Being a Responsible Violent Girl?

Exploring Female Violence, Self-management, and ADHD

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Abstract: In this article, we explore how young women in Sweden negotiate their gendered subject positions in relation to psychiatric diagnoses, particularly Attention Deficit Hyperactivity Disorder (ADHD), and the meanings of their own violent acts. The data consists of transcripts of face-to-face interviews with young women who have experienced using aggressive and violent acts. Given that the analysis is informed by ideas developed in discursive psychology, we identified the centrality of the concepts of responsibility and self-management. In this study responsibility is connected to gendered notions of passivity and activity. What we call the ordinary girl is neither too active nor too passive, and the extraordinary girl is either too active or too passive in the managing of herself. Similar to those of a troublesome past, the narratives of ADHD enable the understanding of an intelligible violent self, and therefore make female externalized violence what we describe as narrative-able.

Keywords: aggression, discursive psychology, emotional regulation, gendered subjectivities, psychiatric diagnoses, Sweden

Popular constructions of the mean girl are anchored in a discussion of girls' psychological development in relation to indirect and relational aggression (Ringrose 2006). Relationally aggressive behaviour has been linked to girls' powerlessness, thus depicting them, in terms of their socialization, as a weak and oppressed group without access to direct or physical expressions of anger (Chesney-Lind et al. 2007). A girl who uses physical violence is regarded as a dangerous risk; she is seen to possess hidden female aggression (Ringrose 2006) and is marginalized as the worst of the nasty girls who disrupt and destroy what Marion Brown (2012) describes as normative ideals of femininity. Cultural assumptions that link physically violent behaviours to specific racialized, classed, and gendered bodies make girls' use of violence particularly worrisome (Chesney-Lind and Eliason 2006). Girlhood, accordingly, remains closely regulated by class- and race-specific categories of femininity that continue to produce distinctions between less troubled aggressive

girls who are relationally and non-interpersonally violent, and more troubled physically violent girls (Ringrose 2006). In this article, we explore how two young women negotiate their gendered subject positions in relation to psychiatric diagnoses, principally ADHD, and the meanings of their own violent acts. We argue that these meanings, in turn, are constructed around discourses on responsibility and irresponsibility in which the positions vary depending on context and situation. We set out to discuss these narratives in relation to discourses of girls and girlhoods in research.

Discourses on Violence, Girls, and ADHD: A Short Overview

Jessica Ringrose (2006) reminds us that power structures work as regulating structures by maintaining appropriate forms of repressive white middle-class femininity, and Chad Posick et al. (2014) points out that normative femininity affects conceptualizations of external and internal emotions linked to gender. For Mona-Iren Hauge (2009), girls learn which practices are accepted and expected and thus negotiate and position themselves in relation to a variety of discourses concerning, for example, gender and age; these include the discourses of girl power and that of the girl in crisis. The discourse of girl power (based on the actively engaged girl) includes concepts of self-determination, inner strength, and being true to oneself as important features for which to strive, and as a powerful representation of ideal femininity (Budgeon 1998). The discourses of girl power have a major influence in the Swedish context, and, accordingly, girls' and young women's independence and emancipation are conceptualized as positive (Formark and Bränström Öhman 2013). This, however, can create intense pain and anxiety for girls who cannot live up to these ideals (Walkerdine et al. 2001).

The discourse of the girl-in-crisis (or the passively engaged girl) is most often produced in relation to ideas about the vulnerable girl and the dangers of growing up as a girl who, today, must meet ambivalent expectations of society and the competing demands of neoliberalism (Aapola et al. 2005; Budgeon [2011] 2013). Accordingly, as Valerie Walkerdine (1993) points out, the neoliberal autonomous subject is created in relation to the neoliberal discourse that emphasizes success as a function of individual efforts. For the girls who do not achieve these ideals of femininity no explanation of their failure, other than their own individual shortcomings, is left.

Research has tended to relate violent actions to girls' status as passive victims, as symptoms of an individual pathology, or as a result of circumstances beyond girls' control. Susan Batchelor (2009), however, points to

the fact that girls are also social actors who have strategies and abilities to make choices, even under circumstances that they themselves do not choose. Accordingly, the continued fascination with individually localized understanding of psychological pathology that causes violence reduces the significance of material differences and structural factors. This creates new kinds of psychological subjects who are expected to control and regulate themselves (Budgeon 1998). Walkerdine (1993) also argues that the neoliberal turn in Western societies affects girls through a developmental psychology discourse that highlights expectations of self-control and discipline since all that deviates from the norm is expected to be corrected in order to achieve what is contextually constructed as rational and intelligible. This developmental psychology discourse, which is also gendered, includes expectations that girls should learn to control and handle their emotions. Emotions thus have differential effects regarding deviancy, depending on externalized and internalized behaviours in relation to gender (Posick et al. 2014). Also, as Jean McAvoy (2015) makes clear, the discursive also affects our physical and emotional experiences and inevitably reproduces our social worlds. Similarly, Margaret Wetherell (2012), in understanding affect and the body as interrelated to meaning-making and to social and material figurations, emphasizes the importance of an eclectic approach. For her, affect, embodied experiences, and discourse are interwoven into social life and interaction, and this makes it possible to examine how body possibilities, reactions, and affect are entangled with meaning-making and power since emotions and emotional reactions are limited for some bodies but available to others.

ADHD is among the most common cause among boys and girls to seek psychiatric help (Kopp and Gillberg 2003). ADHD, though, is commonly understood as a hidden disorder in girls and women and is therefore often under-diagnosed and under-treated (Quinn 2005). While earlier research does point to ADHD as a disorder found primarily among boys later research has suggested nuanced gendered differences in its prevalence and treatment; age is a factor here in that women often receive a diagnosis of ADHD significantly later than men. While more boys than girls may be diagnosed with ADHD in childhood, the number of women with this condition may be nearly equal to that of men with it (Nussbaum 2012). Linda Robison et al. (2002) suggest that there has been a rapid increase in the prevalence of ADHD particularly among girls.

ADHD is commonly associated with notions of social dysfunction. Girls and women with ADHD are reported to have difficulties in maintaining

friendships and they demonstrate higher levels of conflict and relational aggression (Blachman and Hinshaw 2002), and are at risk of problems with relationships (Young et al. 2005). ADHD among girls is associated with a higher risk of being both a victim of, and witness to, violence (White et al. 2014), as well as being a perpetrator of violence including the more overt use of physical violence like, for example, hitting or kicking as well as the use of overt verbal violence, relational violence such as social manipulation and exclusion, as well as bullying (Zalecki and Hinshaw 2004). A particular association has been shown between hyperactivity and physical aggression which, in turn, leads to poorer peer functioning (Zalecki and Hinshaw 2004). The meaning of violence, what counts as violence, and how violence is understood and experienced depends on who is talking about the use of violence (Andersson 2008). The experiences of young female perpetrators of violence have seldom been included in research, particularly in relation to different psychiatric diagnoses such as ADHD.

Method and Material

The data for this article is from a larger research project that explores living conditions, violence, and the use of violence from the perspective of girls and young women. The aim of the project was to approach, critically, different narratives and ways of making sense of girls' violence and aggressive behaviour. The violence covered by the project includes girls' acting out and being physically violent towards others—behaviour that is understood to be gender transgressive, socially illegitimate, and, in some cases, illegal in Sweden. Linda, the second author, conducted face-to-face interviews with seven young women, all born in Sweden, with experiences of using aggressive and violent acts. Among them, Agda¹ positions herself as Same, the Swedish Indigenous population. The other young women position themselves as Swedes. Based on parental occupation and educational level, the young women's social class varies. Three of them have one parent with a higher education degree, two have mothers on long sick leave, two have one parent who has passed away, and two have little or no contact with their parent(s). The interviewees were between 18 and 23 years of age at the first interview, and they resided in different urban areas in Sweden. The interviewees were recruited with the help of social workers and other professionals who work in areas such as social services, and health and youth centres.

Six of the seven young women were interviewed three times, and one was interviewed once (giving a total of 19 interviews). The first interview was based on a narrative interview method (see, for example, Riessman 2008), that focuses on letting the young women talk about their lives in relation to their experiences of their own acting out and/or violent acts. The two subsequent interviews were follow-ups, based on themes that arose in the narrative during the first interview. The interviews were held in Swedish and lasted between 40 and 127 minutes. They were recorded and transcribed verbatim in Swedish by Linda and later translated into English by Linda with the help of an English speaking translator.²

Our analysis, as mentioned above, is informed by discursive psychology; the interest lies in the narrative and in problematizing how meaning is created and the importance it is given. The narrative is always understood as having been constructed in relation to both discourse and context (Potter and Wetherell [1987] 2014). In this study, the concept of interpretative repertoires has been used in the analytical work; this can be understood as smaller discourses used as resources for storytelling within a specific context.

The meanings of diagnoses—primarily that of ADHD but also of post-traumatic stress disorder (PTSD) and bipolar disorder—were a central theme in all the interviews; all but one of the young women have or have had a diagnosis. Linda selected as data all talk about diagnoses (regardless of which) for a detailed analysis by both authors. They read the selected material repeatedly in order to acquire familiarity with it. During this reading, several main analytical themes were observed: the meanings of ADHD; responsibility; differences between different kinds of girls; violent acts; and externalizing behaviours. Finally, we chose the richest, most extensive and illustrative extracts for a detailed analysis. These extracts were taken from the interviews with Sara and Agda. This does not mean that similar argument cannot be found elsewhere in the data, but only that Sara and Agda best represent our analysis. Sara has been diagnosed with ADHD. Agda was suspected of having ADHD or of being bipolar; she was given the latter diagnosis, but, after a long process this was retracted by her doctors.

During a close reading and during our deeper analysis of the chosen extracts it struck us how meanings of responsibility were repeatedly used by the interviewees to make a distinction between a troubled subject position as an aggressive and violent girl on the one hand, and a more troubled irresponsible violent girl on the other. A second distinction was made between two less troubled positions—that of an active responsible violent girl and that of a passive responsible violent girl.

Findings: Meanings of Responsibility

In what follows we will explore how the interviewees positioned themselves in relation to different meanings of responsibility and violence. The focus of our analysis was on the various ways in which the young women represent themselves as active or passive, and as responsible or irresponsible in relation to their violent acts.

Being Responsible in an Active Way

Here we outline the contours of the active responsible girl—a dominant but also ambivalent position. Central to the construction of such a girl is her taking active responsibility for her own aggression. This is accomplished in the interviews through the girl's referring to different ways of emotional self-regulating (or self-managing) such as consciously avoiding the risks of aggressive emotions. This is illustrated in an excerpt from the first interview with Sara.

Sara: And then the same evening there was loads, y'know? People my age started to get to know who I was and they had the same ideas, 'Now we're just going to get wasted and piss about.' It was then that I encountered ... anyway it was the same night that I was arrested and ended up in the drunk tank, and then I even got done for violence against a public servant, because we were at the uni and drank ... at The Elk it's called, or was called then ... It was because I, I was angry when I started drinking and this feeling followed me and that influenced the way I dealt with alcohol. So that's why I don't drink anymore. Because drink, it doesn't matter if it's just a sip. I can't cope. I get really, really angry. I think it's partly in my genes, and then because I have these moods and then this thing with the ADHD and then all that other stuff I have to deal with.

Sara stresses her temper and her ADHD as being the main problems that have resulted in her difficulties in managing her emotions. She presents her temper as an individual problem to be resolved through individual responsibility and active self-management of her emotions, in this case through actively avoiding risks such as the consumption of alcohol. Her experiences of a difficult girlhood—"all that other stuff"—are posed by Sara merely as an extra burden for her to manage as well. This current responsible active self is presented by Sara in relation to a former irresponsible active self who abused drugs and alcohol and could not control or handle her aggressiveness. Through this, Sara accomplishes a less troubled violent girl position as an aggressive but self-responsible active girl who has been and is aware of her emotional difficulties but is able to manage and take responsibility for herself and her difficulties through emotional regulation.

Similarly, Agda challenges other definitions of her problems, in this case, professional and maternal, and the solution to these problems. She is stressing her own ability (and right) to define the problem and its solution, as well as the right to choose the solution.

Linda: Has anyone noticed (your acting out)? Like, at home, like you've talked about it ... or wasn't it until ... when you ended up in the care home at age 17 that somebody actually noticed?

Agda: Well it, it was, we were at CAPS (Children and Adolescent Psychiatry Services) a lot. And it was like that for a long time ... but it was just me that was unruly.

Linda: And nothing else?

Agda: No, and it was like I was the problem, not the situation around me. It was just like ... It was never really picked up on until I went to the care home because there I got the attention, and they saw me and listened to me. I mean, it was like coming back to life.

Linda: But when you were at CAPS, what did you talk about then?

Agda: A lot, y'know? We were supposed to analyse my growing up and all the questions and stuff like that, but it was just empty, empty conversations. We didn't get anywhere and there were assessments and different ADHD things and everything. I did a load of tests.

Linda: And they thought it was to do with that then, right?

Agda: Yeah, and then they decided I was bipolar. They just sat there and were going to stuff me full of medication. I mean, I took them at first because you go with it when you get things like that, but there was no difference at all, so I stopped, 'cause it wasn't like that, I wasn't bipolar at all.

Linda: No, it's difficult when they say... especially when you're young ... of course you listen to the doctors.

Agda: Yes.

Linda: But were you the one who felt that it wasn't helping or working, or was it, did you have to...

Agda: Yeah, I mean, at first it was like, 'Yeah-yeah I'll take this medicine.' and sure, and I think I also got Sertraline. Because I was like so depressed, you could (inaudible) be bipolar like this

Linda: So then they thought you were depressed and just acting out, that's what it was?

Agda: But then when the medicine didn't make any difference, I was just told to 'Increase the dose.' Increase the dose and finally there was still no difference and I'm taking the max dose. It was like then that I started to stop taking medication. And these antidepressants I got, I was super-bloated and I couldn't eat at all.

Linda: No. So you stopped that too?

Agda: No, I had to stop that one. But these others that my mum made me take lots of times. I did everything I could not to take them. So in the end I finally got them to understand that I hadn't been given the right diagnosis.

Linda: But they've stopped those ones now, right?

Agda: Mmm.

Linda: How did that feel?

Agda: Nice.

This extract illustrates a dilemma Agda has with the position of an active responsible girl when it comes to the possibility of receiving external support. Like Sara, Agda positions herself as active and responsible, fighting for her right to self-determination. Unlike Sara, however, Agda stresses her aggressiveness and violence as a consequence of a difficult social environment. She makes this argument in relation to narratives of professional and informal support in her social environment. She wants to take active responsibility and define the problem as her individual emotional difficulties with possible solutions and explanations for these—an ADHD or bipolar diagnosis including medical treatment. Rather than complying with this, and accordingly responding by positioning herself as a passive responsible girl, as able to be placed and in need of help to manage her emotional difficulties, Agda fights against that position. Rather, she positions herself as able to challenge a misdiagnosis and/or misinterpretation of her problems and she positions the professional and her mother as being unable to take responsibility for her and her problems. In this way, both her former and her current self are presented by Agda as an actively responsible (less troubled) aggressive self who wants to take responsibility for herself and her difficulties with emotional regulation. This means fighting for the right to be responsible, to have self-determination, and to be listened to, as well as reacting to unfairness and not being positioned as a pliable passive girl, both too passive and a feminine object or victim of her own emotions.

Being Responsible in a Passive Way

The active responsible girl is repeatedly produced within the interview situation through distinctions in relation to other kinds of violent girls—the passive responsible and the active irresponsible girl. Those *other girls* may be a former self of the interviewee, literally other girls, or, as in the first extract, a subject position that the interviewee is fighting against being given by others. The passive responsible girl position may also be chosen by the interviewees in the interview setting.

In the following extract from the second interview with Sara, she stresses the formerly active responsible self as failing to actively manage her emotions on her own. In relation to this narrative of her former self, she positions her-

self today as passive and responsible, aware of her limitations in handling her emotions without help from others; a diagnosis can be seen as part of this help. She positions herself as a passive but responsible girl by complying with treatment, being pliable in relation to others' definition of the problem, including diagnoses, and their solutions, and asking for help in managing emotions. During the interview, Sara returns to the importance of professional support. She describes her contact person at a substance abuse centre as a person who has seen "multiple aspects of [her]," a person who fought for Sara to make sure she got an ADHD assessment, and supported her during the initial testing of her medication, as well as a person to whom Sara keeps going when she needs to talk.

Sara: But instead, I don't think I get the same cravings for drugs, I don't get the same urge to fight, basically, my mind's much calmer now. Because it's constantly... your mind's like a circus when you have it (ADHD). Plus my childhood and the drugs of course, but when the drugs are out of the system and I start working with myself, then I see what a circus my mind has been. That I've got problems, that I've actually been given a diagnosis, but then I've been able to work around the conditions I've got and it's the best thing that's happened, this.

Linda: Do you think it's the medication too, I think that it can also (be helpful just to know), you know?

Sara: The knowledge behind it.

Linda: Just knowing about it?

Sara: Absolutely. Absolutely, it's like a weight was lifted, I remember that I was ... I mean it's clear like I said, I'm not super-happy to have been diagnosed with something. Because that's something I have to live with. But now it's like I just feel pffftt (exhales)... now I'm starting a new chapter and that I've got medication, I talk about it, the science around it, like, helps me to be, the medication sort of, makes me feel better and I'm doing better in general and I'm doing that now. And when you learn about what you've got... so I started to recognise my own, y'know, when I notice the phase now I'm starting to lose focus, then I know that, yeah, 'Sara, this is because your medication's stopping working.' I sort of, started to get to know myself so I can manage it differently. Because I know that certain signs ... ok, take it easy now or go and talk to someone or go and do this, so, I mean it's not everything, but it's a big part of my progress to get better.

Linda: Because this has had quite a big influence.

Sara: Yes

Unlike Agda, Sara stresses the importance of professionals wanting to take active responsibility for her difficulties. Sara talks about violence as an inner emotional-biological drive and sees her difficulties as originating in her temper and aggressiveness, but at the same time she emphasises violence as a consequence of her troubled social environment (her girlhood and substance

abuse). She stresses her need for help in order to be able to manage her troubled mind and emotions; ADHD is represented as a “circus in her head” and difficulties with concentration. Similar to what was said in the first extract, she positions her current self as calmer, as psychologically developing, self-knowledgeable, and risk-aware by recognizing certain mental signs. She also positions herself as having efficient coping strategies to handle her difficulties, knowing what to do like slowing down, taking her medication, and going to have a talk with someone. In this extract, this awareness is closely connected to complying with a professional definition of her difficulties (her ADHD) and their solutions (medication and counselling). She presents her current self in relation to a former self where both substances and violence—“the urge to fight”—are represented as an addiction, and as inadequate strategies for coping with difficulties because they reflect her being un-self-knowledgeable, and irresponsible in relation to herself and to others.

Being Irresponsible

In order to position herself as responsible, in either an active or a passive way, several of the narratives refer to an irresponsible girl who is without self-control, governed by her aggressive emotions while at the same time emotionally shut down, non-communicative, and non-sensible, frightening others, and using ineffective coping strategies. In the narratives of the irresponsible girl among the interviewees, she is either represented as a former self, another person, or a frightening shadow part of herself. Aggressive emotions are represented as always threatening to emerge and take control of her when a current sense of control is conditioned by currently favourable circumstances. The irresponsible girl who is without self-control is also represented as occupying a position that the interviewee is at risk of being (mistakenly) described as occupying, which also implies a barrier to professional help. We will illustrate this with an extract from the first interview with Sara.

Sara: That's it, that's totally it, and they start to not trust you, and I've got a record, but why do you have to ... I mean there've been so many times they've come to arrest you and put you in the drunk tank and they like, hold up the pepper spray like I said before and 'Shall we play nice or is this going to get messy?'—you know, just that attitude and then like 'we know who you are' and they (the police) gave me this nickname 'malicious snake' and just hearing that ... and they sat and would jeer at you in the police van ... and you hear 'People like you should be on a psych ward.' And 'That you haven't ended up on a psych ward...' They think you can't hear them when they say it, when you're sitting there depressed. 'You effing mental case' and 'They're typical women.' And like, they've been saying sexist things and stuff and you hear them ... you really hear what they say, calling me every name under the sun and since I had been mentally ill, y'know, of course you believe it

and then you hear it from other people. I really thought that for a while, but I'm mentally ill, I'm, I'm damaged, but I have had a legal ... I mean a simple forensic psych assessment or whatever it's called, but I'm fine, right; it's my moods and my childhood and I've like, not lived it out. And ... but every time they've said 'She needs an assessment.' And then they decided it was ADHD, but it took three years. Three years. Just imagine if they'd been able to do this sooner, maybe some things would never have needed to happen. So it's a bit funny really.

The extract illustrates how Sara presents her former self as a passive responsible girl, with difficulties managing her emotions because of her ADHD, and a difficult childhood. She stresses in the interview her position as a passive responsible girl in need of professional help, but also how she is at risk of being positioned as an irresponsible girl. She stresses this risk with a narrative about how she became unfairly misrepresented by professionals as the irresponsible girl, not able to (or wanting to) control or regulate her emotions, as a threat and a problem to both professionals and the social environment. Through representing a formerly unfairly positioned troubled violent irresponsible girl self, Sara also positions the professionals as troubled irresponsible professional support actors in regard to bullying, not listening, giving unfair treatment, offering uninformed definitions of the problem and its solution, and not allowing her an ADHD assessment until a long difficult time had passed. In this case, the narrative of a diagnosis of ADHD is used by Sara as a protective narrative, as a counter-argument against mistakenly being taken for an irresponsible girl and to help position herself differently as a passive responsible girl in need of help.

Discussion

Responsibility is, among other things, a central criterion for adult recognition (Blatterer 2007). To experience responsibility and be perceived by others as being responsible is also central to being perceived as a normal or ordinary girl (Ambjörnsson 2004). This can be understood in relation to ideas about social class and ethnicity (Chesney-Lind and Eliason 2006). To stress responsibility can also be understood, in relation to Beverley Skeggs's (1997) theories on respectability, as a way to avoid or to resist preconceptions of a working class position that is constructed as bad, dangerous, and deviant and, instead, to claim legitimacy for one's own experience-based knowledge. The importance of responsibility in the narratives of Sara and Agda can be understood in relation to intersecting ideas of social class, ethnicity, and dis/ability in that the meaning of a cognitive disability, like

ADHD, is invoked as a way to narrate a legitimate and less problematic girl position.

In this study, we understand responsibility as being connected to gendered notions of passivity and activity. The position of a passive responsible violent girl means accepting one's disability, here expressed through difficulties with managing one's emotions (appropriate to norms related to gender and age) without support from others. It is made into an alternative responsible self through handing over the responsibility for one's emotions to responsible others. It is also the most efficient position to occupy if one is to avoid being perceived of as an irresponsible girl. This also means becoming passive in one's own life, with a lack of self-determination, and, possibly, being at risk of not being perceived as responsible or able to care for oneself. In this case, the passive position means being too passive, sad, weak, crazy, helpless, and emotionally uncontrolled, and therefore possibly not adult, but, rather, childish and/or emotionally immature.

In relation to the passive responsible violent girl position, the active responsible girl is a way of producing a less troubled position as a violent girl. The self is made less troubled through aligning itself with developmental psychological discourses of emotional regulation and girl power. In this case, this means presenting oneself as able and willing to manage oneself—even to fight for this self-determination rather than become passive and compliant with, and accepting of, the definitions and solutions of external support actors. Using externalizing violent acts or what are traditionally perceived of as masculine forms of violence, may, however, be seen as being too active and this therefore risks such girls being perceived of as active and irresponsible. At the same time, the active responsible girl may also be perceived as being closer to notions of untroubled femininity, in line with a discourse of girl power, as an expression of a new, more gender equal and self-determined femininity. This may be particularly desirable in a Swedish context where girl power and being an active, strong self-determined girl is praised, and where such a girl exemplifies how far the Swedish goal of gender equality has come.

The difficulties with being positioned as an irresponsible violent girl as an intelligible past position, or as a position that carries the risk of relapse or of being positioned by others, is interesting. Perhaps this position was not enabled in the interview context, and perhaps not in other social contexts where this position may be interpreted as an expression of dysfunctional violence (see Arnell 2017). Perhaps it is only a position enabled in a therapeutic context?

Concluding remarks

In this study, we set out to explore how two young women negotiate their gendered subject positions in relation to psychiatric diagnoses and experiences of using violence. We have shown how they use conceptions of responsibility and ideas on being passive or active to construct an intelligible self. The research has also shown that the narratives of ADHD among the interviewees enable an intelligible violent self, and therefore make female externalized violence narrative-able. ADHD and dis/ability, however do not stand alone; they are intertwined with gendered norms and notions of social class and ethnicity, all of which affect the possibilities and constraints girls and young women who use violence face when they are trying to position themselves as girls or young woman performing femininity. That the contextual aspect affects possible narratives is an important point. For example, the Swedish context with its striving for gender equality and girls' empowerment can be understood to make a narrative about the active responsible girl desirable. The many examples from the interviews with Sara also illustrate how positions are not static, but depend on what the interviewee wishes to accomplish in the interview context, in relation to what issue is under discussion, and which intelligible self is to be performed.

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Notes

1. All names (including a nickname), places, and institutions used in this article are pseudonyms.
2. In the interests of clarity, we have edited out all instances of discourse markers like mmm, erm, um etc.

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