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Out of Place: Narrative Insights Into Agoraphobia

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This study explores how agoraphobia is realized through the activity of storytelling. Analysis of one agoraphobic woman's narratives articulates (a) the narrative structuring of a panic episode, (b) the grammatical resources systematically recruited to portray panic as unaccountable and the protagonist as irrational and helpless, and (c) a recurrent communicative dilemma narrated in the setting, which anticipates the onset of panic. The narrator presents two conflicting accounts of panic: One foregrounded in her stories and in clinical literature links panic to an immediate activity and location; another backgrounded in her stories and heretofore unrecognized in the literature links panic to a failure to communicate unwillingness to participate in proposed activities that compromise the protagonist's perceived well-being. We conclude that agoraphobia is a communicative disorder that constructs a range of relationships. This study offers a methodology for researchers, clinicians, and sufferers of agoraphobia for illuminating the complex logic and paradoxes in narrative accounts of panic experience.

This study is the first to examine how a psychological condition known as agoraphobia is verbally realized through the activity of storytelling. We present an in-depth, exploratory case study of one agoraphobic woman's personal narratives about the onset, experience, and denouement of panic attacks. In our view, the investigation of linguistic structures and their role in (re)constructing anxiety provides valuable tools for understanding and alleviating the distress of persons with agoraphobia. Language not only reflects emotions, actions, and identities, it attempts to constitute them as public realities moment-by-moment in the course of social life (Ochs, 1988, 1993; Ochs & Schieffelin, 1989). From this perspective, panic-related feelings, behaviors, and identities are actualized through *what* people say and *how* they say it. They may explicitly state that they feel helpless (e.g., "I felt real helpless"), or they may use grammatical constructions that convey lack of control, such as negatives and weakening adverbs like *just*. To date, no study of agoraphobia is based on recorded and transcribed accounts of panic experiences. Recordings afford repeated hearings and fine-tuned analyses

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of the narrative patterning of the antecedents, onset, and aftermath of panic experiences; it is impossible to grasp the complex, sometimes conflicting, world views of panic contained in such accounts on one hearing.

Agoraphobia is characterized by fear of being in a place where escape may be difficult, or in which help may not be available should one experience a panic attack or otherwise develop potentially incapacitating or extremely embarrassing symptoms (American Psychological Association [APA], 1987). A central feature of agoraphobia is avoidance in response to this fear. The term *agoraphobia* means "fear of open spaces"; however, it is more aptly described as a fear of anyplace where one might feel alone and vulnerable to fear and panic (Goldstein, 1973; Wolpe, 1976). Although it is possible to fear having a panic attack without having experienced one, the majority of persons with agoraphobia report having had a panic attack. Panic attacks typically begin with the sudden onset of intense apprehension or fear, often accompanied by a feeling of impending doom. They usually last a matter of minutes and involve shortness of breath, dizziness, palpitations, trembling or shaking, sweating, tingling sensations, flushes or chills, fear of dying or of going crazy or losing control.

Individuals who have experienced panic attacks recall them in vivid detail. Hence, the diagnosis of agoraphobia is closely tied to certain types of narratives. Agoraphobic persons often describe feeling trapped by an ever-present threat of panic and their belief that they cannot risk leaving a safe haven such as home. Paradoxically, while at this safe haven, they spend much of their time ruminating over past panic experiences and imagining similar experiences in other hypothetical situations. An important argument of this study is that agoraphobia is, in part, kept alive through these repeated psychological reconstructions and that one important reconstruction is narrative. We track, on a linguistic plane, how past emotions creep up on, invade, and sometimes overwhelm the present rather than being linguistically and psychologically contained at a distance. Crucial to this transposition are shifts in deictic forms, such as from "there" to "here," predication of self as acutely self-aware and helpless, and adverbs that denote the unexpected and incomprehensible. These forms convey a sense that panic arises for no apparent reason and is an abnormal response to the immediate situation. However, the teller simultaneously builds a story structure that supplies crucial features of the setting that legitimize and normalize the panic response. Although in this study the teller recounts emotions and actions that she perceives to be evidence of her psychological disorder, she provides circumstantial details which suggest that she is seeking ratification for her actions from "normal" co-present interlocutors.

A running controversy about agoraphobia concerns the interpersonal dynamics that precipitate panic, particularly conflict with partners. Goldstein (1973), for example, on the basis of case histories, proposed that "people with agoraphobia feel a strong urge to escape a close relationship and feel trapped in the sense of being afraid or intimidated by alternatives (p. 235; see also Barlow,

Mavissakalian, & Hay, 1981; Chambless, 1982; Goldstein & Chambless, 1978; Hafner, 1982; Shafar, 1976; Wolpe, 1976). Arrindell and Emmelkamp (1986) assert that these generalizations are based on unreliable methods, and that, to the contrary, standardized measures indicate that persons with agoraphobia and their spouses show no more marital distress than normal controls. Quoting Symonds's (1973) view, Arrindell and Emmelkamp (1986) claim that agoraphobia centers on "the patient's psychological make-up rather than the marriage or the husband, since the problem lies not in the marriage, nor in the husband, but with the patient herself" (p. 600).

This case study illuminates this controversy and offers a novel method for evaluating the sources of panic experienced by persons with agoraphobia. While this analysis supports the view that agoraphobia is linked to interpersonal conflict, it counters the notion that this condition is tied to a specific relationship (e.g., spousal or parental). Instead, this analysis suggests that agoraphobia is a communicative disorder, which may exist across relationships. Although the narrator most immediately relates panic to being in a confining place, closer examination of the story structure shows that feelings of confinement and helplessness are preceded by a specific, recurrent communication problem: an extreme reluctance to express reservations about participating in a proposed activity. Instead, the protagonist accommodates to unwanted proposals, and panics.

Although the narrator describes herself as a protagonist helpless and out of control during panic episodes, the protagonist's communicative acts during and immediately after such episodes belie another perspective. The experience of panic recurrently provokes the protagonist to exert considerable control over those presently carrying out the (previously proposed) action by communicating the imperative need to "get out of here." Though not articulated as such, this imperative can be analyzed as a delayed, extreme negative reaction to participating in the proposed activity. Hence, panic puts the protagonist in "the driver's seat," moving family or friends in the direction the protagonist desires. More enduringly, and paradoxically, once the protagonist is labeled by herself and others as "agoraphobic," she is viewed as helpless and dependent (attributes associated with lack of control), yet given license to refuse and even deter further proposals from intimates (acts of control).

Strikingly, the identified agoraphobic teller/protagonist seems unaware of her ability to exert influence over others. Poignantly, the teller/protagonist seems to exercise this ability only when she is compelled by extreme fear and terror. This dynamic seems to perpetuate panic because panic is anticipated by an inability or extreme reluctance to exert control, but ultimately generates a controlling force. Unfortunately, agoraphobic persons such as the participant in this study appear to have great difficulty expressing negative feelings or acting in ways that counter the wishes of others without referring to themselves as agoraphobic and thus incapacitated. An examination of the narrative reconstruction of panic may be useful both for treating and understanding agoraphobia. From a clinical perspec-

tive, the shaping and reshaping of sufferers' narratives through their interactions with family, friends, and clinicians is a powerful resource for transforming the agoraphobic condition.

METHOD

Participants

This ethnographic and discourse study focuses on the narrative recollections of a 36-year-old, Caucasian woman whom we call Meg Logan. Meg lives with her husband, William, her 5-year-old son, Sean, and 11-year-old daughter, Beth. The Logan family lives in a middle-class suburb of Los Angeles. Meg was diagnosed with agoraphobia based on the Anxiety Disorders Interview Schedule (ADIS; DiNardo, O'Brien, Barlow, Waddell, & Blanchard, 1983), derived from *DSM-III-R* diagnostic criteria (APA, 1987). At the time of this study, Meg was able to travel on certain streets within a 2-mile radius of her home. Meg volunteered to participate in this study following her family's involvement in a clinical psychology dissertation project on the psychological adjustment of children of agoraphobic mothers (Capps, 1993; Capps, Sigman, Sena, Henker, & Whalen, in press).

Corpus

The data were collected as part of an in-depth, ethnographic study carried out by Capps and Ochs of the construction and socialization of agoraphobia in one family. This ethnographic study supplements standardized measures in response to researchers' and participants' frustration with existing instruments for assessing anxiety and understanding its transmission from parents to children. Members of the Logan family were most vocal in expressing their dissatisfaction with highly structured diagnostic procedures and multiple-choice questionnaires.

Data collection consisted of (a) 26 months of participant observation of family life, including video and audiorecording of Logan family dinner interactions and leisure activities, and (b) audiorecorded, loosely structured interviews with Meg alone and with Meg and her daughter Beth. Interviews with Meg explored how she describes herself and invited her to recall throughout her life feelings that support this self-description. An interview of Meg together with Beth invited the two of them to talk together about past experiences that stand out in their minds. Although the focus of this study is on Meg, it is important to note that Meg's communication is affected by those with whom she is interacting. Discourse is collaboratively constructed, including the narratives we analyze. The collaborative nature of language activities characterizes interviews as well as family conversation. As an interviewer, the first author influences Meg's narrative construction through the questions she asks and the feedback she provides. The interviewer's role is that of sympathetic listener rather than as therapeutic counselor.

Three interviews and three dinnertime interactions were transcribed (Atkinson & Heritage, 1984). Because of our interest in agoraphobic persons' narrative constructions of panic, we selected narratives from the transcribed corpus which met the following criteria: (a) Meg is the principal teller, and (b) the narrative centers on Meg's experiences of panic. While Meg identified each of these narratives as relating to panic, they vary in terms of the severity of panic she experiences, ranging from "anxious feelings" to full-blown panic attacks. This corpus consists of 14 narratives: 12 from interviews with Meg alone, 1 from an interview with Meg and Beth, and 1 from a family dinnertime interaction. This contains 8,339 words, with each narrative averaging 596 words, and the longest having 1,365 words.

Data Analyses

We define *narrative* as a socially organized conventional telling of temporally ordered events in one's life from a particular evaluative perspective (Goffman, 1959; Labov & Waletzky, 1967; Polanyi, 1979; Ricouer, 1988; Stein & Poliacastro, 1984). Narratives of personal experiences focus on the past but can involve present and future events as well (M.H. Goodwin, 1991; Ochs, 1993). Narratives told in the course of moment-to-moment social interaction are jointly produced by the co-present interlocutors, although some take more active roles than others (C. Goodwin, 1981; C. Goodwin & M.H. Goodwin, 1992; Ochs & Taylor, 1992a, 1992b; Ochs, Taylor, Rudolph, & Smith, 1992).

We examine two dimensions of panic narratives. First, we examine their sequential organization, focusing on the features of setting, problematic event, psychological responses, and attempts to resolve the problematic event and their consequences in the immediate and more enduring aftermath. Second, we analyze the lexical and grammatical features (see Quirk, Greenbaum, Leech, & Svartvik, 1985) that index the onset, experience, and denouement of panic attack episodes within the narratives. The linguistic features examined include the following: locatives; mental verbs; verbs of communication; intensifiers; deintensifiers; modals, including hypothetical past modals that suggest improbability of future event or condition and modals that imply extrinsic control (through external conditions of possibility, necessity, or prediction); negation; "try" constructions; and adverbial constructions that denote the unexpected and incomprehensible.

RESULTS

Discursive Construction of Panic

Here we examine the structure of the central panic episode in each narrative in this corpus. First, we first consider the basic narrative components that comprise this episode and then we explicate ways in which the panic episode is narratively constructed as a spiraling sequence of nested problematic events and responses.

Components of Panic Episodes. The narratives of panic in this corpus exhibit structural features of stories of personal experience (Labov, 1972; Labov & Waletzky, 1967; Ochs et al., 1992; Stein & Glenn, 1979). In particular, these narratives center around at least one problematic event which provokes one or more psychological responses and attempts to resolve the problem and the consequences. The problematic event arises in a temporal, spatial, and psychological framework referred to as the setting of the story.

All 14 narratives revolve around a central panic episode, which includes at least the following narrative elements:

1. A climactic problematic event that triggers a panic response;
2. A panic response, including feeling overwhelmed, helpless, and trapped; and
3. A series of attempts to escape the problematic situation, often including a communicative act that makes explicit this goal or desire.

In the panic episode, the problematic event is narratively portrayed as temporally and causally anticipating a panic response. Furthermore, in many of the panic narratives, both the problematic event and the panic response are portrayed as temporally and causally preceding one or more attempt(s) to escape the current situation. In other cases, the panic response is delayed until attempts to escape the problematic situation fail or are frustrated. In these narratives, both the triggering event and the subsequently problematic failed attempts are portrayed as causing the onset of panic. Given such causal attributions, narrative structuring presents the teller's explanation or theory of panic.

The three components of the panic episode form the dramatic core of these narratives. They may appear more than once, in any order, and may be intertwined in the very same utterance. In informal storytelling, events are not necessarily related in chronological order. Rather, bits and pieces of the narrated events tumble out as they are recalled and symbolically reexperienced (Ochs, Smith, & Taylor, 1989; Ochs et al., 1992). The three-component structure of panic episodes is illustrated in Example 1 with an excerpt from a story about the "Big Mama" of all Meg's panic experiences.¹

¹The transcription notation uses the following symbols: Brackets denote the onset of simultaneous and/or overlapping utterances; equal signs indicate contiguous utterances, in which the second is latched onto the first; intervals within the stream of talk are timed in tenths of second and inserted within parentheses; short untimed pauses within utterances are indicated by a dash; one or more colons represent an extension of the sound or syllable it follows; underlining indicates emphasis; capital letters indicate loudness; arrows indicate rising (↑) and falling (↓) intonation; when part of an utterance is delivered more rapidly than the surrounding talk it is enclosed between "less than" signs (<); audible aspirations (hhh) and inhalations (.hhh) are inserted where they occur; details of the conversational scene or various characterizations of the talk are italicized and inserted in double parentheses; and items enclosed within single parentheses indicate transcriptionist doubt.

Example 1

	Meg: And it was after we'd finished the lunch. And we got decided to go- Let's go take cousin Harriet to visit William's ↑ fa ↓ ther. So we got on the Lomita Freeway to head up to um (.8) t- to Westla:nd.
Problematic Event	And <u>darn</u> it if there wasn't some kind of (.4) <u>tie-up</u> . I don't know if there was an accident, you couldn't SEE the cars were piled up so far ahead of us. But for one reason or another traffic came to a standstill. And there we <u>were</u> . (.8)
Psychological Response (Awareness)	And all of a sudden I realized we weren't moving. And I (.4) looked out and saw there was no:: uh we weren't near an exit, there was no:: uh (.5)
	Lisa: No way out Meg: Ye::s and there was a big high chain link fence bordering the freeway at that point where we were and (.6)
Psychological Response (Panic)	All of a <u>sudden</u> all of <u>symptoms</u> the <u>worst symptoms</u> I've ever had of <u>anxiety</u> - Lisa: [Ummm Meg: [-just overtook me. And I felt like I was- if I didn't get outta that (.4) ↑ ca:r ↓ and outta that ↑ free ↓ way, (that/I bet) somethin <u>terrible</u> was going to happen to me.
Attempts (Communicative)	Lisa: [Ummm Meg: [and I remember telling William. (.2)
Consequences	"William can we get <u>out</u> of ↑ here." And he said "What do you ↑ <u>mean</u> ↓ can we get out of here." Uh "you know we're in <u>traffic</u> ." (.2)
Series of New Attempts + Psychological Responses + Consequences	He goes, "We just have to WA:IT." And I go ((<i>sounding desperate</i>)) "Well can't you get on the ↑ shoulder." And he turned around and looked at me. And (I said), "Can't you just like get on the ↑ <u>shoulder</u> and drive off?" And he goes, "Well <u>no</u> :: there <u>isn't</u> any shoulder here," and (.2) And he goes "are you ↓ all ↑ right?" And I go "well I- I- I'm not <u>doing</u> very good," and (.3)

And he goes "W-well what ↑ is ↓ it."
 And I go, "Well- well you know I just
 (.3)
 ((desperate whisper)) I'm feeling anxious."

I remember clutching the (.2) head rest behind me,
 just thinking if I (.3) do anything to just sort of burn off
 some of this nervous energy
 maybe I could get ↑ through ↓ this
 So um (.2) it was a- AGONIZING.

In this excerpt, the first problematic event is the circumstance of being tied up in traffic on the freeway without an exit in sight. This situation is seen as triggering strong symptoms of anxiety, which in turn lead the protagonist to communicate to her husband her desire to escape the present circumstances.

This corpus of panic episodes presents a consistent causal account of panic, namely that panic is the outcome of being trapped in a particular location. Meg identifies the immediate locale in which panic arises as the source of distress. This narrative theory shapes her subsequent actions: attempts to escape the immediate physical location. It also provides a rationale for ongoing attempts to avoid further panic by avoiding such locations. Although widely endorsed (APA, 1987), this theory of panic is not the only one to emerge in panic narratives.

How Panic Episodes Spiral. A characteristic of narrated panic episodes is that many responses to problematic circumstances are also deemed problematic. That is, panicky feelings and actions arising in response to a past dilemma become further problems in themselves (See Hoey, 1983, for discussion of the layering of problems, responses, and solutions in written discourse). When such feelings and actions are deemed problematic, they incite further responses, which in turn can be deemed problematic, generating a spiraling of interconnected problems and frustrated responses. This dynamic is represented in the following diagram.

How Panic Spirals

Problematic Event (being stuck on the freeway) provokes:
Psychological Response (heightened awareness) that becomes:
Problematic Event that provokes:
Psychological Response (panic) that becomes:
Problematic Event that provokes:
 Attempt to handle Problematic Event
 (communication) that becomes:
Problematic Event that provokes:
 Attempt to handle Problematic Event
 (distraction)

When the protagonist in these complex episodes feels or acts, she is responding to a stack of intertwined problematic circumstances. In the Big Mama story, Meg starts out by casting the freeway traffic jam as the problematic event. Yet she goes on to narratively construct a tangled set of problems spawned by that event. She experiences a heightened awareness of being stuck on the freeway ("I realized we weren't moving"), which itself distresses her, becoming a second problem. This heightened awareness, coupled with the initial problem of the traffic jam, incites additional, intensified panic responses, "the *worst symptoms* I've ever had of anxiety," comprising a third, consequential problematic event. Meg's subsequent attempts to communicate her desire to escape to her husband and ultimate failure to achieve this goal comprise a fourth problematic event. This problem is linked to the psychological responses that precipitate it and results in yet a fifth series of problems in the form of futile attempts to distract herself. This vortex of frustrated attempts to resolve the problem lead to a respiraling of panicky feelings, captured in her emphatic assertion, "it was a- AGONIZING."

Grammatical Construction of Panic

In the discussion thus far, we have mapped out the broad discursive organization of panic episodes within Meg's narratives of panic experience. We now move deeper into particular narrative components of panic episodes to ascertain how grammar may be recruited to reconstruct the panic experience. We are interested in how a person identified as agoraphobic systematically recruits grammar to (re)create emotional experiences that define that identity. This analysis is central to understanding how agoraphobic persons such as Meg see themselves.

The world views contained in narrative reconstructions are conveyed not only by the message content of the story, but by how the narrative is grammatically built. Consistent with diagnostic accounts of panic (APA, 1987), Meg uses grammatical forms to portray panic as coming on unaccountably and marked by a heightened self-preoccupation, fear of losing control, including going crazy or even dying, and a sense that there is no end in sight. This emotional journey is grammatically constructed through a range of morphosyntactic forms.

Adverbials. Meg routinely marks the onset of panic with adverbials that denote the unexpected (e.g., "all of a sudden," "unaccountably," "out of the blue"). These adverbial phrases mark a transition from a normal to an abnormal condition (Wooffitt, 1991). In using these adverbials, Meg frames panic as sudden and inexplicable, and builds a narrative portrait of herself as neither ordinary nor in control. This is the case in the Thirtieth Birthday story, wherein Meg recalls,

I was sitting on the living room sofa reading a ↑ book.
 And all of a sudden I (.4) u:h
 became aware of feeling (.4) just ↑ AN ↓ xious unaccountably.

Mental Verbs. Within her reconstructed panic episodes, Meg progresses into a heightened sense of self-awareness, stepping outside of her immediate external situations into a dialogue with herself. These internal dialogues are grammatically reconstructed through mental verbs (e.g., *think*, *realize*, *become aware*). Like reported speech forms, these constructions frame ideas as messages, in this case unspoken self-communication. Some mental verbs present thoughts in the past tense. This is the case, for example, in the Big Mama story when Meg states, "I realized we weren't moving." Alternatively, mental verb constructions encode thoughts as exact quotes in the present tense, as in the Thirtieth Birthday story when Meg states,

I remember thinking,
I'll just go (.2) do something normal.

and in the Ski Trip story, when she recounts,

I would think okay.
This sign says next (.) town you know 20 miles,
and I would think I can make it for 20 miles.

Such constructions illustrate the grammatical face of consciousness. When Meg uses forms such as "I remember thinking . . .", she is reporting not only *what* she is thinking and feeling but also *that* she is thinking and feeling. In this sense, mental verbs bring into focus Meg's consciousness of engaging in the activities of thinking and feeling. These constructions display both a past and ongoing absorption with thinking and feeling. In recounting these narratives, Meg gives the impression that the thinking and feeling she associates with particular past events continues through the moment of storytelling.

Meg's proclivity to dialogue with herself is also indexed in the tense and aspect marking of mental verbs. The verbs tend to be in the progressive (e.g., "I remember thinking . . ."), which implies recurrence, or to have modal auxiliaries such as "would" that imply habitual or enduring activity (e.g., "I would think okay"). Through repeated use of mental verbs which themselves depict recurrent, enduring involvement in thinking about thinking and feeling, Meg indexes over and over again that she is caught up not merely in specific worries but in the web of worrying itself.

Locative "Here." Given that agoraphobia is identified with anxiety about movement away from safe places, it is not surprising that locatives play a salient role in the panic narratives of an agoraphobic person. We focus on the use of the locative "here" because it is widespread in Meg's panic narratives and because she very rarely uses it in narratives *not* about panic. While one might anticipate that the locative "here", which denotes closeness to the speaker, would be associ-

ated with positive experiences, in Meg's panic narratives, "here" is decidedly associated with negative experiences. "Here" depicts distressing situations in which Meg feels trapped and desires to escape. This is the case in the Big Mama story, among others, where Meg repeatedly implores William, "I gotta get out of here." Similarly, in the Niagara story Meg emphatically states,

I remember telling William,
'I gotta get out of here.
I'm not- I'm not ↑ feel ↓ ing good.'

In depicting such distressing circumstances, Meg often uses the construction, "here I am," as in the following excerpt from the Taco story.

Meg: I felt real helpless
I thought here I a::m
(.2)
I'm so damn mad I could just- storm outta here in the ↑ car but-

This construction shows up again in this excerpt from the Mall story.

Meg: So here I am with a little girl.
Beth: We were at Fernwood
Meg: With poop running down her legs

In many ways, the use of "here," and more dramatically, "here I am," to depict situations that occurred in a physically distant location parallels the use of the present tense in predicates framed by mental verbs to depict thoughts that occurred in a temporally distant past. This use of the present tense, often called the historical present, brings temporally remote events into a present time vividness. Similarly, comparable use of the locative "here" brings spatially remote events into the immediate proximity of storytellers and their audiences. This usage is characteristic of good storytellers who involve interlocutors in the story realm by dramatizing events as if they are taking place in the here-and-now. Bühler (1934/1990) discusses this practice as one of two strategies available to narrators: They may frame events as taking place in distant time and space, using past tense and distant deictic forms such as "there." He characterizes this strategy as "Mohammed goes to the mountain." Or, alternatively, speakers may frame events as occurring in present time and space, that is, bring the mountain to Mohammed.

Bühler's formulation suggests that these strategies are equally accessible. But they may not be for Meg, nor perhaps for other agoraphobic persons narrating tales of panic. Panic experiences are so vivid and pressing that they seem to force their way into current consciousness. We propose that Meg uses "here" because

she cannot maintain distance from the mountainous experiences of panic she is (re)constructing; they keep invading her thoughts and her life.

In this perspective, the mountain is ever-present, close by, much like Heidegger's (1962) notion of existential spatiality. Heidegger differentiates between physical space and lived space. Lived space is the space defined by interest and attention. For something to be near, it is not necessary for it to be physically close, but rather, that it occupy one's current thoughts and concern (Heidegger, 1962). Heidegger's notion of existential spatiality is crystallized in the construction "here I am." The three words that compose this phrase represent the three essential dimensions of lived space: *here* = nearness, *I* = subject, *am* = present being. When Meg, or anyone, states "here I am," she draws attention to her existing at a singular point in experienced time and space. When Meg utters these words, her existential circumstance is the focal concern. Because Meg consistently associates "here" with negatively charged situations, we suggest that "here I am" renders Meg's distressed existential circumstances as the focal concern, both for Meg and co-present storytellers.

In Meg's panic narratives, "here I am" functions as a distillation or abstract of her current condition. Like a story abstract, "here I am" prefaces and projects a scenario that unpacks her present existential predicament (see C. Goodwin, in press, on prospective indexicals). "Here I am" is a potent attention-getting device in that it recruits interlocutors (including Meg herself) to attend to a subsequent account of the anxiety-laden circumstances that give meaning to this abstract.

Meg: Here I am:

I'm so damn mad

I could just- storm outta here in the ↑ car but-

(.HHH) I can't le:ave.

I'm nine months preg- almost nine months pregnant

If I ↑ wanted ↓ to leave I ↑ CO:ULD ↓ n't.

To summarize, the locative "here" and mental verb constructions give panic the property of endurance. Panic experienced at some past time and physically distant place endures as a focus of attention across extended stretches of narrative. Panic is linguistically constituted not as a completed episode that happened only "there" and "then," but as an experience that continuously "gnaws into the future and swells as it advances" (Bergson, 1911, p. 4).

Grammaticalization of Helplessness

Thus far we have seen how Meg uses grammar to frame her panic experiences as unwarranted and as involving heightened consciousness of her existential predicament. We now consider grammatical features that Meg uses in building the core of panic itself, and, simultaneously, a self-portrait of helplessness. Grammatical forms that are especially salient in the construction of helplessness include non-

agentive sentential constituents, modal auxiliaries that index extrinsic control, hypothetical past/future, "try" predicates, negation, and hedges.

Nonagentive Roles. Perhaps the most obvious grammatical strategy for conveying helplessness is to cast oneself in semantic roles other than agent or actor. With the important exception of verbs of communication (to be discussed later), Meg does not portray herself as a person who purposefully initiates or causes actions. Rather, she tends to use grammatical constructions that put her in the roles of an experiencer or affected object, which render her relatively impotent. In her role as experiencer, Meg frames her thoughts and emotions as unwanted. As illustrated in a excerpt from the Thirtieth Birthday story, she portrays herself as unable to control not only the content of her thoughts and feelings, but also their onset and duration.

And all of a sudden I (.4) u:h

became aware of feeling (.4) just ↑ AN ↓ xious unaccountably. . .

And I couldn't seem to (.3) shake this.

The experiencer role may be realized through grammatical constituents that differ in sentential prominence. In some cases, the experiencer may be the grammatical subject, as in "I (.4) u:h became aware. . ." In other cases, the experiencer may be grammatically realized as a direct or an indirect object in the sentence. These grammatical positions are less prominent in that the experiencer is not the thematic focus of the sentence (as is the subject). This grammatical alternative places panic in the prominent position of subject. As such, feelings of anxiety are framed as causal forces that operate on a helpless self (Meg). For example, Meg describes her trip to Niagara Falls as "the last vacation that we were able to take before all of this came down on me." Meg describes her anxiety during a family ski trip in similar terms: "The first night the anxiety rea:lly got to me."

When the experiencer is the subject or direct or indirect object, there is explicit reference to the self. However, it is also grammatically possible to omit explicit reference to oneself, such that the experiencer's presence is inferred based on the surrounding narrative context. In the Big Mama episode, for example, she states, "It was SO::: awful the feeling of that fear was so awful," rather than "It was so awful for me," or "my fear was so awful."

Diminished Agentive Roles. Meg's preference for putting herself in nonagentive roles does not mean that she never portrays herself as a volitional agent or actor in the world. Yet, when she is an expressed agent or actor, she weakens this role through the use of other grammatical features including modal auxiliaries, hypothetical past and future constructions, "try" predicates, and negation.

Meg weakens her role as agent or actor by rendering herself as compelled by

external forces. She is a causal but not willful agent/actor. She grammatically constructs this state of affairs through widespread use of modal verbs that convey obligation or necessity (e.g., "got to" and "have to") rather than volition (e.g., "want to). For example, in the Big Mama and Niagara Falls stories, among others, Meg tells William, "I gotta get out of here," rather than "I want to get out of here," or "I am going to get out of here."

Meg's efficacy is also weakened through the use of hypothetical past or hypothetical future verb forms. These forms frame Meg as a possible but not actual agent. Furthermore, these forms pragmatically imply an attitude held by the speaker (Meg), namely that the actions predicated did *not* occur or are likely *not* to occur (Quirk et al., 1985). The following passage from the Taco story illustrates Meg's use of hypothetical verb forms.

Meg: I'm so damn mad I could just- storm outta here in the ↑ car but-
 (.2)
 (.HHH) I can't le:ave I'm nine months preg- almost nine months pregnant I can't-
 (.4)
 ((intensifies desperate tone))
 If I ↑ wanted ↓ to leave I ↑ CO:ULD ↓ n't.

In this excerpt, Meg frames herself as an actor who *could* "storm outta here in the ↑ car." But this possibility is negated in the very next clause. Furthermore, while Meg had described strong emotional cause for leaving ("I'm so damn mad"), she drastically undercuts this expressed desire to leave by reframing it as hypothetical ("If I ↑ wanted ↓ to leave"), a construction which pragmatically implies that she did not want to do so.

In addition, Meg portrays herself a diminished force through predicates that contain the verb *try*. This form implies that the action depicted by subsequent infinitive verb complement is or was not successfully performed. Meg makes this explicit in the Thirtieth Birthday story when she explicitly states,

I was trying to escape the scary feelings I was having,
 but the more I tried to escape it the worse it became.

Perhaps the most obvious grammatical resource for diminishing efficacy is negation. Negation frames the narrator/protagonist as failing to complete the action predicated. Meg's narratives of panic experience are threaded with negated attempts to act, based on Meg's perception that she was not capable. As noted in previous examples, Meg frequently makes comments such as, "I couldn't seem to (.3) shake this," and "I couldn't just carry on."

Finally, Meg grammatically constructs herself as helpless in both nonagentive and agentive roles by using adverbs that intensify helplessness and deintensify control. Whereas certain grammatical forms are recruited solely for intensifica-

tion (e.g., "really," "so," "instantly," "very much," "a great deal of") and others for deintensification (e.g., "like," "kind of," "sort of," "maybe," "some of"), many grammatical forms may function in either capacity (e.g., "just").

Meg uses intensifiers to amplify her experience of anxiety and vulnerability. This is the case in the Thirtieth Birthday story, when Meg tells William, "I feel really scared." Similarly, in the Niagara story, she recounts telling Beth, "↑ Ma ↓ ma's really afraid." And in the Big Mama story, Meg states, "Meanwhile I'm just DY::ING. . . It was SO::: awful." As apparent in the transcript, these grammatical resources for intensifying are augmented by other linguistic behaviors such as increased amplitude, emphatic stress, stretched sounds, raised pitch, repetition, and halting delivery.

Toward the same end, Meg uses deintensifiers to dilute her experience of coping and being in control, presenting herself as not able or licensed to reach her goals. The deintensifiers present Meg as not quite able to handle herself in stressful situations. She portrays herself as not quite able to cope: "That was kinda how I coped with the ski trip." Meg also uses deintensifiers to portray herself as unable to relieve her nervousness or endure, as in the Big Mama story when she describes, "just thinking if I (.3) do anything to just sort of burn off some of this nervous energy."

To summarize, this discussion suggests that persons may draw upon a wide range of grammatical features to verbally (re)construct panic experiences. Feelings of helplessness and heightened self-preoccupation are verbally realized not only through the content, but through the grammatical shape of Meg's narrative. Meg's narratives are densely packed with particular grammatical features that reinforce each other, building a sense of anxiety that floods her narrative and penetrates her here-and-now. While these grammatical forms work together to paint a portrait of panic and person as irrational and helpless, other features of the narrative, which will be elaborated later, paint a contrasting view.

Communicative Antecedents of Panic

We have illuminated the linguistic (re)construction of panic by articulating the narrative shape of panic episodes and penetrating deeper to expose the grammatical core of panic. Opening our analysis to focus on backgrounded portions of the narratives that lead up to the climatic panic episode(s), our driving question is "Are there circumstances that the narrator introduces into story *settings* that consistently anticipate panic episodes?" Meg's narratives portray her panic experiences as erupting for no reason. However, narratives in which Meg develops an account of the events prior to the panic episode reveal a characteristic communicative sequence.

1. A family member or other intimate proposes a future activity involving Meg.

2. Meg has reservations about participating in the proposed activity but does not communicate them.
3. Meg accommodates by participating in the activity.
4. Meg experiences feelings of panic.

The Proposal. The communicative antecedent revolves around a suggestion, an invitation, a request, or other directive that recruits Meg for some future course of action. In all cases, the directive takes the form of a "let's" imperative. Although the use of "let's" imperative seems a friendly way of engaging another in an upcoming activity, it is an imperative. The speaker is not asking the addressee if she is able to or desires to participate. Furthermore, because the speaker includes the addressee as part of a group ("let us"), rejecting the proposal may appear to involve rejecting membership in this group (M.H. Goodwin, 1990).

As represented subsequently, in the Big Mama story William makes a series of proposals that involve the family in entertaining his visiting cousin Harriet. He first suggests that they all take Harriet to lunch. Meg accommodates and experiences panicky feelings en route. After lunch, it is proposed that they all take Harriet to see William's father. In executing this proposal, Meg suffers the worst panic attack of her life, initiating the onset of her agoraphobia.

Failure to Communicate Reservations and Acquiescence. In narrating the background circumstances, Meg tells her interlocutors how she feels about the proposals, listing the reasons why she should not agree to participate: She has dozens of cookies to bake for the Christmas cookie party, presents to wrap and send to relatives, and she is battling the stress of an unwelcome houseguest. While Meg expresses her reservations in the present as a narrator to her interlocutor(s), she tends not to express her reservations in the recounted past as a protagonist to the proposer of the planned action, nor to decline or hedge her acceptance of the proposal. The following passage from the Big Mama story illustrates the communicative sequence that anticipates panic.

- | | |
|---------------------|---|
| First Proposal | And my husband says
'Oh it would be so good to see you again
<u>Harriet</u> .
Let us come and take you to lunch.' |
| Silent Reservations | I remember :h (.6) not really <u>wanting</u> to go
(.3) that morning.
Feeling some? like some foreboding
(.2) some feeling that um (.4)
For one thing I had a lot on my <u>mind</u> . |

It was Christmas-time.
I had presents to wra::p, and cookies to bake.
It was an inconvenience t- so I went unwillingly.

First Accommodation So we ↓ drop everythi::ng and
(.3) head out- this morning to (.2) the Marriott
to pick up ↓ cou ↑ sin ↓ Harriet.

First Panic
(Inklings of panic) And the ↑ way there I begin to feel those same
trembley (.3) scary feelings that I had had
driving back from that ↑ lun ↓ cheon that day.

Second Proposal And it was after we'd finished the lunch,
and we got- decided to go-
'Let's go take cousin Harriet to visit William's
↑ fa ↓ ther.'

Second
Accommodation So we got on the Lomita Freeway to
head up to um (.8) t- to Westland.

Second Panic
(Full blown attack) And all of a sudden all of symptoms.
the worst symptoms I've ever had of anxiety

just overtook me
and I felt like I was-
if I didn't get outta that (.4) ↑ car
↓ and outta that ↑ free ↓ way
(that/I bet) somethin terrible was going
to happen to me.

Looking at Meg's story as communication, we see several communicative missteps. The first is not voicing her reservations but keeping them to herself. The second is accommodating by dropping everything she had to undertake and participating in the proposed event. Meg's third and fourth missteps repeat her earlier communicative pattern. In response to a second proposal, which extends the ongoing activity, she again withholds her reservations and accommodates.

Like most interlocutors, Meg is hesitant to disappoint the person who puts forward the proposal (C. Goodwin & Heritage, 1990; Levinson, 1983; Pomerantz, 1975, 1978, 1984; Sacks, Schegloff, & Jefferson, 1974; Schegloff, 1990). Preferring to accommodate, recipients typically delay or hedge delivery of rejections and refusals (C. Goodwin & Heritage, 1990; Levinson, 1983; Pomerantz, 1978). But unlike most interlocutors, Meg delays expressing her

reservations far longer than a few seconds or minutes. Her unwillingness to engage in the proposed activity surfaces only after it is well underway and after she is drowning in panic. Based on our analysis of Meg's panic narratives, we propose that persons with agoraphobia may display an extreme reluctance to express reservations about proposals that affect their well-being, and that this reluctance contributes to panic.

Communicative Outcomes of Panic

How does this communicative sequence progress? Examining subsequent portions of Meg's narrative, we see a recurrent pattern of emotions and actions that ensues after Meg accommodates to the proposed activity and panics.

5. Meg directs others to take her elsewhere, communicating her distress as a warrant.
6. Meg identifies herself/is identified by others as agoraphobic.
7. Meg avoids the location of the panic attack and other locations she deems similarly threatening.
8. When faced with a proposal involving traveling to distant locations, Meg declines, citing her agoraphobia as warrant.

Once in the throws of panic, Meg *does* deliver negative responses. She tells others how badly she feels and her urgent need to escape (step 5). Meg's behavior after panic can be seen as an inversion of her prepanic responses to participating in the proposed activity. Whereas prior to panicking Meg held back her feelings (step 2), after the onset of panic, Meg communicates her feelings (step 5). Whereas earlier she accommodates to others' wishes (step 3), after the onset of panic Meg refuses, issuing cease-and-desist orders to co-participants (step 5). Meg's communication of agony and her plea to escape can be seen as a greatly delayed negative response to the proposed activity. We now return to the Big Mama story, where we find Meg panicking on the freeway, to illustrate the communicative sequence that follows panic.

Nonaccommodation And I remember telling William.
(.2)
'William can we get out of ↑ here'
And he said 'What do you ↑ mean,
↓ can we get out of here?'
Uh 'you know we're in traffic.'
(.2)
He goes, 'We just have to WA:IT.'

Nonaccommodation
+ Display Distress And I go
((sounding desperate))
'Well can't you get on the shoulder?'

Nonaccommodation And he turned around and looked at me
And (I said),
'Can't you just like get on the shoulder and
drive ↑ off'
And he goes, 'Well no:
there isn't any shoulder here.'
And (.2) and he goes 'are you ↓ all ↑ right'

Display Distress
[cited as warrant] And I go 'well I- I- I'm not doing very good.'
and (.3) And he goes 'W-well what ↑ is ↓ it'

Display Distress
[cited as warrant] And I go,
'Well- well you know I just
(.3)
((desperate whisper)) I'm feeling anxious.'

While panic may derive from unexpressed resistance to a proposed activity, it may also serve to *fuel* the expression of negative feelings and actions that change the course of the activity underway. In this sense, panic is a pivot point between an act that is pleasing to another but distressing to oneself and one that is displeasing to another but crucial to one's own sense of well-being. Tragically, Meg, and perhaps others with agoraphobia, appears to display and act on negative feelings about an activity only after panic sets in. As framed in the narratives, panic gives an imperative quality to the expressed negativity; panic is a warrant for displeasing words and acts.

The Big Mama story displays a progression in which Meg portrays herself as increasingly able to resist undesirable proposals. Following their visit to William's father's house, the Logans deliver Harriet back to the Marriott and return home. In each of these legs of the journey, Meg describes expressing her dissent against William's proposals about the route to take. As illustrated in the following passage, she voices her disagreement *before* the proposed course of action is underway. Furthermore, in each episode, Meg successfully resets the agenda for everyone.

Nonaccommodation Meg: I begged William
(to Proposal 3) 'Don't get on the freeway when we take
c-her back to the Marriott.
Let's just take surface streets.
Please I can't RISK that we might
(.4)
I said I just can't.
I CANNOT live through another
episo::de like what I just endured.
.
.

- Lisa: So you took [sur-
 Meg: [We took like Lomita Boulevard or
 Atlantic Boulevard a::ll the way do:wn.

Having dropped her off, William recommences to propose taking the freeway back home.

- Proposal 4 Meg: William says, 'Well come on let's take the
 freeway ho:me.
 It's after (.2) rush hour and there won't be any
 traffic,' and
 (.8)
 He said ((*calm, soothing rendition voice*))
 'Come on honey.'
 You know (.4) 'Snap out of it.'
 Nonaccommodation And I go 'I just can't.'
 ((*pleading voice*)) 'Ple::ase humor me,
 Indulge me,
 and let's just (.6) go surface streets.'
 So we ↑ did.

In this passage Meg presents herself as able to express her feelings more explicitly and more elaborately as she faces each new proposal. She more forcefully voices resistance and ultimately even delivers a counterproposal, employing the "let's" imperative to suggest that they take surface streets. Yet, in so doing, she describes herself as someone who needs to be "indulged" and "humored."

Pathologizing Responses. While the progression just represented might be seen as a positive step in expressing one's feelings to one's spouse, Meg reframes these communicative encounters as signs of pathology. Meg recasts her confrontation with William over taking the freeway back to the Marriott as a symptom of neurosis, namely agoraphobia (step 6).

Meg: And that was just the beginning right there of my agora ↑ pho ↓ bia."

Lisa: Umhm

Meg: Because right there I avoided the freeway for the first ↑ time.

Meg views her directive to William ("I begged William don't get on the freeway. . .") as constituting the onset of a mental condition. She recasts the communicative act itself as the hallmark symptom of agoraphobia, namely avoidance ("Because right there I avoided the freeway for the first ↑ time"). Similarly, Meg deems her negative response to her husband's proposal to take the freeway back home a sign of impending doom: "And that was like the beginning of the E::nd." Meg does not comment on her transition towards greater assertiveness and ex-

pressiveness in communicating with her spouse. Rather, she foregrounds her anxiety about traveling on the freeway and her resultant avoidance of this activity.

In Meg's narratives, curtailing current involvement in the present activity becomes coterminous with curtailing feelings of panic. As narrator, she reports feeling trapped in the current existential "here," which is at once a psychological space (panic) and a physical space (a freeway, the base of Niagara Falls, inside an elevator or airplane). In the narratives, psychological and physical spaces become fused. "Get me out of here" is a cry to escape both. Unfortunately, although Meg reports managing to escape both these immediate physical and psychological environments, in the long term the two kinds of spaces continue to be fused in her mind, such that particular physical sites remain charged with overwhelming anxiety. This fusion promotes avoidance of such sites in an effort to avoid such feelings of anxiety (step 7). In this sense, Meg, and perhaps others like her, operates on the assumption that one can keep psychological pain at bay by containing it within circumscribed physical boundaries.

What this discourse analysis illuminates, however, is that panic is narratively represented as having communicative roots anterior to its onset in physical locations such as freeways and elevators, and that these roots may not be sufficiently recognized by agoraphobic persons. As mentioned, many of Meg's stories of panic experiences do not provide information about communicative interactions with family members or friends prior to the panic attack. And even in those narratives where she details background circumstances, Meg casts panic as coming "out of the blue" or "unaccountably" rather than in connection with earlier distress.

Agoraphobia as a Communicative Resource

Our analysis of the Big Mama story has illuminated how panic serves as a warrant for communicating negative responses to a proposed activity. Subsequent to the events in this story, Meg reports routinely using her agoraphobia as a rationale for declining proposals (step 8). The label of agoraphobia assists persons so identified in handling future proposals by providing a legitimate, enduring warrant for declining them and ultimately discouraging family and friends from presenting such proposals altogether. Those who are unaware of the specific nature of her anxieties come to assume that Meg prefers not to leave home. And those who do know come to consider her condition preemptive of her wish to do so. In this way, the label "agoraphobic" constitutes a useful, enduring warrant for expressing negative responses to proposals. Agoraphobic persons such as Meg not only avoid participating in particular kinds of proposed activities, they avoid communicating reservations about a particular proposal and negotiating a solution with others in their lives. However, the usefulness of this warrant is far outweighed by the devastating effects of restricted mobility and labeling oneself as disabled. By offering her agoraphobia as a generic warrant,

Meg is spared from having to accommodate unwanted proposals, but she avoids confronting what may be the root of her problem as she narratively portrays it.

DISCUSSION

Paradoxes of Panic

The complex grammatical and discursive structuring of Meg's panic narratives implies a paradox between expressed helplessness, that is, loss of control over oneself, and power, that is, gain of control over others. On the one hand, the grammar of panic constructs an emotional portrait of Meg as vulnerable and out of control. This grammar-based emotional self-portrait is also compatible with Meg's accommodating communicative acts prior to the onset of panic, in particular her reported acquiescence to proposals despite deep reservations. However, this portrait contrasts vividly with Meg's account of the assertive communicative acts she carries out once panic sets in. After panic sets in, Meg's communicative acts are designed to control the actions of others to meet *her* needs. When Meg produces directives such as "I gotta get out of here I'm not- I'm not ↑ feel ↓ ing good" (Niagara Falls story), "I've got to get out now I feel te:rrible" (Niagara Falls story), and "William can we get out of ↑ here" (Big Mama story), she exerts her own agenda, imposing it on others. Meg's requests to "get out of here" not only attempt to disengage *her* from the current activity, they terminate the activity for *everyone*.

This interpretation is similar to psychodynamic theories deriving from the work of Freud which suggest that symptoms serve controlling functions (Freud, 1926). According to Freud, the control that agoraphobic persons gain over others by means of their symptoms represents a secondary gain of the disorder, an advantage that limits the phobic person's desire to change the behavior pattern. (The primary gain, in Freud's view, was the reduction of the anxiety which had overwhelmed the person's defenses.) Current discussion of secondary gain and agoraphobia refer to the control agoraphobic persons exert by restricting or otherwise determining the activities of family members due to their symptoms, for example, by placing the responsibility for shopping on their children or spouse (e.g., Newman, 1994; Schacht, Henry, & Strupp, 1988). Although the idea that agoraphobia serves a controlling function is not new, this study locates secondary gain within a communicative context: Agoraphobic symptoms are used to avoid communicating reservations in specific situations.

A paradox of panic, then, is that the panic-stricken protagonist exerts power over others at the same time as she portrays herself as powerless. The narrator points to panic, not the protagonist, as responsible for the protagonist's thoughts, feelings, and actions. Coming out of the blue and blind-siding Meg, panic is portrayed as exerting control over Meg, who in turn is driven by this force to exert control over others in an effort to escape the grip of panic.

This paradox concerns not only the protagonist but also the narrator, and not

only the past time of the tale but also the present time of its telling. In this paradox, we return to the two conflicting portrayals of Meg as simultaneously losing control over herself (disempowerment) and gaining control over others (empowerment). Earlier in discussing the grammar of panic, we specified ways in which Meg's grammatical repertoire indexes that her experiences of panic are not resolved but rather continue to invade and overwhelm her in the present time of her storytelling: Meg often frames past experiences of panic in the present tense and frames physically distant locations of panic using the proximal locative "here." In these ways, she portrays panic as continuing to control her. It is part of her emotional here-and-now from which she is *still* unable to escape. What is paradoxical is that these very same grammatical structures, along with others such as mental verbs, allow Meg to exert considerable communicative control over people in her life. As noted earlier, Meg's use of the present tense controls interlocutors by trying to draw them more intimately into the tale; and her use of both mental verbs and the existential locative expression "here I am" direct the interlocutor(s) to wait for and attend to subsequent information that unpacks their meaning. Thus, Meg's grammar constructs her at once as a protagonist presently under the control of panic and as a narrator who knows how to control her audience.

An important difference between Meg's attempts to control others as a protagonist in past episodes of panic and her attempts to control her interlocutors as a narrator in the present storytelling activity is that the former appear to be more successful. After the onset of panic Meg successfully resets the agenda for everyone participating in the current activity. In contrast, in interactions with her family, Meg does not appear to be able to sustain other interlocutors' involvement in her narrative recollections and speculations. Meg actively seeks feedback throughout storytelling interactions, particularly concerning her thinking, in that she characteristically (a) delivers utterances containing mental verb constructions with hesitations that seem to invite responsiveness, and (b) orients her body and eye gaze toward her husband William, inviting his participation as the preferred recipient (addressee) of and responder to the thoughts she is conveying (C. Goodwin, 1981, 1986; Schegloff, 1990). But, as illustrated in an excerpt from a story in which Meg tells her family about her encounter with two pit bulls, this feedback is not forthcoming.

Meg: I got to thinking (.5) these [aren't PETS

[William looking at Meg

[Meg looking down at food [Meg looks up at William, does horizontal head shake (.6)

↑ No[↓ body would treat a [↑ pet like that.

[William looks at food [Meg: eyeflash at William

[They're [strictly there to chew up [↑ any ↓ body

[William looks up from food at Sean

[Meg looks up at William

[Sean wipes his mouth with his arm

[William: eyeflash at Meg, turns to Sean

[who might come into their yard

Will: [Sure they are

[William looks at Sean

[Meg looks at Sean

Meg: Wh- what [if that thing gets ↑loo:se and ↑ki:lls somebody

[Meg looks at William who continues looking at Sean

The pattern of pausing, body orientation, and eye gaze suggests that Meg may be seeking validation for the content of her thoughts, if not for being legitimately preoccupied at the time, but that the validation she receives is weak at best. Meg presents four different statements conveying her thinking about pit bulls. While William stares at Meg as she begins to relate her thoughts, he does not provide verbal feedback after her first predicate ("these aren't PETS"), after she looks straight at him and intensifies her message by shaking her head horizontally, and after a subsequent .6-s pause, which is a lengthy invitation to take the floor (C. Goodwin, 1981; Sacks, Schegloff et al., 1974). William continues to withhold substantive responding during Meg's second thought ("↑ No ↓ body would treat a ↑ pet like that"), even though she flashes a glance at him. As Meg goes on to express a third thought ("They're strictly there to chew up ↑ any ↓ body who might come into their yard"), William looks up not at her but rather at his daughter Beth. He glances at Meg momentarily en route to fixing his gaze on his son Sean. At this point, he finally responds verbally ("Sure they are"), but all the while his gaze remains fixed on Sean, signaling that his attention is divided and he is only partly available to her. Meg expresses her fourth, most potent thought as a direct question to William, then the object of her gaze. Yet William continues to focus his attention on Sean and never responds verbally or otherwise acknowledges the question.

Such responses may perpetuate panic and maintain Meg's identity as agoraphobic. Low affiliative responses by William lead Meg to describe the pit bulls she has encountered in progressively more self-threatening terms. Meg starts out characterizing pit bulls inversely, in terms of the category they are *not* members of ("PETS") and describing how a negative set of persons ("↑ No ↓ body") would act with respect to that category. She then describes the animals as more threatening, as creatures who exist for the sole purpose of mauling "anybody" in the vicinity. Finally, Meg asks her half-attending husband to join her in pondering the possibility that a particularly threatening pit bull, described emphatically as a "thing," could "get ↑loo:se" and "↑ki:lls somebody." This progression suggests that Meg, and perhaps others with agoraphobia, actively solicits validation for her thinking and feeling, and in its absence, may see herself as unlike other adults in their midst.

What might account for the discrepancy between Meg's success in controlling the collective agenda as a protagonist in past episodes of panic and her failed

attempts to control her interlocutors as a narrator? It may be that in both cases co-present parties wish to curtail panic. In the panic episode, others may comply with Meg's directive to "get out of here" as an immediate antidote to her expressed distress. But, as interlocutors listening to Meg's accounts of her past anxieties, others may withhold feedback for an extended period of the narrative to avoid validating her fears or aligning themselves with her anxiety. When Meg recounts prior anxious scenarios for her family, she brings her past anxieties into present collective consciousness. Members of her family, particularly William, may display only minimal responsiveness to discourage Meg from continuing this process and perhaps from involving others in these fears. William's minimal displays of involvement may be attempts to shut down narrative emotionality before it gets out of hand and develops into full blown panic, sweeping the family into submission. Unfortunately, as we see in this excerpt from the Pit Bull story, displays of minimal or no responsiveness by the primary recipient of the narrative, her spouse, lead to escalation not curtailment of expressed anxiety.

But the paradox is more complex still. On the one hand, the experience of panic is narratively constructed as an episode of irrationality, and the protagonist is portrayed as not normal throughout this experience. On the other hand, Meg recounts that it is precisely during such episodes that she expresses feelings and carries out actions that are consonant with her immediate well-being. In contrast, she portrays her actions and feelings as a protagonist prior to panic episodes as normal and rational. Curiously, however, she recounts that it is precisely in these pre-panic attack circumstances that she acts against her best interests. If acting in one's best interests is a measure of rationality, then we might consider panic not as irrational (as does the narrator/protagonist), but as kindling an emotional logic that is otherwise unobtainable in the protagonist's "normal" course of events.

These implicit ideologies of what it means to be "normal" and "abnormal," "rational" and "irrational," have implications for persons experiencing panic. When the protagonist is in a state of panic, she repeatedly struggles to recover by thinking about carrying out actions she deems ordinary and normal, or actually attempting to do so. For example, in relating the panic attack she experienced on her thirtieth birthday Meg states,

I remember thinking,

'Well I'll just go (.2) do something normal.'

((talks rapidly, as if to convey agitated state))

D- you know, I'll go upstairs and I'll brush my tee:th

and (.) wash my face and get ready for be:d.

But, if (a) in a state of normalcy, the protagonist also does not acknowledge and communicate her needs and wants, and (b) not acknowledging and communicating such needs and wants may precipitate panic, then (c) attempts to reassume a state of normalcy may fuel further panic.

Indeed it often does, as Meg reported in the continuing portions of the Thir-

tieth Birthday story: "But really it was a form of- I was trying to escape the scary feelings that I was having. But the more I tried to escape it the worse it became." Thus, a further paradox is that efforts to escape panic by attempting to act normal may have the opposite effect of catapulting the protagonist into even more intense realms of panic experience.

Agoraphobia as a Communicative Disorder

The narrative accounts examined in this study suggest that the onset of panic can stem from an inability or unwillingness to communicate reservations about a proposed activity until that activity is underway. This perspective contributes to the dialogue among researchers about the roots of agoraphobia. While this analysis supports a relational (e.g., Barlow, Mavissakalian, & Hay, 1981; Hafner, 1982; Hallam, 1985; Kleiner & Marshall, 1987; Liotti, 1991) over an individual-centered account of agoraphobia (e.g., Beck & Emery, 1985; Clark, 1989; Marks, Basoglu, Alkubaisy, Sengun, & Marks, 1991; Taylor & Rachman, 1992), it points to a more fundamental handicap, namely a difficulty in communicating negative feelings in a timely, effective, and appropriate manner.

Agoraphobia may be a communicative disorder involving avoidance of negative responses to proposals. In day-to-day conversation, interlocutors couch reservations and other negative responses hesitantly, with terms of endearment or deference in an effort to assuage their conversational partners while preserving their own well-being (Brown & Levinson, 1987). However, agoraphobics such as Meg appear particularly maladept at balancing their own want to disengage from a proposed activity with the wants of their conversational partners. Meg's narrative accounts suggest that she sacrifices her own desires for those of others until she is fueled by feelings of panic to prioritize her own well-being.

We are not the first to consider psychological problems as communicative disorders. Psychologists (e.g., Freud, 1926/1953; Sass, 1994; Satir, 1967), sociologists (e.g., Goffman, 1971; Szasz, 1974), and anthropologists (e.g., Bateson, 1972), have located psychological problems, particularly schizophrenia,² within

²Bateson (1972), for example, suggests that schizophrenics live in a universe which renders unconventional communicative habits in some way appropriate. He offers the hypotheses that the communication of schizophrenic persons is a fitting response to the "double bind," wherein an individual is repeatedly caught in a situation in which another person expresses two orders of message, one of which contradicts the other. More recent research has focused on the role of parents' communicative styles in the onset and course of schizophrenia spectrum disorders, suggesting higher relapse rates among schizophrenic adolescents who return to a family environment marked by high levels of criticism or emotional over-involvement (Goldstein, 1987; Goldstein et al., 1989; Leff & Vaughn, 1985; Sass, Gunderson, Singer, & Wynne, 1984; Singer & Wynne, 1963). This line of study is being extended to individuals with affective disorders and their families, yielding similar findings (Cook, Asarnow, Goldstein, Marshall, & Weber, 1990; Miklowitz, Goldstein, Nuechterlein, Synder, & Mintz, 1988). Finally, one study has examined communication in children of parents with psychological disorder. Results suggest that anxiety in children is not related to communications in

communicative contexts. Freud (1926/1953), for example, proposed that symptoms of anxiety comprise indirect or symbolic communications. Building on Freud, Szasz (1974) explains that people use the language of symptoms because they have not learned to use any other, or because it is especially useful for them in their situation. A central feature of the indirect communicative function of symptoms is that the sufferer is not responsible or accountable for the messages conveyed.

This communicative account of agoraphobia is more general than accounts focusing on a particular distressed relationship, for example a spousal (e.g., Doctor, 1982; Hafner, 1982; Kleiner & Marshall, 1987) or parent-child relationship (e.g., Casat, 1988; DeRuiter & van IJzendoorn, 1992; Gittelman & Klein, 1984; Tearnan & Telch, 1988), in that communication is at the heart of all relationships. Relationships are complex social processes and structures that are themselves constructed through actions and demeanors towards other persons. When Meg accommodates to, rather than declines, an undesirable proposal, she is constructing a relationship with the person who issued the proposal. If she conducts herself in this manner only with a certain person, then it may be justified to locate the roots of agoraphobia in that particular relationship. However, if Meg accommodates to undesirable proposals with a range of persons, then agoraphobia is better accounted for by the communicative impasse. And, in the case of Meg's self-reports, the communicative problem does exist across relationships: with childhood mates, with church friends, with her husband, with parents, with in-laws, and with her doctor.

Narratives Construct Theories of Panic Experience

Any narrative, whether historical, scientific, or personal (as is of concern here), can be seen as a theory about events (Bruner, 1986, 1990; Feldman, 1989; Ochs et al., 1992; White, 1980). The narratives examined throughout this discussion present theories of emotions, their antecedents and consequences, about self and others, about normality and abnormality, and about rationality and irrationality. These world views organize experiences in past, present, future, and imagined realms (M.H. Goodwin, 1991; Ochs, 1993).

An important point of this work is that theories are conveyed not just by message content but also through how a narrative is grammatically and discursively built. For example, while a narrator may use message content to define herself as agoraphobic, at the same time, in a myriad of ways, she uses certain grammatical forms to construct a world view about what it means to be agoraphobic, and in so doing presents an implicit "grammar" of agoraphobia.

which parents contradict something the child has said, but to utterances in which the child disqualifies or contradicts his or her own messages (Wichstrom, Holte, & Wynne, 1993).

Implications for Treatment and Research

We suggest that persons are considerably more articulate and expert than a first hearing of their stories might suggest, and that researchers, therapists, and clients might benefit from donning the hat of discourse analyst. Relistening to particular stories provides an opportunity to bring out that expertise, to discuss theories and understandings hidden in their words. In particular, therapist, researcher, and client can profit from returning to story settings articulated in individuals' tellings of life experiences and re-appraising the temporal and causal links they narratively construct between psychological stances, emotional experiences, and communicative actions.

Research that relies on questionnaire responses from agoraphobic persons elicits information that is explicitly accessible to the respondents. But, it does not elicit domains of knowledge and emotion that are accessible in their narratives of personal experiences. For example, Arrindell and Emmelkamp (1986) compared agoraphobic women and their partners with three groups of control couples (nonphobic female psychiatric patients and their husbands, maritally distressed couples, and happily married couples) on measures relating to marital adjustment, intimacy, and personal needs. Based on participants' responses to these questions, agoraphobic women and their spouses were found to resemble happily married couples, whereas nonphobic psychiatric patients and their partners resembled maritally distressed couples. The study concludes that distress in the marital relationship does not underlie or account for agoraphobia, but rather that the problem exists within the agoraphobic person. This empirically validated theory of agoraphobia matches the explicit theory of her agoraphobia that articulates. Consistent with the assessment obtained in Arrindell and Emmelkamp's (1986) study, Meg assesses herself as abnormal and her spouse and other intimates as entirely normal.

However, this qualitative analyses of a substantial corpus of one agoraphobic woman's narratives reveals a more complex view of problematic emotions, actions, and relationships. In particular, although Meg tends to explicitly idealize her spouse as Mr. Normal Good Guy, she also at the same time both explicitly and implicitly frames him as someone who makes unreasonable demands on her and ropes her into activities in which she does not wish to be involved. Furthermore, although she may not articulate her dissatisfaction, Meg's repeated attempts to capture her husband's flagging attention to narratives such as the Pit Bull story display her unhappiness with him as a conversational partner. These observations suggest that the accounts of emotions, events, and relationships based on agoraphobic persons' responses to questionnaires or structured interviews may produce an impoverished portrait relative to those based on analysis of narratives and narrative interaction.

Clinical studies of agoraphobia that rely primarily on narratives told by clients in the course of therapy should be in a position to capture the multiple perspectives on panic experiences constructed by narrators. However, these studies

generally rely on clinical impressions of such narratives and do not closely analyze the narratives for their grammatically and discursively constructed connections and theories. As a result, such accounts miss much of the narrator's representation of his or her predicament. Grammatical forms fly by and are forgotten; subtle links that the narrator may be forging between narrative settings, problematic events, psychological responses, action attempts, and their consequences are impossible to capture on one hearing.

Linguistic analysis of narrated experiences need not be restricted to scholarly enterprises. The analyses we have laid out have considerable potential as a tool for clinical intervention as well, and promise to enhance existing therapeutic practices (see McNamee & Gergen, 1992; Polkinghorne, 1988; Schafer, 1992; Spence, 1982; White & Epston, 1990 on narrative and psychotherapy). Therapists and clients could collaboratively re-listen to recorded narratives of panic experiences to identify causal links that build emergent theories of self and panic. To be effective, this analysis should focus not only on narrative content, but also on the grammatical and discursive structures that are routinely recruited by the narrator to construct his or her world views. Our analysis of Meg's narratives has provided a starting point for such analysis, including a skeletal frame for analyzing the structure of panic narratives and a list of recurrent grammatical forms she uses to construct different, often conflicting theories of her panic experiences. We have also provided a framework for illuminating how narrated psychological responses and action attempts to one problematic initiating event may themselves be framed in the narrative as problems that provoke further psychological responses and attempts. By journeying through their own narratives, persons may come closer to understanding and changing how they represent themselves in the world both linguistically and psychologically.

Whether the specific hypotheses and conclusions we have drawn apply to sufferers of agoraphobia more generally remains open to future investigation. However, the method we have used in constructing these generalization is reproducible to that end. We suggest that narrative analysis is a rich resource for working with sufferers of agoraphobia to heighten and transform their consciousness of their emotions, actions, and interactions with others. Hopefully this undertaking will inspire change in self-construction through language practices, including changes in how sufferers of agoraphobia narrate their identities.

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