. I was aware that immersing myself into this kind of personal research and reflection could have consequences, but I did not think writing about my bullying experience and my dark years would impact me as much as it did; however, I do believe that there is one silver lining to the negative repercussions of writing an autoethnography. I realized that these

insecurities and fears were still lying beneath my surface: I was simply not aware of their presence in my subconscious. Ultimately, bringing my negative thoughts and memories to the forefront of my mind was what forced me to realize that I still needed to work on many aspects of myself in order to be fully happy and healthy in the present moment: not only to promote my own wellbeing, but to help me be the best possible therapist I can be to my future clients.

When I decided to immerse myself in the autoethnographic process I had one primary fear about revealing my experience with mental illness: that I would be judged as a therapist in the future, not only by my employers but by my clients as well. I wondered what would happen if any of these individuals typed my name into a search engine on the internet, stumbled upon my thesis, and decided to read each chapter. Would an employer choose not to hire me because of my previous diagnosis? Would a client choose not to come back to see me because they thought I was crazy or incompetent? Would everyone judge me and look down upon me?

I do not know the answer to the first question I posed above regarding future employers, but I have pondered two potential outcomes. The first possibility I have thought of is quite simple: Perhaps some employers would decide *not* to hire me because of my experience with mental illness. And, although I know that act is discriminatory, I realize that I may have to deal with this outcome one day. The second possibility, however, is more favourable in my opinion: Perhaps some employers *would* decide to hire me because of my experience with mental illness. Perhaps these individuals would see my experience as a sign of strength and resiliency, for I overcame the darkness and internalized stigmas and found light and my true self again. These outcomes, though, are purely speculative in nature. I have no idea what my experience in the working world will be like quite yet. I do, however, have an insight into how my future clients will react to my experience.

I have been an intern therapist for five months now, working at a counselling clinic in Vancouver, British Columbia. As an intern counsellor, I have provided therapeutic services to many individuals experiencing mental health issues. And, during this time, I have decided to inform some clients – when therapeutically relevant – about my personal experience with mental illness. Expanding upon my thoughts regarding self-disclosure in the therapy room is far beyond the scope of this thesis; however, I wished to bring the subject up, briefly, in order to connect to my initial fear of being judged by clients. Truthfully, I have not felt judged by any client I have disclosed my story to. If anything, these therapeutic alliances have been strengthened, for these clients have seen me as a human being. And, in my experience, these human connections have promoted a sense of hope for each individual who has walked through my office door. So, to answer my question from earlier: From my experience so far, I no longer fear the possibility of a client not returning to session because of my experience with mental illness, whether I have self-disclosed the information or if clients stumble upon my thesis online. In all honesty, I believe some clients may feel more comfortable disclosing their own stories of stigmatization or hopelessness if they are aware that their therapist has been through a similar experience.

I feel as if this is the perfect point in my thesis to make a bold statement, for the end is in sight. This boldness stems from my experience writing this thesis, as well as from interactions with clients and from scholarly literature noted throughout this entire composition. This is what I believe. I believe that more stories like mine need to be shared, especially from therapists and helping professionals who work with clients experiencing mental health issues. I believe that this level of honesty would be a large step towards reducing the stigmatization of mental illnesses in our society, for if therapists admit that they, in fact, have struggled with their mental health, perhaps their clients – and society alike – will see that it is possible to successfully live with or to

overcome a diagnosis. I am, however, not naïve. I realize that there are varying levels of mental health issues and that the impact of personal narratives may not reach or be able to help those individuals living with severe mental illnesses. But, I do believe that many individuals could indeed benefit from hearing or reading more stories of mental illness coming directly from impacted individuals like themselves. I believe these personal narratives have the power to promote a sense of hope, belonging, and empowerment. I realize that these beliefs may be lofty, and that it takes a tremendous amount of courage for one to open up about their experiences, especially if these helping professionals have similar fears that I did in the beginning of this process. But, despite the loftiness of my dreams and goals, I believe I am making the first step I possibly can towards making a difference in the lives of individuals experiencing issues with their mental health: I have been open. I have been truthful. And, most of all, I have been vulnerable.

It is my hope that you, my readers, have appreciated my vulnerability and that you have learned how impactful self-stigma can be on one's inner and outer worlds. I have strived to bring statistics to life and to be seen as a human being in order for you to understand that the overwhelming rates of bullying victimization and mental illness are not just numbers. Each percentage of each statistic represents tens, hundreds, or thousands of actual human beings who are experiencing internal battles and external judgements on a regular basis.

It is my hope that the words I have wrote in this thesis have provided helping professionals with a greater understanding of internalized stigmas so that they are more prepared – academically, practically, and emotionally – to connect with clients who have lost core aspects of their identity and true self. It is my hope that scholars have realized the power of publishing vulnerable personal narratives, as well as the importance of continued research on the

internalization of stigmas and associated treatments. But, in all honesty, my highest hope is not associated with the conversations that occur in a therapy room or the research studies that take place at academic institutions. My highest hope is that my story is able to reach members of the general public: everyday people who experience the effects of stigmatization – either directly or indirectly – in a cruel, judgemental society. So, I feel as if it is my duty, then, to write my last series of sentences to you: my readers who have walked in similar shoes down similar paths as I have.

I hope that the words I have wrote within these pages have helped you feel even just a little bit less lonely: For you are not alone. I hope that a sense of empowerment is growing in your mind and your heart: For your story should be shared. I hope that you are dreaming, loving, and looking forward, or at least hoping that they will be re-born: For I was riding on a never-ending rollercoaster in darkness, and I am now walking on my own two feet in the light. And, if the hazy shades of grey attempt to return, I know exactly what to do: I reach for a pen or my guitar, transform my thoughts into words, and bring the colours back.

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Appendix I

**Institutional Review Board****Review Response Form**

Project Title: Utilizing expressive therapies with adolescent populations: A personal and theoretical exploration of restorying (sic) self-narratives after internalizing stigma

Researcher's name: Terah Inkster

Advisor's name: Steve Conway

Date of response: February 11, 2015

Determination of risk: Not Minimal

Decision:

Approve

X Approve with minor revision(s) as noted below (*Thesis or project advisor takes responsibility that changes have been made; resubmission not required.*)

Reviewer Feedback:

10: In addition to informing potential participants that they can revoke consent to participant after reading a copy of the research they are required to be informed that participation is voluntary and that they can choose to withdraw from the study at any point without any negative consequences.

Note: City U Research Participant Informed Consent needs to be completed with respective names of researcher and supervisor.

Resubmission required, with attention to the following issues:

Reviewer Feedback:

Reviewer(s): Ellen K. Carruth, PhD, IRB Member
John C. Stager, PhD, IRB Member
Brian Guthrie, PhD, Vice-chair IRB

Note: I, Terah Inkster, have made the minor revisions requested above. I have informed potential participants that they can revoke consent after reading a copy of the research. I have also informed each participant that their participation is voluntary and that they can withdraw at any time without any negative consequence.