

Knowing Friendships: A Qualitative Inquiry of Friendship,
Mental Health, and Power in the lives of Teenage Girls

by

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Abstract

This thesis deepens understandings of the relationship between friendship and mental health in the lives of teenage girls by positioning them as knowers. Grounded in social constructionism and feminist standpoint theory, I use reflexive thematic analysis to analyze semi-structured interviews conducted with nine teenage girls in Ontario, Canada to explore the knowledge they generated through caring for one another's mental health. Teenage girls' mental health is inextricably tied to experiences of power, with oppressions acting as sites of power diminishment while friendships act as sites where power is created and nurtured. My findings are conceptualized in three components: the frame is Power, the context is Toxic Environments (Adultism, Capitalism, and Patriarchy), the knowledges are Power-full Friendships (Effective Support, Therapeutic Values, and World Crafting) and Self-Becoming (Self-Determination, Self-Knowledge, and Access to resources). This understanding has implications for improving mental health systems, social work empowerment models, and subverting structuralized oppressions.

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Chapter 1: Introduction

The purpose of this study is to explore teenage girls' understandings of the connection between their friendships and their mental health support systems in order to further social work's understanding of this group's lived experiences. Informed by semi-structured interviews with nine teen girls in Ontario, Canada, I explored the question: *What knowledges¹ do teenage girls generate through caring for one another's mental health through friendship?* Grounded in feminist standpoint theory (Collins, 1997; Harding & Norberg, 2005; hooks, 1991): and using reflexive thematic analysis (Braun & Clarke, 2021a), I make the argument that teen girls' mental health experiences cannot be disentangled from their experiences of power.

In this chapter, I frame the study, offer information on myself as an act of reflexivity, discuss key terms, and present a literature review. In Chapter 2, I explain my theoretical framework – a social constructionist and feminist grounding, with attention to standpoint theory. In Chapter 3, I detail my methods. In Chapter 4, I present my findings as two sets of knowledge framed by the concept of *Power*. The first knowledge *Power-full Friendships* includes the sub-sections *Effective Support*, *Therapeutic Values*, and *World Crafting*. The second knowledge *Self-Becoming* includes the subthemes *Self-Determination*, *Self-Knowledge*, and *Access to Resources*. I name the context as *Toxic Environments*, exploring the roles of *Adulthood*, *Capitalism*, and *Patriarchy* in participants' mental health. In Chapter 5, I discuss these findings as part of the larger conversations about the impacts of mental health care in Ontario, youth and social work empowerment models, and practices and challenges to subverting adulthood for adults wanting to

¹ I use the term *knowledges* to encompass all the information that one holds. Following a feminist epistemology, knowledges can come from experience, education, or theorizing: emotions, complaints, questions, ideas, memories, skills, stories – all this forms someone's knowledge(s) (Ahmed, 2021; Lorde; 1984; Pohlhaus, 2012).

practice allyship. In Chapter 6, I conclude by revisiting my research purpose and question, arguing for the potential of including teen girls in decision- and knowledge- making.

1.1 Frames and Framing

By *frame*, I mean something that conditions how information is understood. Frames give opportunity for certain meanings to arise and, at the same time, occlude other possible meanings. This thesis is concerned with the framing of teen girls' mental health by wondering: who constructs the dominant frame? What impact do different frames have, and what other meanings are possible based on other ways of seeing? I most often see teen mental health framed by urgency. Framing this research in this way looks like this, taken from my research proposal:

The Mental Health Commission of Canada (MHCC; 2020) has estimated that 1.2 million children and teenagers are affected by mental health challenges. Of the children and teenagers recognized, the MHCC reports that less than 20% receive adequate treatment (MHCC, 2020). Mental illness represents a serious threat to young people, as in 2018 suicide was the leading cause of death for 10-14-year-olds and the second leading cause of death for 15-19-year-olds (Statistics Canada, 2020). While psychiatric and psychosocial interventions exist, and there has been a cultural shift towards destigmatizing, accepting, and supporting those experiencing mental health challenges, these statistics show that the situation remains dire. Substantial research has been done on the topic of protective factors regarding teenage mental health by those seeking to improve existing treatments and to create stronger systems of support (Roach, 2018; Schwartz-Mette, 2020). The role of friendship in teenagers' mental health is one such area of investigation.

This framing is important, as it speaks to the fact that there should be a sense of urgency to improve services for teens experiencing mental illness and reducing the factors that increase their presence and severity. And at the same time, I worry that by framing teens' mental health in this light, I do them a disservice and fail to map the full terrain of their current mental health context; I fail to plot what exists alongside and between the above statistics. In what I'll call the 'Mental Health Crisis' framing, teens are positioned as passively awaiting rescue from their mental illness. The teens I spoke with for this research are anything but passive or waiting, and I remain

inspired and in awe of their tenacity, resourcefulness, and care for one another when school referral pathways and the larger public health system let them down.

The way a problem is framed influences how people try to solve it. Tacit to the above framing is that the solution to the crisis will be a medical one. If we focus only on the medical side of the story – psychiatric diagnosis, professional treatment, medications – we lose sight of the way that feelings, and specifically feeling bad, can be political. In her work considering depression as a cultural and social phenomenon, Cvetkovich (2012) says: “The goal is to depathologize negative feelings so that they can be seen as a possible resource for political action rather than its antithesis” (p. 2). As a society, we know more about mental health than we ever have before, and what we know from the information shared in the Mental Health Crisis framing is that youth are struggling in numbers that alarm us. If we are to consider teens’ negative feelings as a resource and cause for political action, that means that something societally is causing suffering. When we privilege the Mental Health Crisis frame over all other framings, we lose sight of the fact that, in some ways, being not okay is actually a very reasonable response to the present². Even before the pandemic, the future looked grim, with pleas to take climate change seriously being largely ignored by politicians, the economy continually seeming to worsen, and amongst all this, teenagers trying to go on normally (Cribb, 2020). This is not to deny that mental health issues are health concerns, or to completely disregard a medical model. But I do question why the medical model is the dominant story when we talk about teens’ mental health, and I would like you to question that with me.

I imagine it like this: hanging on a wall is a painting, within its frame is a representation of teen girls’ mental health as seen through the dominant approach I’ve just described. I take the

² I am writing in the context of Ottawa, Ontario, Canada – though I expect the sentiment will resonate elsewhere.

painting down and turn it over to find an unending piece of canvas, previously hidden by what we are used to seeing. I unfurl the rest of the canvas, making space for other possible representations. The dominant framing is still there, but beside it now is a frame I'm making, another perspective on the story with something else to offer, that comes with its own implications for addressing teen's mental health suffering. I'm interested in how teens understand their mental health and what role they see their friends playing in it, and specifically, I'm interested in what can be learnt from them on these topics. I think their knowledges are vital to reimagining mental health systems that prevent crisis, not just for teen girls, but for all of us.

1.2 Statement of Reflexivity

From the start, I want to be clear about who I am and what I have tried to do while conducting this research, and further, what it means for me to have done this research. In feminist, qualitative research, reflexivity is an essential aspect of trustworthiness and validity (Tracy & Hinrichs, 2017). With a background in Women's and Gender Studies, I come from a tradition where biases are not to be avoided but claimed. In feminist epistemologies, positioning oneself clearly is what makes for strong knowledge claims. Donna Haraway (1988) explains:

I am arguing for politics and epistemologies of location, position-ing, and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims. These are claims on people's lives. I am arguing for the view from a body, always a complex, contradictory, structuring, and structured body, versus the view from above, from nowhere, from simplicity. (p. 589)

By being embodied – writing about and from who we are – our knowledge claims become responsible because they can be held accountable (Haraway, 1988). The agreement is: I tell you about myself, my approach, and what I tried to do. And you, as the reader, as someone relationally engaging with this work, know that information is there so that if while you read this

something tugs at you, something in your gut says, “no that, doesn’t seem right”, you have recourse to question it alongside the story you know about me and this work.

My experiences, and thus ideas, have been shaped by being a White, settler, cisgendered, queer, middle-class, mad/neurodiverse, university educated woman. This means a great many things, but for this study it bears meaning on my experiences with psychiatric care. When I have needed mental health care, doors were opened for me that have been barred for others. As a cis woman, I haven’t had to educate doctors or mental health professionals about my identity and existence, I haven’t had to worry about how my mental concerns may impact my ability to access gender-affirming care. I have been able to financially rely on family members to access private services while I was on the waitlist for public ones.

I have always been interpreted as “compliant”, not because I haven’t questioned doctors or complained but, because of my Whiteness, my anger gets read differently than the anger of women of colour, my upbringing making respectability politics my first language. An example: once, a psychiatrist advocated for me to jump to the front of a 1-2-year waitlist to join a group therapy session because he “could tell that I was really trying to get better”. And while I was moved that someone had advocated for me, I was also struck by the weight of his assessment and evaluation of my “really trying”, and what this meant for those who didn’t perform readiness or “trying” in a similar way. And even with all that ease granted by who I am, accessing mental health services still, well, sucked. It was long and it was difficult, and as I shared my story with each health care provider I met, each of whom a gatekeeper I had to convince I should be granted access, I felt my story being reshaped. I started to use medical jargon accumulated from years of talking to doctors, and my story stopped being so much my story but instead became the story that was easiest for them to hear. And as I kept reducing myself to fit into a system that was

supposed to help me, knuckled down in the hopes of help that never seemed soon enough, I thought: “If it’s this hard for me, what must it be like for everyone else?”.

Shortly after this period of needing mental health care and accessing it, I was working as an informal mental health resource for youth at a summer camp. In my role, youth often asked for my help accessing mental health resources, specifically psychologists. The first question I asked them was “Do you think that your parents could financially contribute to therapy?”. Their answer determined two very different paths. Down one road, there were conversations about how to talk to parents, how to find a therapist you like, and how to know if they are a good fit. Down the other road were conversations about how to navigate a confusing public system, year-long waitlists, and how to work with a therapist who might not be right for you. That our conversation diverged at the point of familial economics was, in my mind, wrong. That these two paths are so different is wrong. Sometimes, I talk to people who have been in the mental health field for longer than I have and they’ve become accustomed to this, a “this is how it is” mentality. I refuse to naturalize this process – I am still angry, and will be until timely mental health care that meets patients’ identities and needs is accessible to all regardless of economic determinants.

As much as I feel anger about the inaccessibility of mental health care, I also came to this research from a place of love. I’d noticed that teen girls, so often disparaged by their peers and adults alike, do unrecognized mental health support work for one another every day. In a way, I wanted to write teenage girls a love letter in the form of academic research that would say “I see you”. As I worked with the teen girls in this study, I remembered the way that as a teenage girl I was cared for by friends who I in turn cared for while we lived with undiagnosed, untreated mental health challenges. There was a point in time, early on, when a part of me wanted my participants’ stories and my story to be the same, because that part just wanted to tell her story.

But then, the research became bigger than me, and the participants stopped being imagined participants and became real people. Brilliant, resourceful, frustrated, funny, and always thoughtful, I wanted to do well by them. More than I wanted to make my point, I wanted to make their points. On feminist interviewing, DeVault and Gross (2012) say: “If we wish to create knowledge that challenges rather than supports ruling regimes, we must constantly be attentive to histories, experiences, and perspectives that are unnoticed, unfamiliar, or too easily neglected or misrepresented” (p. 15). Holding on to any agenda based on my own experiences couldn’t accomplish my purpose: privileging the knowledges of teen girls.

Nonetheless, I’m also cautious of the “paternalistic notions of ‘giving voice’” (Hillsburg, 2013, p. 10). The idea of *giving voice* depends on the researcher coming from a place of power and “helping” the less privileged to be heard, a discourse which discredits the work to be heard that research participants, and particularly marginalized people, do every day. Researchers coming from positions of power can inadvertently contribute to the tokenization of marginalized participants by not engaging fully with them as participants. On this topic, Fine (1994) notes that there can be an impulse by White feminists in particular to take data from marginalized voices at face value, shying away from analysis or interpretation. Feminist researchers must find a way to be respectful of the knowledges of non-dominant knowers while also engaging with them critically. It is a matter of respect to be curious about participants’ understandings, to not shy away from considering underlying meanings or influences as an aspect of all knowledge.

This is a strange space to occupy as a researcher, as it means existing in tension with many things. However, Simone de Beauvoir (2015) in *The Ethics of Ambiguity* advocated that what makes a decision ethical isn’t an absence of tension but in having to choose. What this meant for this research: during analysis, and writing, I paid close attention to moments of

tension, uncertainty, ambiguity, or resistance. If a quote from a participant bothered me, maybe didn't feel right in my gut or confused my understanding, I asked myself if it was because it snagged, like a jagged edge on fabric, and caught against my broader working narrative. Instead of sanding down the edge to ignore it, I used the awareness of my resistance to ask what might be happening: is there something important about this datum that can thicken my understanding? Is there something under-laying participants' words in need of interpretation, maybe the presence of internalized oppression? I asked myself if the snag was because the datum disagreed with something else in the data, maybe the participant's own words or those of another, and if so, what did that mean? I asked myself if it was because I was trying to force something that didn't fit – a theme with no data to go with it, in which case, why did it seem important? This was how I tried to honour participants' words – by questioning them and myself.

I also want to reflect on doing this research located in the field of social work. Social workers³ hold tremendous power over youth – we can remove them from their homes, gatekeep resources, and hold sway over their experiences in the criminal justice system. This power is most clear in relation to Indigenous children, whose abduction and displacement to residential schools and foster families was coordinated and carried out by social workers – threads of this continue today. Some trace the origins of social work back to Indian agents and missionaries, while others present a somewhat friendlier origin, with privileged women's charity work in settlement houses and friendly visits (Fortier & Hon-Sing Wong, 2019). Either way, the origins of social work are deeply tied to eugenics, with many early social workers participating in the

³ I situate this research in Canada, however I contextualize the field of social work using both Canadian and American history as the two are closely connected.

movement for social purity (Kennedy, 2008). Of importance to this research, young women were a site of concern for social workers as the mothers of the next generation:

Thus, a crucial categorical distinction emerged between basically decent women and girls – those who had “fallen” or “strayed” slightly from a moral path but were considered salvageable owing, at least in part, to their race, class, and perceived mental fitness – and innately degenerate, unfit women and girls who were considered to be beyond reform and dangerous to their children and society. (Kennedy, 2008, p. 27)

Social workers were – and often still are (Chapman & Withers, 2019) – the gatekeepers between the deserving and the degenerate, with consequences to those determined to be either.

Social work as a profession has benefitted from a history of exerting power over young people. Social workers created the first Juvenile Court, in Chicago in 1899, proving their usefulness as court experts and in doing so showing the validity of social work as a profession (Kennedy, 2008). Another example from America is the Girls Protective League, a group of social workers who spent their nights looking for young couples acting promiscuously. Social workers would ask for only the girl’s address to follow up with her, usually to offer the parents intervention in the form of group homes or reformatory institutions (Kennedy, 2008). Social work has contributed to the oppression of young women, and for this reason teen girls need to be seen as another group with which social workers need to practice repair.

As someone researching under the banner of social work, at the very least, I would like my research to not harm teenage girls. While there are things I cannot know, and I have little control over what others do with my research, I’ve asked myself what my findings might mean for teen girls; how might they be used against them? My guiding principle has been that research should make the lives of the people it’s about better, something I took very seriously during the editing and reediting of this thesis. It is my hope that by telling a story outside of the Mental Health Crisis framing, space is made to broaden the possibilities of solutions beyond those that

just emerge from the medical industrial complex. In drawing on other frames that put the focus on social, cultural, and institutional forms of analysis, teen girls' power can increase by having the focus of intervention move from their individual minds to systems and structures. This research can contribute to social workers being better allies to teen girls by recognizing the importance of their knowledges. In the feminist tradition of seeing the personal as political, and from analyzing participants' stories and complaints of how power impedes their mental health, I offer a structural view of the present to indicate how different futures might be possible.

1.3 Discussion and Defining of Terms

Intentionally choosing terms is important in feminist critique because, as Angela Davis (2008) has argued, language is a tool, and the tools we use matter as much as the critique itself. Choosing these terms and being clear about the meaning I ascribe to them is a part of my practice of framing. For this study, I wanted terms that aligned with anti-oppressive theory.

In seeking anti-oppressive terms to discuss what is commonly referred to as *mental health*, I faced three major challenges. First, it was challenging to find terms that aligned with anti-oppressive theory. For terms to be anti-oppressive, in this context they need to reflect the feminist and critical disability studies critique that the naming, diagnosing, and treating of mental illness has been – and in many ways still is – used to oppress marginalized peoples by controlling difference (Nicki, 2001; Parizeau et al., 2016). A feminist definition of mental health and related terms must therefore challenge two things: first, that the medical model of mental illness is an objective, natural, and value-free discourse. Psychiatry and medical discourses have been controlled by and used to support oppressive ideologies such as patriarchy, ableism, and capitalism (Ehrenreich & English, 1973/2011; Nicki, 2001). Second, it must challenge the idea that mental health is entirely the domain of medical discourses, instead understanding the state of

one's mental health as also a reflection of their environment (Ehrenreich & English, 1973/2011; Nicki, 2001). Issues of social justice are issues of the psychological and emotional.

Second, it was challenging to find terms that subverted problematic binaries present in mental health discourses. One can get stuck in labeling something as either *mentally healthy* and therefore *good* while others are labeled *mentally unhealthy* or *mentally ill* and therefore *bad* (Aubrecht, 2012). Such binaries result in stigmatization and exclusion for those experiencing the *bad*. In resistance to this, Critical Disability Studies employs counter-narratives, positioning mental illness as a psychosocial disability – not as *bad*, but as *different* (Rashed, 2019). In some counter narratives, *madness* is a label is reclaimed and celebrated. And while this subversion of the norm is deeply powerful, either-or thinking can make nuanced conversations about mental health difficult, as terms or definitions that force a choice of *all good* or *all bad* do not reflect the complexity of peoples' experiences (Rashed, 2019).

Third, it was challenging to find terms that aligned with this study's theoretical orientation. Feminist theorist Andrea Nicki (2001) argues that to avoid enforcing the oppressive ideologies that come with determining and enforcing what the ideal mentally healthy subject looks like, people must be able to determine for themselves the conditions of their own optimal and non-optimal mental health. In alignment with this call for self-determination, this study makes use of standpoint theory (Collins, 1997; Harding & Norberg, 2005), thus participants' own definitions of mental health and their own chosen terms ought to be reflected in the research. What I discovered in the research was that participants did not have just one definition, and further, their definitions were important for how they came to care for their mental health.

There is, additionally, debate in the Critical Disability Studies community over the term *mental health*, as *health* itself is linked to ableist discourses (Aubrecht, 2012; Parizeau et al.,

2016). Many authors instead use *mental wellness* in an attempt to avoid the pitfalls of *health* and capture the holistic nature of our human psychological needs. However, participants themselves raised no issues with the term mental health⁴. So I use the term *mental health*, even though it is imperfect. It's awkwardness at times serves as a reminder that finding better tools for creating a liberatory model of psychiatric disability is a work in process. With that preface, I now offer this broad definition based on participants' tellings, so that we may start in the same place: *mental health* is how you are and what you are doing about it.

Deciding to use the terms *teenager* and *friend* was an easier process. In the research literature, typically the term *adolescent* is used to describe participants in between puberty and adulthood, though studies using age to define this stage do so variably, with some authors referring to those 13-18 and others referring to those 12-24 (Harmelen et al., 2017; Pinto-Foltz et al., 2010; Roach, 2018). Participants referred to themselves as *teenagers* or *teens*, so I use *teenage*, along with *teenager* or *teen*. Of note, the literature review will adhere to the language used in the source material, while the rest of the thesis uses these chosen terms.

Similarly, in the empirical literature, the term *peer* is most often used to describe non-familial, similar-aged relationships between teenagers (Fry et al., 2014; Pinto-Foltz et al., 2010; Roach, 2018), though some authors do use the term *friend* (Harmelen et al., 2017; Miller et al., 2014; Schwartz-Mette et al., 2020). Participants used the terms *friend*, and so will I. Based on participants' tellings, a *friend* is someone you share an emotional connection with and put effort

⁴ In the interest of transparency, it was my intention to see what terms participants themselves used, though it is possible that as a beginner researcher, with some participants I may have inadvertently used the term *mental health* myself first, which they then may have been mirroring. My recruitment materials used both the terms *mental wellness/unwellness* and *mental health*, though perhaps the recruitment materials had little influence as no participants used *mental wellness*.

into maintaining that connection. *Friendship* is the name of that effort. Again, in the literature review, the language used will match the authors' use in the source material.

Finally, I use the term *knowledges* to encompass all the information that one holds. Following feminist epistemology, knowledges can come from experience, education, or theorizing: emotions, complaints, questions, ideas, memories, skills, stories – all these forms someone's knowledge(s) (Ahmed, 2021; Lorde; 1984; Pohlhaus, 2012).

1.4 Literature Review

Friendship is understood to play a key role in psychosocial development. As children move through puberty, friendships come to hold more meaning and take greater space in their lives (Gilligan, 1982; Youniss & Haynie, 1992). In the literature about friendship and mental health, scholars have found that friendship positively contributes to the general mental health of adolescents (Roach, 2018; Schwartz-Mette, 2020). However, the literature is complex, with findings that raise concerns about friendship worsening the mental health of adolescents experiencing suicidality (Czyz et al., 2012; Miller et al., 2014; Miller et al., 2015). Further, within the literature there is a lack of agreement about the role that gender holds in the relationship between giving/receiving support, with other aspects of identity – race/ethnicity, sexuality, class – often analyzed separately or left out. While the literature shows an exploration of friendships in relation to mental health, yet to be explored is what teenagers have to say about supporting one another's mental health through friendship.

Friendship has been found to positively affect teenagers' mental health in a number of ways and contexts. Perceived friend support is associated with lower levels of depression among the general population (Harmelen et al., 2017; Roach, 2018; Schwartz-Mette, 2020; Weber et al, 2010). The strength of this relationship varied from highly statistically significant in individual

studies (Weber et al., 2010), to “small but significant” in Schwartz-Mette et al.’s (2020) meta-analysis of the relationship between friendship and symptoms of depression and loneliness (p. 676). Harmelen et al. (2017) found that friends’ support was related to immediate and long-term resilience, with resiliency defined as functioning psychosocially better than one ought to given childhood experiences that tend to lower psychosocial functioning. More to this point, Harmelen et al. (2017) found friendship quality and resiliency rose together – as friendships improved, so too did the resiliency of teens who experienced adverse childhood events. Friendship was found to be a protective factor for mental health challenges faced in teenage years. In a systematic review, Schacter et al. (2021) reported compelling evidence that friendship acted as a buffer to peer-victimization-related negative mental health impacts, though further evidence is needed. Kranke et al. (2015) found that friends play an important role in enabling adolescents experiencing mental illness to avoid self-stigmatization, a phenomenon that can hinder their engagement with treatment. The research shows that something important is happening between friends that can positively contribute to one another’s mental health.

Research also shows that in the lives of teenagers experiencing suicidality, friendship may not be as important to their mental health as other supports. Miller et al. (2015) found that a supportive school environment was more important than having supportive family and friends in terms of predicting past suicide attempts and future suicidal ideation. However, the study also found that friendship was a protective factor against suicidality when parent or school support was low, with friendship support being the difference between students who made future attempts and those who did not. These findings demonstrate the meaningfulness that friendship may have to those already at risk of suicide. For teenagers experiencing suicidality, however, longitudinal research points to the protective factors of friendship lessening as time post-

hospitalization increases. Czyz (2012) and Miller et al. (2014) found that the presence of friendship correlated with increased suicidal ideation in both clinical and non-clinical samples over time. These findings highlight the complexity of research related to teenage girls' mental health; what is protective for some, or was once, may latter be linked to negative outcomes.

While it has been found that friendship can be important to mental health, there is more to know about the features of friendship, the contexts, and the effects that contribute to it being a protective factor of mental health. Knowing that there is also the potential of relationships to have negative consequences causing harm to mental health only makes understanding these aspects all the more integral. Yet, this is where many gaps in the literature are found.

Much of the research reviewed reported on the question of *if* friends support mental health, there is less inquiry into *who* supports whom. From their research on Dutch high school students, van Rijsewijk et al. (2016) found that broadly, people ask for help from those they perceive as familiar to them. This familiarity was based on characteristics such as level of popularity or peer rejection, whether students were high or low academic achievers, level of depression, and gender. If familiar peers were considered friends was not discussed, raising questions about how helping practices might overlap or interact with other, pre-existing relationships. How helpers chose who they helped, and how they felt about the help they offered, was not a focus of this research, which points to an opportunity to learn from various points in the helping experience. Studies that did so, and their findings, will be addressed below.

The most considered aspect of identity in the literature reviewed was gender. For the studies that included all genders, there lacks consensus of the impact of gender on the support received, the amount of support, or the quality of support. Schwartz-Mette et al.'s (2020) meta-analysis of studies measuring the effect of friendship on loneliness and depression did find that

positive friendships for girls moderated later depressive symptoms, while it was not so for boys. In an earlier study on the effects of perceived support, girls were found to perceive more support from their friends than boys (Weber et al., 2010). Interestingly, Miller et al. (2014) found support received from friends did not differ by gender, but boys reported receiving more support from their parents than girls. While not explored in Miller et al.'s (2014) study, this finding raises questions about the potential for girls' friendship support to take on greater meaning in the absence of parental support. Czyz (2012) and van Rijsewijk (2016) found gender was not a significant factor in who received and did not receive support. In one of the few qualitative studies on the topic, Wisdom and Agnor (2007) coined the term "depression guides" to describe a specific type of friend support: friends who themselves had experience with depression who recognize it in their friends, encourage them to seek treatment, and normalize mental health challenges (p. 342). Depression guides were more often present for girls than boys (Wisdom & Agnor, 2007). Of further interest, Wisdom and Agnor's (2007) finding of depression guides was one of the few studies that positioned teenagers experiencing mental health challenges as able to help others. In contrast, Czyz et al. (2012), Miller (2014), and Schwartz-Mette and Smith (2018) argue friends experiencing mental health challenges negatively impact others experiencing them too. Other authors, like Pinto-Foltz et al. (2010) and Sword et al. (2011) do not discuss if any of the helpers they studied had experiences, previously or ongoing, with mental health challenges. Roach et al. (2021) – the only study that asked teens who support their friends about how they were impacted by providing support – noted a limitation of their study is that the supporter themselves having mental illness(es) was an exclusion criterion. When gender and experiences with mental health diagnosis were considered as identity factors, they were not considered through an anti-oppressive lens – namely feminist or critical disability theories. A feminist lens

could allow critical engagement not only with how various genders experience mental health, but how the social construction of gender impacts mental health discourses and vice versa. A critical disability studies lens could not only trouble the binary of helpers versus helped, but also encourage researchers to consider how their research might inadvertently uphold oppressive ideologies. As these theories turn their focus to structural oppressions, an anti-oppressive lens could highlight ways that marginalization could negatively impact teen girls' mental health.

Understanding more of what takes place within teenage friendships could provide further insight to understand the complexity of findings regarding the impacts of friendship on mental health. Fry et al. (2014) categorized the assistance adolescent girls give to friends experiencing domestic violence in three ways: 1) taking action, such as assisting friends in leaving the abuse; 2) talking, such as listening to their friends and discussing their experience; and 3) offering suggestions, though rarely did adolescents suggest to their friends that they seek professional help. Swords et al. (2011) had similar findings of adolescents rarely suggesting professional help when the issue friends were trying to help with was depression or ADHD. Neither study explored what was specifically being said or what impact the helping had on the friendship. Kranke et al. (2015), in their analysis of what factors assisted teens in avoiding self-stigmatization, stated that participants reported friends just being there was helpful, especially when their presence could distract them from their problems. While this is no doubt important, discovering the methods, practices, and knowledges of teenagers who are able to support their friends in dealing with mental health challenges is important to better understanding the lived experiences of teenagers – both their strengths as well as how fields like social work could be better allies.

With so little known about how support each other or what makes friendship a good ground for support to come from, the contexts in which this support is effective, or what

components of this support entail, or the impacts on those providing support are largely unknown. Three studies queried the effects of those providing support to their friends. Helping friends was shown to increase the daily mood of a clinical sample of high school students experiencing depression (Schacter & Margolin, 2019). Conversely, in a non-clinical sample, friends who “co-ruminated” – excessively discussed problems and focused on the negative – were found to raise levels of depression in one another (Schwartz-Mette & Smith, 2018). While this did not happen in every friendship dyad examined in this study, Schwartz-Mette and Smith (2018) found that students most likely to foster depression were friends who were very close, extremely empathetic, and needed excessive reassurance from one another. This research begins the work of discovering what methods, practices, and beliefs create non-effective friend support, but there is still much to be discovered about what works, and further, why it works.

One study was found speaking to this gap, with findings demonstrating the usefulness of seeking out teens’ knowledges. Roach et al.’s (2021) study is a qualitative, phenomenological analysis of the experiences of adolescents who supported friends with mental illness. Participant experiences of a helping were described in seven themes: “Being Fearful”, which described worry about friends and fear of jeopardize their friendship; “Maintaining Vigilance”, which described efforts to check on and be in touch with friends; “Seeking Knowledge”; which described supporters working to understand how to help their friends; “Keeping Secrets”, which described helpers’ loyalty to friends and a lack of trust in adults; “Involving others”, which described bringing in other friends to share the weight of support or seeking adult help when friends were actively suicidal; “Setting Boundaries”, which described participants’ knowledges of their own limits, as well as the relief of knowing friends had professional support; and “Feeling Hono[u]red”, which described the positive aspects of helping friends as increasing the

intimacy of the relationship and satisfying natural helpers (Roach, 2021, pp. 35-38). These findings offer insights into the experiences of teens who support one another, especially around how teen supporters also need support. However, Roach et al. (2021) don't make use of an anti-oppressive approach, and while that was not the focus of their study, this presents a missed opportunity to analyze how adultist or ableist narratives impact teens' supporters. There is a need not only for more research contributing to the conversation started by Roach et al.'s (2021) research, but also space in the literature for critical, anti-oppressive frames.

1.5 Addressing the Gaps – Situating this Study

The literature identified and reviewed highlights the need for more research interested in experiences of both giving and receiving support, that asks what this support looks like, and that queries what supportive friendships look like. This informed my original research question, which asked: *How do teenage girls support one another's mental health through friendship? What affect does that have?* As will be discussed in the following section, my research question was changed by my engagement with participants, and instead I came to ask: *What knowledges do teenage girls generate through caring for one another's mental health through friendship?* This question addresses a broader gap in the literature, which is the severe lack of seeing teenage girls as knowers in mental health literature. Further, there is a noted lack of qualitative research (Fry, 2014; Roach, 2018; Wisdom & Agnor, 2007). There is a space to be filled by research grounded in feminist and critical disability paradigms. This study is framed in that space.

Chapter 2: Theoretical Framework

My theoretical positioning informed by social constructionism and grounded in feminist epistemologies and methodology. Social constructionism provides one foundation for my study, as I critically explore the knowledges, “truths”, and understandings that inform how age, and particularly adolescence, is positioned in relationship to gender and teen friendships. I integrate broader conceptualizations of health, mental health, critical youth studies, and critical disability scholarship to ensure that knowledge about teenage girls, their friendships, and their mental health is re-positioned to be located within the personal lived experiences of teenage girls. I make use of standpoint theory to position teenage girls as knowers.

Social constructionism positions all knowledge as the result of human relationships (Gergen & Gergen, 2007). Social constructionism’s four “main lines of argument” are important in situating my study (Gergen & Gergen, 2007, p. 462). First, social constructionism argues that concepts like *true* or *false*, *rational* or *irrational*, *good* or *bad*, are ideas created by and dependent on relationships: "To socially construct something is to create reality through social interactions and discourse" (Crane, 2017, p. 26). Thus, social constructionism contests the idea that there is one truth or only one way for society to be. Second, social constructionism argues language is central to knowledge production (Gergen & Gergen, 2007). What words we have and the conventions of their use limit or allow what and how we know; words matter towards what truths can be told and which truths will be heard. Third, social constructionism argues for the politics of knowledge (Gergen & Gergen, 2007). Knowledge production is not neutral: what is considered true has implications for society and culture “that follow from taking any truth claim seriously” (Gergen & Gergen, 2007, p. 463). There are power dynamics to what is considered knowledge, and social constructionism is interested in uncovering those dynamics. Fourth, social

constructionism argues a shift in focus from the self-as-knower to relational knowledge (Gergen & Gergen, 2007). Social constructionism asks us to turn away from Enlightenment's *Individual*, who through the cultivation of reason understands the world for and by himself. Ideas only exist because they are shared culturally; we are relational knowers because we know through our relationships. In summary, social constructionism asks how people understand and construct the world around them, how it came to be, why, and what it all means. These questions matter, as what's been considered true has largely been dependent on the limits of language, assumptions, or the political interests of those making truth claims (Tamas, 2011).

I make use of social constructionism's four arguments to disrupt the hegemonic story of teen girls' mental health. I do so by understanding that different knowledge claims come from people differentially located in society. Through the research process, by talking to teenagers about their experiences, I challenge the widely held belief that adults know more or better than non-adults. Through the interview process, the participants and I created space to question pervasive, taken for granted assumptions: that how things are now are the way they have to be, that institutions like school are well-structured for youth, or that the solution to their mental health needs will be a medical one. In relationship to the participants as knowers, I now work to construct a way of understanding teen girls' mental health that accentuates their own power by foregrounding their experiences and knowledges, creating space for critical, holistic interventions.

Taking a critical, theoretical approach such as social constructionism is important as Haraway (1988) states: "We need the power of modern critical theories of how meanings and bodies get made, not in order to deny meanings and bodies, but in order to build meaning and bodies that have a chance for life" (p. 580). In this study, I explore and question how the meaning of *teen* and *girl* affect those living within these categories by being critical of how these

categories shape their relationships to *mental illness*. However, to do so I must apply a social constructionist framework to the very categories of *age* and *mental illness*.

I use critical theory to understand that categories of age – *child/teen/adult/senior* – are not fixed categories but units of organization that serve certain functions. Shirley Steinberg (2011) explains, “Childhood is a social and historical artifact – not a natural biological entity” (p. 2). Probing the notion of the *child* reveals the status-quo-maintaining politics behind popular beliefs about child development. For example, concerns about child health and welfare often get filtered through a capitalist lens – discourses of children who aren’t cared for in their youth center around fears they won’t become so-called *productive members of society* (Béhague & Lézé, 2015; Bell, 2011). As to what this says about society, I believe it shows the underlying belief that contributing to wealth accumulation is viewed as the greatest good, rather than, perhaps, the happiness and fulfillment of all people. This matters for my study as participants dreamed far greater for themselves and their generation than the promises of capitalism. A social constructionist view of age allows me as a researcher to step back from a capitalist lens and see those dreams as possible.

In my experience, teen girls are seen as willful, dramatic, short-sighted, over-emotional, and selfish. Or rather, this is my experience because it is what has been agreed to socially, in the portrayal of teen girls in the media or in the mockery of teen girls’ interests (Huzjak, 2021; Kim & Ringrose, 2018; Whitney, 2017). The commitment to this one view of teen girls became especially evident when telling people “I’m researching teen girls’ friendships and their relation to mental health” and most who heard this either assumed I was researching how teen girls negatively affect each other’s mental health, or they told me that instead of focusing on when friendship is supportive, I should be focusing on the ways teen girls are bad to one another. And

while those relations no doubt exist, I am, once again, curious how this became the dominant story of teen girls, the thing that teen girls must prove they are not. This commitment to mis-seeing teen girls may in part come from fear and misunderstanding (Steinberg, 2014). Evidence of this is in adults' constant discussion of teen issues as "crises": teen mothers, youth suicide, eating disorders, gangs, even apathy – are all seen as threats to the status-quo (Steinberg, 2011). A critical approach to youth views them not as some-day-adults but as "individuals intrinsically valuable for who they are" (Steinberg, 2011, p. 5). One part of demonstrating to another that they are valued is to listen to them.

I entered my interviews with the notion that teens should have a say in research that creates and maintains discourses about them. And also, with the perhaps radical approach of assuming that they were good people, whose emotions were proportional to their experiences, whose actions could be understood if one was interested in their explanations, whose brains and hormones or whatever other biological markers of age may be different than those of adults, but are no less valid because of that difference. Instead of asking what their age said about them, I asked them what they had to say about their age – and how others treated their age. This allowed me to better see the power dynamics underlying discourses of teen mental health.

In the same way as above, in this study I understand *mental illness* as not grounded in fixed, natural categories but in processes and ideologies that sustain a certain power dynamic. Critical disabilities scholarship (CDS) takes a social constructionist approach, influenced by Michel Foucault (Crane, 2017), who explored the ways that mental illness has been constructed to control and manage people in a capitalist society (Foucault, 1978). Largely, mental illness in Canada is filtered through a medical model of disability in which treatment is the purview of doctors, mental health professionals are the experts, and pharmacologists and researchers are

tasked with solving the bio-chemical problem of mental illness (Withers, 2012). A critical disabilities studies approach understands that what is named and treated as mental illness comes to condition people to act *normal*: “It is believed by giving difference a name such as bipolar, emotional disturbance, attention deficit disorder, etc., professionals can then go about the task of training children to behave normally with therapy, medication, and behavior modification techniques” (Crane, 2017, p. 25). *Normal*, here, must be understood as beneficial for an existence ruled by capitalism, as conceptualizations of what is and is not an illness are deeply tied to one’s ability to work, even when the conditions or relations of work are what is making one *ill*.

Taking a social constructionist approach to mental illness does not mean that one has to deny biological explanations or allopathic medicine, however it does call into question the power dynamics of why certain models of mental illness have come to prominence over others. As explained in my introduction, I take a middle-way approach which understands that mental illness can be both a medical condition and a social creation (Nicki, 2001). For Nicki (2001), a liberatory theory of psychiatric disability, first, understands that responding to certain stresses with what we call *mental illness* is a rational, intelligible, and meaningful response, and, second, works to address the needs of the disabled as well as the aspects of our constructed world that are debilitating. In this way, my focus is not just on teen girls whose stress and suffering have been labelled as mental illness but on what all teen girls’ experiences of stress and suffering have to say about the stressors they are responding to.

In this study, I resist the dominant understanding of mental illness. In this study’s formulation, I deprioritized diagnosis as a meaningful indicator of mental health issues. Receiving a psychiatric diagnosis is a deeply political process in which, first, access to mental health resources is a class issue, and second, diagnosing actors and tools have been found to be

skewed by oppressive ideologies (Crane, 2017; Ehrenreich & English, 2011; Nicki, 2001). Participation in this study was not dependent on having a diagnosis or being diagnosis-free, and I do not separate in the analysis data from those who disclosed being diagnosed with psychiatric illness. From the notion that oppression causes mental challenges, I position all teen girls as being able to speak to experiences with mental health challenges because of their oppression under, at the very least, adultist, sexist power structures. In resisting a medical model of mental health, I also resist an analysis which places the problem of mental illness solely on the individual. In doing so, I widen my focus from the individual to investigate at the relational and structural level, challenging the role of pathologization and further denaturalizing what causes mental health challenges in participants' day-to-day lives. I use social constructionism like a radio dial, tuning myself as the researcher to hear different frequencies of meaning.

While doing this research, an idea I've held close during this study is Sara Ahmed's (2021) concept of *becoming a feminist ear*:

To hear with a feminist ear is to hear who is not heard, how we are not heard. If we are taught to tune out some people, then a feminist ear is an achievement. We become attuned to those who are tuned out, and we can be those, which means becoming attuned to ourselves can also be an achievement. (p. 4)

From studying institutional complaints, Ahmed (2021) concluded that complaining most often results in not being heard, in being shut out or shut down by those with power interested in protecting power. Thus, she theorizes, complaint can be a feminist pedagogy – we can learn from and through it. Alongside complaining comes frustration, which Ahmed (2021) proposes can be a feminist record: what frustrates us often indicates unfairness. During my analysis, I returned to my research question because I felt it did not listen well to what the participants wanted to speak about. Alongside discussing their stories of supporting friends, participants shared their

complaints: their frustrations with school, the adults in their lives, and mental health systems. They provided a feminist record, taught me through complaint as a feminist pedagogy.

Feminist epistemologies and methodologies are interested in liberatory and transformatory practices that challenge the status quo and oppressions. As such, feminist research works against producing research that makes acceptable the current relationship between the privileged and the oppressed (Lauve-Moon et al., 2020). At its best, feminist research challenges traditions of academic research, such as questioning objectivity and valuing subjective experience as knowledge. Further, good feminist research is nuanced, using Intersectionality to understand that oppressions are always in dialogue with one another (Crenshaw, 1991), and in doing so, calls for complex analysis of how oppressions not just exist but relate.

Standpoint theory argues for the validity of knowledges that come from non-dominant social locations. Key to feminist standpoint theory is the concept of situated knowledges: that based on social location people will come to know and perceive differently than those at other social locations (Haraway, 1988; Polhaus, 2012) – our “social location systematically shapes and limits what we know” (Wylie, 2003, p. 31). Haraway (1988) argued that objectivity as it is used in science fails to account for the ways that bias will always affect the stories we tell about the world – the researcher may claim to be unbiased, but unbiased is an impossible goal because of the way that we know. What unbiased or objective means in an unequal society is oppressive views of the world continually getting reproduced, hiding behind claims of impartiality. Haraway (1988) proposes *strong objectivity* as an alternative. With strong objectivity, the knower claims their subjectivity – they use the *I* pronoun and avoid *The God Trick* of making claims to fundamental truths about the world (Haraway, 1988). This type of objectivity is stronger, Haraway (1988) explains, because it can be held accountable to a specific knower or group of

knowers: out from behind the shield of impartiality, we can talk about the hidden assumptions and motivations of knowledge claims.

Standpoint theory adds to situated knowledges by making the claim that those at marginalized locations can actually know better than those with more privilege. This is because “Dominant groups are especially poorly equipped to identify oppressive features of their own beliefs and practices...” (Harding, 2004, as cited in Harding & Norberg, 2005, p. 2010). In simpler terms, when the world works for you, you don’t notice its problems. Marginalized knowers are better positioned to notice.

At this point, one might question whether youth are marginalized or non-dominant knowers. Writing about Girls’ Studies as a discipline, Kearney (2009) says this:

At the heart of our scholarship is a demographic group that has been consistently marginalized, trivialized, and exploited throughout the ages. Girls today may have more agency than those of previous generations, but even the most privileged contemporary female youth remain disenfranchised because of their age. As minors, they are barred from many of the activities and social institutions that might expand their power and improve their lives. (p. 21)

Being able to vote or having seats on school boards are examples of activities or institutions that teen girls are typically barred from. Further, “For many girls, such disempowerment is exponentially multiplied as a result of their race, ethnicity, class, ability, sexuality, religion, and/or nationality” (Kearney, 2009, p. 21). While some might argue that youth aren’t marginalized because they will grow up, firstly, youth are many things other than just young, having social locations they won’t grow out of; and secondly, growing out of a social location doesn’t erase the marginalization one experiences while in it (Medina-Minton, 2019). Seeing teens as young before they are anything else ignores the way that youth experience harm from other axes of oppression and the way that childhood differs based on social, economic, political, and cultural factors (Steinberg, 2011). This research upholds teens as non-dominant knowers,

whose knowledges ought to be listened to as a practice of feminism, intersectionality, and in the interest of creating a more livable world for all.

Central to understanding standpoint theory is that notion that knowledge and power are entwined. Patricia Hill Collins (1997) explains standpoint theory as: “An interpretive framework dedicated to explicating how knowledge remains central to maintaining and changing unjust systems of power” (p. 375). Power produces knowledge claims and knowledge claims produce power. This can be observed in how those in dominant positions socially are able to make knowledge claims about the less dominant that are then enforced by societal institutions (Steinberg, 2011). Standpoint allows us to “observe and explain patterns in the relations between social power and the production of knowledge claims” (Collins, 1997, p. 384). Societal processes of whose knowledge is listened to, or who has the ability to ignore the knowledges of others, are inseparable from processes of marginalization.

For these reasons, power is also central to this thesis. Describing North American’s discomfort with discussions of power, Steinberg (2011) says “[Academics] are not good students of power. All too often references to power are vague to the point of meaninglessness in the worst literature produced by critical scholars” (p. 23). To avoid this, I want to be explicit about my use of power. I define power as the ability one has to meet their own ends. Said differently, one has power when they can affect change to bring into effect their goals, or perhaps their goals are met by ensuring nothing changes – the ability to prevent change is also power. I use standpoint theory to explicate the ability of teen girls to bring into effect their own ends to explore the relation of teen girls’ knowledge to their power.

I also use standpoint theory to argue for the necessity of listening to teen girls as a source of power for creating a more just and livable world. When situated knowledges become

politicized – when we move the focus from the individual as the source of a problem to society as the source – Wylie (2003) explains that non-dominant knowers can be powerful resources for countering dominant and oppressive ideologies. Theorist Terry Eagleton (1989) argues, “Children make the best theorists [...] since they do not yet grasp our social practices as inevitable, they do not see why we might not do things differently” (p. 34). Listening to teenagers is essential for increasing their power, but it is a mistake to assume that doing so is only for their benefit. Listening to teenagers gives adults the power to see how things might be done differently, to counter the dominant and oppressive ideologies that result in injustices experienced at every age.

A final theoretical necessity when using standpoint theory is the need to resist analyses that are relativist. Relativism argues that if everything is subjective and based solely on our own experiences then knowledge claims are always only partial (Fine, 1994). Haraway (1988) explains the problem with relativism thusly: “Relativism is the perfect mirror twin of totalization in the ideology of objectivity; both deny the stakes in location, embodiment, and partial perspectives; both make it impossible to see well” (p. 584). While objectivity says, “We know that this is true because we were impartial”, relativism says, “We know this is true for this one person because it is their truth” – any disagreement can be dismissed as merely difference (Heldke, 1988). There are many problems with this. First, it removes the power of strong objectivity – the point of creating knowledge from specific locations isn’t so that claims can’t be contested but, in fact, so that they can be contested. We need to know the stakes that someone has in their knowledge claim so that we can interrogate the veracity of the claim based on how it will impact those it affects. Second, relativism is at odds with standpoint theory as the latter inherently contests individualism (Collins, 1997). When we discuss standpoints as individually

based, we lose sight of the power and potential of group-analysis. By *group*, standpoint doesn't mean a collection of individuals – groups are formed by shared histories and social locations based on hierarchical power relations (Collins, 1997). Identities are not just descriptors but “[...] elements of social structure [that] emerge as fundamental devices that foster inequality resulting in groups”. Standpoint theory is less about what individuals experience in the group and more about the forces that construct and maintain those groups in themselves (Collins, 1997).

To do such power analysis, feminist standpoint theory works to break the notion that we can either make foundationalist claims that speak to everyone or relativist claims that speak to just someone. For my purposes, this means attempting to weave a possibly paradoxical tapestry. On the one hand, the nine participants I interviewed do not stand in as proxies for all teen girls. However, I analyze their experiences as a group, thinking about what it means to be a teenager and a girl and the way that power acts in their lives. While I analyze their knowledges at the group level, I will also be sharing analysis of participant's individual knowledge, as examples and to give rich analysis. I will present moments when participants' experiences or interpretations differed, showing that analyzing at the group level doesn't erase inter-group differences but makes meaning from them. The story I am trying to tell is a complicated one, which can only be aided by honouring complexity.

Chapter 3: Methods

This qualitative research project asked: *What knowledges do teenage girls generate through caring for one another's mental health through friendship?* My purpose was exploratory, for while there was a considerable body of quantitative research on the topic, there was little qualitative research (Roach, 2021). Though teenage girls, their relationships, and their mental health challenges have been well-studied, their voices have rarely been present in this literature. Through qualitative inquiry and the gathering of primary data, this study positioned teenage girls as knowledge holders about their lives and the systems and structures they live in. I conducted semi-structured interviews and used Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2006, 2019) to draw meaning from participants' perspectives. This study's theoretical grounding in feminist standpoint theory is also sparse in the interdisciplinary literature. For the field of social work in particular, Lauve-Moon et al. (2020) argued that feminist goals are typically absent from social work research as there tends to be a reliance on non-intersectional analysis that takes for granted rather than challenges patriarchy. This research aimed to join those working to bring a deeper, more subversive feminist paradigm to social work research.

Interested in the knowledges of teenage girls, the inclusion criteria for participation were: 1) being 16-18 years old; 2) identifying as a woman/girl; 3) living in Ontario; and, 4) being English speaking. Participants were recruited through convenience sampling. I contacted organizations in the Ottawa area with mandates to empower youth, as well as made use of professional connections with other social workers working with youth via a general post to my Master of Social Work (MSW) cohort's Facebook page. I had professional connections to people at several organizations (starred in the following list): Youth Ottawa, Planned Parenthood Ottawa: Youth Advisory Committee*, Empower Youth, Ottawa-Gatineau Youth Foundation,

Ontario Youth Parliament*, Ontario Harm Reduction Coalition*, and Kind Space*.

Organizations were contacted via email and asked if they were interested in sharing a research opportunity with the youth they worked with and provided a flyer to distribute (see Appendix A). Image descriptors and accessible fonts were used on all recruitment material. Organization response was low, perhaps because recruitment was taking place in March 2021, meaning organizations in Ontario had been struggling to provide services during the COVID-19 pandemic for the previous 12 months. Organizations where I had a professional relationship with someone were the only ones to share the flyer. The flyer was also shared through members of my MSW cohort's social media. As I only speak English, recruitment occurred in English. Clark et al. (2015) recommend 6-15 participants for studies using semi-structured interviews and RTA, with less participants allowing for greater depth of analysis and more participants allowing for broader analysis. I aimed to recruit 8-12 participants in an attempt to find the space for analysis between depth and breadth.

Participant demographics are shared in Table 1. Of note, there are discrepancies in terminology within the “race/ethnicity” and “sexuality” columns. These discrepancies are deliberate, as participants were asked *What words do you use to describe your race and/or ethnicity?* and *What words do you use to describe your sexuality?* I use their exact words to reflect their authority in naming their own identities. Participants were invited to choose their own pseudonym, though some opted to have a pseudonym selected for them.

Participants were also asked *What city do you live in?*, however this information is excluded in order to protect participants' confidentiality. I will note that participants lived in Southern and Central-Eastern Ontario, with no participants living in Northern Ontario.

Table 1 Participant Demographics

| Name | Age | Year of Schooling | Race/Ethnicity | Gender | Sexuality |
|---------|-----|-------------------|--|--------|--------------|
| Alma | 17 | Grade 12 | Jewish-Canadian | Female | Straight |
| Bani | 18 | Grade 12 | American-Black | Female | Heterosexual |
| Bella | 16 | Grade 11 | Jamaican, mixed-Black | Female | Heterosexual |
| Cora | 17 | Grade 12 | Asian-Canadian | Female | Straight |
| Jude | 18 | First Year* | Israeli-Canadian | Female | Straight |
| Nina | 17 | Grade 12 | White, Israeli | Female | Straight |
| Red | 18 | First Year* | Caucasian or White | Female | Lesbian |
| Shannon | 18 | Grade 12 | Chinese and Canadian, Second-generation Canadian | Female | Straight |
| Valerie | 18 | Grade 12 | White Jewish person/Israeli-Canadian | Female | Straight |

* Refers to first year of post-secondary education.

Of note, four participants shared a similar background and community affiliation, raising the question of whether they knew one another. No participants were asked if they knew someone else participating in the study, as this was deemed a risk to participant confidentiality: it is possible a group of friends signed up together, but it is also possible that individuals saw the flyer and enrolled independently. This was not an issue of inclusion, as it was not an exclusion criterion that participants must not know any other participants, but an issue of analysis, namely whether they ought to be considered a sub-group; the concern being that if participants knew each other, the voices of a specific friend group may be amplified across the study sample. With supervisory consultation, the decision was made that as the study was not aiming to be representative of the population, and because of this study's use of feminist analysis which looks at the connections between one's various identities, the group could be analyzed as a whole. The potential connections between participants is being shared to heighten transferability.

I interviewed 9 participants between April and August of 2021. Interviews were semi-structured, conducted over the Zoom video conferencing platform, and varied in length from 30-90 minutes, averaging 53 minutes. An interview guide was prepared to spark conversation on the topics of friendship, support, and mental health (see Appendix B). Participants were given the option of turning on their camera – two participants left their camera off.

Ethical approval was provided by the Carleton University Research Ethics Board- A (Clearance #115348). Ethical considerations for this study were participants' ages and risk of causing emotional/psychological stress. As participants were 16-18, they were able to understand the consent process and provide consent for themselves. However, participants may have been new to the informed consent process and so extra time was taken to ensure their consent was, indeed, informed. The informed consent process took 15-45 minutes, depending on the participant, as less time was spent when participants were familiar with research processes.

A possible risk was that, as mental health was a topic discussed, the interview may have been emotionally or psychologically stressful. Further, participants could have sought help during the interview for a mental health issue they or a friend was experiencing. In preparation for these possibilities, I prepared resources to offer participants – such as contact information for distress lines and community services, and the contact information of my supervisor who is a registered social worker (see Appendix C). I “checked out” with participants at the end of the interview to see how they were feeling and if they needed assistance attending to any stress from the interview. Overall, participants reported feeling energized and “good” at the end of the interview. One participant reported feeling concerned that she had said too much and could be identified. In response, I asked if she would like anything she said during the interview taken out

and reiterated that she could withdraw at any time. The participant asked for the list of clubs she was a part of to be removed and remained a participant.

Coercion was a further ethical consideration, as participants were given a \$25 gift card. When offering financial compensation for participation in research there can be a concern if the amount of money being offered is of too high a value for the population being researched it can amount to coercion – while the participant technically has a choice whether to participate or not, their financial need functionally results in them having no choice. When researching with youth, who often have less access to income, it could follow that even a small financial compensation could be coercive. While this is a risk, I felt it important not to pay participants less due to their status as “youth”. To compensate youth differently for their time and knowledges than I would an adult maintains, unintentionally or not, the belief that an adults’ time and ideas matter more than a youths’. This goes against the very tenets of this study. I selected \$25 as minimum wage in Ontario is \$14 an hour and I was asking for approximately an hour and a half of their time – I rounded up to \$25 in case interviews went long. I chose minimum wage as a starting point in recognition that knowledge sharing is work, and further, in case a participant needed to take time off from work to participate, I wanted to ensure they did not economically suffer. Doing so was an effort to lower barriers to participation. To minimize the risk of coercion, participants were told the gift card was still theirs even if they did not complete the interview or withdrew their participation. The gift card, along with the list of resources, was sent to participants at the beginning of the interview to demonstrate they could leave at any time.

According to methodologists Virginia Braun and Victoria Clarke (2006), “Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data” (p. 78). This study used

RTA, as opposed to coding reliability or codebook thematic analysis, as it best fit an ontological basis in social constructionism and epistemological grounding in feminist theory. In RTA, the often taken-for-granted in the research process is made necessary to discuss, such as researcher positionality, theoretical foundations, and epistemological assumptions (Braun & Clarke, 2019). Like feminist critiques of objectivity, RTA embraces the subjectivity of a researcher instead of trying to erase or minimize it (Clarke and Braun, 2015; Haraway, 1988).

Braun and Clarke's (2006) method of RTA has six phases, however, during the course of my analysis I repeated and returned to previous stages as my engagement with the data deepened. In the first phase, I familiarized myself with the data by transcribing and then rereading the transcripts and memos from interviews. Interviews were transcribed verbatim. Initially six interviews were completed over two weeks and then transcribed afterwards, with the final three interviews occurring and then transcribed immediately. To transcribe, I used NVivo's artificial intelligence-based transcription service as a starting point, then adjusted the transcripts for accuracy against the audio recordings. I then reread the transcripts to remove identifying information and any segments of the data participants asked be rescinded.

In the second phase, I generated initial codes. I coded inclusively, not knowing what would be important later; I paid attention to patterns and themes that departed or contradicted my developing account (Braun & Clarke, 2006). I used NVivo software to organize and code the data. I coded each idea in the data descriptively – sometimes this was two or three words, sometimes it was multiple sentences. After completing the initial coding for five of the transcripts, I found myself unsatisfied with the codes I had generated because, as I read my list of codes, I could not remember what the codes meant. The use of a codebook defining the properties of my codes did not prove useful, as neither pausing during coding to define a code

nor pausing analysis to reference a code worked for me. Returning to the literature and consulting additional work from Clarke and Braun (2015) and Braun et al. (2019) about coding, I understood that I had created what they call “bucket themes” which is to code by sorting the data by topic (Braun et al., 2019, p. 5). For example, I had codes such as *friendship definition* and *mental health support – professional*. The issue with this is that while descriptive, these codes do not tell a thematic story, which is key to thematic analysis (Braun et al., 2019). I returned to the data with the approach to code each idea in the data by trying to name what was interesting about it (Clarke & Braun, 2015). This generated over 1000 codes, of various word lengths. I do not, particularly, recommend this number of codes. However, doing so was essential for me as a first-time researcher because it gave me permission to focus on capturing the interesting idea instead of trying to be succinct in my phrasing. This allowed me to better focus on the data itself.

I then took these codes to the third phase, where I generated initial themes by collating my generated codes (Braun & Clarke, 2006, 2019). To do so, I printed and cut out each code so it could be considered on its own: I asked what larger subject it spoke to and taped it to a respectively labelled index card. The index card labels were generated from the codes themselves, not predetermined. Once enough index cards were generated to begin seeing patterns, I grouped related index cards on posterboards (see Appendix D). For example, the card *Close friends are trusted* was grouped with *Loyalty in friends* and grouped together on the posterboard *Friendship concepts*. I also disregarded any repeated codes. I then considered each index card and how it related to those on the posterboard it had been placed on. I reorganized the index cards, and sometimes the codes on specific index cards, around the links and patterns I was generating to create my initial codes. For this research project, a theme was a “general pattern of meaning” (Clarke & Braun, 2015, p. 93). I understood that a *theme* was an explanation of what

held different datum together, or rather, a theme named the invisible thread that I stitched to hold participants' ideas and testimonies together to make meaning.

In the fourth phase, I reviewed generated themes by scrutinizing how the themes worked in relation to coded extracts, as well as ensuring that the themes worked across the data set and were internally coherent. I reviewed transcripts and coded the data again my proposed theme. I also verbally explained the themes and their relation to my supervisor and diagramed them. In the fifth phase, I defined and named the themes. I collated the data for each theme and organized an internally consistent, narrative account (Braun & Clark, 2006). I then began the sixth stage: producing the report. However, while trying to write my findings, I kept thinking, "this is not what's interesting about the data". Moreover, I felt that my research had become ungrounded from my theoretical framework. I paused writing to return to literature on feminist epistemology.

This project's original research question was: *How do teenage girls support one another's mental health through friendship? What affect does that have?* While this was discussed with participants, our conversations ended up being much more about the school system, their parents, and the mental health resources that helped or hurt them. RTA supports revisiting one's research question (Braun & Clarke, 2021a), so I changed my research question to ask: *What knowledges do teenage girls generate through caring for one another's mental health through friendship?* I returned to phases three, four, and five to analyze the data based on this new question⁵. Phases four and five occurred as they did the first time. I proceeded to phase six, to tell, as Braun and Clarke (2006) describe, the complicated story of the data.

⁵ I did not return to phase two, the first coding phase, as I had inductively coded based not on the research question but the data itself. Instead, I revisited the index cards and posterboards and removed each index card to reconsider how they might relate to one another in the light of my new research question.

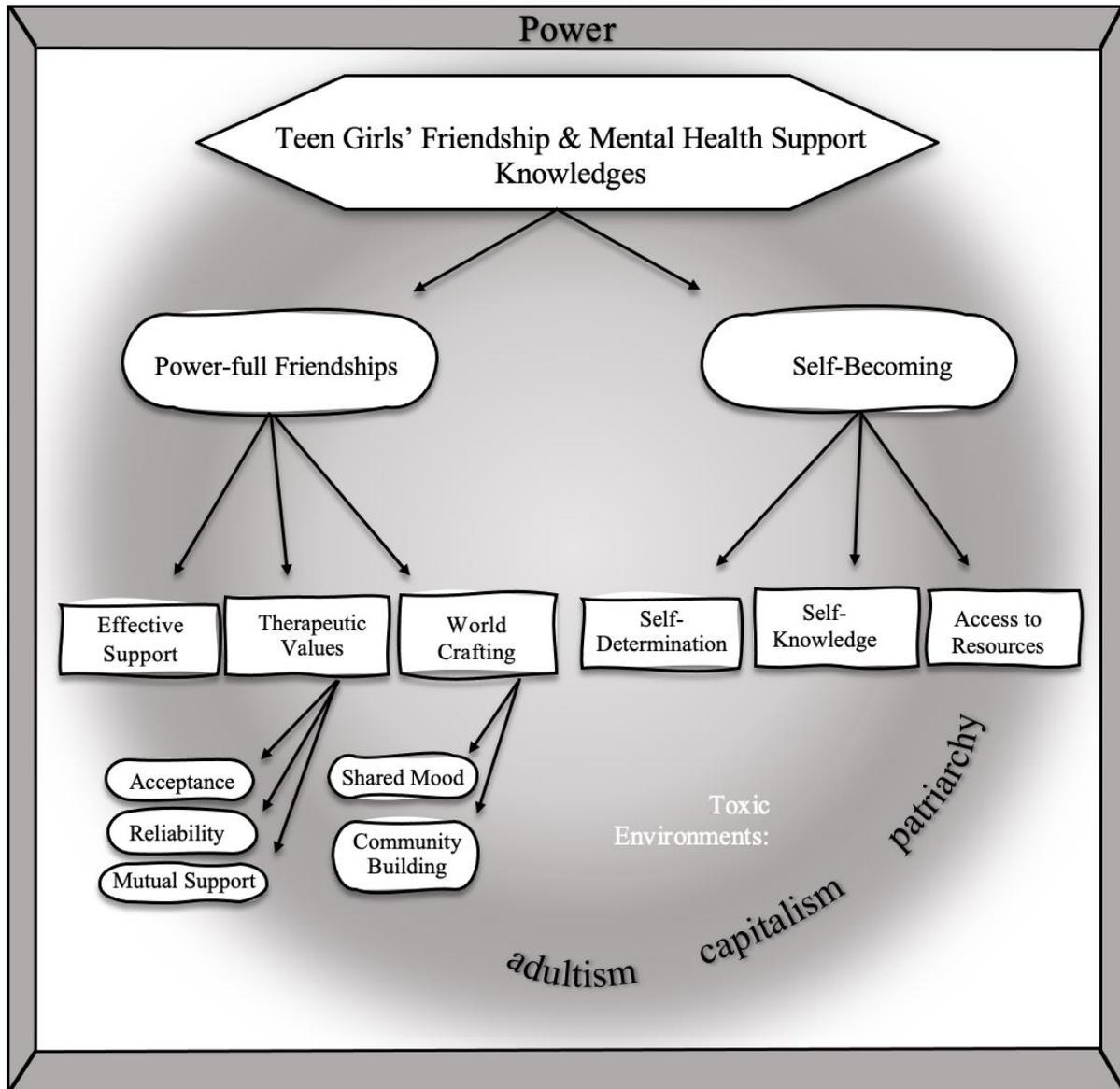
I will now offer up to you, Reader, the multiple ways I tried to practice trustworthiness and credibility. In this thesis, I use thick description to illustrate the complexity of the data. Descriptions that are thick allow for researchers to show the specificity and circumstantiality of the data, allowing them to draw conclusions that may differ from the researchers' (Nowell et al., 2017; Tracy & Hinrichs, 2017). Similarly, this research tries to be multivocal in that accounting for lived experiences means understanding that participants' interpretations of events may differ from the researchers', especially around differing social locations – credibility can be enhanced when the researcher demonstrates their attention to these possibilities (Tracy & Hinrichs, 2017). I did so by attending to the viewpoints of participants that diverged from mine or other participants (Tracy & Hinrichs, 2017). To do this, I engaged in the trustworthiness building process of reflexivity, which describes the various ways that researchers make themselves aware of their biases, preconceived notions, and beliefs (Nowell et al., 2017; Tracy & Hinrichs, 2017). I practiced reflexivity through discussion with my supervisor, paying close attention to the moments in which I experienced discomfort as an indication that I felt challenged. I kept memos throughout the research process that I reviewed periodically as a process of reflexivity (Nowell et al., 2017). Further, I included a reflexive statement in my introduction so you may decide for yourself the quality of my reflexivity. I also practiced transparency (Tracy & Hinrichs, 2017), by keeping an audit trail of decisions made (Nowell et al., 2017), and I've included the pitfalls and challenges of the research processes here.

As an additional practice of credibility, I evaluated this report with RTA quality tools created by Braun and Clarke. The first is meant to assist beginner researchers in doing quality thematic analysis (Clarke & Braun, 2015). The second is meant to assist journal editors in assessing the quality of RTA in an article (Braun & Clarke, 2021b).

Chapter 4: Findings

What knowledges do teenage girls generate through caring for one another's mental health through friendship? These findings are conceptualized as three components: the frame, the context, and the knowledges.

Figure 1 Thematic Map



Power is the concept with which I frame the rest of my findings because, through analysis, I came to view it as central to why teen girls' friendships are a site of mental health support. I

elucidate how power and the privileging of dominant knowledges plays a central role in causing or straining mental health challenges by specifying that teen girls exist in the context of *Toxic Environments*. *Adultism*, *Capitalism*, and *Patriarchy* are ideologies with material effects in participants' lives, heightening the need for mental health support from friends. I give examples of *Toxic Environments* throughout my explanation of *Power-full Friendships* and *Self-Becoming*, as that is how adultism, capitalism, and patriarchy were present in participants' lives. I first situate my use of these concepts, providing an overview of their relation to teen girls' mental health and friendships. I then address each set of knowledge in turn.

Power-full Friendships captures how friendships were, even amongst the toxic environments, a site of power for participants. There are three sub-themes, which are how participants' friendships empowered them: *Effective Support*, *Therapeutic Values*, and *World-Crafting*. *Therapeutic Values* has three sub-themes: *Acceptance*, *Reliability*, and *Mutual Support*. *World-Crafting* has two sub-themes: *Shared Mood* and *Community Building*. *Self-Becoming* describes how participants' mental health was tied to their ability to move towards their definition of mental health, learn about themselves, and access the resources required for their self-defined conceptions of mental health. Each of these processes is explored in this theme's subthemes: *Self-Determination*, *Self-Knowledge*, and *Access to Resources*.

4.1 Toxic Environments

Naming *Toxic Environments* as the context for the knowledges works to capture the way that structuralized oppressions and systems of power negatively affect the mental health of those living under them. To some, a structural view may seem like a big picture view, but a crucial aspect of this context is the embodied, practical nature of these oppressions. The very spaces participants moved through in their day-to-day lives were steeped in adultism, patriarchy, and

capitalism. *Toxic* is chosen to describe the environment to invoke the image of consistent poisoning⁶. The suffering of these oppressive ideologies can be so normalized that, though one has a hunch that something is not quite right, to question the status quo seems impossible.

In the remainder of this section, I introduce the role of these ideologies in participants' lives and why teen girls' support through friendship is significant. In a context of adultism, capitalism, and patriarchy, mental health supports were often inaccessible or undesirable, resulting in the support of friends being the only or best option. In an attempt to give a sense of the challenges participants faced, I'll present how these toxic environments occurred in participants' lives and their thoughts on the mental health resources available to them.

4.1.1 Adultism

By naming this as a context, I wish to highlight the experiences of marginalization and oppression that teenagers experience due to their age. Adultism, like other oppressions, functions on a logic of domination that creates a binary between adults and non-adults, positioning adults as better than non-adults, and then bestowing power to adults over non-adults (Warren, 1990). This results in the limiting of young people's movement, personal autonomy, and their access to healthcare - adultism negatively impacts young people's well-being (Flasher, 1978).

And yet, what makes adultism a complicated oppression to discuss is that children and teens benefit from – and need – protection, care, and nurturance from adults. As such, challenging adultism is not an argument *against* adult care and support, but an argument *for* the dignity of children and teens. It is also an argument for nuance: “The purpose of studying and working with children is not to remove the boundary between childhood and adulthood but to gain a thicker, more compelling picture of the complexity of the culture, politics, and psychology

⁶ Inspired by Nicki's (2001) description of mental illness as both a social and biomedical phenomenon.

of childhood” (Steinberg, 2011, p. 8). Adultism was evident in participants’ lives particularly in their attempts to access mental health services and at school.

Parents having control over their children’s medical choices made mental health services inaccessible. School policies such as requiring parental permission to see a school psychologist if under 16 prevented participants or their friends from getting mental health support. This occurred either because they did not want to include their parents, or as in the case of one participant, Red, whose parents prevented her from accessing professional support through school because of a fear it would go on her permanent record. Of the situation, Red said that an issue for teens was generational differences in how mental health services are viewed – such as when professional care was needed – that can prevent teens from getting care. Shannon named age of consent laws in Ontario as a barrier to services, exclaiming: “God, give kids more autonomy! Because I think parents- parents are really big determinators of like, whether you get to access these services or not”⁷. Personal autonomy being limited due to their age was a resonant issue across participants.

Even if adults were receptive to youth seeking therapy, participants had been conditioned to not seek help from adults about their mental health for fear of dismissal. Jude spoke about the tendency for teen girls’ problems to be viewed as “just phases,” pointing out “even if it is [a phase] it doesn’t matter, it still counts”. She described the dehumanizing effect of this, saying:

A lot of girls just want to be heard and they want to be seen as human beings, not just like little girls, you know, as they often are seen as... they just want to be heard and treated as like normal people and not just as kids, who like don’t know what they’re doing.

⁷ A note on participant quotes: During the writing phase of this thesis, I struggled to decide the extent to which I would “clean up” participant quotes. Often a task of the transcription phase, I originally opted to not alter participants quotes, leaving in all the “um”s and “like”s and sentences that they started only to restart once or twice more. The way that teenagers speak, especially teen girls, is often a point of adult derision, and so something felt important in holding what I saw as participants’ brilliance alongside the things people may use to dismiss them. In this thesis, participants speech wouldn’t need to be made palatable for adults to be heard. However, I also understand the value of clarity and brevity as tools to convey meaning. For these reasons, I have cleaned up participants’ quotes – to a certain extent – while retaining some of the speech patterns of their authentic, brilliant, and teenaged voices.

Participants discussed wanting to feel their lives and issues were taken seriously, even if they weren't the same as adult issues. About adults minimizing problems, Valerie said:

At this age we have a good grasping of life and what's going on around us. And when we say we're struggling like with [our mental health] it's not just like a test, just like it might be triggered by just feeling overworked and then [parents are] saying, well, 'I have a job like you're just in school', but yeah, like, my grades get me into [university], you know? So it's a different type of stress that I don't expect them to understand necessarily because they've passed that point in their life and they have their own issues that I respect.

Being made to feel like their issues don't matter because they will pass, or that their problems matter less because they are only in high school, meant that participants or their friends were less likely to go to adults for help. This meant teens needed to find ways to access mental health services without the help of their parent's income or insurance.

One location for such services, school, was known as an untrustworthy place to seek mental health help as participants experiences with everyday adultism made them not want to make use of school-based mental health resources. Talking about teachers whose behaviour she described as damaging, Nina said: "I think teachers get like kind of like drunk with power, with the power they have over us". The idea of teachers abusing power were echoed by other participants, alongside the idea that when it happens there is no one to help: "It's really weird because like when you're facing that, you're like, 'Who do I go to?' Because it's not going to be the guidance counsellors" (Valerie). Valerie explained that this was because there was doubt that the Guidance Department could enact change, as students had yet to see school-wide mental health issues addressed. Jude experienced dismissal by administrators when she tried to address a problem she was having with a teacher: "They were like, 'you should just transfer to another school.' And I was like, 'What?!' And like, my vice principal told me that." This situation

exemplifies how participants were stuck in systems that they felt were unfair and caused them harm yet did not have the means to advocate for themselves or impact the broader system.

Even outside of their distrust of the system, the support offered to participants to help them cope with their mental health, the Guidance Department, was deemed ineffective or untrustworthy by participants. Participants described the Guidance Department as the mechanism for gaining access to mental health support from either their guidance counsellor themselves or requesting to speak to a school psychologist⁸. The general feeling towards the Guidance Department was summed up as: “We have guidance counsellors. They’re no good” (Valerie) and “They’re not qualified” (Red). A more nuanced assessment of the problem was: “Guidance counselors are asked to fit into too many roles that they aren’t equipped to,” Shannon said, speaking to the difference between a guidance counsellor helping teens plan their post-secondary path versus helping teens with serious mental health concerns. Both Red and Valerie noted they had little faith in their guidance counsellors because they messed up their schedules. Red shared that one guidance counsellor consistently forgot what grade she was in, while another lied about her not being able to enter a course for an unknown reason. While the handling of schedules may not be related to mental health, viewing them inept in one area of their work translated to other areas where the stakes were much higher. Red also raised the issue that, as she went to a Catholic school, the guidance counsellors might hold their religious opinions about homosexuality as a sin over her needs as a sexual minority student. Participants’ experiences and perceptions of guidance counsellors made them not seem like a viable option for help.

⁸ No participants succeeded in speaking with school psychologists, and so didn’t comment on their effectiveness. Participants who discussed experiences with mental health professionals other than guidance counsellors found them through private, and thus paid, services.

Participants also criticized their schools for their approaches to mental health. Largely, participants said that schools took an individual approach to mental health as opposed to what could be described as a community-focused approach. While they recognized efforts made to talk about mental health, they saw them as unimportant to the larger mental health picture:

Over the past few years, every school has tried to become more “inclusive” and like “Spirit Things”. I think it's so dumb because like they're not actually doing anything and they're kind of like blind to the actual problems going on at school. Like, I see kids- like a few like kids at my school who would like get bullied for something [...] but like the teachers aren't doing anything; they don't care. But it's like if you're trying to like, “shine a light on mental health”, like they should be trying to like, pay more attention. (Nina)

Mental health efforts from the school administration often fell flat in participants’ eyes because they did not see what they viewed as the pressing mental health issues addressed. This only added to their doubt that school mental health professionals could help them.

4.1.2 Capitalism

Within this study, I position capitalism as an oppressive ideology because the pursuit of wealth for some causes suffering to all: people, non-human creatures, and lands. Capitalism is a system of governance in which, among other things, wealth is accumulated through the exploitation of workers (O’Brien, 2020). By naming this as a context, I gather together participants’ experiences and analysis of their lives to demonstrate the ways that capitalism caused them harm by, firstly, creating a context of economic pressures in regards to mental health care and concerns of the future, and, secondly, by normalizing ideologies that affected their engagement with work and views of themselves. Participants named economic strain as a mental health concern, which is in line with theories of social determinants of health that explain how economic factors like housing, income, food security, and so on can have serious effects on well-being and health outcomes, including mental health (Rine, 2016).

Above, I described participants being unable to access services because their parents acted as barriers. In the context of capitalism, participants raised the price of therapy as a barrier to accessing mental health care, as young people are often financially dependent on their parents, and not all parents can afford private therapy. “Therapy is a very big amount of money. It’s also a new stress [for you and your family] if you don’t have that money laying around” (Valerie). With one possible exception, the participants who had received mental health care did so privately. There were participants, or reports of their friends, who were unable to access mental health care due to cost. Speaking about her experiences of cost being a barrier, Red said:

Most psychological care is privatized still and you need insurance to cover that. It’s sometimes like, insurance will only cover part of it and you have to pay like two hundred dollars per session so it’s not accessible for the whole yet.

Participants listed cost as a limiting factor in accessing care, as they had friends whose parents either would not or could not pay for services. Participants or friends did try to access the public mental health system but found themselves stunned by wait times for services that, had their parents been able to pay for private ones, could have been avoided.

Participants’ understandings of self-care and mental health issues were often tied to neoliberalism. Neoliberalism as ideology of capitalism is important to understanding its impacts on mental health as a movement that upholds the logics of maximizing profit and social inequality (Duménil & Lévy, 2002). Neoliberalism purports that social issues can be solved by personal management and people orienting themselves to the market (Larner, 2003). Under neoliberalism, caring for oneself is a no-win situation: if one takes the time to care for themselves with rest or leisure, they are losing out on the opportunity to earn an income that is necessary with which to survive, but if one doesn’t care for themselves, they risk burnout or illness that prevents them from working – and thus surviving – under capitalism. The school

environment functions as a proximation of employment, and participants struggled with the need to get good grades – related to future job opportunities and income – with their needs to be well.

Red described the tension dealing with problems of production with personal management:

I've been talking to my mom about it a lot because if I stop working on school before 10 p.m., I'll say to myself that I did not maximize my day properly. And then if I work past 10 p.m., I did not maximize my work properly because I should have been done before 10:00 p.m. or I shouldn't be going into the night. So it's this big cycle of things.

When neoliberal ideologies are internalized, the solution to well-being and work tensions isn't to restructure the system creating this dynamic, but to blame oneself for not managing better. Self-blame or negative self-worth was present for other participants: Nina called herself “lazy” for wanting to watch television over doing her homework; Cora said, “I’m just bad at it,” seeing herself as at fault for being unable to balance all the demands of school. Neoliberal ideologies resulted in participants criticizing themselves for being human.

4.1.3 Patriarchy

I use patriarchy to name systems and processes that enforce the masculinized as superior to the feminized. Patriarchy tries to control bodies, sexuality, and wealth through domination (Hartmann, 1979). Patriarchy cannot be separated from other oppressive ideologies such as racism, classism, imperialism, or homophobia, as they uphold one another (Hartman, 1979; Joseph, 1981). This piece of context highlights the tensions that gender roles created amongst participants’ friendships, as well as the impacts of socialization on giving or receiving mental health support. Participants described support work itself as feminized, and tools of patriarchy – gender roles, compulsive heterosexuality, violence against women – coming to limit which friendships they sought and formed.

To a certain extent, participants described support work as feminized. Some participants upheld the cultural conception that there is something inherently female about emotional support.

For example, Bella described herself as “The Mom Friend”. When asked to say more, she shrugged and explained, “I’m the one who’s always helping people out.” Bella further remarked that she helps with mental health support, like checking-in with friends, and also when “going out, I’ll make sure to bring extra of the stuff, just to make sure that everyone else is fine, that no emergencies happen”. Mothering here is explicitly tied to emotional and material labour.

Shannon understood the link between women and support as a result of socialization:

Culture allows women to be more emotional and to talk about their feelings and everything, right? So when it comes to the more emotional stuff and things that I need to be more vulnerable about I am instinctively more comfortable doing that with other girls.

Shannon went on to explain that while she benefited from more freedom to support friends, she also ended up emotionally supporting a male friend who didn’t have other sources of support. In an effort to counter this, she suggested he open up to one of his guy friends: “When he recounted what the other friend told him, I don’t know. It was just... it seemed very unproductive and because they were two boys, I don’t think the other boy particularly knew how to navigate the type of more emotional conversation”. In these situations, participant’s male friends either didn’t get support, or participants ended up doing increased support work.

Similarly, some participants understood boys and men to be less well-equipped to receive emotional support because of socialization preventing their emotionality. “In my anecdotal experience, like boys and men are not equipped as – or culturally allowed to learn that type of, you know, the conversation as easily” (Shannon). Describing this, Jude said: “I talk to [my guy friends] about what I’m going through, like they kind of talk to me about what they’re going through and I definitely see it’s a bit harder for them.” This is one way that gender roles positioned participant’s guy friends to be less able to receive support.

Participants also reported gender norms narrowing the possibilities of their friendships due to compulsory heterosexuality and non-consensual sexualization. Bella reported finding it hard to have guy friends because “I find it awkward in myself being a girl and then like having a guy friendship because like I’ve had guy friendships before, where people were just like ‘oh are you guys dating?’”. Another participant was surprised and hurt by a misogynistic comment made by a male friend after their crushes on one another never went anywhere. A friend heard him say “If you’re not a bro you’re a hoe” when he was asked about her. Of the experience, Shannon reflected that “Boys generally treat girls differently depending on what they want out of them”. The presence of toxic masculinity made participants cautious to form male friendships.

4.1.4 Context Conclusion

These are the stakes of what teens are facing: Adultism functions to control teenagers, and in doing so results in them facing problems without the resources of the adult world for fear of ineffective or patronizing help; Capitalism positions teens to struggle through their problems, either because of financial barriers or neoliberal ideologies; finally, Patriarchy forces teens to play certain roles, putting the burden of support on feminized teens while leaving masculinized teens isolated. I work in the following sections to show how participants found space to resist powerlessness through their Power-full Friendships and Self-Becoming.

4.2 Power-full Friendships

Through analysis, I generated an understanding that for participants, their friendships were full of power. By power, I mean the ability one has to meet their own ends⁹; and by friendships being full of power, I mean that friendships are both a site where teenagers can hold and exert power, as well as a site that gives them power. In this section I draw from the data to

⁹ I use the term *ends* to mean goals, purposes, wants, needs, etc.

share the ways that participants were able to affect their mental health and their friends' mental health through their friendships by presenting three subthemes: 1) Effective Support, 2) Therapeutic Values, and 3) World Crafting.

4.2.1 Effective Support

I identified in teen girls' friendships the effective mental health support that participants and their friends provided each another as a point of power. I name their support as *effective* because the methods employed resulted in their needs being met. In presenting these methods, I offer the understanding that they are effective because they are knowledge-based, empowering, and counter or soothe harms from the toxic environment.

Talking and listening were prized practices of friendship support. Talking was the medium through which support was most often given, and, further, most valued by participants. Talking to friends was described as “a therapy session” (Red), “the main thing that helps me” (Shannon), and “the biggest thing for me” (Bani). For participants, just knowing that they could talk to their friends if needed was its own support in the form of assurance that they were not alone. Bani described the significance of knowing friends would make themselves available: “I’m gonna find some way to tell them that I have this issue if they can come, and we can just chill and have a talk”. Talking, especially face-to-face, was important to all participants – and they demonstrated a tenacity to overcome obstacles to be available to friends. Alma described supporting friends during the first COVID-19 lockdown, saying she would do “the most she could” to be there for friends, “even if that takes, like me standing on their driveway with masks like ten feet apart from them while they’re at their door and like just talking to them about their feelings.” Talking and listening are the base on which the following methods of support are built.

Participants described a certain type of listening they used to support friends that was about being present with friends while they spoke their emotions. Participants listened well by not trying to fix their friends' problems and practiced this by checking if they would like feedback or just to be heard. Other practices of listening well were encouraging friends to express their anger or being available to vent. Speaking of what she did to be a good listener, Nina explained: "[I say] 'Do you want me to help you like to give you advice?' or I just like sit there on the phone waiting until she's like done crying." By listening to one another in such ways, participants and friends felt heard and were given agency over the support they received.

One way that participants supported their friends without trying to solve their friends' problems was through validation. Validating was the practice of showing friends that their feelings and interpretations of the world matter. When it came to supporting a friend, for Valerie, validation was a part of providing apt support: "Even if it's a bigger deal, or a smaller deal, still validate their feelings because you're their friend and just give them the correct support". Friends were seen as especially important sources of validation, as they were fellow teens who understood what their friends were going through. Validation was linked to friends not dismissing them, and one way to show that "they actually listened to me" (Bani). This was often described in opposition to the dismissal they felt from parents.

When participants or friends wanted help solving their problems, one process they engaged in was reality checking. Reality checking occurred when participants told hard truths for the benefit of their friends as a way of looking out for one another. Bella gave the example of suggesting that her friend end a toxic romantic relationship by wryly questioning the dynamics of the relationship, asking "Do you think that's actually healthy for yourself?". Reality checking

helped participants to process their struggles, find solutions to their problems, and be held accountable by a loved one for their own well-being.

Furthermore, participants had their material needs cared for when friends made sure they had food to eat, a place to stay the night other than their home, and assistance with school. Bani described one of her friends helping her with her with school during a particularly difficult time, saying she helped her with homework and “other times she would actually do the assignment for [me]. And I feel like that is something that really did help me, because with that my grades were actually average”. Friends were sometimes better positioned than parents, teachers, or other adults to know what a participants’ material needs were. Participants also made use of this positioning to assist friends when their care needs went beyond material support.

Participants described assisting friends in getting professional mental health care by researching and recommending practitioners, encouraging friends to speak to guidance counsellors or their parents to get professional help, and helping friends navigate barriers to that help. Participants understood the importance of professional help and were prepared to deal with their friends’ resistance and the potential friendship fallout from pushing them to seek care. Shannon described keeping a bookmarked folder on her computer of therapist profiles for friends who need them and sending them to one friend, saying: “I know you probably don't have the energy for this, so I just like filtered through like a bunch of therapists and I found ones that, I don't know, their vibe seemed okay”. Her friend found her therapist from that list. Valerie similarly looked up and suggested a therapist for a friend in need. In the practice of referring friends to mental health professionals, participants helped their friends navigate an overwhelming and confusing process that they may not have been able to do alone. Though, as

mentioned previously, the cost and privatization of mental health care meant it was inaccessible to participants or their friends whose parents couldn't or wouldn't pay for treatment.

One compelling aspect of these methods is that participants were extremely mental health literate in terms of being knowledgeable about specific mental health challenges, the larger discourses around mental health, and the need for and benefit of professional help. Participants reported personally dealing with mental health difficulties from a young age: "I was like depressed but like in grade six, it was like way earlier than like anyone else that I know" (Nina). Other participants reported having friends who dealt with mental health difficulties from a young age: "I had a friend with OCD, um, pretty severe when she was younger [...]" (Jude). This made participants well positioned to notice symptoms of mental health challenges, to be aware of the risks related to non-treatment, and to guide friends towards professional help.

Participants sharing mental health advice with friends, based on their own experiences with mental health challenges or lessons learnt from therapy, was a way for therapy to trickle down to those who couldn't access it. For example, Jude said "I remind my friends all the time, like, 'You feel this way now, but it won't last forever. You'll get out of it'". Sharing learnt wisdom allowed participants to make meaning out of their own struggles, as well as provided mental health information to those who may be unable or unwilling to access therapy.

When supporting friends, participants had to evaluate if they were equipped to help a friend with what they were going through:

It's about: am I the correct person to deal with this, because like if it's school drama, then yeah, I can totally give you advice. But I don't want to be responsible for giving you advice about something that could potentially be dangerous to you or you're already in the situation where you need professionals. (Valerie)

In circumstances where what friends needs could be met by being listened to, validated, or reality checked, participants and friends thrived at supporting one another. Participants ran into

difficulties when their friends had problems beyond what they could address, and for various reasons, those friends didn't have access to other forms of support. Sharing how she tried to support a friend living with bulimia, Nina illustrated the challenge of this sort of support:

I tell her, like, it's like: "Just keep your food down. You're not actually like-" because she's always like "I feel sick, like I need to go-" but I'm like, "you're not actually sick just like it's just in your mind, you'll be OK." Just like "go lay down," like "don't worry," like "you need to open up to your parents about this," like "you need to actually get professional help," like "I'm here for you, but you need to remember that this is an actual issue that you need to deal with." Just like trying to comfort her, but still making sure she knows that she actually needs the help.

I quote Nina at length because I think this gets into the messiness of trying to support a friend alone, especially with issues beyond what one feels they can handle. As friends, participants had a special window into the lives of their peers and often knew more than the adults around them. The privileged position of *friend* came with many tensions that could pull participants in conflicting directions. Participants had to reckon with how to support a friend but not enable them, how to encourage them to talk to their parents without telling on them, comfort them but also try to express the seriousness of the situation.

4.2.2 Therapeutic Values

I use *values* to denote a pattern of behaviours or beliefs participants appreciated, desired, or viewed as important in their friendships. They are *Acceptance*, *Reliability*, and *Mutual Support*. *Therapeutic Values* connects the way participants' friendships helped them heal and flourish, whether situations were optimal or far less so. Participants' descriptions of talking to their friends, "as like therapy" lead me to pay attention to what elements of their friendships felt therapeutic. It is my contention that these values create the environment for mental health support to be actualized and bear particular meaning when considered alongside the toxic environments participants were in.

4.2.2.1 Acceptance

Acceptance for participants meant feeling welcomed and valued by their friends when they were being their true selves. Participants highlighted the importance of acceptance in their closest friendships, as it led to participants being able to be open with their friends, to “[...] talk about anything” (Bella). For many, this type of acceptance was unique to their friendships, as participants expressed that friends allowed them to be themselves in a way they weren’t in other relationships, such as with peers or parents. Speaking about what she gets from friendship that she doesn’t get anywhere else, Jude said, “Just like being able to be completely yourself. I’m really close with my mom, but like sometimes there’s things I don’t tell my mom. Like, I tell her a lot, but I don’t tell her everything”. The openness borne from acceptance was highly valued by participants due to its uniqueness, creating a dynamic specific to friendship.

Non-judgement arose as an important characteristic of acceptance as it soothed fears of rejection or criticism. A non-judging friend is one who “won’t judge you for picking up a new hobby or something you said, like a thought you had about someone, or your grades at school” (Nina). This was especially true around the notion of *weird*. Answering *what do you get from your friends that you don’t get anywhere else?* Red said, “the ability to just talk about weird topics and concepts free of judgment”. To illustrate how weird she felt she could be with her friends, Valerie laughed and said she and her friends often say: “If anyone heard us talk, you realize we’d go to a mental hospital, right?”. Participants expressed that they could be a version of themselves that others would find weird or concerning, yet with friends, was acceptable.

The acceptance and non-judgement felt in friendships becomes especially significant in light of the potential for teen girls to experience rejection due to adultist, patriarchal views of teen girls. A site of tension for participants was their parents minimizing the importance of their

friendship. Bani described this with her mother: “She’s always complaining, ‘You’re spending a lot of time with your friends, you’re not at home.’ So I actually do try to have that connection with her. But it’s quite hard because most of the time she’s always busy”. Due to her mother rarely having time to talk with her, her friends became more important because they didn’t make her feel dismissed: “If I have an issue and I try to tell [my friends] there’s something that is bothering me, they’re always there to listen to me. Obviously, I’m gonna spend more time with the person that I feel is there for me” (Bani). In the space of friendship, participants were less likely to be dismissed due to patriarchy and adultism. I say less likely because in some instances, participants minimized their problems with adultist reasoning, like when Nina said: “It’s really difficult with school and stuff and like it’s classic teenager stuff, you know, like relationships, fights, or whatever”. Yet even with the seeping in of toxic environments, friendship was a foremost source of acceptance for participants.

Finding and maintaining acceptance required participants navigate challenges. First, participants had to find friends who accepted them. For Red, this did not happen until near the end of high school, on which she said: “It was difficult because I found I isolated myself a lot in grades 10 and 11 because I didn’t find my people”. Another challenge to finding acceptance, especially for marginalized youth, was the impulse to self-edit to fit in better. Nina expressed feeling closer to her friends she met through her cultural youth group as she felt she ought to be more reserved with her Canadian friends: “And like because of that, when I’m with them, it kind of reflects on my personality because I feel like ‘Ahh maybe they don’t want me to be loud. Maybe they want me to be like...’, you know?”. Trying to change for others was a coping strategy that both protected her and prevented her from being herself. Embracing or tolerating vulnerability may impact receiving the full benefit of acceptance.

Vulnerability existed along a spectrum. At one end, participants saw vulnerability as a mechanism of friend-making. Speaking about who her closest friends were, Shannon said: “[I’m] most invested in the friends who we’ve sort of been vulnerable with each other so like [...] our insecurities or when you were having bad mental health days and all that jazz.” On the other end of the spectrum, two participants avoided vulnerability in their friendships, though for different reasons. Nina shared that she just doesn’t like being vulnerable, giving the example of not telling friends if she got a bad grade. Cora’s friend group appeared inclined towards keeping issues private, as Cora explained that for the group personal issues were felt to be “too personal” to share. Neither Cora nor Nina described feeling particularly supported by their friends.

4.2.2.2 Reliability

Reliability in the context of teen girls’ friendship was about showing up for friends and consistently being a part of their lives, whether friends are experiencing ease or challenge. Participants described a friend as someone “who is there for you” (Bella). Reliability was associated with communication: “I think the close friendships happen all the time, you’re just constantly in each other’s lives. Even if you don’t live near them, you’re just constantly present, I guess. It’s about the constant communication” (Valerie). Reliability also meant dependability. When describing why certain people were her close friends, Bani explained the significance of knowing they would help her if she needed it: “Whenever I feel like I’m not OK, I can just call them up and they’re always present for me, regardless of where they are, they just make sure that they check up on me.” This quote also shows the iterative nature of reliability, as participants trusted their friends to be there for them because they had been there for them in the past.

A common practice for participants was “checking in”, which was a way of maintaining a caring presence in friends’ lives by regularly asking them how they are doing. Other than being

there to talk when needed, participants described this as the thing they appreciated most that their friends did to support their mental health. Checking in made participants feel loved, cared for, and important in their friends' lives. Participants who did not have reliable communication with friends reported that this caused them stress. Jude and Red both discussed having anxiety about always being the one to text their friends or the friend group first. The pandemic limiting in-person communication exacerbated the problem. Jude acknowledged, "I think that really affects me because I sometimes like I need reassurance that, like, we're friends or that like, you know, you're still there". Demonstrations of reliability were seen by participants as assurance not only that their friends are there, but that they want to be there.

Returning to the issue of patriarchy and adultism resulting in participants or friends not reaching out to adults for support, this increased the weight of reliability as participants felt it extremely important to be reliable or to reliably be reachable. "I don't want people, my friends, to think 'I had no one to turn to' or 'I had no one who cared about me or wanted to talk to me'" (Red). Being reliable for friends could take on a sort of vigilance, and with that, stress.

4.2.2.3 Mutual support

The value of mutual support was present when participants trusted that they would be supported by friends when needed and that they, in turn, would offer support when called to. By the term *support*, I refer to actions and behaviours that one does to help another with challenging things. Like a pillar or brace, *support* is a form of caring that seeks to alleviate the weight of something difficult to bear. Participants viewed supporting one another as an inherent and imperative part of friendship. Valerie conveyed this in her statement: "I think if somebody is your friend, it's your role in the friendship to support them and it's their role to support you. It's kind of like a mutual thing". Within their friendships, participants described mutual support as

part of what made friendships deep and rewarding. Support was something that built trust and reliability: “I take my friends' challenges- it’s an opportunity to prove that I'm like, I'll be there for them no matter what” (Alma). Supporting one another was an accepted practice, and for participants, something they described themselves benefiting from both giving and receiving.

How meaningful friend-support was may be related to how much support participants received from their parents. During Bani’s parents’ divorce, Bani described her relationship with her mother as: “All the time she was blocked up and I didn’t have anyone to talk to”. In this context, Bani said her friends gave her that missing someone to talk to. Conversely, Cora reported that she received enough support from her parents and so exclusively went to them for help with her problems. This is due in part to her friend groups’ norms related to not discussing mental health issues, but she also confirmed this is because she is happy with the help her parents offer. Similarly, another factor affecting how impactful friend support is may be gender, as previously noted, participants reported their guy friends received less support due to gender norms. The support they did receive may have become all the more important, and with that knowledge, increased the pressure participants felt to continue supporting them.

Mutual support remained important for the participants who reported some issue with the support they received. Nina shared that she found her friends attempted to support her, but were not wholly effective, saying: “They try... but mostly I help myself, you know?”. Nina acknowledged that she doesn’t want more help from her friends, as she would rather take care of herself and not show vulnerability. For Bella, she described feeling unseen: “I’m always out there for people. I’m going, helping people out. But I realized, like, no one really looks out for me sometimes”. I find their experience significant because it speaks to how supporting their friends was valued even when it was not an equal exchange. They still support their friends

because it mattered to them to do so. This was in part because it gave them fulfillment, but more so because they knew themselves to be good friends – and good friends support their friends. In this way, the values of friendship deeply impacted the actions of friendship.

4.2.3 World Crafting

World Crafting, the final subtheme of *Power-full Friendships*, describes the way that participants, with their friends, could create conditions and spaces to feel good and share those feelings together. I begin by describe the pattern *Shared Mood* to illustrate how participants reported friendships made them feel and the meaning this held in their lives, including a discussion of the challenges of shared moods in relation to teen mental health. I then describe the way that participants' friendships were chosen communities that they used to meet specific needs related to their identities. Creating a shared mood with friends brought them happiness, while their chosen communities created feelings of belonging, safety, and comfort.

4.2.3.1 Shared Mood: Generating Positive Affects

Participants described their friendships as important sources of happiness. For Valerie, this was a pure, seemingly ideal happiness: “[It feels] just so good. Like honestly, no other words for it. You’re just happy.” Bella discussed this happiness as infused with a sense of contentment, saying: “I just feel happy, just at peace and just like ‘this is good, I like this place. This is my happy place’”. Laughter and fun were important aspects of friendship for participants, particularly in the way that friendship could make even the mundane seem fun. Cora described her friends as important to have for “support and just to like have fun”. Being able to be silly with friends was important to participants – as an example, Valerie described turning a study session into a pretend interrogation to make it more fun. In these ways, through friendship participants were able to generate feelings of enjoyment and happiness and experiences of laughter.

As a practice of friendship, participants described cheering their friends on and trying to cheer them up. These were practices related to creating good feelings in friends, such as giving compliments, sending funny memes and nice messages, or supporting their hobbies and interests. “They try to point out some of the things that they do actually like about me. And that made me feel even more confident and it kind of boosted my self-esteem” (Bani). Cheering on and up helped participants to feel like someone was on their side. To feel good with friends took on particular meaning in “this dumpster fire of a year” (Red). Through friendship, participants were able to create for themselves good feelings that they may not have had otherwise.

Fulfillment was another feeling that participants had access to via friendship. For Shannon, her friends themselves were “a really important source of fulfillment”. For Valerie, gratification was associated with playing a support role: “I like seeing them get through it, you know?”. Similarly, Red said her friends “give me so much joy because they’re a group of people who really care about me and we all really care about each other”. Friendship was a source of satisfaction that participants had influence over by being there with and for one another.

However, the control participants had over their crafted worlds had limits. While teens could generate and share positive moods with one another, unmet mental health needs also impacted moods. Having friends struggling with their mental health evoked strong feelings of worry for their friends, especially around self-harm, “which has happened before” (Shannon), or suicidal ideation. For Red, this has resulted in a vigilance around her friends’ mental health: “I’ll have a friend who will tell me, ‘I contemplated suicide a few months ago’ and I’m like, ‘WHAT? I had no clue!’ and so I feel like I’m always on guard because I don’t want to lose anyone”. This, once again, is the increased pressure participants felt to be reliable for friends in the absence of other supports. Participants described their mental health as linked to their friends’, such as when

Bani said that if a friend was having a hard time “I kind of feel like I’m also having a hard time because for me, I’m just happy if my friends are happy”. Participants emotional states were deeply connected to their friends’.

Some participants discussed vicarious emotional stress or pain due to the depth of their care. Describing how she is affected, Valerie said, “You love them, right? So like you can’t – it really hurts to see somebody going through anything that hurts them; it affects you emotionally.” The emotional hurt was related to the desire for friends to be okay alongside the feeling that with certain mental health challenges, there were limits on what they could do as a friend:

It really gets me down because I really do care a lot about my friends and I feel like when I see they’re having a really hard time, I just I want to get them out of it. I know sometimes it’s not something I can do. (Jude)

Participants had power to craft their worlds by sharing moods with friends, but those moods were limited by the power participants had to influence factors outside of their control.

4.2.3.2 Chosen Communities: Being ‘Got’

For almost all participants, their friend groups acted as small communities that reflected a facet of their identity. Often, this was related to feeling like an outsider among the larger peer group. Alma, Nina, and Valerie spoke about the challenges of being from second or first-generation immigrant families. Valerie remarked:

It’s hard to relate to Canadians fully, but it's hard to relate to [others from same ethnic background]. And you're kind of like in this weird center where I think [my other friends in the same social location] are the first people who I've ever met that I had that like, oh, “I get you” in that way.

Having people who “got them” was important to participants and having friends that shared aspects of their identity with them was one way they accomplished this. Red, a lesbian, noted

that those she was close to also “belong to the same sexual minority group as me”. Outsider statuses, through friendship, were transformed into feelings of belonging.

Belonging to a community of friends also provided protection to participants. Bani, as a Black woman at a school that was mostly White, found it very hard to find a sense of belonging there. Having close friends at school who were there for her made her “feel like it’s a place that I can belong” (Bani). Further, her friends took action to ensure her emotional safety at school:

Because of my skin colour [...] some of the people whom I [go to] school with, they actually bully me, but my friends are always there to stand up for me and they always try to say something, and for me that means a lot because they stand up for me. I feel like if anything was to happen, they’re always going to be there for me. (Bani)

Across participant identities, the idea of protection and a caring group of people looking out for them was a comfort to participants. The idea of “being got” was especially present around points of oppression, as above with racist bullying, and also with situations of homophobia or violence against women. Red spoke about ending a friendship because her friend was dating someone who expressed bigotry: “I told her I can’t be friends with someone whose boyfriend belittles people’s existence. And my existence as well because of his sexist and homophobic attitudes.”

Valerie discussed needing more from her friendships after experiencing sexual assault:

It like causes you to see the world a bit differently after going through that. So once you do, you kind of have to have people who are more empathetic and aware to that or just more aware to the need of women’s rights, because your eyes are kind of open to it.

Participants’ racialized, queered, and gendered experiences shaped the friendships they desired and rejected, and with that, the friendship worlds that they crafted.

4.2.4 Power-full Friendships Conclusion

I explored teen girls’ friendships and mental health through the lens of power, arguing that teens have the power to care for one another’s mental health through friendship. This power is based in the effective ways they support one another, shared values that create therapeutic

spaces, and the ways that being together can generate positive feelings and connection. However, this power is limited, as participants and friends were facing specific mental health challenges, different sets of knowledge, and differing access to professional resources. I also explored the ways that structural barriers and oppressions limited participants' well-being and efforts to support one another. In the next section, I'll explore how friendship and supporting one another's mental health through friendship resulted in empowering processes.

4.3 Self-Becoming

Self-Becoming names a process generated through analysis and centered in my understanding of participants' mental health and the role of friendships to teen mental health. Self-Becoming combines multiple factors: *Self-Determination*, *Self-Knowledge*, and *Access to Resources*. Self-Becoming is the process of coming to know oneself in order to choose what mental health means for them and accessing whatever resources are needed to move towards it. Self-Becoming is different from Maslow's (1943) notion of self-actualization as it is a process as opposed to a state one reaches. I first discuss self-determination as significant to understanding teens' mental health. I then explore self-knowledge – how it was present in participants' lives and the role that it played in their mental health. Following, I discuss resources related to caring for one's mental health. Finally, I show the relationship between Self-Becoming and friendship. Throughout, I consider the ways that Self-Becoming is impacted by the toxic environment.

4.3.1 Self-Determination

The way that participants defined mental health came to mean a great deal for how they engaged with their mental health. This is the self-determination required for Self-Becoming: choosing for oneself what mental health means and looks like. Participants' definitions of mental health were not all the same, reflecting different priorities, worldviews, and needs. A pattern in

the way that participants talked about mental health was as a continuous journey, rather than as a state that one had to reach and maintain. Caring for one's mental health was seen as an active process that took intent. This was reflected in the way that participants engaged in activities to care for their mental health daily.

As told by participants, at its most basic: *mental health* is how you are and what you are doing about it. Participants described *mental health* as a measure of the quality of their emotional or psychological well-being. Nina described emotional well-being as "how you're feeling on the inside." While Nina related mental health to what she was feeling, Bani saw it as an experience of being: "Mental health is basically like how emotionally... how I am. My emotional, physical state, yeah?". Conversely, Bella found it helpful to view her mental health and physical health as two halves of what made up her overall health; she then used this understanding to apply the ideas of physical health to her mental health: "We have to try to keep our mental health 'in shape' by treating ourselves and our mental health properly". The idea that mental health involved *doing* was apparent with all participants.

One way this *doing* understanding was present was in how participants conceptualized mental health as a journey without a destination; a process without an endpoint. Viewed as a journey, taking care of one's mental health was an engaged process. Maintaining one's mental health took intent: "I think one important thing I learned recently was that, like, you can be mental ill but mentally healthy and you can be mentally not ill or, for example, mentally abled, but not mentally unhealthy" (Shannon). Red described mental health as "a persistence towards happiness". *Mentally healthy* was not a state but a series of actions, and one that many participants stressed took work. Valerie explains that the work can change:

I think it's easier- it's never fully easy, it's always like you have to remind yourself to do it because you don't want to and you just want to hope for the next day it disappears, but it doesn't [...] so it's not easy, but at times it could be more challenging than it is usually.

In the context of COVID-19, participants were very aware that their mental health needs could shift based on circumstances outside their control. The idea that one could reach a mentally healthy point was somewhat present for one participant, with Cora describing seeking out arts therapy in order to “take care of her problems now rather than later”. Notably, this understanding still includes the notion of engagement and effort.

Two skills discussed as part of the work of caring for one's mental health were self-accountability and balancing. Participants discussed the importance of being able to check in with oneself honestly. As mental health was about being able to tell if they were “okay or not” (Cora) or “how I am” (Bani), participants described ways they assessed themselves and acted accordingly. Red explained holding oneself accountable as:

Hav[ing] some conversations with yourself a lot, asking if you're doing okay and if you're not, to own [it]. Generally, like if you have depression or anything, not just going “oh like this is some symptom” but like “this isn't right, I'm going to search it up and see if this is anything”.

If something seemed wrong, Red saw it as imperative to investigate it. Friends supported self-accountability in a number of ways. Participants discussed ensuring their friends took care of their emotional needs by following up with them, as Bella explained she would do if she noticed a friend was having a hard time: “I'll just go to them first just checking if they want to talk and if not then they can come to me afterwards – unless I see that they're getting worse”. If she saw a friend “getting worse”, Bella discussed taking action and recommending they talk to a mental health professional. Participants discussed being reality-checked by friends, with Alma describing it as a moment that it's like you have a therapist within a friend who will help you figure out what to do with a problem: “They'll tell you, like, ‘Okay, you screwed up, bro, you

need to fix yourself and you need to, like, straighten up your ass because you know, no one's perfect". Having friends who reality checked them was highly valued by participants.

Balance was a resonant concept for participants, as something to aspire to and a way of caring for their mental health. For Nina and Shannon, it was about being balanced with their emotions. Shannon described having good mental health as "not fluctuating between intense highs and lows of emotion, like avoiding those extremes". For Alma, it was about taking control of her "social life, health life, and school life and finding balance in all three of those". As an example of this in her life, she shared:

Sometimes I have to sacrifice getting a good grade on a test to better my mental health, because I really know that I can't sit here all day studying so I value that two hours for school and the rest of the day I fill [with] like my social life, that's how I find balance.

By adjusting things based on their priorities, participants were able to better care for themselves.

4.3.2 Self-Knowledge

I define self-knowledge as pieces of information about who they are, how they function, and what they need, that participants held to be true about themselves. Self-knowledge is important when discussing Self-Becoming, as it was used to actualize or enact participants self-determined ideals of mental health. In their day-to-day life, there was a pattern of self-knowledge protecting participants from peer pressure and stress. Self-knowledge was developed from a number of sources: some participants sought out research on self-improvement, others learnt about themselves from friends, and others gained insight through introspection. Importantly, self-knowledge as a protective factor does have limits, especially in the face of structural issues.

Peer pressure, or peer influence, was described by participants as something that could derail their own mental health journey. Participants understood teenagers as being susceptible to influence: "I think teens are a lot more insecure and trying to figure out who they are in general"

(Shannon). Participants felt peer pressure to experiment with drugs, drink, and deprioritize their schoolwork. Knowing themselves, based on past experiences or introspection, allowed participants to make decisions informed by their own needs. After seeking out resources on self-development, Alma's knowledge of her values and priorities resulted in her resisting peer pressure: "I don't like to take part in [a thing a lot of other teens are doing]. But it's a very teenager type of thing from my perspective, to like fall into social peer pressure and stuff like that. And I don't think I need that validation from other people" (Alma). As another example, Bani reflected on how knowing herself led her to choose her friends carefully. Bani – speaking about how her staying in school and getting into the college she wanted was a result of leaving the friend group who pressured her to drink and get into trouble at home – said: "I feel like if I did actually not listen to myself, right now, probably I could have turned out to be like that [dropped out]". About her experiences in seeking friends and avoiding peer pressure, Red shared: "I would see them and I would be jealous of [the popular kids] because they had this very large group of friends. And I'd be like, 'but if I was in that group of friends, I would be pressured to do drugs.'" Assuring herself it would work out on the friend front later, Red focused on school. When I asked her how she found peace with not seeking peer validation, she shared that in elementary school she didn't have a large group of friends and realized that:

If I can make it through the 10 years of school where I was bullied or I didn't have a great group of friends [...] and still have a positive outlook and be happy that it happened, four years in high school shouldn't be that bad.

By reflecting on their pasts and thinking about what they wanted from themselves and their relationships, participants' self-knowledge protected their interests and well-being.

Self-knowledge was also a protective factor for some participants from the stressors of high school. Regarding marks, Shannon shared that: "Especially in high school [I've] been a bit

more [...] resolute on like what my own path is going to be and what's going to help me".

Speaking about not getting high grades just for the sake of having a high grades, she said:

I'll achieve the minimum that I need for whatever my goal is [...] for example, if I can get into [a very prestigious university] with like an 80 average that's all I'm going to do unless I have a particular class I really like.

By knowing what she wanted, she avoided stress over things that weren't important to her goals, such as receiving low grades in chemistry. Alma also used self-knowledge to contextualize her worries. As a daily practice, she said she meditates and looks at what she calls "the bigger picture": "Every day I reaffirm my long-term and sort term-goals. So like things that bother me in the moment, I tell myself, 'Ok, is this going to matter in like 5 to 10 years from now?' It's like, 'probably not'". Shannon similarly discussed keeping the big picture in mind regarding where she is in her life: "I'm literally only 18... like any mistake I make now, for the most part, isn't going to be life changing". By knowing what they want and where they are in their life, participants used their self-knowledge to prevent themselves from stressors.

Participants also demonstrated self-knowledge even when they hadn't translated their knowingness into mental health practices. In discussing what their mental health challenges were or how they handled situations, participants showed self-awareness – an important step on the way to self-knowledge. Bella, for example, discussed knowing that the pandemic was hard for her in particular because she does not like change: "I get so anxious when my plans don't work out". Discussing the link between awareness and improvement, Shannon spoke about the type of assignments that stress her out, saying "I think what's good is I've learned how to handle, or at least recognize that stress [...] and I don't think I would have recognized that before".

Sometimes for participants, their challenges were just the way they did things and change wasn't on their minds. Speaking about how she handles difficult emotions, Nina said "I just like, push it

down until something really small will bother me, like dropping something on the floor. And then like I'll cry over that and it'll all come rushing down". This awareness came from participants noticing and questioning their own patterns. By viewing mental health as a journey, participants positioned themselves as always in the processes of learning.

While self-knowledge can be protective against peer pressure and certain stresses, there are some things that self-knowledge couldn't protect participants from. Bani experienced bullying that affected her self-confidence at her school, particularly around her "dark skin" and hair texture. Self-reflection, here, does not stand in as a solution to racism. Body image and self-esteem were an issue in particular for non-White participants. When asked what she would do if she could do anything to help teen mental health, Nina said: "Erase the idea societal beauty standards for women and men [...] I think it's really dumb when people get hate because of the way they look, like you don't know anything about that person. It's just shallow." Further, awareness of structuralized inequalities may assist teens in understanding the world around them, but it doesn't fix the mental health impact of them. Speaking about how having knowledge can sometimes make things more difficult, like being able to recognize and name racist microaggressions, Shannon said: "It really becomes harder to cope with because it's like, 'Dang, this world is not fair. And I'm going to directly experience challenges arbitrarily because, like, the world is unfair.'" Knowledge of oneself and one's experiences may be helpful, but depending on the scope of the challenge, knowledge alone is not enough to bring about well-being.

4.3.3 Access to Resources

Participants demonstrated that when they had the necessary resources, they were able to practice Self-Becoming, bringing into being their conceptions of mental health. Sometimes, this was despite the presence of a toxic environment, though other times it proved to be a significant

barrier. This subtheme will discuss professional mental health resources and issues of access, as well as other mental health resources such as friends and autonomy.

Participants discussed mental health professionals as important resources to accessing their mental health ideal. Those who had access to mental health professionals experienced long-term benefits. Jude explained the coping skills she learnt from her social worker to manage panic attacks before trips and public speaking ended up being transferable to other areas of her life:

My social worker started giving me crystals and stones. So I would start taking them with me wherever I go. I keep them in my pocket and I would just kind of take them out and like, hold them. And that I felt like really grounded me.

Participants showed a desire to seek help from mental health professionals. For some, this was hypothetical: “Currently now I am doing pretty well. But I would if I was really struggling” (Bella). Other participants were actively in the process of seeking out resources, such as Cora, who had at the time of her interview just signed up for a mental health and art group¹⁰: “So I’m kind of excited for that... I want to learn more about it, probably to find ways to help myself de-stress and learn how to cope with my feelings and my well-being” (Cora). Participants were actively seeking, or prepared to seek, resources that would be meaningful and helpful to them.

While the desire was there, participants or participants’ friends still faced barriers in accessing mental health services, on personal and structural levels. The first barrier discussed was stigma. Participants felt that their peers sometimes misunderstood the purpose of things like therapy and thus were resistant to it: “I think sometimes it can be like, ‘Oh, that person’s going to counselling I guess they’re really struggling’ but maybe they just really needed like- maybe they’re just going through a rough time, they just needed someone to talk to.” (Bella). Jude

¹⁰ I am unsure if this was a service she paid for or if it was free, as it was offered through a hospital. If it was public, Cora is the only participant who successfully accessed a non-school-based public health service.

discussed the particular struggle boys have with mental health stigma: “I see that in them it’s not as easy to share things [...] so I feel like especially for them, like, it’s important you can share these things. Like, ‘I’m not going to think any less of you if you do tell me this’.” Jude likened destigmatization to “being able to share what you’re going through and not having people judge you or have a misconception about you that’s not true”. For participants and friends, fear of stigma was a fear of being mis-seen. Shannon noted that “it’s still culturally very difficult and still culturally somewhat taboo around the world” to seek out professional mental health help. Alma spoke to another norm in many cultures – not asking for help – wanting others to know: “You have all these resources and don’t be ashamed to contact these people because at the end of the day, these are the people that are going to help you through it”.

As much as participants wished to spread the message to peers to get professional help, they also pointed out structural issues in accessing it. Participants called for lower or no-cost therapy, as “We shouldn’t be paying hundreds of dollars out of pocket to heal from trauma or get the help we need to happily live our lives” (Red). About available public services, Shannon said:

Like, firstly, it's not it's not it's not really free. Like, I think OHIP does cover some amount of like psychologist or psychiatrist. But there's a waitlist, so I don't know, hire more staff or something because like I had a friend¹¹ who, like it's like you wish they would only wait a week, but they end up waiting two months. Like in those two months, their suffering every day and you can't do anything about it.

As it was sometimes challenging enough to get friends to agree to seeking professional services, having to deal with challenges like long wait times was extremely discouraging to participants.

A factor that eased participants’ ability to care for themselves was autonomy. Participants found capacity to care for themselves and their wellness when their circumstances allowed for

¹¹ Shannon’s friend she speaks of here is the only friend of participants’ reports who successfully accessed a public mental health service.

freedom to choose for themselves and act on those choices. Participants showed that they know what helps them feel better and take steps to do just that when they need to. Bella discussed knowing what is important to her mental health: “Just like praying. That’s helped me – my relationship with God. Music really helps me. Song writing has been helpful to me, just like playing music and stuff like that”. While students during online-learning in the context of the COVID pandemic were often told to take a break and go for a walk, Shannon decided to instead do something that worked better for her: “I don’t like taking walks because walks feel aimless, but I like biking around in the sunshine a lot. I find that like being outside in sunny weather just makes me feel content.” Other participants discussed connecting with friends as important to their mental health. “After school when I meet up with my friends it definitely destresses me” (Cora). Having the freedom and autonomy to pursue meaningful activities allowed teens to take good care.

To have autonomy, teens needed to have control over their time. Nina discussed the importance of “making time for myself, like making time every day, like spend at least an hour outside, like fresh air, you know? And spend time doing my schoolwork but not if I’m too drained, I can work on it another day”. Participants used the control over their schedules that they had during online-learning to structure their days in a way that benefitted them. Speaking about finding time to care for herself, Bella said that it was easy during COVID-19 as she had the house to herself every other day. Though she also noted that when her parents were home, they were respectful of her need for space: “Maybe my mom will knock on the door like, ‘Are you okay?’ and I’m like ‘yeah, I’m just taking some time,’ and she’s like, ‘Okay, cool.’” And then she just closes the door. They’re pretty good about that stuff.” Having autonomy often meant that their parents respected participants’ choices and self-sufficiency.

Being able to access friends and spend time with them was extremely important to participants, however adultism could be a barrier to these efforts. An issue described by participants was the amount of control parents had over their children: “Some parents do not let them go out like more than once a week, which is really unfair to them, like, mentally, because they want them to focus on school and stuff like that” (Alma). The friend-mental-health link was often made explicit by participants. When asked *If you could say something that adults would actually hear and listen to, what would you want to tell them?* Red responded:

That we rely more on our friends more than they think we do. That not being around people our own age is detrimental for our mental health. Taking away our ability to be with our friends is harming us more than you think it is.

In preventing them from seeing friends, participants felt like their parents were cutting them off from important resources for their mental health. Knowing what one needed for balance required self-knowledge, but in an adultist paradigm, the knowledges of adults are always held as more valid than the knowledges of teens.

Another limit to participants’ autonomy over their time was the demands of school. Participants shared the normalization of practices and attitudes at school that resulted in an internalized pressures to succeed at the cost of their well-being. Participants talked about school as an all-encompassing part of life. Nina said that even if you aren’t as “grade focused” as she is, “it will eat you alive”, explaining that school and homework took all her waking hours, making it impossible to see friends on weekdays and sometimes weekends. Participants discussed struggling to balance school and other facets of their life – as a grade 12 student, nearing the end of her time in high school, Cora said: “I’m still trying to find a way to deal with it”. Participants felt precarity in a school system that constantly assessed them in a way that required success, leaving them with the sense that fell behind on even one assignment they wouldn’t recover:

It makes me sad sometimes because if you do badly in one thing it kind of becomes a huge snowball: if you do badly in one thing, you do badly in another thing and it becomes a bigger and bigger problem as it goes on. So it kind of makes me feel worse. (Cora)

Participants mental well-being was intricately tied to the demands of school and the time diverted from self-care that it took to avoid what felt like disaster.

The final resource that participants benefited from was adults they trusted. Despite worries of dismissal or coercive control, participants still had strong desires for help from adults. I'll reprise that Nina, when urging her friend with bulimia to tell her parents, said "you need to get actual help". This illustrates the way that parents or other adults were viewed as a vital and primary route to accessing care. Participants desired adult involvement when they had problems they could not solve themselves, but not at the cost of adults dominating the situation and making it worse. And participants did have experiences of adults worsening situations:

I had this classmate who was really struggling and she would not go into the guidance counselor's office to try and get connected to resources, because the last time she did, they had to tell her mom and her mom was like [...] super unsupportive, and like that did not end well. (Shannon)

A commonality from participants' tellings was non-trustworthy adults were paternalistic. Giving an example of one of the few mental health resources at her school outside of guidance counsellors, Red shared knowing someone who was forced into a drug intervention program:

Her friends were smoking weed just off school property but the [Vice Principal] came out anyways to talk to them that she's all like, "You guys are going to go to drug intervention therapy now. Third period." [...] And she was like, "But I wasn't doing the drugs." "You're still going to go because you're at risk. Because all your friends are doing it." So they were forced into that drug therapy against their will because [...] they said instead of like turning you into the police, you're going to do that.

In the above examples, decisions were made by adults and imposed on youth, with their own desires and senses of what was best for them overridden by the adults' concerns. Another

challenge to finding trustworthy adults was, especially at school, encountering adults who seemed more interested in changing teens' behaviour than helping with their problem:

I've never had someone who actually comes up to me, straight to me, and try to like see why I'm like doing this thing, because I might be doing something that is not okay, and they don't try to like understand where I'm coming from, yeah, rather than calling you out for that behaviour" (Bani).

The desire for help at home and school is there, but on more equitable and consensual terms.

When participants had adults they trusted to help them, they valued them dearly. Asked how she knows she can trust an adult with a problem, Bella said:

If I can talk to them about how I'm feeling and that they're not like talking, they're not a person who is like putting those emotions to the side, condoning – their sort of like supporting and trying to talk to you and help you through it.

Alma described her parents establishing their trustworthiness by telling her: ““You can tell us anything, whenever. And like, we're not going to [make a big deal] for whatever you did, even if we get mad at you at some point””. This, along with encouraging her to express her feelings and opinions, made Alma feel like she actually could use her parents as a resource.

4.3.4 Connecting Friendship and Self-Becoming

Friendship acted, in participants' lives, as a powerful site of Self-Becoming. Participants made choices about how they wanted to live and what experiences they wanted to have by choosing who they were friends with. Thinking about the roles that her friends play in her life, Shannon said that “it really is different for each friend”, discussing for example, a friend who is fun to be around and another who she often discusses politics with: “It's really refreshing to have people to talk to you about that just because otherwise I just think about in my own brain and that becomes really annoying”. Bani and Bella made choices about their friend groups to avoid dynamics they didn't want to be a part of. About splitting off from a group of friends, Bella said “I knew this set of people were better for me than that set of people”. Bani also talked about

knowing a certain group of friends weren't right for her: "It kind of donned on me that the friends that I used to have, they really did affect me even the way I was conducting myself, because I felt like I was changing myself in order to be acceptable." In Shannon and Valerie's cases, they understood their friendships as creating certain conditions in their lives that they enjoyed and worked for them. In Bani and Bella's cases, they realized, from their self-knowledge, that their friendships weren't creating conditions they wanted to be a part of.

Some participants even utilized toxic masculine norms to control their emotional worlds.

There was a sense, for some participants, that female friendships were less fun than male ones:

I would say that the female social world is a lot different than the male social world. In my experience, females have, like, realistically, they have more feelings and they like get hurt more and sometimes they're more entitled as opposed to men – which sometimes you see men have pretty deflated egos when it comes to like their connections between their own genders (Alma).

While Alma acknowledged that the boys/men that she knows might not have the best homo-social relationships, she also expresses that girl friends are more work. The idea that guy friendships are more fun was linked to the idea that they were less emotional. Bella expressed that she enjoyed hanging out with her guy friends because "there wasn't drama, we just sort of talked. I was just having fun. But like, yeah, I guess since like I don't feel as comfortable talking about emotions with those people, so I'm just like less emotion filled and fueled". Bella also said that hanging out with guys brought out "a lot more joking side" of herself. Similarly, Nina spoke about enjoying hanging out with guys more: "I don't like to show kind of like a weaker side to myself, to my friends. So, like, I think that's why I kind of prefer to be around guys, because they're not like that, you know? Like they're not so emotional too." Interestingly, both Bella and Nina reported friends seeking them out to talk and doing a lot of support work, while not always being satisfied with the help they got from their friends. By seeking out spaces less likely to

require emotional labour, they created breaks for themselves through the friendships they chose. Through friendship, they controlled their experiences by accessing different parts of themselves depending on who they surrounded themselves with.

Boundary setting was another way that participants made choices about their lives via friendship. Boundaries, to participants, were the limits they put on friendship activities – supporting, being there, listening – that ensured their own well-being. Friendship was a site that participants learnt their limitations. Speaking of a past situation, Shannon said:

I don't think I knew how to set boundaries or how to not be someone's therapist because I would stay up until two a.m. trying to text them and be like trying to not just let them spiral alone like that. And it's like, I can't stay up 'til two am every other day, you know? And so that wasn't sustainable. But I learnt not to do it anymore.

Returning to the idea of balance, Alma said, "I have to balance out helping other people and helping myself because like I find that when I do focus a lot of my energy on other people, I lose a lot of like motivation to do things on my own." Explaining more, she said, "My energy is very valuable to me. And I know that like being with people so often does make me lose a sense of identity". In both these tellings, Shannon and Alma felt out their boundaries as they came up against them and worked out what to do with that new knowledge.

Friendship was a site to learn about boundaries from boundaried friends. Speaking of a lesson on boundaries from a friend, Valerie said, "She's like, 'how serious is your thing?' and I'll tell her and she's like, 'Okay, I can emotionally handle it right now,' because you have to respect that too!". Valerie explained that respecting boundaries was also about respecting the limits of her knowledge: "Yes, you know your friends, but you don't always know what's going on. So it's good to create like a stable 'we have boundaries.'" In this way, boundaries in friendships are learned reciprocally, with participants encountering their own boundaries, or their friends' boundaries, and learning how to articulate them, and how to respect them.

Further, Friendship acted as a safe place for participants to practice setting boundaries and speaking their needs. As an example, Shannon shared:

I noticed from my peers, like a lot of them, there would be months at a time where it's like the only thing you talk about with friends is school [...] and I would deliberately steer the conversation away because I'm like, 'I've had enough of school. I'm not talking about that anymore. We need to think about something happier.'

Friendships were an area of participants' lives over which they had control, making them an apt site to explore their capacities to affect change for their betterment. The example of boundary setting shows how in friendship participants uncovered self-knowledge, practiced self-determination, and grew into themselves through friendship. This discussion of boundaries also shows how caring for themselves and Self-Becoming often went together.

4.3.5 Self-Becoming Conclusion

In this section, I have explored the process of Self-Becoming as one in which participants generated and enacted power, while also considering the ways that toxic environments can limit and influence Self-Becoming. By having their own conceptions of mental health, informed by self-knowledge, and moving towards that through their own choices and accessing resources, participants were able to have power in their relationships with themselves and others, assisting them in their mental health journey. Finally, I connected Self-Becoming back to friendship, arguing that friendships are indispensable in the process of teens' well-being and on-going efforts to become themselves.

Chapter 5: Discussion

The purpose of this study was to engage with teenage girls about their understandings of their friendship-based mental health support systems, and in doing so address a lack of research that privileges the embodied knowledges of this group. By exploring teen girls' perspectives on friendship, mental health, and support, this study serves to further social work's understanding of this population, and thus contribute to more situated knowledges about what mental health means to teen girls, and further, how teen girls can be best supported through awareness, resources, interventions, and advocacy. I asked the question: *What knowledges do teenage girls generate through caring for one another's mental health through friendship?*

In short, they generate a great deal of knowledge about their friendship processes, practices of support, and mental health systems. They situate this knowledge in their everyday lives, naming actors and institutions that aid or inhibit their efforts to care for themselves and one another. They generate understandings of how their knowledge is heard or dismissed, and the effects that has on their friendships, practices of support, and mental health. Caring for one another's mental health in environments that caused duress, with limited access to professional mental health resources that would aid them, participants generated knowledge about what needs to change to improve the lives of teens, and what will continue to cause duress should circumstances remain the same.

Participants defined *mental health* as a continuous process that they engaged with every day. They identified friends as important to their mental health as people who helped them on their mental health journey by being sites of joy, connection, and support during challenging times. Their knowledges generated an understanding that when we talk about teenagers' mental health, particularly teen girls' mental health, we need to talk about power – their power, the

power of their friendships, and the power others have over them. My analysis identified *Power* as a frame, *Toxic Environments* as the context, and two sets of knowledge. The knowledge of *Power-full Friendships*, comprised of *Effective Support*, *Therapeutic Values*, and *World Crafting*, presented an understanding of teen friendship as sites that generate power for teenagers and a site where they can enact power by living aligned with their values, shaping their experiences, and caring for one another. The knowledge of *Self-Becoming*, comprised of *Self-Determination*, *Self-Knowledge*, and *Access to Resources*, offered a model for understanding teen mental health in relation to their ability to decide for themselves what mental health looks like and move in that direction. The context *Toxic Environments*, comprised of *Adulthood*, *Capitalism*, and *Patriarchy*, understood teen mental health challenges as socially situated and deeply enmeshed in issues of power and domination.

The findings from this study offer an enhanced understanding of the role of friendship in youth mental health. Building on previous research on the topic of how friends support their friends' mental health (Fry et al., 2014; Kranke et al., 2015; Pinto-Foltz et al., 2010; Roach et al., 2021; Sword et al., 2011), participants' knowledges add to the literature by providing insight into the aspects and processes of friendship found to be supportive. This study answers calls in literature for qualitative research to provide depth in accounts of teenagers' mental health challenges (Fry et al., 2014; Roach, 2018; Wisdom & Agnor, 2007). The findings from this study support previous research which established a positive relationship between teens' mental health and friendship (Harmelen et al., 2017; Roach, 2018; Schwartz-Mette, 2020; Weber et al., 2010). Furthermore, this study employed a needed feminist methodology (Lauve-Moon et al., 2020), to add to the research querying the impacts of gender on friendship support (Czyz, 2012; van Rijsewijk et al. 2016). In this section, I discuss these findings in relation to the literature and their

significance for social work's knowledge base, with a focus on mental health care in Ontario, empowerment models, and subverting adultism. I conclude with the limitations of this study.

5.1 Ripples of Care: Accessing Formal Mental Health Support, Navigating Structural Challenges, and Rethinking Impacts

A compelling finding from this study is that teen girls' experiences with formal care, whether through their own direct experiences or the experiences of their friends, impacted not only the individual but those around them. When friends could not access care, or had to wait for care, those close to them felt frustration, worry, and an intense pressure to be there for them in the absence of formal supports. When friends or participants had accessed care, the benefits of this care also spread in the form of sharing lessons from therapy, coping skills, destigmatization, and encouragement or pathways for other friends to find help. This speaks to the need to improve access to services, so as to mitigate the considerable stress of supporting a friend who is not being supported by formal mental health care, but also to the promise for all of improving access. Like ripples across water, when one teen is helped, their potential to positively affect the mental health around them is incalculable.

From participants' experiences of caring for mental health through friendship, they generated an understanding that access to care was a significant issue, with participants and friends struggling with wait times, barriers to using school-based referral processes, and cost as a prohibitive factor to seeking private mental health care to avoid the previous two difficulties. This understanding coincides with that of mental health advocates who see wait times as a major issue in Ontario. According to a report by Children's Mental Health Ontario (CMHO), the length of time young people must wait and the number of young people waiting for publicly provided mental health care is at an all-time high, with "28,000 children and youth (under 18) waiting as

long as 2.5 years for mental health care” (CMHO, 2018, p. 3). Waddell et al. (2019) argue that wait times, as well as gaps in services, are a result of an underfunding of the mental health system and a lack of provincial leadership on standards of care. While substantial improvements have been made to speed up access to care for those in dire need of services, such as walk-in clinics and youth hubs, trouble with waitlists still persist (CMHO, 2020). Further, there is the critical issue of being able to serve the youth who have yet to reach waitlists. CMHO (2020) estimated that 200,000 children with serious mental health needs did not have contact with services. Of particular import to the context of my findings, Georgiades et al. (2019) found that adolescent girls’ anxiety and depression were under-identified by parents. Parents, alongside schools and general health care providers, play a key role in connecting teens to services, thus the authors recommended efforts to improve identification and care pathways for teen girls (Georgiades et al., 2019). Observing the differences that arise when care pathways are initiated by direct youth reporting, versus parent reports, it was also found that “rates of service contact were consistently lower when disorder classification was based on youth report” (Georgiades et al., 2019, p. 251). If parent reports of their child’s mental health challenges increases the likelihood that youth will have contact with mental health services, this raises the issue of whether parents can reliably recognize the presence of mental health challenges. It also raises the issue that teen girls’ understandings of their own mental health needs are being valued less than those of adults.

However, participants’ knowledge that they too are impacted when friends must wait for care was less present in discourses of the effect of wait times. CMHO (2020) notes “When children wait too long for treatment there is a profound impact on their families, the broader health care system, hospitals, and schools” (p. 2). Based on my research, I urge stakeholders in

the field to begin adding “friends” to the list of people who are also profoundly impacted as children and youth wait for care. In my study, a participant discussed supporting a friend who waited 8 weeks, which compared to some of the above wait times may seem short, and yet this participant stressed how long eight weeks can feel when your friend is suffering every day. While participants discussed worry, concern, and fear in relation to their friends’ mental health challenges, these affects were most prominent when their friends did not have access to formal mental health resources. Roach et al. (2021) discussed the other side of this phenomenon in their research on teens who help friends with mental illness, noting that when participants’ friends got professional help they felt a sense of relief, and were then able to set boundaries around how they supported their friends. In my study, participants’ lack of boundary setting was usually around their perception that they were the only one helping their friends, further escalated by genuine fears for their friends’ safety given past histories with self-harm or suicidality. Teens’ ability or willingness to set boundaries, then, can be conceptualized as both a matter of knowing the limits of their knowledge and capacity to support their friends alongside the critical need to have accessible youth mental health resources in place.

In fact, unlike other studies that found that teens were not likely to recommend friends seek professional help for their mental health challenges (Fry et al., 2014; Swords et al., 2011), participants in my study all discussed helping friends find mental health professionals or their preparedness to do so, demonstrating considerable knowledge in assisting them to find services. In particular, some participants demonstrated their aptitude for researching resources for their friends. In this way, my findings support and expand upon Wisdom and Agnor’s (2007) finding of “depression guides” – teens with experiences of depression advising other teens on recognizing depression, seeking treatment and navigating the treatment process, and normalizing

the experience of depression. In my study, participants who identified themselves as having depression or other mental illness certainly acted as guides, but so did friends without diagnoses or experiences in the mental health system. This difference is likely due to the difference in mental health literacy between the times of our studies. Participants in my study were aware of various mental illnesses, felt that mental health was important, and understood mental health professionals to be an essential resource. An element of this literacy came from embodied knowledge, with participants dealing with mental health challenges themselves or having friends who had mental health needs at young ages. Another element of it may have come from the efforts of de-stigmatization campaigns, such as Bell Let's Talk, which resulted in an increase in use of outpatient mental health services in Ontario (Booth et al., 2018); school-based programs, such as the implementation of *The Mental Health & High School Curriculum Guide* that have been found to be effective at increasing mental health literacy in both teachers and students (McLuckie et al., 2014); or education initiatives, such as the curriculum enhancement to more comprehensively incorporate mental health into physical education classes (Province of Ontario, 2019). However, the concern remains that mental health services have not caught up with the increased demand, resulting in strain on teens to provide support while friends wait for services.

This study echoes calls from researchers, mental health professionals, service users, and mental health advocates for improved pathways to care, shorter wait times, and policies that take into account social determinants of mental health (CMHO, 2020; Georgiades et al., 2019; Waddell et al., 2019). Recently, the province of Ontario invested a great deal of money into school mental health resources specifically, and the mental health system more generally (Province of Ontario, 2020). While this funding is considered late by many (CMHO, 2020;

Georgiades et al., 2019; Waddell et al., 2019), it also offers considerable hope that youth may actually be able to access mental health services and supports when they need them.

How quickly changes can be implemented within schools and within the mental health system more broadly is yet to be seen, recognizing that policy innovations are often seen as long-term solutions. In the short term, an implication of participants' knowledges for those who work with youth in clinical and non-clinical settings is to consider what resources can be provided to the friends of teens on waitlists related to managing their worry or fear for their friends.

Currently, there are some useful resources online, such as Kid's Help Line, that offer support and recommendations for dealing with this type of stress (KidsHelpLine, n.d.), however other resources focus predominantly on children and youth recognizing and knowing when to include an adult (Martinelli, n.d.). In these materials, the desired end point of the intervention is to reach out to an adult, precluding any conversation about how youth can support their friends while they are waiting on long waitlists. While it is imperative to assist teens by improving access to the mental health system, it is also important to recognize the critical role that friends play in actively supporting each other and to integrate opportunities for harm reduction to ease the impact of stress and worry on friend supporters. If it will take time to manage the wait, the least that can be done is provide resources for support and self-care to those assisting in the waiting.

As this study took place during COVID-19, it is important to consider how my findings needed to be situated with the context of a global pandemic. One question may be to what extent the pandemic increased experiences of mental health challenges, especially as teens were cut off from in-person school as public health measures resulted in the movement to online, remote learning. Interestingly, there is disagreement on how much the pandemic impacted youth mental health, with Stewart et al. (2021) finding a reduction in the severity of symptoms in the mental

health challenges of teens referred to clinical services. Bélanger et al. (2021) additionally found no evidence to support early concerns that COVID-19 would be detrimental to teens' mental health, though they also cautioned that the long-term effects of the pandemic still needed future study. Stewart et al. (2021) speculated that disparities in research findings on the impact on mental health may be related to the differing proportion of marginalized youth in studies, as its well documented that the pandemic has a greater negative impact on marginalized communities (Stewart et al., 2021). Hawke et al. (2021) indeed found COVID-19 to impact trans and gender diverse youth more negatively than it did cisgender youth. Additionally, high school students themselves have reported higher rates of depression and anxiety symptoms, substance use, and sleep issues (Thakur, 2020).

The extent to which COVID-19 impacted wait times is not currently available, however, the movement of mental health services online or to telehealth may have prevented a negative impact. It is also possible that, much like in the case of long-term effects, research still must be done on how resource-reallocation and strain on the health care system generally may affect the provision of mental health services long term.

Stewart et al. (2021) also found participants reported having stronger peer relationships during the pandemic than before, which supports and enhances my finding that friendships were especially important to participants during the pandemic. That friendships were both considered more important and also better in quality is an interesting pairing as it speaks to teens making use of friendship as a resource and the success of friendship at supporting their mental health.

Regarding teen's barriers to accessing care, school-based referral pathways were a critical issue for participants. Distrust of guidance counsellors, confusion about how to succeed in speaking to a school psychologist, and the belief that guidance counsellors weren't prepared to

handle serious mental health issues prevented participants or friends from utilizing the Guidance Department as a mental health resource, or at the very least, a referral pathway. With the promise of \$35 million earmarked by the province for creating additional mental health positions in schools (Province of Ontario, 2020), this is a moment at which there is a significant opportunity to bring forth school-based mental health systems that work for youth. I implore all involved in this initiative to consider how teens can be involved in all aspects of creating such resources, as they have the embodied knowledges that must be included when designing resources meant to meet their needs.

5.2 Power as a Variable: Self-Becoming, Relationally Knowing, and Empowering

Social work as a discipline is grounded in therapeutic approaches that consider power analysis as essential to understanding the well-being of clients. On a micro level, social work interventions make use of empowerment models that work to increase the personal power of clients by connecting them to resources, taking strengths-based approaches, and positioning clients' issues as part of larger political struggles (Bogo et al., 2018; Duschinsky et al., 2016; East & Roll, 2015; Lee & Todd, 2006). On a macro level, social workers advocate and organize to increase the power of marginalized groups (van de Sande & Schwartz, 2011). Understanding problems as not the fault of individuals but as the result of social systems, institutions, and ideologies is one way that my study is deeply informed by structural social work, and in turn, demonstrates the continued relevance of structural social work theories. The formulation of Self-Becoming created from participants' knowledges is a model of empowerment that articulates the generating of power for teens both on a personal and interpersonal level.

Some similarities to my formulation of Self-Becoming are present in the literature on teen mental health. Findings from this study regarding participants' supporting friends as a site

of fulfillment are connected to Schacter and Margolin's (2019) finding that there was a link from prosocial behaviour to positive mood in teens with depressive symptoms. Roach et al. (2021) reported the phenomenon of supporting a friend with mental health challenges as having positive aspects, such as feeling honoured. Self-Becoming differs by connecting these positive benefits to generating power, relating helping friends to Self-Determination through the enacting of personal values, increasing one's belief in oneself, and having control over one's environment. Kranke et al.'s (2015) empowerment model, which aims to prevent self-stigmatization in youth with mental health diagnoses, discusses the importance of teens disclosing their diagnoses or experiences with mental health challenges, allowing them to embrace their successes due to treatment. In the context of Self-Becoming, participants moved in the direction of their ideas of mental health by owning their past challenges and the efforts they made toward growth, which may have included seeking out resources like mental health treatment.

Another framework that Self-Becoming can be understood alongside is Rayner et al.'s (2018) analysis of youth recovery processes. Youth recovery, defined as a reduction or coping with of mental health challenges, occurred on multiple levels – personal, systematic, and macro – and via processes that interact with these levels. In particular, the processes of *self-belief*, *connection*, and *identity, awareness, and acceptance* occurred across multiple levels. The process of *connection* was especially related to forming connections with peers, pointing to the importance of friendship as a resource that teens use to improve or bolster their mental health. *Self-belief* and *identity, awareness, and acceptance* as processes include self-reflection as a means of growth, especially in relation to their past struggles and resiliency. This study's theme of *Self-Knowledge* is also dependent on self-reflection, though aided by the presence of friends as sounding boards and reality-checkers assisting their friends in their personal growth.

These related findings have important implications about teens' processes of generating and enacting power relationally. Social workers make use of ecological systems theory tools such as Ecomaps to assess a clients' connections to different communities, institutions, and groups to understand sources of strength and challenge in their lives (Bogo, 2018). Ecomaps can also be used as a tool to create treatment plans with clients, by inviting clients to imagine how they might like to change or grow their ecomap. I offer Self-Becoming as a potential theory for practitioners to use in assessing teen girls' areas of power generation and power diminishment. The arenas of Self-Determination, Self-Knowledge, and Access to Resources can be used to plan with clients how they might generate more power in their lives.

When researching the topics of self-determination, self-knowledge, power, and growth, I quickly found myself among Indigenous and Black feminist literature. There is a history of the practice of social work being made better by anti-oppressive theory, most popularly Marxist and feminist theory being used in the formation of structural social work (van de Sande & Schwartz, 2011). Indigenous and Black feminist thought have much to offer to the idea of Self-Becoming, which I discuss both to explore it further and to advocate for more inclusion of these discourses in conversations about youth mental health.

As a White settler, I have many concerns about what it means to consider my research alongside Indigenous and Black feminist writing, research, and thought. Indigenous and Black communities have been so maligned by researchers from dominant social locations in the past, using their cultures, ontology, and bodies to prove white supremacist points (Hamilton et al., 2017; Winston, 2020). I am especially hesitant as a White settler feminist, as feminism has a deep history of racism (Lorde, 1984). Speaking about non-Indigenous teachers' fears of sharing

Indigenous teachings in the form of stories, Restoule and Chaw-win-is (2017) referred to concerns like this as a “fear of trespassing”. Of this, they say

But here’s the thing... Trespassing has already happened since Canada is on Indigenous land. Not doing anything maintains the status quo, which we’re already seen is problematic [...] instead of asking “DO I have the right to teach this material?” we should reframe the question as “What is my responsibility?”. (p. 16)

The toxic environments that this thesis discussed – adultism, capitalism, patriarchy – are ideologies brought to this land by colonialism (Simpson, 2011); they are tools and methods of maintaining power and white supremacy (Golash-Boza, 2019; Razack, 2000; Warren 1990). If we wish to detoxify the environment, we need theories and frameworks to do so. Research shows that incorporating Indigenous pedagogy and teachings into schools of various levels benefits everyone – Indigenous and non-Indigenous students alike (Restoule & Chaw-win-is, 2017). Further, Black feminist theorists have long urged White feminists to investigate their investment in logics of dominance that hurt all people and prevent working across difference:

I urge each one of us here to reach down into that deep place of knowledge inside herself and touch that terror and loathing of any difference that lives there. See whose face it wears. Then the personal as the political can begin to illuminate all our choices. (Lorde, 1984, p. 113)

White supremacy cannot undo itself – including the work of marginalized theorists, researchers, and writers is necessary to do anti-oppressive work; as this thesis has explored, anti-oppressive work is paramount to creating a liberatory approach to mental health.

An important difference present in the empowerment approaches of Indigenous and Black feminist theories is the role of personal exploration. A traditional social work approach to increasing client power is *conscientization*, informed by Freire (1970), in which marginalized clients are connected with advocacy movements related to their oppression – a youth experiencing mental health challenges might be encouraged to join a hospital’s youth advisory

board. Conversely, Indigenous and Black feminist approaches begin with a turning inward towards the self as a site of growing power before going to the community. In their research on a wellness promotion initiative for Indigenous youth where art was used to enable the development of self-expression, leadership skills, and healthy decision making, Victor et al. (2016) explain that the intervention was based on *Kiskenimisowin*, the Cree word for “knowing oneself”:

In the Cree language, the medial stem “iso” indicates a focus on self or self/group and the activity within. One comes to know oneself through interaction with the self (introspection, self-reflection) and the world around oneself. Creative forms of communication using tools (art materials and techniques) and others to assist that creation leads to exposure and expression of the self in all dimensions (physical, spiritual, mental, socio-emotional). (K. Goulet, September 7, 2014, as cited in Victor et al., 2016, p. 263)

Their project aimed at discovering “youth-inspired notions of well-being” – in Cree teachings, people have the authority to decide for themselves what it means to live well, both in seeking and maintaining wellness (Victor et al., 2016, p. 265). This was an effective intervention because youth were stimulated to explore their self-knowledge and to practice self-determination in their wellness; in doing so, they practiced self-decolonization by legitimating their individual subjectivities and Indigenous ways of being (Victor et al., 2016). While their self-determination was an exploration of their individual’s knowledges, having the intervention be group-based allowed for an exploration of “the relational aspect of identity”, which is another important Indigenous teaching (Victor et al., 2016, p. 270). I find this to be insightful to understanding why friendship was so important as a milieu for Self-Becoming – while self-knowledge is about individual subjects exploring their own knowledge, we as people do not exist alone.

Western individualism often denies the ways that personal relationships hold import for how we come to know ourselves and how our self-determination is enacted (Collins, 1997; Gergen & Gergen, 2007). Insights from Victor et al. (2016), speak to the extent youth mental health services may be improved by giving time to teens exploring their self-knowledge in order

to better inform their self-determination. How programs serving youth from various cultural identities can learn from Indigenous theories of change is a worthwhile area of future research, especially for those looking to aid youth in subverting dominant, oppressive systems.

In Black feminist thought, personal exploration is based on theories of Black feminist love. Working on the self is known to be necessary to prepare to do empowerment work on a community level. People need to work on themselves “in order to transcend their selves” (Nash, 2013, p. 10). Nash (2013) describes this process as key to Black feminist politics, saying that it is “a radical articulation of the political limitations of selfhood” (Nash, 2013, p. 10). As Audre Lorde’s (1984) quote above articulates, oppressive ideologies are internalized in all of us to varying degrees – how well we can show up for ourselves and our communities depends on how well we engage with those internalized oppressions and choose to refocus on values we have chosen for ourselves. I see an echo of this in how some of the participants in my study talked about the self-work they needed to do related to their perceptions of themselves or where they were putting their energy. Participants talked about how knowing their own values allowed them to make choices that aligned with them, and importantly, to better be there for friends. In reading the literature on Black feminist love, I was interested to see the relationship between caring for oneself and caring for others. For example, hooks (2000) says,

When we see love as the combination of trust, commitment, care, respect, knowledge, and responsibility, we can work on developing these qualities or, if they are already a part of who we are, we can learn to extend them towards ourselves. (p. 54)

I see similarity between bell hooks’ work on love and my participants’ descriptions of things they valued in friendship – those that I amalgamated into the subtheme Therapeutic Values – and this interests me because participants who treated themselves like they treated their friends were the ones I would describe as flourishing. This follows with Caldera’s (2020) definition of self-

care: “Self-care, then, can be thought of as an observable, purposeful demonstration of love for our bodies, minds, and spirits” (pp. 712-713). This is a very different understanding of self-care than the capitalistic, luxury-based self-care so often pushed today (Caldera, 2020). It also adds complexity to the type of self-care that occurred as a part of Self-Becoming, namely care based on a self-determined idea of mental health, with self-knowledge informing how to move in its direction. The notion of purposefulness for and self-care on multiple levels offers different pathways to engaging with how youth care for themselves. hooks (2000) says:

When we can see ourselves as we truly are and accept ourselves, we build the necessary foundation for self-love [...] We are not born knowing how to love anyone, either ourselves or somebody else. However, we are born able to respond to care. (p. 53)

This harmonizes with Victor et al.’s (2016) argument that it is important to do self-work in relation. So much of participants’ notions of care, self-knowledge, and acceptance were developed and practiced through their friendships, pointing to the importance of continuing to research and understand friendship and platonic love as a site of mental well-being.

By discussing my findings alongside Indigenous and Black feminist literature, I’ve deepened and complicated my introduction of Self-Becoming and demonstrated the powerful insights that these epistemologies can have on the mental health discourse. Incorporating theories of change based on such literature for the general youth population would be further generative of anti-oppressive approaches to teen’s mental health, providing teens a way to grow their power in ways that the wider body of social work has not yet.

5.3 Being Better Allies: Subverting Adultism, Privileging Teen Knowing, and Imperfectly Learning

Participants knew adults to hold an ambiguous position in their lives: as much as they could cause stress and feelings of dismissal, they were also important sources of support,

guidance, and love. I want to discuss ways that adults can be better allies to teens, as people who have power in the lives of teens, in school-based mental health initiatives, and in research about teens with mental health challenges. Steinberg (2011) explains: “As in any sociopolitical situation with the potential for hegemonic and ideological exploitation, children (or adults) can learn to be more sensitive to the ways exploitation takes place while developing strategies for avoiding it” (p. 11). This discussion is a practice of sensitization to and subversion of adultism.

When deemed trustworthy, adults are known as an important resource to teens to help solve problems related to their own or friends’ mental health (Fry et al., 2014; Kranke et al., 2013; Sword et al., 2011). Participants in my study sought the help of teachers they had connections to when overwhelmed at school, addressed mental health problems with parents, and asked for adult intervention when they didn’t know how to help a friend. Participants urged friends to speak to their own parents, teachers, or mental health professionals, with particular focus on involving parents if participants were worried for friends’ safety or felt they had reached the limit of how they could help as a friend. This is congruent with Fry et al.’s (2014) and Sword et al.’s (2011) findings of how teen girls advise and support friends, with Fry et al. (2014) specifically noting that their participants recommended their friends speak to a female adult, such as a mother or female teacher. Participants in my study did not specify gender as a factor in who they sought help from, though many participants noted they had close relationships with their mothers. Roach et al. (2021) also found that youth reached out to adults when they encountered their limit helping friends, especially when afraid for friends’ safety, though they didn’t note how or who participants chose to include. Some traits that participants in this study noted were adults who would listen without making it about themselves, offer advice only when

asked, and not take over the situation without the participant's consent. These traits, among others, can emerge from the practice of subverting adultism.

Adultism is subverted by adults when they become aware of and work to challenge the normative, oppressive ideologies that bestow power to them over young people (Corney et al., 2021). Teens spend much of their time having decisions made for them: "The child is viewed as underdeveloped in their decision making, which leads to adults making choices for children" (Medina-Minton, 2019). One way that adultist choices effected participants in my study was related to school-based mental health interventions. Done without consultation of students, participants found mental health campaigns to ring false and not address what they, based on their lived experiences, knew to be actual issues challenging their mental health.

Participants shared criticisms of the adults at school they were told to trust with their mental health challenges: administrators and guidance counselors. It is interesting this problem exists at a time when there are resources and literature to guide adults in supporting teens to be the leaders of school-based programs. One such evidence-based program is Sources of Strength (SoS), "A best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing bullying, suicide, and substance abuse" (SoS, n.d). SoS is organized by adults within the school; however they perform the role of Adult Advisors who provide structure and resources to the Peer Leaders, who choose for themselves Trusted Adults who youth can go to when experiencing mental health distress, as well as organize school-wide mental health campaigns (SoS, n.d). Adults subvert adultism by giving students the power to choose who they think other students will want to seek help from and the power to choose what issues or campaigns they think are relevant. This inherently resists the idea that adults know better than teens as it recognizes the importance of

teens' own knowledges. SoS has also been found to increase Peer Leaders confidence in their capacity to give suicidal peers recommendations (Williford et al., 2021), an area that both my study and Roach et al.'s (2021) study found participants to worry about.

I present SoS not necessarily as a recommendation, but as a program that has the potential to powerfully subvert adultism to the betterment of teens' mental health. It is an example of how adults can share the power they are imbued with institutionally with the teens they aim to support. By performing an advisory role, they give legitimacy and authority to peer leaders' knowledges and efforts while also still being available to peer leaders when they need them. In this way, SoS demonstrates that an anti-adultist future doesn't necessitate adults leaving teens to fend for themselves, but it does require spaces where teens' knowledges and processes are respected. Making and defending those spaces is what it means to subvert adultism.

Another area in which adults can act as allies to youth by subverting adultism is in research, as research has been and continues to be a tool of oppression against traditionally marginalized groups. Disability rights activists popularized the slogan *Nothing About Us Without Us* to encapsulate how research about marginalized groups should be done only at the request of, in consultation with, and/or advised by members of the community who the research is about (Oliveras et al., 2018). Participatory Action Research (PAR) is often considered to be the form of research most aligned with social justice as members of the community are involved at every stage of research, from development to dissemination (van de Sande & Schwartz, 2011). PAR frameworks include paying community researchers for their time and providing them with the necessary skills to conduct and analyze research, contributing to economic security and future job opportunities in the research field (van de Sande & Schwartz, 2011). However, PAR may not always be of interest to youth, or they may not be able to commit to the time requirements due to

other interests and commitments. While there are ways that these barriers can be decreased, Corney et al. (2021) raise the important point that increasing youth participation is not about having just one way to participate but about having many pathways to participation.

In the field of HIV research, Oliveras et al. (2018) presented six requirements identified by young people for their meaningful participation in research under the acronym RIGHTS: Resourced, Impactful, Genuine, Harmless, Teen friendly, and Skills building. This means giving youth financial compensation for their work, having the choices they are making hold impact in the research project, actually listening to youth, not negatively impacting youth generally, fitting within the capacity of the youth involved, and providing the skills youth need to participate. These requirements seem highly applicable to the topic of teen mental health, with Oliveras et al. (2018) arguing they should be used in any research with teens. That these recommendations come from teens themselves means they are all the more powerful a tool for subverting adultism.

It is notable that the study I have conducted does not meet these six requirements, nor would it meet even generous interpretations of *Nothing About Us Without Us*. I feel caught, as I'm sure other researchers have, between my values and the work of allyship I would like to do and the practicalities of my research context. There is a discourse in the research literature about this issue broadly (Ellis, 2007; Healy, 2001), but I want to focus on its relevance to adultism and researching about teens. Important work has been done to challenge the notion of political purity, meaning acting always in complete alignment with one's political values (Shotwell, 2016). Political purity is not only an unattainable goal, but it can lead to inaction based on fear of failure, or complacency with imperfect systems because of a belief that if the ideal is not reachable then there is no point in seeking better ways (Preston, 2021; Shotwell, 2016). As such, I'm interested in researchers' testimony and reflection on their attempts to subvert adultism in

researching with teens; on the reflexivity practices that have held success and realizations from the field where their desires to resist adultism have failed them. Taft's (2007) reflections on her research at two girls' camps do such work: she shares how she prepared to resist agism and narratives of "having been there", acknowledging that by trying to fulfill the traditional role of adults as advisors or better knowers "[researchers] may try to avoid acknowledging what we do not know" (p. 208). Trying to maintain the façade of an adult who was "hip" to youth culture for the sake of rapport and being accepted by the group she was researching, Taft (2007) described the difficulty of not being able to ask probing questions for fear of revealing how little she knew. Reflecting on the choice to reveal her ignorance in the field, Taft (2007) said:

Although I may have seemed less cool, my curiosity and obvious interest meant that girls began to teach me more about their lives, to see me as someone who would listen and value what they had to say. This is not to say that I stopped trying to relate to the girls or their interests but that I decided to let myself be an uncool and curious adult rather than a hip and wise one. (p.208)

This passage provides insight into how adultist ideals can disrupt learning from youth, alongside the benefits of subverting them in the field. By being aware of "the dynamics of ageism" Taft (2007) was able to change her approach to better her research, and likely, her participants' experiences of participating in research (p. 208). I think this speaks to the importance of adult researchers investigating their own relationship with adultist ideologies as a step of reflexivity, especially when consultation or PAR are not viable options. More research into how adult researchers engage with such processes of reflexivity and subversion are called for, alongside continuing to seek knowledges from teens about how they can be better researched with.

5.4 Limitations

Potential limitations of this study relate to the sampling of participants. Participants self-selected, raising the possibility for response bias (Robinson, 2014). Participants all expressed an

interest in mental health or shared that they had already been thinking about the connection between mental health and friendship during the pandemic. As such, participants were more likely to be both well-informed and passionate about mental health issues. Additionally, while participation was open to anyone living in Ontario, participants clustered around southern and central-eastern Ontario. This study does not aim to be generalizable based on demographics, so this was not an issue of methods but rather a consideration for transferability of the findings to other contexts (Korstjens & Moser, 2018). I've attempted to provide thick description to aid in transferability judgements (Korstjens & Moser, 2018). Further, much the same way that I understand my bias as a feminist researcher and structural social worker enhances my research (Haraway, 1988; van de Sande & Schwartz, 2011), the passion of participants about mental health issues can also be understood to enhance their research participation.

Another possible limitation is my own bias towards sharing findings that demonstrate what I understand as the incredible work and capacity of teenagers to care for one another. In the face of overwhelming literature and media representation that portray teen girls negatively (Huzjak, 2021; Kim & Ringrose, 2018; Whitney, 2017), I felt a desire to produce research telling a different story. Despite trying to capture the victories and the struggles, I have at times worried that I haven't translated the full extent of difficulty that teens experience in caring for friends' mental health. To try to counteract this, if I found a piece of data I was tempted to discard because it didn't fit into a simple narrative, I set it aside to return to and consider with further depth. More often than not, that data was included in the final analysis and this report, both because I wanted to honour participants' experiences and because a more nuanced story makes for better research.

Chapter 6: Conclusion

What knowledges do teenage girls generate through caring for one another's mental health through friendship? Using social constructionism, feminist epistemologies, and feminist methodology, and doing RTA of interviews with nine teenage girls in Ontario, I generated an understanding of teen girls' mental health as entwined with their experiences of power. By using power as a frame, I identified *Adultism, Capitalism, and Patriarchy* as creating *Toxic Environments* that oppress teen girls and negatively impact their mental health. I organized their knowledges into two categories: *Power-full Friendships* and *Self-Becoming*. While participants' environments were too often oppressive, friendship was a site where participants not only held power but also gained power. This power was gained through the mental health support they received and gave to friends; from values inherent in their conceptualizations of friendship that resulted in them having a space to heal and grow; and by being able to craft experiences and communities, creating worlds to bolster their mental health. Having powerful friendships assisted in their processes of *Self-Becoming*, my account of how power, mental health, and friendship are related. Self-becoming requires choosing for oneself (*Self-Determination*) what mental health means and using *Self-Knowledge* and *Resources* to move in that direction. Participants' friendships were integral to their self-determined notions of mental health, as locations of positive moods and opportunities to practice self-determination. Friendships were filled with experiences where self-knowledge was developed, through relational learning and practices of talking and listening. Friendship was a resource for mental health support, which was especially important when participants did not have access to them because of structural barriers to professional mental health resources. These findings speak to the power of teen girls to flourish

in toxic environments, to find resiliency within one another, and to identify areas where adult allies can participate in processes of detoxification.

The findings of this study highlight an issue connecting teen girls to the professional mental health care they desire and deserve, and the need to meaningfully include students in decision making processes about services meant for them. This study proposes the idea that adultism is at least one difference between effective school-based mental health systems and ones that students are reluctant to use. Adultism is subverted when adults investigate their own beliefs about their power in relation to young people's and take action to increase the power of young people. This can be done through respecting teens' knowledges and right to have a say in the communities and institutions they are a part of. Subverting adultism starts by seeing teens as holders of information that might otherwise be inaccessible to us. It starts with asking.

This thesis shows the potential of including the knowledges of teen girls in social work research. By privileging teenage girls as experts of their mental health and friendships, this research is a story of resiliency, relational knowing, and care. Using standpoint theory, I was able to hear their knowledge of oppressive ideologies that worsen their mental health. Witnessing the impacts of adultism, capitalism, and patriarchy in participants' lives was heartbreaking, yet I was also inspired by participants' conscientization and refusal to accept things as they are. Standpoint is at its heart a hopeful theory: by focusing on knowledges different from the dominant ways of knowing, we begin to know in a way that create something different from the norm.

I return, now to the unending canvas I asked you to picture at the beginning of this thesis. The dominant framing of teen girls' mental health is still there, but now beside it, in the frame is a new representation to be considered when we think about teenage girls or mental health systems. But, there is also so much more canvas to fill. Dear Reader, what frame will you use?

Appendices

Appendix A Recruitment Material



Recruitment Poster



Participate in a study on

Teenage Girls' Friendship as Mental Wellness Support

This project explores how teenage girls' friendships relate to their mental health and what supporting one another might look like.

To participate in this study, you must be: **16-18-years-old, identify as a girl, live in Ontario, and be comfortable speaking English**

This is a 60-90 minute individual interview study where you will be asked to speak from your experiences about friendship and mental health. The interview will be on Zoom or telephone. It will be audio-recorded, unless you'd prefer it not be. Participants will be compensated with a \$25 gift card to UberEats, etsy.com, amazon.ca, or a business of their choice.

This study has been cleared by the Carleton University Research Ethics Board A Clearance # 115348. If you have any ethical concerns with the study, please contact the Carleton University Research Ethics Board-A (by phone at 613-520-2600 ext. 2517 or via email at ethics@carleton.ca).

**Please contact the researcher, Becca Johnston, for more details on this study
at becca.johnston@carleton.ca**

Appendix B Interview Guide

It can be important in research to collect demographic information. I'm going to run through some, but if you'd rather not answer you can just say "pass", and if you aren't sure what I mean feel free to ask for clarification

- a) What city are you in?
 - b) How old are you?
 - c) What grade are you in?
 - d) What words do you use to describe your race or ethnicity?
 - e) What words do you use to describe your gender? Are there certain pronouns you'd like me to use for you?
 - f) What words do you use to describe your sexual orientation?
 - g) Is there anything else important about your identity you want me to know?
 - h) What pseudonym [explain] would you like me to use for you?
1. Tell me about yourself:
Clarification: who you are, what you like to do, any communities you're apart of, things you think are important about you
 2. How would you describe friendship?
Clarification: If it was your job to write the dictionary entry for "friendship, what would you include?
 - a) Do you have friends who are important to you?
 - b) What role do they play in your life?
 - c) What types of things make some of your friendships more close or important to you than others?
 - d) Do you think being a teenager shapes your friendships? If yes, how so?
 - e) Do you think being a girl shapes your friendships? If yes, how so?
 3. What does "mental health" mean to you?
 - a) Some people talk about how mental health challenges and illnesses are affecting youth now more than ever. What do you think about that?
 - b) Why do you think that is?
 - c) Do you think taking care of your mental health is easy or hard? What makes it easy? Or hard?
 - d) How do any of the groups or communities you are part of address or not address mental or emotional health?
 4. What does being a friend mean to you when someone you care about is having a hard time with their mental health?
Clarification: You mentioned that mental health meant *x*. If a friend isn't experiencing that, how, if at all, does that affect how you are a friend to them?
 - a) Prompt: do you have a story about a time *x* has happened?
 - b) How has that affected you? For example, made you felt or influenced your life?
 - c) Have you found that challenging or easy?

- d) have you ever felt like you needed extra support for a friend thing? what did you do?
5. What do your friends do that makes you feel cared for? How about anything they do that makes you feel understood?
- a) If they don't, what do you wish they did?
 - b) If any, are there any things that you get from friendship that you don't get anywhere else?
6. If you could have anything that you wished for happen, what would you wish for to make it easier for teenagers to care for their mental health?
- Clarification: If you could wake up tomorrow to a day and know that the world was designed to make caring for your mental health easy, what does that world look like?
7. What do you think you know as a teenager about friendship or mental health that adults or other teens or people not *x* don't get? (or a girl or *x identity*)
- Clarification: What do you wish you could tell adults or people who aren't *x* and have them actually hear it?
8. Do you have a favourite story about your friendship/friend/friends?
- Clarification: maybe a story that really shows what your group is about, that says something about how you look out for one another

Appendix C Post-Interview Resources



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Fax: (613) 520-7496

Post-Interview Resources

Feeling bad or distressed about anything we talked about during the interview we did today? If it has anything to do with anxiety or stress about privacy or wanting something you said taken out of the study, please don't hesitate to contact me at becca.johnston@cmail.com. Your participation is voluntary, and you have the right to change your mind participating, ask more questions about how I'll protect your privacy, and ask that certain things you said not be included in the final report.

If our conversation today triggered overwhelming feelings or distress and you need to talk with someone, here are two highly recommended resources:

Kids Help Phone

You might not be a "kid", but all the services offered by that organization are meant for teens and young adults too.

To text with someone, text: CONNECT to 686868

To talk to someone on the phone, call: 1-800-668-6868

To chat with someone using Facebook Messenger, go to:
<https://kidshelpphone.ca/get-virtual-support-with-facebook-messenger>

Distress Centers of Ontario

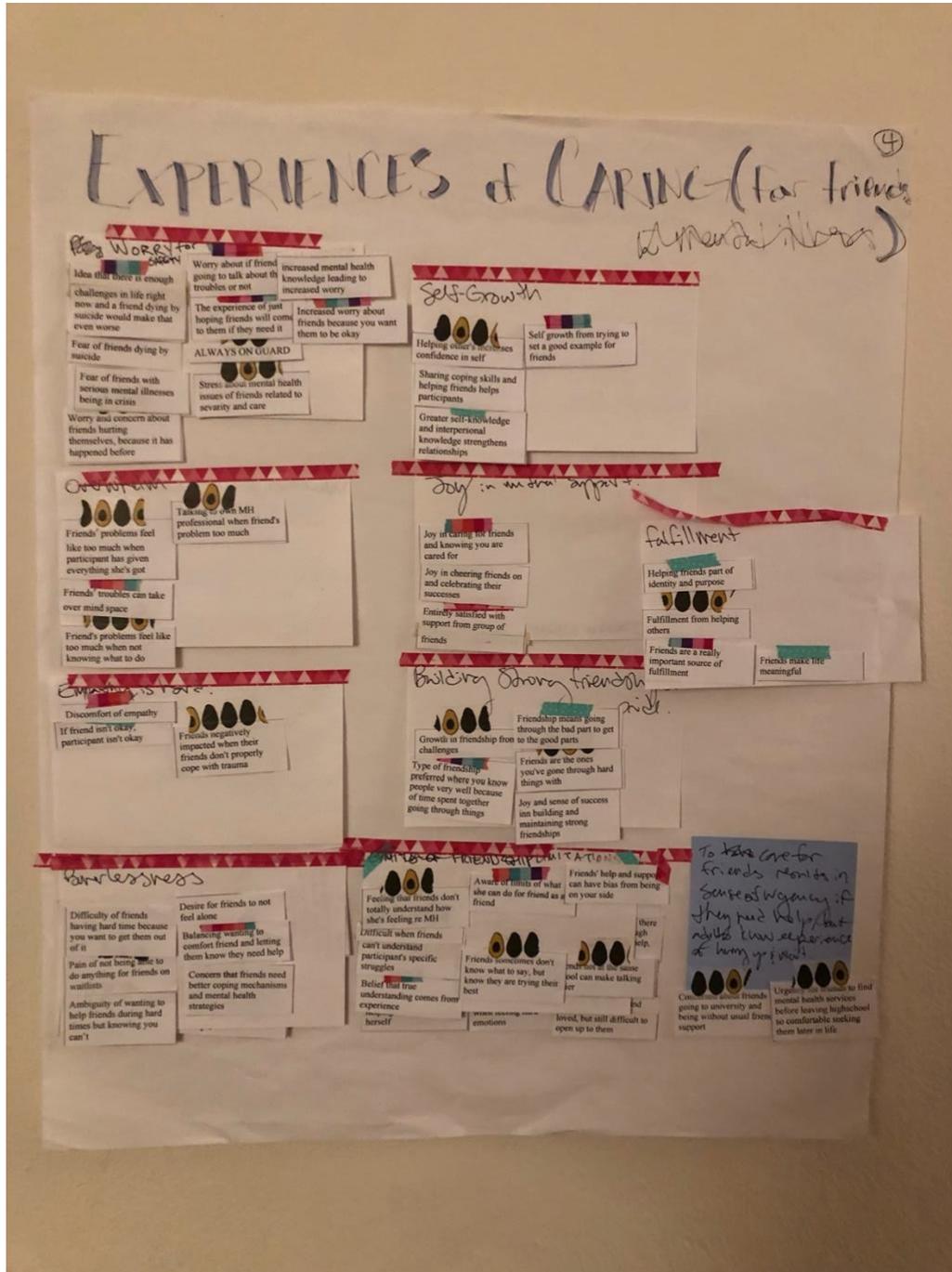
This service is for all ages: anyone experiencing distress or a crisis can call and get mental health support.

To text with someone, text: SUPPORT to 258258

To talk to someone on the phone, call: 416-486-2242

You can also contact Dr. Karen Sewell (karen.sewell@carleton.ca) who is my supervisor and a registered social worker.

Appendix D Coding Poster Example



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