Chapter Nine

Young people talk together

Young people's perspectives:
Although in Chapter Nine I continue to concentrate on hearing the individual meanings and understandings young people attach to mental health problems, I do so within the context of a group conversation. In such a context I invite three young people to hold and reveal their own individual beliefs whilst hearing and considering those of others. As represented by the birds, challenging each other's perspectives highlights the difficulties of maintaining and representing individuality within a group.

Research process:
Through the group interview research process I add an additional dimension to the understanding of young people's thoughts and feelings around those experiencing mental health problems.

Voice of the developing researcher:
Again my voice as the researcher is not the main focus of this chapter. However, I do demonstrate the use of personal and professional practice-based skills within a group process. I also impose a meaning on the group conversation, although the meaning that is constructed does depend on the young people's personal constructs.

In Chapter Eight I had acknowledged a concern whether or not the young people had been completely open with me. Now, in Chapter Nine, I think about group interviews as an additional method that could facilitate an improvement in the openness of interview responses. I consider whether a group interview verifies my findings gained through the questionnaires and individual interviews and as such enhance the reliability of the young people's responses. In this sense I use a group interview to fulfil triangulation, or what I prefer to call (for reasons already given) crystallisation, purposes (4.3.3).

9.1 Group Interviews

9.1.1 Advantages and disadvantages of group interviews

The theory underpinning group interview research, often referred to in the literature as focus groups, is that the information yielded in a group dynamic will be rich in content. Although often used together with other research sources, such groups have become highly valued and widely used as a method producing rich qualitative data. I believed that group interviews could perhaps create a safer environment by replicating small group settings often set up in the classroom and, as such, might reduce the pressure of a young person feeling that they needed to respond to every question or being put on the spot. They would certainly have the potential to increase my sample size significantly and to produce rich data that would be cumulative and elaborative in allowing the participants to challenge and develop each other's ideas (Secker et al 1999). I also believed that they might address the imbalance that existed in the one-to-one interviews between the young person and myself as the adult and also be more enjoyable for the participants. As such the young people would then be stimulated and encouraged to give their opinions when they heard others doing so. This format might jog their memories regarding their own experiences. Also, by carrying out group interviews, I would perhaps be in a better place to be able to assess the extent to which there were relatively consistent, shared views (Fontana and Frey 2000, Levine and Zimmerman 1996, Lewis 1992) of mental health issues among mainstream pupils.

However, Fontana and Frey did suggest that 'it is [perhaps] difficult to research sensitive topics using this technique' (2000: 652). I appreciated that I would need to remain aware that personal qualities, experiences of the young people and relationships with each other, such as status differences, could all become a factor and influence the course of the discussion and ultimately the interview outcomes. Also, I was aware that one person or small sub-group could dominate the group, an individual's expressed opinion be influenced by a desire to fit in with the others, and that fractious conflicts could even arise (Fontana and Frey 2000, Lewis 1992, Basch 1987, (16)).

9.1.2 Ethics of the group interview

In order to carry out the group interviews I was required to gain additional permission from the University Ethics Committee. Performing group interviews would necessarily bring up ethical issues that I had not had to attend to in the individual interviews. The participants needed to be aware that others might make a disclosure during the interview process and, although I would request that the group members did not divulge information to non-participants, it would not be possible to guarantee confidentiality. Other points such as

monitoring the discussion for stress levels of the participants, offering a debriefing session after the tape recorder had been turned off for participants to clarify points and address reactions, and needing to make sure that a named person was on standby, were those I had been required to consider for the individual interviews.

9.1.3 My part in the group interview

The group interviews were to be held with the young people who had been part of the second cohort at the questionnaire research stage. As with the organisation of the questionnaires and individual interviews, as an 'outsider', I found myself being dependent on someone on the inside of the mainstream schools to arrange the group samples, times and meeting rooms. Eventually a small group of three pupils (initially four), two girls and one boy, was arranged to meet with me in school 3 and we were to be given approximately one hour. This was unfortunately a smaller number than recommended for group interviews (Krueger 1994). Neither school 1 nor school 2 managed to organise a sub-sample for group interviews.

Unlike in the individual interviews I was aware that I would need to:

> '… balance the directive, interviewer role with the role of moderator, which calls for the management of the dynamics of the group being interviewed; the group interviewer must simultaneously worry about the script of the questions and be sensitive to the evolving patterns of group interaction [and discussion] …'
>
> (Fontana and Frey 2000: 652)

That is, it would be essential that I encouraged all respondents to participate to ensure the fullest uncovering of beliefs and values surrounding mental health issues possible and that I appeared to remain neutral. It seemed that the skills I would require within this group process, would be those I have learnt from my many years in the classroom and from overseeing multidisciplinary meetings with the Unit staff and young people.

9.1.4 The Questions

Before starting the group interview I gave all members a few minutes to refresh themselves with their responses to the questionnaire and reminded them of the contents of the consent letter (Appendix 9a). During the interview I asked specific questions that, with respect to the research already carried out, would be in accordance with those asked in the individual interviews. This would ensure that comparisons could be made into the meanings and the diversity of beliefs and 'truths' around the issue of mental health with respect to one informing the other. I remind the reader that the questions included those that considered the young people's:

- understanding of experiencing a:
  - mental health problem
  - psychotic breakdown
  - specific learning difficulty
- ability to recognise someone experiencing a mental health problem and
- language used to describe those experiencing mental health problems.

As in the individual interviews I directed the inquiry and the interaction between the participants in a semi-structured fashion using the interview schedule purely as a prompt and check list (Appendix 9b). I audiotaped the group discussion from which I produced a transcript in order to turn the young people's talk into a text that could be presented to the reader. Another area of commonality with the individual interviews was that the self-identified group consisted of Year 10 pupils in one of the previously used schools.

9.1.5 Analysis with reference to the questions

According to Fontana and Frey (2000) the results of group interviews cannot be generalised and as such are not appropriate for drawing inferences about the wider population of all mainstream pupils. However, I maintain that from my own data I have been able to make inferences regarding individual attitudes towards peers returning to school who have experienced or are experiencing mental health problems and as such am able to provide vital information for those supporting young people re-integrating into the mainstream system.

As I have already mentioned in section (9.1.4), in my analysis of the group data I needed to consider the comparability with the narrative accounts created from the individual interviews. Although earlier in my dissertation I had clearly stated that I did not want to reduce my data to themes or carry out a formulaic approach I found that reduction strategies were essential in the analysis of the group interview data. This was necessary with respect to what I needed to take notice of in order to make comparisons with previously acquired data sets and to present the text in a narrative form. I therefore paid attention to the words of the participants, the intensity of the comments and the specificity of responses (Krueger 1994) through selecting comments that I believed spoke to those made by the participants of the individual interviews and either substantiated or undermined inferences made from the questionnaire research data. In Appendix 9c I include an extract from the transcript with annotation showing details of my analysis process.

9.2 What the young people said

I now present the text in narrative form from the group interview carried out with the three pupils, who I do not identify. I make clear the respondents open discussion as they explored their understanding of mental health issues. As with the narrative accounts of the individual interviews, for the purpose of intelligibility and readability, I have inserted words and incorporated my questions, in brackets, into the participants' own responses.

Although I give a brief extract from the data of the conversation the young people had around filling in the questionnaire, I concentrate more on the participants' discussion around their understanding of, and the language they would use to describe mental health problems. With respect to the group interview, I was not only interested in the content of the responses but also in the group process itself and therefore I comment on the group dynamics and how this may have influenced the outcomes. I have subdivided the interview under headings which I believe readily afford comparisons to be made with the individual narrative accounts presented in Chapter Eight. However, in order to present the data as a narrative that flows from one element to another it has been necessary to reorder the original transcript. I also cross reference to relevant sections in Chapters Ten and Eleven where I discuss further the ideas and issues raised in the interviews.

9.2.1. Completing the questionnaire

Cartoons

I present the participants' questionnaire responses in detail in Appendix 9d. Here, I summarise their responses to add meaning to the narrative accounts. In Figure 9.1 I also remind the reader of the six cartoons presented in the questionnaire.

Cartoon 1 2 3 4 5 6

Figure 9.1 The six questionnaire cartoons

The three participants had given diverse responses to cartoons 1, 2 and 4 but had been consistent with 3, 5 and 6. Also, the more objectionable the behaviours displayed the more interpretive (2.3.2) their responses, with *'a girl is threatening Aay or Bee'* for cartoon 5 and *'Aay or Bee is bullying a boy'* for cartoon 6.

The young people said:

> *'[I choose the caption for the cartoons of each character] by the stuff we were told about them. It did make a bit of a difference because you didn't get told much about the first person [Aay], but more about the second and third ones [Bee and Cee] so it was yeah more to go on about what they were doing in the picture. [Also], I thought more about some of the cartoons. The first one I just thought she's putting her hand up or whatever, but the second and third one it was a bit more of a complicated situation and I thought about them a bit more. I needed to try and interpret what they were doing.'*
>
> *'I think if you had had someone [Aay] in your class you would know them better and how to react if you had known someone that long. Whereas with the other ones [Bee and Cee] who hadn't been in school for ages you would kind of see what they are like first before you kind of decide to do anything. For me it was because I think that Bee and Cee would be quite the same.'*

'How would you feel?'

On being given additional information regarding Bee's diagnosis of experiencing a psychotic breakdown, all three young people said that they would sit next to him or her and include

them in their group of friends. The potential label of 'psychotic' appeared to have had a positive influence. In the group interview the young people said:

> *'[I kept all my answers the same] because that's the sort of person I am. I don't want to sound all self-righteous and I might change my answers. But I think that I would be more positive for Bee because I'd be sorry for her and make the extra effort if that situation arises … Yeah, I think [I would show sympathy] but not in a patronising way.'*

> *'I like to know what people are like before I make friends with them or lend them anything. That's pretty much the same as I did with Bee. I don't know if I'd sit next to Bee because I didn't know if she'd copy and stuff. Because I knew this girl who was off school for ages and she sat next to me and tried to copy my work. So I'd want to know a bit more about her and see if she was that sort of person. I would have her in my group of friends probably. It's just that she has been off school for a long time, not the problem she has been off for.'*

> *'… it depends what sort of person they are now rather than what has happened to them. It doesn't matter what has happened to them as long as they are nice now. I think, for me, with Bee it's bit of a blank slate, I think I'd give them a chance. I'd start like that but if they annoyed me or don't seem particularly nice whatever … you can make the effort with them but not by being really, really friendly if you've known them for ages.'*

From these interview responses it seems as if the young people were influenced by their own past experiences yet the present behaviours of others. Behaviours seemed to have a greater influence than labels over the ways in which mainstream pupils would react to a peer returning to school after a period of psychiatric treatment.

9.2.2 Talking about mental health issues

Experiencing a mental health problem

All three participants said that they thought they understood what was meant by experiencing a mental health problem and that they knew the difference between such problems and learning difficulties. I acknowledge that the following narrative account of the group interview clearly demonstrates instances of the participants challenging one another's views and where interaction through conversation enabled wider views and beliefs to be 'talked about'. The group discussion appeared to provide thinking time for ideas to develop, which may not have been so readily available in the individual interviews. Listening to the recording there were also clearly instances where one of the group members, a girl, dominated the discussion. However, the interview did facilitate discussion around difficult issues, such as self-harm and suicidal thoughts, which I felt had been noticeably missing from the individual interviews. Conceivably, this does go some way to show that a group interview can reach the more difficult issues surrounding mental health problems.

In these next accounts, taken from the interview transcript, the young people discuss how it may be difficult to recognise that someone is experiencing problems. They show a clear

understanding of some of the factors that can act as extra stressors leading to the onset of mental health problems (2.1.3), although they do not always appear to have an in-depth grasp of the severity experiencing such problems can have on the lives of the 'sufferer' (11.1.5).

They said:

> *'[Experiencing a mental health problem] can make it harder to deal with day-to-day stuff can't it? I don't think that somebody like Bee could really keep up with schoolwork. I think it could be hard on people around them watching them go through a mental health problem as well, like close family and friends.*
>
> *It's quite a hard thing to understand because it is in the brain it's not something you can see; 'oh look they have a broken leg - it'll get better eventually'. It's not like that its quite sort of a personal thing almost. It's not as obvious.*
>
> *It's individual.*
>
> *[Some people wouldn't like to tell other people if they had experienced a mental health problem because they think that] they might give them a wide berth.*
>
> *I'm not really sure [what sort of behaviours somebody experiencing mental health problems might show]. I suppose it depends what type of mental health problem it is. Like if someone is really depressed and they stay at home like and don't want to go out and talk to anyone and stuff ... I guess it's different from every problem really.*
>
> *I don't think that you would be able to [recognise someone experiencing a mental health problem].*
>
> *If it was obvious, like if someone was staying at home all the time and they wouldn't come out whenever you asked them, then you might think that there might be something wrong with them. But if they had medication stuff to control it like depression then you really wouldn't know there was anything different.*
>
> *If they ... overact to a situation if somebody says something then you can tell that there are mental health issues.*
>
> *[Self-harming] ... can like of come with depression and stuff.*
>
> *I would say it [self-harm] can be [associated with mental health problems] but not always ... I've read loads of stories; 'I'm going to cut myself, I'm not happy with my life but ...' I don't think that you have to be depressed to do something stupid or not have a good life or relieve the pain.*
>
> *[Experiencing a mental health problem] can be lots of things, like depression ... sometimes it's a bigger deal than others so I don't assume too much when I hear that someone has a mental health problem. Might be something that has happened to their state of mind ... it might not be a freak. Or it might be something that they can get over or something that they can live with.*
>
> *[Taking drugs like] marijuana affects your brain. Drugs can damage your brain.*

Schizophrenia can be caused if you're young and you do like cannabis.

Peer pressure, to be the same as everyone else could cause you to have a psychotic breakdown if you don't develop a tough enough skin. There are lots of pressures, loads of stuff for teenagers; you've got schoolwork, coursework, GCSEs …
[Also] if you're not happy at home.

The media and stuff [could cause young people to experience mental health problems] because there's always like the perfect celebs and stuff. People who think, 'Oh I should be that thin', 'I should be that beautiful' might develop eating disorders like that body dysmorphic thing. There are just so many things against you that you can develop those things.'

Naming mental health problems

In the following accounts pupils demonstrate the difficulties in defining mental health and distinguishing it from some of the other difficulties that their peers may experience. But as in the individual interviews 'depression' appears significant in the way young people perceive and talk about mental health (11.1.5).

'Schizophrenia [is a mental health problem]. I think that you can get like medication and stuff that can like suppress the feelings of like being someone else … personality disorder, and oh yeah that's another one … bipolar disorder. Bipolar is when you get really happy … that's more like schizophrenia, living with it, but medication can like control it. My uncle has got epilepsy.

But is that mental?

It does affect your brain or something.

Yeah but epilepsy is a medical condition rather than a mental one.

You can have fits and stuff.

Yeah but that's not really mental, you can't see depression on a brain scan.

I don't know if this is one but is a hypochondriac considered as having a mental health problem maybe? Someone who imagines they have problems or something, they think that they are ill all the time or something, they see something and they have it.

Things like eating disorders are mental health problems because you can think you are like over weight but you're actually not and like you can have that thing where you think that you are really ugly but you're not, body dysmorphic syndrome?

Different sorts of depression, when you're pregnant. I was just thinking of that thing when you have just had a baby and stuff.

Is Alzheimer's a mental health problem?

No it's like Parkinson's.

Is Tourettes one? I think it is because I watched this programme on it.'

Experiencing a psychotic breakdown

'I think that [experiencing a psychotic breakdown] is when mentally you can't really cope with everyday situations that most people would encounter daily and could deal with. [It's different from depression] um cos with depression you feel really like sad and upset and you want to stay at home, whereas like if you went shopping and they hadn't got your favourite brand of chocolate it could make your brain go kind of funny.

Normal situations become out of context, small trivial things …'

The differences between mental health problems and learning difficulties

'I don't know if one is more serious than the other. Learning difficulties can be helped and you can still learn … but it just makes it slightly harder, whilst a mental health problem sort of controls your life … So I think that a mental health problem is more serious.

The difference is with stuff like ADHD, which does have a big effect in school because what J. was sort of saying learning difficulties can be seen as much less serious and you know loads of people who know someone who has got ADHD.

You do kind of come into contact with [learning difficulties] more and it's not that it's less serious because it can kind of be long term as well because there's not medication. It is quite different I think.

Mental health problems are either not obvious or there's not many people with them so they're more kind of a mystery. It is easier to understand learning difficulties, because you have been in a class with someone who could never pay attention for longer than half a minute.

In our year we have got people with Down's or whatever …

[I think that Down's] is more like a syndrome so it's not really either, but it makes learning a lot more difficult …

I would put it somewhere in between really …

I'd lean more towards learning difficulties because you can get mental health problems from taking drugs or it runs in the family [genetic inheritance] or whatever. It's different from learning difficulties …

It's more spontaneous.

It's not spontaneous.'

Personal experiences of mental health problems

'One of my mum's friends had postnatal depression when I was about six or seven and Mum would go round there and try to help out.
I have had a cousin who has had depression as well. She was always like suicidal and stuff. She's on drugs [medication] and she's O.K. now. She's always had quite a complicated family history and she wasn't doing as well at school as she should have done. She didn't want to try in case she failed and she could say, 'well I didn't try anyway' rather than try and fail. She never actually went to hospital. I think it was caught fairly early because I think the family got worried about her and took her to see a psychiatrist and she still sees him.

I know people that have been suicidal, not liking their lives but I wouldn't class them as having a serious mental health problem ... I'd class them as not being happy or just having a difficult time rather than being depressed or having a mental health problem.

I don't link suicidal thoughts with a mental health problem. I've known people I wouldn't exactly say they were mad or have mental health problems I would just say that they weren't one hundred percent comfortable or happy with themselves.

They don't have to have a mental health problem if they're mad ... I don't know how to describe it really.

Like they weren't so unhappy they were depressed?

No they weren't depressed and they didn't need to take any medication for it or anything they just didn't enjoy their lives.

[They didn't get help] ... from family or doctors, from friends ...

[They didn't say they were suicidal] I just know [because] I saw ...'

The media

'... media is very stereotypical and [with] some things they just label people because of what some individuals do. Some people just label a certain large group of people just because of a small group of people.

Sometimes in the news and stuff [people experiencing a mental health problem] get a bad [name]; people have escaped from a mental health place ... and it is just the way they say it. People here don't have to deal with mental health problems everyday in school so like they don't really understand what it's about a lot of the time ...

They don't really understand mental health problems and so they are all like 'I don't want to be with them because they've got something wrong with them'.

It can make you nervous as well, you could ask the wrong questions.

You could say something that they might get offended by, as you don't know what might set them off.

If you don't know much about it you would be a bit wary about it I suppose.'

T.V. programmes

'I said yes [I have watched a T.V. programme that included someone experiencing a mental health problem] because I had watched a television programme about a guy who had Tourettes. It seemed really hard to deal with because people thought that he was just rude and things like that but he wasn't. It was something that he couldn't really control.

And I have seen a couple of other ones about people who are suffering postnatal depression and stuff like that.

I have seen soaps and stuff with people with postnatal [depression] whatever and various types of depression.

I've also watched Hollyoaks and they covered eating disorders a while back.'

9.2.3 Language used

Peer pressure

'[The word freak that I used earlier] has lots of connotations and that's one of the phrases you associate with mental health. But I don't think that's fair because it can mean all sorts of things, having mental health problems. I think that it's just that people don't encounter other people that have mental health problems everyday so freak is an immediate phrase that they turn to because they don't understand. I wouldn't have a problem with them it just depends what sort of mental health problem it was.

The words I said that others would use [to describe someone like Bee who is experiencing a mental health problem] were those I used when I didn't really know anything about it. Because if you don't know anything about it you just automatically assume because they are not like you they're different and they're weird and stuff. But then when I found out more about it, I do a first aid group and we have looked at mental health, I found out that they're just having a problem and that they are just trying to sort their lives out again.

I'm not sure about that, fair enough it's a good point I agree, and we all like to think that we would be nice to them in that situation. But I don't think everyone in this school would be, but I don't know. I think it depends on what you know it's true but

it also kind of depends on how much you know generally and how much you know about the individual person and if you knew them before.

Yeah I think it just depends on how sort of willing you are and how those around you act. If my friends were really nice to them then I would be nice to Bee but if everyone was saying 'oh yeah she's a freak' I'd be sort of hang on ... not necessarily go against them so I think it does depend on how everyone else reacts. I think if you start off on a good foot then I think you'll be fine but if one person took against them it would be a problem if you're in that situation. [Peer pressure plays a part in school life] all the time.

Yeah.

When I use the words [that I have listed] ... thinking emotions, I'm not sure actually ... or they could just be like mad in a funny way rather than a health problem way they ...'

Influence of culture and context

'These words can be used to describe friends who are just mucking about but they can have more impact when they can be taken seriously. If you have someone who is clearly not disabled or literally insane whatever it doesn't really mean a great deal. But if there is someone who has some kind of mental health problem then it's a much more touchy subject then isn't it? And everyone will be like 'I can't really say that'.

It depends on the person really.

It [also] depends on the context doesn't it?

Yeah because some of the people in our year group well they look down on everyone else who are not the same and like even if you don't have a mental health problem they'll say you're a weirdo if you're not exactly like them. But I think sometimes it can mean even more hard hitting if the person they are talking about has had mental health problems.

I think different sorts of groups and some people believe that this other group are wrong in their opinions.

People are quite cheeky if they don't know someone well and if they don't have any desire to know someone then they'll label them ... They don't know much about them so they're freaks and they can brush it off like that.'

The meaning behind the words people use

'Some people say things that they know what it means. I think they understand it in a basic way but in a depth way I'm not sure that they do understand. Like mental health they can understand it in basic terms like someone is not well but I don't think that they quite understand what it's like for the individual.

I think sometimes people call other people a weirdo meaning 'oh you're different from us' not because they are actually like weird in any way.

Yeah and I think other people would take the words and think they mean something that the other people hadn't meant by it.

To the person saying it, it is just a word, that's it and they'll forget about it in five minutes, but the person who they say it to it's a much bigger deal because it's …

Do they mean this or do they mean that? There are so many different ways you can interpret just one word that …
It can mean so many different things.'

Power of language

'Language can be really powerful.

It's not like powerful all the time. Like in our friendship group we call each other [names] all the time as a joke, not hurtful or anything. In that situation it isn't hurtful. But if someone isn't in your group it then depends if you are the sort of person who can just take it, but if you said weirdo and that person does have a mental health problem then it is going to be far more hard hitting.

Sometimes it is said and not meant to be powerful, but the person who it is said to takes it in a way that makes the word really powerful and in a way it wasn't meant to be that powerful and then it can just cause all sorts of other problems.

Yeah, [it's not just the person who is saying the word, it is also the person who is receiving it] and the relationship between them, that can make it powerful.

We get called stuff all the time. Other people call me stuff all the time. I know that they're just saying it and I don't care what they're saying … you do have to start developing a thicker skin.

I think that most people have others saying stuff about them because they are always going to comment on something that they don't understand.

At school everyone gets called stuff all the time, but if you're in a situation where it can hit home then …

If someone did say something and the person did have a problem then it would have more impact than the person intended.'

9.3 Comparing data sets

I now compare the individual and group interview data, together as qualitative data, to that of the questionnaire quantitative set.

9.3.1 Temporality of talk

I acknowledge that temporality of talk did in fact have the potential to create tensions at the interpretation stage of my research with reference to comparing the quantitative and qualitative data sets collected through various techniques. The talk of the young people who were participants in both the questionnaire and interview processes involved interpretation, speech, writing and gestures. Also, their responses often demonstrated a high degree of the here and now. Going through the process of a semi-structured interview seemed to facilitate a change of thought and for them to doubt their initial questionnaire responses:

> *'I don't know why I said I would not be prepared to have Bee in my group of friends.' 'I think that I would change the last [cartoon caption] for Aay to 'Aay is messing around' umm and …'*
>
> *'I don't know why I did those differently.'*
>
> *'Yeah I don't know why I put that.'*
>
> *'Umm I think that you think of more things [to say] as you go along …'*
>
> *'… and I might change my answers.'*

Some young people appeared to contradict themselves within the interviews, which could demonstrate the temporality of talk, or perhaps that the process of talking brought things to mind. For example Anne said:

> *'I do not know if I know the difference between mental health problems and specific learning difficulties,'*

but then added

> *'… learning difficulties could be more to do with things like reading and writing while mental health is more to do with personality and feelings …'*

which, I believe, indicated a good level of understanding of the differences. While Eddie had said:

> *'… I haven't had friends that have had mental health problems or anything. So I haven't really had any experience of people like that …'*

but then added

> *'… I have got a cousin with mental health problems but it's only Tourette's …*'

But talking also appeared to raise the ideas that perhaps they didn't have the understanding that they thought they had. Andy said:

> *'I'm a bit ignorant to* it *… I think you've shown it, because I can't really put it towards what a mental health problem is, I can't remember any documentaries [and] I can't name any of them …'*

and after the tape had been turned off he thanked me for opening his eyes to how little he knew.

9.3.2 Lost for words

During the interviews the young people seemed to include a lot of what appeared to be rather unimportant noise such as 'umms' and 'yeahs' and 'ers'. But, perhaps such noises plus frequent hesitations and pauses, created thinking time in order to stay in control of the conversation (Silverman 1997). They might also have been signalling an uncertainty as to what to say through a lack of understanding or clear idea or, as Davidson (1996: 234) says, 'there may be thoughts for which the speaker cannot find words, or for which there are no words …'

> *'Yes but [it's] difficult to put into words …'*

In my concluding chapters I acknowledge the presence of what I believe to be such 'uncertainty tokens' (Silverman 1997: 152) in the interviews I held with the young people. I also explain how the participants often appeared to find it difficult to verbalise their thoughts about mental health as speech, with some having to rely on actions and gestures:

> *'… ill up here [points to his head again] … don't want to say it … ill in the head …'*

Although I carefully transcribed each interview, including all extra utterances and pauses, in the narrative accounts I have presented to the reader, I have no more than indicated instances of such pauses and signs of uncertainty. As my analysis had not been based on a conversational analysis approach, I did not reproduce their dialogues exactly as delivered within the interviews.

It was also apparent that certain modes of 'talk' were more permissible for some young people than others. By this I mean that some were able to write what might be classed as derogatory words but were unable to verbalise them:

> *'… horrible words umm, some people would accept it and stuff but it depends what kind of person would say things to be honest. I don't like to say them.'*

This participant did eventually say the word 'spaz' but appeared quite distressed. Another young person didn't offer any words in the questionnaire that they or their peers might use to describe someone experiencing mental health problems but during the interview process used the words 'mad', 'angry', 'weird', 'freak' and 'crazy'.

9.3.3 They 'talk to themselves'

In talking about mental health, particularly in their descriptions of the behaviours and the ways in which they would recognise someone experiencing problems, the young people often referred to 'talk'. I provide some examples from the interview transcriptions with my own interpretations of the young people's descriptions in which I have re-described (Davidson 1996) their words.

A person experiencing a mental health problem does not verbalize what is happening for them and this can make them go crazy.

> *'Yeah and then you don't tell anyone and it's all in your head; just makes you crack up.'*

They don't talk to other people, they

> *'... just not interact with other people'*

but, they hold a conversation with themselves which others can hear, like

> *'... someone walking down the street talking to themselves or something like tha*t.'

Others hear noises and voices that aren't really there

> *'... cos some people like have a ticking noise, noises in their heads.*'

These are examples of what Corrigan & Kleinlein (2005) described as signals (2.2.1) that yield stereotypes about people with mental health problems and which have the potential to lead to stigma.

9.4 Summary

The group interview had added yet another layer/dimension to my understanding of young people's thoughts and feelings around those experiencing mental health problems. The young people seemed to not only act on the basis of their own personal constructs but also on what they perceived as the reactions of their peers towards differences. In this way individual beliefs and values seem to have become enmeshed with peer pressure or at minimum peer behaviours towards those labelled as different.