“I just feel like a constant mistake”

How do young people with mental health problems and substance use manage difficult emotions?: An IPA study

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Word Count 39,932

A thesis submitted in partial fulfilment of the requirements of the University of the West of England, Bristol, for the degree of Professional Doctorate in Counselling Psychology

Faculty of Health and Applied Sciences, University of the West of England, Bristol

August 2023

Contents

Acknowledgments

I would like to dedicate this research to each of the participants who made it possible. Without your ability to be vulnerable we would never have been able to create such a shared understanding of your emotion experience.

Thank you to my partner Craig, who has supported me especially through the tough times. You have shown me and each of our children what it is to believe in someone so much that they start to believe in themselves. To my son Isaac, whose thoughtfulness kept my stationery and heart topped up, and Freddie for your constant smiles – both of you thank you for keeping me going.

To my mum and dad, thank you. Without your support I wouldn't have been able to even attend the course. Thank you for always being the ones I can ask for help.

I would like to thank my Counselling Psychology companions for your love, care, support and undying belief in me, Iman, Jane, Lucy and Sara. You all knew when I needed you and you showed up. I am so grateful to you.

To the people who helped my academic journey, my Director of Studies Dr Tony Ward and my friend Dr Graham Ball, thank you for pushing me and teaching me to keep going.

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Abstract

This study explores the way young people who experience both substance use and mental health problems make sense of their emotion management. Research shows that this group experience poorer outcomes than peers who report only one of the two issues, citing emotion regulation difficulties as a perpetuating factor. With literature showing that this group of young people do not feel understood or that their needs will be met by services, Interpretative Phenomenological Analysis (IPA) was utilised to gain a deeper insight into their lived experience of difficult emotion.

Six young people (18 and under) who experienced both substance use and mental health problems were recruited and interviewed regarding their experience of managing emotion. The overarching Grouped Experiential Themes were as follows; 1) *Hear my experience: Overwhelming emotional lives*, 2) *The past is always present*, 3) *Coping with the present and the past - Emotion management strategies.*

The findings showed that management of emotion did not exist in a vacuum. The experience of emotion in the present occurred within the context of the past. Adversity and unmet needs, in particular the need for attachment, impacted on the sense of self and world view. All of which influenced the development of managing emotion. Whilst substance use was mentioned as an emotion management strategy, the participants mental health that included their current overwhelming emotion experience and their emotion history appeared to be the priority in the transcripts. This suggests the participants mental health was their biggest concern when managing distress. Implications for Counselling Psychologists and other mental health practitioners is discussed.

Keywords: Young people, substance use, mental health, managing emotion

Introduction

Background and Overview

People who experience mental health and substance use issues are amongst the most socially excluded group of people in society. When that group also includes young people an extra layer of vulnerability can be seen. However, the prevalence data shows a large unmet need and high numbers of adolescents being affected.

Public Health England (PHE, 2019) report that 14,485 young people (under 18) were in contact with substance use services from April 2018 to March 2019, two-thirds of whom were male. There has been a steady reduction of numbers year on year since the peak of 2008-2009, cannabis remaining the highest primary substance for accessing services at 88% and 44% accessing help for alcohol problems. PHE also report a small increase in the number requesting support with opiate dependence (such as heroin or codeine). However, alarmingly PHE record an increase of 53% in benzodiazepine presentations, a drug that has the potential for both psychological and physical dependence. This figure is three times larger than 2 years prior to the report, showing a worrying trend in the increase of a group of drugs that aim to induce a calming experience.

However, more recently The Mix (2022), a UK based charity supporting young people aged 25 and below, conducted a survey looking at post-pandemic substance use. They found that 33% of under 25s (roughly 2.6 million) had used an illegal drug in the past 12 months with 17% having used a Class A drug (roughly 1.3 million). Cannabis remained the most drug used in the last year at 22.1% of all drugs taken, and within the last 30 days (13.6%). Whilst the PHE and The Mix report dates are a couple of years apart, it demonstrates that those attending services are only a very small proportion of those who take drugs. This could be because fun was cited as the biggest reason for taking drugs at 47.6% (The Mix, 2022). However, when asked why they didn't access services for those who felt they had a substance use problem 39.7% said they could deal with drug related problems by themselves, with the next biggest reason being that they did not believe services could help them (23.6%). This implies that there is a consistent belief amongst young people that problems should and can be dealt with alone, but also that there isn't the right support to suit their needs.

One of these needs can be seen in emotional wellbeing. Whilst The Mix (2022) report many reasons given for young people taking drugs such as wanting to fit in and curiosity, 20.8% said it was to escape from problems in their life and 18.7% reported it was to make them feel better due to mental health problems and emotional distress. These last two reasons are an increase on the 2021 figures at 12.3% and 17.1% respectively. It is important to note this increase in the context of post pandemic restrictions being lifted, and the need to consider the pandemic having the potential to increase emotional wellbeing problems for young people.

PHE (2019) claim a third of young people in substance use services reported a mental health need and 73% of those received some form of mental health 'treatment'. However, it is not clear what that was, medication only, therapeutic work, or further psychosocial support. This is not new data. Crome (2004) cite research that estimates between 30-50% of youth presenting to services experience both substance use and mental health problems, and more recently Sloan, Hall, Simpson, Youseff, Moulding, Mildred, and Staiger (2018) report the number to be in the region of 61-88%. With reports not being clear on the mental health support that has been provided thus far, it would be unreasonable to expect young people to know and feel confident in the type of support that is available to them or not.

Whilst the data identifies large numbers of young people who take drugs and experience mental health problems, research suggests that this group remain "undertreated" (p. 126, Marel and Mills, 2017). Here it is assumed that the authors are pointing to the data that shows poorer outcomes for young people experiencing both substance use and mental health problems rather than one of the two (Curran, 2018). Importantly, Weaver, Madden, Charles, Stimson, Renton, Tyrer, and Paterson (2003) cite research that suggests this group of young people have an increased risk of suicidal behaviour, violence, psychiatric admission, and poorer outcomes in both psychiatric and substance misuse services. Further, Crome (2004) lists an increased risk of multiple associated difficulties such as, homelessness, isolation, disengagement from services and risk of death.

Having said this, research has made attempts to understand the poorer outcome data. Some examine a single focus approach by substance misuse and mental health agencies where clinicians only work with one or the other problem (Pinderup, 2018), others consider underconfident staff with inadequate supervision (Petrakis, Robinson, Myers, Kroes, and

O'Connor 2018), or generate hypotheses that suggest one problem causes the other (Phillips and Johnson, 2009, McKeown, 2009 and Curran, 2018). Further to this, it is widely reported that often people who experience both mental health and substance use problems are excluded from services, including the services that are designed to support them (PHE, 2017, Weaver et al., 2003) suggesting this might be due to behaviour such as intoxication or wanting other services to do 'work' first (stop substance use then work on mental health). This gap in service provision has significant implications for young people and their families as needs are left unmet. It is possible that focussing on assumptions such as the causal relationship between substance use and mental health, serves to disregard the complexity of individual experience and risks perpetuating the unmet needs of this group.

Consistent with what young people are reporting (The Mix, 2022), Curran (2018) suggests the poorer outcomes can be attributed to the literature and psychological intervention ignoring the populations underlying vulnerabilities, therefore the focus needs to shift towards the life experience of this population. For example, Curran (2018) highlights other vulnerabilities for PTSD presentations that need consideration alongside the trauma such as low self-esteem, interpersonal functioning, excessive guilt and shame, and emotion regulation as they intersect and influence wellbeing. It is reported that emotion regulation difficulties are a "core dimension" (p. 770) that feature across mental health presentations (Sloan et al., 2019). Therefore, to study this vulnerability has beneficial implications that can reach across a large variety of young people who experience substance use and mental health problems, yet research in this area may fall foul of 'trying to find the solution to the problem' as discussed above.

As a result, Counselling Psychology has the potential to play a significant role in the development of this field. Valuing life experience, meanings, perceptions, and the way these are created is a strength of Counselling Psychology as it promotes the principle of exploring what has happened to a person rather than what is wrong with them. Therefore, the aim of this study is to delve into the gap in knowledge regarding the ways that young people who take drugs and experience mental health problems, manage emotions. The current ideas regarding emotion regulation, substance use and mental health imply that if this group can successfully regulate their emotions then substance use and mental health problems would

reduce. Exploring the experience of managing emotion in this group may help to uncover the complexity that lies underneath.

Literature Review

Definitions from the research title

As will be seen, defining mental health, substance use and emotion management comes with its challenges. None of them have a clear definition in the literature and all are open to varying interpretations making its intersectionality complicated. However, this is not without good reason and therefore an exploration of each is important to explain decisions made and discussions within the research.

What are mental health problems?

There is a lot at stake in this complex issue. The current debates in the literature challenge the dominant view in society that problems with mental health lie solely within the biomedical field (Watson, 2019). If this challenge is accepted, there is the possibility of rejecting the framework of the medical model for mental health that society currently works within, such as diagnosis (e.g. bi-polar, schizophrenia, personality disorder). The medical model for mental health has been criticised for its unscientific approach, such as no evidence that mental health problems are biological, yet primary 'treatment' is medication, and the fact that the diagnostic manuals are created by a consensus of psychiatrists agreeing on a list of 'symptoms' rather than on fact (Boyle and Johnstone, 2020). The various authors suggest that the current model pathologises distress without considering lived experience and individual context (such as poverty), that there is a maintenance of stigmatisation and oppression through categorisation of those diagnosed, and those that are 'below the threshold for a diagnosis' potentially missing out on help due to not meeting 'criteria' (Boyle and Johnstone, 2020, Rapley, Moncrieff and Dillon, 2011, and Watson, 2019). In this way an understanding of the origins of the distress is missing. Due to this, Boyle and Johnstone (2020) make a poignant point:

"…turning our thoughts, feelings and behaviour into 'symptoms' and 'disorders' relies heavily on social customs and beliefs about how we ought to live our lives." (p.17)

Boyle and Johnstone (2020) explain that not only is mental health determined on the expectations of others but also these "….troubling feelings and behaviour" (p.2) are understandable given the person's lived experience. How *should* an individual respond to complex trauma for example?

There is a risk that debates such as these position one profession against another. However, the reality is that these views are also challenged within parts of psychiatry itself (Boyle and Johnstone, 2020) and aligned with within parts of psychology and other professions (Newnes, 2011). Newnes (2011) reminds psychologists of the role they played in history towards a medicalised view of mental health, but also highlights its current position in the 'Prescription Rights' debate where some psychologists are fighting for their right to prescribe medicines for mental health problems. Therefore, with varying interpretations of the construct depending on individual belief, it is important to explore what this research considers as mental health concerns.

Some of the confusion in the literature is suggested to be how often the term 'mental health' is used when 'mental illness' is meant (Manwell, Barbic, Roberts, Durisko, Lee, Ware & McKenzie (2015). However, the polarisation of these terms reinforces the problems with categorisation as it strips away the nuance and complexity of lived experience. Bentall (2003) discusses the illusion that is the line between mental health and 'madness', that this is a matter of perspective, timing, and culture. This research is interested in providing a space for exploration about mental health that is not bound by the constraints of categorisation, but is inclusive to hear the perspective, views, and beliefs from the participants. Therefore, mental health is however the participants describe it. This may be in categories such as anxiety, but it also might be "…troubling feelings and behaviour…." (p.2, Boyle and Johnstone, 2020). This allows the young person to determine what their mental health looks like for them whilst providing a shared space for subjectivity.

<u>What constitutes a substance use problem?</u>

In reading the literature the terms substance use, misuse and addiction can be seen as interchangeable. For the purposes of this research, substance use is the interested term and therefore will be described.

"A substance use problem exists when you experience any type of difficulty related to using alcohol, tobacco, or other drugs, including illicit street drugs or prescribed drugs such as painkillers or tranquilizers. The difficulty can be in any area of your life: medical or physical, psychological, family, interpersonal, social, academic, occupational, legal, financial, or spiritual." (p.4, Daley & Marlatt, 2006)

Daley and Marlatt's (2006) definition is the preferred version and used throughout this research. It can be applied to any age, and it provides a clear description of what is meant by substances. Further, the definition allows flexibility regarding where the person may experience this difficulty in their lives and decide this for themselves. This is important as similarly to the mental health field, Davis, Patton and Jackson (2018) point out that the dominant discussions in substance use are found within the bio-psychological field and use the medical model's approach to diagnose and therefore categorise. Often the literature, moves through substance use to substance abuse, substance disorders, and addiction all with varying definitions and criteria, yet overwhelmingly overlap. Whilst Daley & Marlatt (2006) also move through these categories it is felt that this original description is best fit within the philosophical underpinnings of this research in which phenomenology is prized.

Defining emotion management

When considering emotion management there are two main areas within the literature, emotion regulation and emotion dysregulation. Beauchaine, Hahn and Crowell (2018) explain that whilst there are overlaps between the two, dysregulation is not simply problems with regulating. This research is interested in the experience of managing emotion and therefore both areas will be discussed.

Historically researchers have found defining emotion regulation as problematic, therefore multiple definitions exist in the literature. Silk (2019) suggests that the history of emotion regulation dates back to 1994 when Fox wrote a series of papers defining the construct. By 2013 tens of thousands of papers on the topic were produced across multiple disciplines such as psychology and anthropology (Gross, 2015). It is this widespread interest in the construct that has been cited as a contributing factor in the lack of one definition (Gross 2015, Dennis-Tiwary, 2019, and Silk 2019). As a result, conclusions from emotion regulation research can have differing implications depending on the readers view on the topic (Cole,

Martin and Dennis, 2004). Sloan et al. (2018) suggest emotion regulation is a combination of the types of the strategies employed, with a set of emotional abilities. These abilities include:

"a) awareness, acceptance and understanding of emotions; b) ability to control impulsive behaviours when experiencing strong emotions; and c) use of situationally appropriate emotion regulation strategies to flexibly manage emotions" (p. 428).

The authors suggest that young people not implementing the above as core skills can be seen in and perpetuate psychiatric presentations which is often referred to as 'psychopathologies' (labels such as depression, anxiety, psychosis). It is therefore believed that by working on developing and increasing these emotion regulation skills with people who experience mental health and substance use concerns, psychological distress can be reduced in turn reducing the risk of self-harm, risky sexual behaviour, aggression, suicidal gestures, substance use and many more (Sloan et al., 2018, Sloan et al., 2019). Whilst it is agreed that the priority is the safeguarding of this client group and the reduction of these strategies will help prevent further harm, there are significant problems with categorisation in this way. Not only can 'healthy' strategies move into 'unhealthy' ones perhaps through avoidance of a problem for example, but it can also be argued that there is a risk of further perpetuating the pathologisation of young people; the focus being 'what's wrong with you' when they do not fit into the preferred predetermined categories. Therefore, not providing a rich enough picture of their emotional worlds and missing their emotional needs.

In terms of emotion dysregulation, the research does not have such an extensive history like the regulation field. However, D'Agostino, Covanti, Rossi Monti and Starcevic (2017) explain there has been more interest in the area due to the belief that it too has an important role in 'psychiatric presentations'. The authors examined the literature to reconsider its definition and report on five dimensions that overlap:

"… decreased emotional awareness, inadequate emotional reactivity, intense experience and expression of emotions, emotional rigidity, and cognitive reappraisal difficulty" (p. 807)

The authors state that these can manifest into maladaptive emotion regulation strategies such as "avoidance, rumination, denial, emotion suppression, aggression and venting" (p. 808) which, when reading resembles psychoanalytic defence mechanisms (Malan, 1979)

suggesting a possible deep rooted starting point for their presence. Cicchetti, Ackerman and Izard (1995) explain that if the dysregulation is from maladaptive regulation strategies, then regulation strategies are still available for use meaning both can be present at one time. Further the authors state that problems with emotion regulation is the absence of the strategy all together, and therefore draw a distinction between dysregulation and problems with regulation as an important aspect to intervention planning. Having said this, D'Agostino et al. (2017) state that there are no current measures of dysregulation, even the Difficulties in Emotion Regulation Scale (DERS, Gratz and Roemer, 2004) measures the problems in regulating and not in dysregulation. Further, the paper discusses various diagnoses in terms of dysregulation but admit the role of dysregulation in 'psychopathologies' has not been "empirically tested" (p. 819). Therefore, drawing conclusions based solely in the presentation of emotional dysregulation in mental health is questionable.

Consistent with this, Phillips and Power (2007) challenge the binary use of emotion regulation definitions and suggest considering the experience of the emotion as being useful when it guides the person in action, such as anxiety ringing an internal alarm that an occurrence may interfere with a plan or goal. From this they define a regulatory strategy as using the information that the emotion provides. This is because it involves "holding" and "processing" the emotion promoting wellbeing and achieving goals (p. 149). Unhelpful emotion regulation can then be considered as not using this available information, such as blocking or suppressing, stopping the tolerance of such emotions which may lead to poorer wellbeing. This allows for the individual's involvement in the assessment of the emotion management strategy which is important in working with change.

The aim of much research in the field is to further our understanding of psychiatric presentations (also named psychopathology, Southam-Gerow and Kendall, 2002). However, this study comes from a phenomenological perspective with the aim to further our understanding of the person's experience of managing emotion, therefore prefers Phillips and Power's (2007) explanation. It allows for the person's context (current and historical) to be considered rather than the process of emotion regulation and dysregulation to be seen in isolation, 'the problem', or attempting to categorise the person in either way. Further, allowance for emotion management to have a history, be context related and have a

dynamic element provides the flexibility to explore the experience with the potential to be open to new ideas in the field.

Young person vs. adolescence; problems with terminology

Recent research has shown that attempting to define an age that a person is 'young' or in 'adolescence' no longer makes sense (Sawyer, Azzopardi, Wickremarathne, and Patton, 2018). Sawyer et al. (2018) explains that due to the intersection of biology and social roles, this phase of life changes with what is happening in the world, such as the cost of living creating a longer sense of dependency (McCall, 2019). McCall (2019) writes that scientists now consider people in their thirties as 'adults' due to the brain changes that can still take place in our twenties. It is beyond the scope of this research to attempt a definition and therefore 'young person' and 'adolescence' are seen as interchangeable terms and considered to be under 25 as suggested by Sawyer et al. (2018).

Theories of emotion management, substance use and mental health problems

A dominant psychological perspective on emotion regulation comes from the cognitive arena. Gross (1998) developed the Process Model of Emotion Regulation. The model sets out a family of emotion regulation strategies. This is an important model in the literature as other researchers have used it as a basis with which to study emotion regulation (Schmader and Mendes, 2015), therefore follow its assumptions. The model follows a five step process; 1) situation selection, 2) situation modification, 3) attentional deployment, 4) cognitive change, 5) response modulation. Gross extended his model in 2015 as an attempt to explain why some people do and others don't regulate their emotions 'successfully', he named this the Extended Process Model of Emotion Regulation. The model describes a complicated cyclical valuation system added to the framework which either continues indefinitely or until the emotion intensity dips below the need for the initial valuation. The value is whether the emotion is good for the person or not and has three stages; 1) identification stage, whether to regulate emotion or not; 2) selection stage and so which strategy to use; 3) implementation stage. Gross suggests that there can be emotion regulation failure meaning not regulating when it would be useful and emotion 'mis regulation' meaning regulating in ways that are harmful. This implies that if people who 'mis

regulate' could be trained to adjust this, their psychological distress would be vastly reduced. Schmader and Mendes (2015) apply Gross' Extended Model to three case studies, these case studies are of situations such as "Regulating Intergroup Anxiety" (p. 117) rather than individual experience. They report that the model is a useful way of including the social context in emotion regulation research. However, it is the immediate social context that is examined rather than the relational social context that is developed over time. Therefore, perhaps the model has benefits in the here and now understanding of emotion regulation but does not address the influence of lived experience in its development. It is argued that for a value to be placed on an emotion, the history of meaning to the individual is a crucial element that plays a role in how the emotion is experienced.

In contrast, in 1985, psychiatrist Edward Khantzian suggested the Self-Medication Hypothesis of Addictive Disorders using practice-based evidence. Here he suggests that people with mental health problems are predisposed to addiction, and that they will select their drug of choice due to the pharmacological action it provides that alleviates their dominant psychological distress. Other research claims to have found links with specific substances and mental health presentations, and often infer that substances are used to regulate mental health distress. For example, Kessler, Sonnega, Bromet, Hughes, and Nelson (1995) reported that roughly half of men and a third of women who are diagnosed with Post Traumatic Stress Disorder will develop a substance problem, mainly alcohol. Similarly, Smyth, Ducray, and Cullen (2018) results showed that heroin dependent young people experience higher levels of distress, particularly 'depression', than other types of substances. To apply the self-medication hypothesis to these findings would imply that alcohol would work to disinhibit the fear response, and heroin a powerful analgesic to numb pain (psychological and physical). Further to this, Lembke (2012) writes that the implication from the hypothesis is that 'treating' the psychiatric presentation would stop addictive behaviours.

In 1999 Khantzian updated his theory to explain that it is unhelpful to use the categorisation of diagnosis to explain the hypothesis as it is not the 'disorder' that is being medicated against but the subjective feeling that is experienced (Hall and Queener, 2007). Hall and Queener (2007) critique the hypothesis as theirs and other studies do not support the findings from practice-based evidence (O'Connor and Berry, 1990). The authors suggest that

simply explaining substance use as the avoidance of painful feelings misses out an analysis of the phenomenon at the "individual, subcultural and societal levels" (p. 156) implying there is more to substance use than the individual emotion regulation strategy. Similarly, Lembke (2012) cites studies that found having a negative emotion did not elicit substance use and calls for an abandoning of the self-medication theory. She also explains that the evidence to support the use of specific substances for specific psychiatric presentations, such as 'depression', is lacking. However, these criticisms require deeper examination. Firstly, there is an assumption that psychiatric presentations such as depression, will be experienced in the same way. Secondly, it can also be argued that the emotion itself has not been fully assessed, emotions are interpreted differently by different people in the same or different circumstances. Therefore, to assess the hypothesis based solely on the emotion elicited may not provide rich enough information with which to examine it. One of the ways that Khantzian (2016) defends the Self-Medicating Hypothesis is through describing how the nuances and intricate detail of therapeutic experience is beneficial to the client in understanding themselves and gaining insight into their difficulties but is lost in large scale quantitative studies.

Khantzian and colleagues support the idea that the hypothesis is more complex than a right or wrong answer. Weegmann and Khantzian (2018) state that substance users experience the illusion that substances can replace affectionate relationships, returning to a paranoid-schizoid position and becoming attached to their drug of choice. Bateman and Fonagy (2008) suggest substance misuse can then be used as an emotion regulation strategy, down or up regulating emotion as the original strategies developed can struggle to achieve this. Substances therefore alter the emotion (up or down), there is no risk of rejection, and containment of psychological distress can occur through avoidance (Bateman and Fonagy, 2008). As the repeated action of substance use reinforces the attachment, Weegmann and Khantzian (2018) conclude that there is potential for substances to become an internalised object.

As these arguments have developed to centre around attachment, a deeper consideration of the theory is required. John Bowlby's attachment theory is one of the most influential works that contributes to our understanding of emotion management (Tatnell, Hasking, Newman, Taffe an Martin, 2017). The theory states that infants rely on caregivers to meet

their needs such as feeling contained and regulated. This is the start of learning important self-regulation skills which go on to shape the self (Wallin, 2007). This 'felt security' (Sroufe and Waters, 1977) that originally comes from caregivers, and then later within the self, helps to manage difficult emotions. This is created as the primary care givers:

"…exemplify, encourage, and validate emotional expression, and communicate affect-based language and emotion regulatory strategies to the child." (p. 611, Tatnell et al., 2017).

This demonstrates that the attachment relationship will create attachment strategies that allow needs to be met, such as the reduction of distress. Wallin (2007) suggests that it is from these strategies that the self develops, such as world views and self-care. However, Tatnell et al. (2017) highlights the quality and patterns within the attachment relationship (secure, anxious/resistant, anxious/avoidant or disorganised) is related to how effective self-regulation then becomes. Therefore, the process and content of how this is learnt is vital information for the person's current sense of self and well-being.

From a psychobiological perspective Schore (2001) explains that emotion regulation is located in the hypothalamic-pituitary-adrenal axis (HPA axis) and the limbic system. This is shaped and influenced by the attachment relationship therefore impacting physiologically and psychologically from early development. Research also shows a link between styles of attachment and differing self-regulation challenges, avoidant styles often show distress avoidance combined with 'over-regulation', resistance can be seen when there is an 'under-regulation' with a potential to increase the distressed response, and disorganisation where children do not have a fixed way to respond and regulate (Fonagy, Gergely, Jurist & Target, 2004).

Having said this, attachment is not one fixed way of being, Spangler and Zimmermann (1999) discuss the idea of the "inner working models of attachment" (p. 270) which works to inform the person, consciously or not, of known ways to get needs met that ensure the person's survival. This allows the variety of triggers, previous experiences, current experiences, and types of relationships to be factors within the activation of the attachment system and ways of managing emotion. Wallin (2007) concludes that whilst the attachment system originated in a biological form, it continues psychologically with 'mental representations' of how to manage behaviour, interpersonal experience, and intrapersonal

experience. This is comparable to Young's Schema Theory (1994) which suggests that ways of understanding the world are developed into schemas that organise interpretations of experience. Schemas need to be coped with for the core pain underneath the schema to not be activated. Informed by early attachments experiences, this provides a tried and tested way for people to know how to manage emotion that ensures survival. However, people will often live their lives based on avoiding the activation of the emotion underneath, and therefore not updating whether this is required in their current experience.

As the literature points out, how our attachment styles are co-produced influences how we manage the full spectrum of emotions. What causes these differences in attachment relationships? One area of research that has been influential is the Adverse Childhood Experience field (ACE). Felitti, Anda, Nordenberg & Williamson, (1998) asked 8,506 adults in America about seven categories of childhood adversity; "psychological, physical or sexual abuse, violence against mother, or living with household members who were substance abusers, mentally ill, suicidal or ever imprisoned" (p. 245). Nearly two-thirds had experienced one ACE, and 12% had been through four or more. The more ACEs scored, the more mental health (e.g. depression, suicidality) and physical health (e.g. cancer, heart disease, diabetes) consequences were experienced and diagnosed with a higher risk of early death. Further, people with more ACEs were less likely to exercise, use more alcohol and substances problematically, smoke, and miss work.

This is important in terms of the effect on the attachment relationship in childhood. Epstein (2022) summarises attachment theory as "secure relationships are the bedrock of affect regulation and reflective functioning, creative exploration and robust wellbeing" but also later points out "often a greater pressure for survival envelopes these relationships" (p. 1). It can be argued that when adveristy happens basic physical and psychological needs may be left unmet. Young, Klosko and Weishaar (2003) would suggest unmet needs lead to the acquisition of schemas mentioned earlier. The authors explicitly discuss five of these core emotional needs; secure attachments to others, autonomy, competence, and sense of identity, freedom to express valid needs and emotions, spontaneity and play, and realistic limits and self-control. Similarly, Grawe's (2007) Consistency-Theoretical model of Mental Functioning suggests that psychological needs are the foundations that drive goals in life. Grawe (2007) suggests these are; attachment, orientation and control, avoidance of

pain/maximisation of pleasure, and self-esteem enhancement. As seen these theories hold similar and different views on basic needs, yet both argue that the patterns of relating to self and other are based on these needs being met or not. Therefore, when attachment relationships cannot flourish (perhaps due to ACEs) and needs are not or partially met, the consequences can be devastating for the persons emotion management, wellbeing, and future relationships which, as seen, can lead to challenges with substance use and mental health.

Additionally, adversities such as these can be said to be traumatising. Schmelzer (2018) suggests that trauma resembles "feelings of terror, horror, and helplessness" (p. 11). The author explains that one off traumatising events can lead to a lifetime of what is known as Post Traumatic Stress Disorder (PTSD), with intrusions such as flashbacks and nightmares, avoidance of triggers, hypervigilance and other problems such as eating and sleeping difficulties. All experienced as if the trauma is happening in the here and now (Van der Kolk, 2014). It is well documented that this occurs as the body, both physically and psychologically, is overwhelmed producing a flood of adrenaline which requires new receptors to be produced to cope. However, those new receptors remain in the brain, and even when small amounts of adrenaline (e.g. triggered by a red car) is received it tells the body to be on alert. This way of being is exhausting for those experiencing it, interfering with day-to-day functioning, relationships, and sense of well-being. When the trauma is repeated, such as some of the adversities described, the person has to manage the continued overwhelm in the best way they can to survive; "And survival means finding the least demanding and most protective way to cope" (p.13 Schmelzer, 2018). For example, through the production of defences such as suppression of emotion or isolation. If this is being experienced in infancy and childhood, it will have an impact on the attachment relationship's ability to develop securely and therefore influence the development of emotion management as previously described. This is further to the experience of the traumatising or adverse events and possible reliving in the person's life. Research highlights that young people who experience both substance use and mental health will often have histories of social disadvantage, trauma, abuse, or neglect (Sloan et al., 2019). Understanding early attachment relationships in those who experience both substance use and mental health problems can be an important component in understanding their current

ways of managing emotion. As attachment is co-produced (even in the absence of a caregiver), the caregivers life experience and attachment patterns are also an important influence in the attachment relationship.

A problematic conclusion that can be implied from the literature is the idea that substance use is linear; there is a reason for it and that reason is static. For example, the reason for the use is that it is fun (The Mix, 2022), or, like above, it replaces affectionate relationships (Weegmann and Khantzian, 2018). There is evidence to suggest that adolescent reasons for substance use can predict adult patterns of use (Dow and Kelly, 2013). However, this research suggested that the participant's reason fell into two broad areas; to enhance a positive state or to cope with a negative one. It can be argued that there is much nuance and complexity within these domains due to human interaction with their environments such as the relationships they experience with others and themselves. Further, both areas can exist at the same time, ultimately covering all human patterns in substance use. An example of this can be seen in the aforementioned reasons, for fun and to replace affectionate relationships. What might start as fun may turn into an unintended consequence of becoming attached to substances, or that using substances for emotion regulation purposes may at times feel fun. Therefore, reasons may change depending on the current context and circumstances of the individual, substance use potentially becoming circular rather than linear. This is supported in the literature. Healey, Peters, Kinderman, McCracken and Morriss (2009) qualitatively explored the reasons for substance use in participants diagnosed with bi-polar disorder. They found that reasons for substance use were both idiosyncratic but also evolved over time and were dependent on the individual's life experience, past and present. Importantly the reasons were both mood related and unrelated. It is suggested that reasons for use can be static, dynamic or a combination of the two but does not exist in a vacuum from life experience.

A further argument that demonstrates a circular rather than a linear relationship to substance use is the impact of culture. Culture has various underlying meanings, but for the purposes of this argument it refers to the attitudes, beliefs and perceptions of particular groups of people. Oetting, Donnermeyer, Trimble and Beauvais, (1998) suggest that cultural norms for substance use are spread through the relationships with family, peers and school. All of which have varying degrees and intensity of view regarding substance use practices.

Further, the authors explain that how closely the individual identifies with the group, and any subgroups within the culture plays an important role in their substance use practices. Davey, Waldstein, and Zhao, (2022) explores substance use with different groups such as people who identify as Rastafarian using cannabis as a way of becoming "spiritual bodies" (p. 311). This is due to an altered state of consciousness and viewing cannabis as having healing qualities rather than problematic. The authors explain that this is in direct contrast to mainstream Western culture that maintain the view of cannabis as harmful, yet members of either culture can go "against the grain of this narrative" (p. 311). This implies that whilst culture can have varying impacts on substance use practices, there may be further implications for those who do behave outside of the cultural norm, for example hiding substance use out of fear of being expelled from the group they value, or practicing substance use in order to maintain ingroup status. It is therefore important to note that this study took place in the South West of England, where Western culture dominates. This may have influenced how the participants viewed their own substance use, such as potentially seeing their own behaviour as harmful which in turn would have implications for the meaning they assign to this view. For example, they may feel the need to demonstrate their awareness of how harmful this is to their Western interviewer. This demonstrates that culture is a necessary component to understanding an individual's context.

The literature highlights a complicated intersection of mental health, substance use and emotion regulation that all influence each other. The implication is that a young person's current context (specifically who can assist in emotion regulation) and attachment history work to influence the individual's ability to emotionally regulate and manage. This implies that making attempts to alter the strategy only (Sloan et al., 2018) or target emotion regulation as a deficit that needs to be taught in therapeutic work with this group may not yield longer term effective change.

What does this mean for adolescents?

It is widely accepted that adolescence is a phase of life that is marked by the experience of intense emotion. However, common societal ideas about how this is experienced is not supported by the literature. Zimmerman and Iwanski (2014) highlight that there is a general

expectation that “emotion regulation will improve during adolescence, emerging adulthood, and adulthood” (p. 184). However, the authors found that normative age-related emotion regulation patterns are incredibly divergent, suggesting that adolescents do not necessarily follow a pattern in development. This conclusion is drawn from the varying results in research conducted in differing decades and supports the idea that the development of emotion management does not appear in isolation of life experience, nor is it globally applicable.

How emotion regulation is ‘improved’ in adolescence is challenged. For example, Zimmerman and Iwanski (2014) found that middle adulthood showed an increase in ‘adaptive’ strategies for fear and anger. However, alongside this there was an increase in using “avoidance when feeling angry, more passivity when feeling sad, and less seeking of social support when feeling sad and angry” (p. 192). It is a possibility that young people show ‘improvements’ as they learn these other strategies of avoidance, passivity, and less social connection which Phillips and Power (2007) may conclude are unhelpful to wellbeing. Young people showing less observable emotional intensity may be mistaken for an improvement rather than a potential for the development of coping strategies in emotion management, which has significant implications for accessing support.

In addition, Roussouw, Wiwe & Vrouva (2021) explains that the adolescent brain is still developing meaning it’s neurochemistry is changing. Further changes can be seen in their physical development and their environments with friendships and relationships. The authors highlight that this can be seen in intense emotion, yet the brain is still constructing its capacity to manage these.

More specifically, Luyten, Malcorps & Fonagy (2021) state that there are three ‘biobehavioural’ systems that are impacted through biological and environmental development in adolescence. Firstly, the stress system which is attuned to threat, in identification and response, adapts biologically to cope. However, this can become overloaded, such as with adversity or social expectations, and so the ability to self-regulate becomes compromised often leading to increased sensitivity to rejection and failure. The reward system works towards relationships and agency in adolescence. Luyten et al. (2021) explain that secure children come to see other people as rewarding, with co-regulation and self-regulation working together. However, the authors write that children without this have

impaired abilities for both regulation strategies and form the belief that they have to deal with distress by themselves. Finally, the mentalizing system influences how adolescents think about themselves and others. Luyten et al. (2021) notes that whilst this allows integration socially through being with others and understanding how they might view the world, it increases a focus inward possibly highlighting distressing feelings such as shame and embarrassment. Dunkley (2020) highlights that whilst shame has a function to behave in ways that allow the person to remain in their ingroup, if this becomes excessive or over a long period it can chronically influence self-perception and world view. Further, research shows that adolescents rely on their parents/caregivers for co-regulation far into late adolescents and adulthood, yet this is commonly misunderstood as a lack of autonomy rather than the development of it (Morris, Criss, Silk and Houltberg, 2017, Waller, Silk, Stone and Dahl, 2014, Silk, 2019). Luyten et al. (2021) concludes "These findings emphasise the embodied nature of adversity, and the intertwining of physical and mental health" (p. 28) demonstrating the importance of both physiology and psychology on the impact of managing emotion in adolescents.

In summary, adolescents in general experience many areas of biological and psychological development which influence each other. These systems are impacted by past and current adversity, societal expectations of adolescents, and a commonly misunderstood underlying need for co-regulation with caregivers. This demonstrates the complexity with which emotion management in adolescence needs to be considered. More specifically, Crome (2004) lists multiple associated difficulties for young people experiencing substance use and mental health concerns; homelessness, isolation, disengagement from services, risk of death, violence, implying a yet again heightened emotional experience that requires emotion management. Not only is it important to challenge pre-conceived ideas of adolescent emotion management, applying global interventions to this population may not be effective. Therefore, the field would benefit from a detailed examination of the experience of managing emotions.

Current relevant research

A large majority of the research in this area has focussed on the development of tools to measure emotion regulation to grow the field further. However, as they are evaluated new

tools are created to tackle the problems in the previous measures meaning the underlying assumptions of emotion regulation are accepted and simply built upon.

In 2001 Garnefski, Kraaij, and Spinhoven developed the Cognitive Emotion Regulation Questionnaire, and whilst this adult measure has been used with young people it solely measures cognitive strategies as the title suggests. Following this Gross and John (2003) developed the Emotion Regulation Questionnaire (ERQ) however, this only focusses on suppression and reappraisal strategies, and again designed for adults. Phillips and Power (2007) decided that a measure designed specifically for young people to show the frequency of 'functional' and 'dysfunctional' emotion regulation strategy would be important and so developed the Regulations of Emotions Questionnaire (REQ). However, Silk (2019) criticises questionnaires reporting they measure emotion regulation as a trait rather than a dynamic process ignoring the complexity within the construct.

Further, Lee, Weathers, Sloan, Davis and Domino (2017) highlight a significant problem with emotion regulation literature relying on self-report measures as an investigative tool. Problems include participants using their own implicit timeframe for the emotion regulation strategy as this isn't specified, it also doesn't explore efficiency of the emotion regulation strategy that was used; therefore, we do not know how successful or indeed unsuccessful the strategy was, the emotion that triggers the need for a strategy is not considered, and it relies on the participant having an understanding of emotion regulation as a construct. As a result of these problems in 2016 Lee, Weathers and Sloan created a clinician administered measure called the Semi-Structured Emotion Regulation Interview (SERI, Lee et al., 2017).

Other research aims to find patterns in data in order to inform interventions for young people accessing substance use and mental health services. Sloan, Hall, Youssef, Moulding, Mildred and Staiger (2019) criticise previous literature that focuses on a single emotion regulation strategy linking it with broad 'psychopathology' symptoms as too simplistic and not capturing the complexities of emotion regulation. Further to this, they report that previous literature has focussed solely on covert emotion regulation strategies such as rumination, suppression, problem solving and acceptance, but have missed overt strategies such as alcohol use, taking a nap or exercise. The authors are interested in this as research has shown that overt strategies can predict symptoms of "depression, anxiety, BPD, disordered eating and alcohol use" (p. 771) more so than covert strategies. This suggests the

aim is to be able to predict behaviour from these strategies. They designed a study to profile young people for better targeted interventions. Sloan et al. (2019) used online questionnaires with a single recalled event when alone to study emotion regulation in 18–25-year-olds who access mental health and substance use services. The researchers identified the strategies in advance and the participants picked ones that best suited their response to the emotion. This quantitative research claims to have found three emotion regulation profiles; 1) ruminators/avoiders, who had lowest engagement in adaptive strategies and high use of overt maladaptive strategies; 2) active, showed high engagement in both adaptive and maladaptive strategies; 3) low, this group had low engagement across all strategies with a markedly low use of overt maladaptive strategies. The authors note that the third group of low engagers also had the lowest levels of 'psychopathology'. This research aimed to provide a deeper understanding of emotion regulation in this population so that interventions could be refined to ultimately help young people feel differently. However, whilst Sloan et al. (2019) calls for a better understanding of the dynamics of emotion regulation they have reduced their research to categories and attempt to work with young people based on prediction rather than experience, thereby excluding the complex and unique process of emotion management. Further to this Silk et al. (2011) reports that children feel most sad and angry when alone, so this may have contributed to the high levels of rumination in this study as they were instructed to consider when alone only. Emmy Gut (1985) explains that depression features rumination as a way to productively work through low mood. Therefore, a wider range of contexts is important to explore which is limited in quantitative methodologies.

Limitations of the current research

As mentioned, there is a current dominant view of mental health in society that it is an unwanted medical problem, ultimately separating the 'illness' from the person's context(Watson, 2019, Boyle and Johnstone, 2020, Bentall, 2003 and Rapley, Moncrieff and Dillon, 2011). Consistent with this, Power and Dalgleish (2008) writes that historically there has been a view that emotions are unwanted, including Darwin who felt they were no longer of evolutionary value, therefore, to control or rid the person of them is the desired outcome. These absolutes give rise to binary language such as 'healthy/unhealthy',

'adaptive/maladpative' forcing the categorisation of experience limiting the ability to consider emotion management as complex, dynamic and context related, which mirror the current problems in the emotion regulation field. Taking the emotion as existing outside of the person's context in order to measure it does not seem to fit with the experience of young people's emotional worlds.

Having said this, it is not just the emotion regulation field that suffers with this problem. Al-Nakeeb, Lyons, Dodd and Al-Nuaim (2015) explored the lifestyles of young adults at Qatar University and found large numbers of students self-reporting being overweight, obesity and low levels of physical activity. When investigating this further the authors were clear to point out that the context in which these young people were living was an important factor in this high prevalence; the discovery of oil in the Arabian Gulf saw an increase in wealth, population, and income, meaning urbanisation took place quickly. Without the link to this societal context, it is possible that the problem may be seen solely within university students.

The importance of context is further discussed by Dennis-Tiwary (2019) who critiques previous research and models for not capturing the dynamic nature of emotion regulation, context being one of these dynamic areas. The author argues that to be dynamic is complex, it is not one or the other but *and.* For example, emotion regulation might be linear and non-linear, ways of managing happening simultaneously and one after another. Dennis-Tiwary (2019) therefore suggests that thinking about emotion regulation as dynamic means methodologies need to "match the richness" (p. 2006) as it is in the world. Similarly, Silk (2019) critiques the evidence base highlighting that there is still much that is not understood, such as how developing individuals use emotion regulation in their daily lives.

Currently quantitative research dominates this field with many benefits. As seen, quantitative research can use large participant sizes which allows for patterns, norms and consensus in the data to be formed, but also looks to find relationships between variables which can be used to explain or attempt to predict behaviour (Braun and Clarke, 2013). This can be seen in the emotion regulation field to date, which has allowed for further research to understand the phenomenon more specifically and identify gaps in knowledge. One of those gaps is the complexity with which managing emotion is experienced and the factors that influence it. This includes relationship to the self and other and the biological and

psychological development of young people, which all intersect to create a unique way of being, in turn influencing management of emotion. This research argues that phenomenological methodologies can capture these complex, dynamic and contextual elements through the lived experience of young people.

Having said this, there have been some qualitative studies researching the experience of emotion in young people. Yorke and Dallos (2015) used Interpretative Phenomenological Analysis (IPA) to explore the experience of anger in young offenders. They identified a surprising finding that anger was both attractive and repellent to the participants. They also pointed the reader to notice the message of betrayal that was felt from parents and services within the accounts. It can be argued that both these findings were discovered using a qualitative methodology that allows for the presence of polarised experiences as Dennis-Tiwary (2019) suggested is required. Other qualitative studies have shown similar benefits. Wangensteen and Hystad (2022) were able to uncover the importance of underlying values of trust and collaboration in the 'patient to staff' relationship in substance use treatment. Similarly, Truss, Liao Siling, Phillips, Eastwood and Bendall (2023) used a specialised qualitative analysis designed for internet forums to analyse barriers for young people to access trauma support, they concluded that these were all linked to their trauma responses such as questioning the validity of their own trauma response. However, other qualitative studies work towards a larger focus on service implications. Wadman, Armstrong, Clarke, Harroe, Majumder, Sayal, Vostanis and Townsend (2018) used IPA to explore the experience of self-harm and its treatment in looked after young people. As a result of their findings, they have suggested more support during placement changes for those in care circumstances. However, unlike Yorke and Dallos (2015), Wadman et. al (2018) seemed to report the stories of young people rather than the interpretative element to IPA. This demonstrates the potential for lack of depth in qualitative methodologies which is also criticised in quantitative methods above. It is therefore argued that qualitative methodologies such as IPA can provide depth of understanding when exploring emotions with young people, but the methodology must be present throughout the study otherwise there is a risk of not gaining the depth that is required to fill the gap in knowledge.

Rationale and research questions

The literature reveals the importance of working with young people who experience substance use and mental health problems and their emotion management application. The research suggests that finding ways to do this well would increase wellbeing amongst this population. However, as the gap in the literature points towards a need for experientially informed research, a qualitative methodology will be used (Silverman, 2013). Consistent with Counselling Psychology principles (BPS, 2006), there is value in lived experience. It provides an opportunity to explore new ideas and develop on areas that have originated from the participant. Further, qualitative research allows for the context of the participant to be included, a point that has been heavily criticised in emotion regulation literature to date. As the outcome data for the participant group is so poor, it is important to go back to considering what might be missing in our understanding. This qualitative study therefore offers a more nuanced exploration of the experience of managing emotion whilst considering context, participants relationship to themselves, their families, and the systems they are connected to.

The research question:

- To explore how young people make sense of their emotion management from a Counselling Psychology perspective.

Methodology

Research design

As this study aimed to prize and explore the participants experience of managing emotions, a qualitative design was chosen (Silverman, 2013). More specifically, participants beliefs, perceptions and interpretations were sought and therefore a phenomenological epistemology is utilised with Interpretative Phenomenological Analysis (IPA). This is so that heuristics are available as part of the emotion management experience, and a rich idiographic examination can occur both individually and across the homogenous group.

It is important to note that other methodologies were considered prior to choosing IPA. Of significant consideration was reflexive thematic analysis (TA). However, there were multiple reasons why IPA was chosen. Whilst there is large overlap in epistemology of both approaches, Braun and Clarke (2021) highlight that TA provides 'breadth' whereas IPA provides 'depth'. IPA is concerned with participant sense making at the individual and group level, whereas TA works with themes across the participant pool providing a different way to analyse and therefore interpret the data. As such TA can use diverse participant pools and multiple data collection strategies whereas IPA focusses on a homogenous participant group and usually utilises interviews only (see data collection section for further debate on interviews in IPA). Due to the literature pointing towards the need for understanding the participants world view in relation to their context, a deeper exploration of the experience and sense making of managing emotions with a homogenous group was required. Therefore, IPA has been chosen over reflexive TA.

Interpretive Phenomenological Analysis

Braun and Clarke (2013) point out that the methodology needs to match the requirements of the research question. Interpretative Phenomenological Analysis (IPA) presents as a best fit to meet these requirements due to it being "concerned with the detailed examination of personal lived experience" (p. 9 Smith, 2011). More specifically, Smith, Flowers and Larkin (2009, 2022) highlight three central theoretical components to IPA, phenomenology, hermeneutics and idiography. Phenomenology allows the exploration of the lived

experience in research. This has multiple benefits. It allows an in-depth exploration of the processes that occur possibly shedding light on the questions asked from the research field to date. Further, to the researcher's knowledge young people have not been asked for their experience on managing emotion yet interventions are implemented without this important factor. Smith et al. (2009) argues that IPA allows a move towards "phenomenologically-informed models" (p. 32) in psychology, potentially increasing the client's relatability and accessibility in psychological work.

Hermeneutics theorises how people interpret experiences. This directly links to the research question which asks how the participants make sense of the ways they manage emotions. However, there are multiple dual processes happening in research that utilises hermeneutics. Braun and Clarke (2013) report that IPA is based in the understanding that to make sense of experience people will reflect and interpret that experience. This is important in the emotion regulation field as appraisal of the emotion frequently occurs in process models (Gross, 1998, 2015) making a difference in subsequent regulation choices (consciously or unconsciously). Therefore, to gain a sense of the themes of interpretation can further the analysis of pre-existing psychological models. Further to this, there is a 'double hermeneutic' process as the researcher attempts to make sense of the participants sense making (Smith et al., 2009). This is achieved by the researcher thinking about each part of the data set at differing levels of interpretation such as descriptive or conceptual, including their own reflexivity in the process, to get closer to the participants experience. This complex hermeneutic process further reinforces the choice for using IPA as it has the potential to gain insight into the dynamic and complex process of emotion regulation whilst taking account of the circumstance and wider context that the young person is experiencing.

Finally, idiography is "concerned with the particular" (Smith et al., 2009, p. 29). There is a dedication to the detail and therefore analytic depth, but also the experience as interpreted by a particular set of people in a particular context. This two-pronged idiography is beneficial here as it means that the individual account and process of emotion experience, regulation and action can be explored, whilst identifying convergence and divergence across this homogenous sample. In this way, Smith (2011) reports that shared themes can be highlighted whilst directing the reader to a focus on how these patterns "play out for

individuals" (p. 10). Idiographic research has been criticised in the literature with the suggestion that it is not generalisable to the wider population unlike most psychological research that is nomothetic, emotion regulation is no exception to this with large amounts of quantitative research in the field. However, Smith et al. (2009) argues that there is exceptional value in idiographic study as problems in existing theories for populations can emerge, and by understanding the individual as set in a wider social context the person does not stand alone within their experience. This study aims to understand young people who experience mental health and substance use in more depth which idiography permits.

In terms of Counselling Psychology, this research can inform ways of considering working with young people's emotions who experience both mental health and substance use. However, further to this the underlying epistemology of IPA compliments Counselling Psychology's philosophy, both ensuring meanings, perceptions and contexts are reflected. Additionally, Counselling Psychology works to allow the space for subjectivity, intersubjectivity and the way these positions intersect, therefore the individual and shared spaces that come with IPA is invaluable (Smith, 2022).

IPA's ontological and epistemological position

Vossler and Moller (2015) explain that ontology refers to theories regarding the "nature of reality and being" and epistemology is "the study of knowledge" (p. 75). These underlying theories are important as it allows the researchers and readers to identify what is meaningful from the research's perspective. For example, Braun and Clarke (2013) explain that ontology exists on a continuum, on one end is the view that reality exists that is not part of human interactions and "practices", and on the other end whether reality depends on these "practices" (p. 27). For IPA, it's ontological position sits in the middle named critical realism. Critical realism accepts that there can be a reality that exists separately to human interaction and practices but it can also be socially impacted, however, researchers can only ever gain partial access to this (Braun and Clarke, 2013).

Epistemology also sits on a continuum (Leavy, 2014), on one side positivism where there is a "straightforward relationship between the world and our perception of it" (p. 29, Braun and Clarke, 2013) which allows knowledge to be gained through scientific methods. On the other

end constructionism where knowledge of the world is "tied to the (social) world with which we live" (p.30, Braun and Clarke, 2013) and therefore possibly not an accurate reflection of it. Again IPA sits in the middle of this continuum with contextualism. Braun and Clarke (2013) explain that contextualism is similar to critical realism as it accepts both ends of the continuum, whilst the truth may not be accessible "knowledge will be true (valid) in certain contexts" (p. 31).

Therefore, in this study the participants own 'truth' was sought accepting that a reality may exist but that it can be socially impacted and only partially seen, which in turn was impacted by the shared interpretative space of IPA and therefore the researcher's own view of reality and knowledge. A critical realist, contextualist position.

Participants

Recruitment

This study invited six young people aged 18 and below who experienced substance use and mental health issues to explore their experiences of managing emotion. Recruitment was from a young person's Drug and Alcohol Service, an independent charity (see attached confirmation from the CEO – Appendix A). Clients of the service were asked by their Substance Misuse Worker if they would like to take part in a study that explores how they experience managing emotions. Due to the problems associated with the categorisation system of diagnosis, participants decided if they believed they had a substance use and mental health issue.

Following referral from the Substance Misuse Worker, a preliminary phone call was made to the participant to go through the options for proceeding. Due to information from the university's research school on these guidelines, COVID-19 restrictions were followed. Participants were asked if they had already received the Participation Information Sheet (see Appendix B). If they had, an opportunity for questions was given. If not, then the option of reading it to them or it being sent to them via post or email was given. All opted for the Participant Information Sheet to be read to them with an opportunity for questions. The

researcher asked the participant if they were in a location that was private so they could speak freely.

As all participants were 16 and above consent was discussed with them only. Again, due to COVID-19 they were all given the option of either being sent the consent form for signing via post or read to the participant over the telephone and audio taped with verbal consent gained (see appendix C for consent form). All participants except one opted to being audio-taped in order to give consent. This was then stored separately to the interview on the UWE OneDrive. There was a plan for participants who were below the age of 16. If this had occurred then parental/guardian consent as well as the participants consent, would have been sought in the same way. The researcher would have discussed with the parent and participant separately or together (depending on the participants decision on this), to explain the research. However, all participants were 16 and above and therefore there was no need for parental consent to be gained throughout the study.

In the preliminary phone call, it was also decided what support the participant would like, and an option given to the participants for the researcher to contact the Substance Misuse Worker for them to provide extra support following the interview. One of the five participants opted for this support, whereas none of the others felt this was required. The interviews took place, and the data was collected via audiotape and transcribed verbatim for analysis.

Exclusion criteria included circumstances for when the participants mental health may have been adversely affected by taking part in the research, or if there was a suggestion of capacity issues. In this study, one referral did not progress to interview due to the researchers concerns for the young person's wellbeing. Support was planned and provided to the young person via their Substance Misuse Worker and CAMHS worker. This was judged by the participant, the professional who worked with the young person at the agency, and the researcher. If it had been unclear if this exclusion criteria applied to a particular case, then the researcher would have spoken to her supervisor prior to the interviews, however, this did not occur. Further exclusion criteria included if the young person was below the age of 16 and consented but the parent/guardian did not consent, however, this also was not the case in this study.

Demographics

Demographics were collected from each participant following consent and prior to the interviews taking place. All participant names are pseudonyms to protect the identity of the participants. All other details were given by the participant with how they identify, including their ethnicity, substances they feel they have a problem with, how they describe their mental health concerns and services with which they have had contact. Whilst they may mention other substances in the interviews (such as heroin, MDMA etc), the ones listed were identified as problematic by the participant.

Participant	**Age**	**Gender**	**Ethnicity**	**Substance use**	**Mental health**	**Support services**
Pete	16	Male	White/British	Cannabis	PTSD Anxiety Low mood	Drugs services Children's services CAMHS
Graham	16	Male	White/British	Cannabis	Anxiety Depression	Drugs services Counsellor CAMHS Children's Services
John	16	Male	White/British	Cannabis	Anxiety	Drugs services Children's services CAMHS
Phil	16	Male	White/British	Alcohol	Anxiety	Drugs services Children's services CAMHS
Jenny	18	Female	White/British	Cannabis	Anxiety, Low mood	Drug services Children's services CAMHS

Maisie	16	Female	White/British	Cannabis	Social anxiety, Depression	Drug Services Children's Services CAMHS

Table 1. Demographic information.

Interview schedule

Smith et al. (2009) suggest choosing a data collection method that allows for the participant to go into detail meaning the data becomes rich. Braun and Clarke (2013) highlight that interview is a good method for participants who hold a "personal stake" (p. 81) in the topic and where perceptions are being explored. Further to this, Lee, Weathers, Sloan, Davis and Domino (2017) found interviews for emotion regulation beneficial as the researcher can check the understanding of the construct with the participant. The authors reported that later in the interview participants would realise that they had experienced a certain emotion, the method allowed them to return to important parts of the schedule. It can be said that this reflects the dynamic nature of emotion management, therefore interviews are assessed as best fit to explore the construct. Further to this, it has been explored in the literature whether IPA can be used with other data collection forms such as focus groups (Love, Vetere and Davis, 2020). However, Love, Vetere and Davis (2020) comment that to use IPA with focus groups requires additional approaches to be included (such as critical psychology and narrative) to take account of the group process dynamic that impacts on the individual voice, in effect adapting IPA for the purpose of working with focus groups. It is concluded that interviews remain the best fit to align with IPA philosophy and to collect data that gets close to individual experience as required by the research question. A semi-structured interview schedule was therefore designed (see appendix D). Interviews have been audio recorded and transcribed verbatim.

The interview questions were derived using Smith et. al's (2022) guidance. In general, the authors state that the questions need to be "open and expansive" (p. 56) so that obtaining depth in the data can be given the best opportunity. Further they suggest starting with a question that allows the participant to describe a recent experience of the phenomenon

and moving to more analytic questions as the interview progresses. This is why the interview starts with asking for a general description of how emotions are managed, moving to more nuanced questions such as what makes this experience different, and ends with a reflection of whether they would like the experience to be different in any way.

Further, Smith et. al. (2022) proposes five points for consideration during the interview development stage. Firstly, making sure the schedule allows the opportunity to answer the research questions. As Zimmerman and Iwanski (2014) point out adolescent emotion regulation problems are incredibly divergent, and what can be assumed to be improvements in managing emotion can be mistaken for strategies that do not allow the person to feel the emotion such as avoidance when angry. Therefore, the questions were designed to enable the participant to describe what the experience is like for them rather than the strategy alone such as question 3) 'What did you do with that emotion? How did you manage it? When did it lessen in intensity?'. Secondly, making sure the topic areas are covered. As this research showed the importance of attachment in emotion regulation development and it critiqued Sloan et. al. (2019) for only focussing on emotions when the participants were alone, various contexts were covered such as alone, with family, and at school. Thirdly, Smith et. al. (2022) suggested to make sure there was a logical sequence in the schedule, and fourthly finding the most appropriate way to phrase the questions. Adolescent development was considered, particularly the development of biobehavioural systems (Luyten et. al. 2021), alongside the abstract nature of managing emotion. For these abstract constructs Smith et. al. (2022) explains that sometimes using a closed questions can help with navigating such topics like question 7) 'Would you like your experience of emotion to be different in any way?' which can then be followed with open prompts and questions. Finally, Smith et. al. (2022) suggests discussing the schedule with someone else first, which was completed with the supervisory team and adjusted accordingly.

Ethics

An ethics application was submitted to the University of West of England's research school and approval given prior to the commencement of data collection. Due to Covid-19 interviews took place over the telephone instead of all face to face. This may have limited

the ability of the researcher to pick up on non-verbal cues and may have impacted on the participant's feelings of emotional security. As a result, the researcher discussed this aspect of the research with the participant with the aim to increase levels of support should this be required. The participants have fed back that they felt over the telephone made no difference than face to face for them. However, they were still reminded of the support available to them that is listed in the Participant Information Sheet and checked if they would like the researcher to arrange a meeting with their worker.

With interviews there was a risk that the participants may not have disclosed more sensitive emotions or emotion management strategies, for example self-harm. Potentially heightened in the absence of the researcher's physical presence. When considering this ethical issue, qualitative surveys were considered with an added advantage of breadth of data (Braun and Clarke, 2013), and less time consuming for adolescent participants who may find concentration more difficult. However, the likelihood of not capturing the dynamic nature of emotion management with surveys is high with no guarantee of participants divulging further information (and neither should they be expected to). It is the job of the researcher to balance the aims of the research with the needs of the participants. Ethics is the priority, with the participant in mind at all times (McLeod, 2015). Contrary to previous literature, both Yorke and Dallos (2015) and Wadman et al. (2018) commented that their IPA studies with young people exploring emotions were successfully attended by participants, and specifically stated that participants were motivated to engage with interviews, therefore with ethics in mind, interviews remained the best option in this study.

Not only are the participants young people and may have a desire to please the adult researcher, but the majority have histories in which power abuses have been prominent. As a result, the participant's right to withdraw during and following the interview, up until the analysis of the research was discussed but also held in mind during the interview. Further to this, to ensure the participants were informed the Participant Information Sheet highlighted that if any safeguarding concerns were raised the researcher would have needed to follow processes (Vossler and Moller, 2015).

Conducting research involving mental health during a global pandemic is also an important ethical issue. The experience of the restrictions, witnessing others being impacted, the impact on themselves such as closures of schools, not seeing friends, possibly becoming

physically ill, spending more time in the home environment, and much more has the potential to exacerbate emotional wellbeing. It was important that the researcher considered this and ensured support packages were in place, conducting research with the participant often in their own homes, and the potential for heightened emotional experience. The researcher had decided that if a support package was required and the named support couldn't happen, the research interview would have been delayed until such times that the support could have been in place, or cancelled. This did not happen in this study but was held in mind throughout the process.

Reflexivity

It is well documented in the literature that unlike quantitative research, qualitative methodologies utilise the researcher as "the main instrument" throughout the work (McLeod, 2015, p.97). As described in the analysis section of this chapter, in IPA the research becomes a dynamic process in which space is created for both the participant and researcher's analysis (Engward and Goldspink, 2020). To do this the researcher needs to use the skills of reflexivity to understand the impact of their own beliefs, attitudes, and experiences, (and much more) on the research. Without this it can be argued that the researcher will find it harder to bracket these off when appropriate to do so, risking the potential for making claims of the research that become attributed to the participant when it might be that of the researchers solely.

However, a more nuanced discussion of reflexivity and the impact in IPA is beneficial in relating to the research in the meaningful way that it is intended. Engward and Goldspink (2020) report that reflexivity is the "attentiveness to the influence of the researcher on the research process" (p. 41) yet is also a "fully integrated feature" (p. 43) within the project. The authors and others (Hayfield and Huxley, 2015, Wilkinson 1988, and Cunningham and Carmichael, 2018) recommend understanding this process as a way of 'being' rather than a task that forms part of the research. To do this requires the researcher to understand their own power (Wilkinson, 1988) and therefore privilege in the research relationship, explore and develop their identity with knowledge of prejudices (Cunningham and Carmichael, 2018), recognise the self as part of the research and reflexively and critically use Smith's

(2022) analytic process (Engward and Goldspink, 2020), and develop a good sense of the researcher's intersectionality to acknowledge the impact of holding both an insider and outsider position (Hayfield and Huxley, 2015). Delving into the meaning of this, the researcher influences the research from conceptualisation and through every stage and aspect of the project. To achieve this requires the researcher to allow space for their humanness to enter the research space, particularly at times when the ability to do all of this at one time peaks and troughs at different stages. As a Counselling Psychologist trainee and researcher of this project, I have drawn on my core training to help with being reflexive but also kept a reflective journal throughout.

Starting with the conceptualisation of the research, I am professionally and personally drawn to the participant group. I worked as a Substance Misuse Specialist in a Young People's team for many years, bearing witness to a spectrum of beliefs about the ability to help young people in these contexts. It seemed the deciding factor regarding the ability to help a young person often presented itself as the young person's ability to manage emotion initially, but also subsequently after emotion management skills had been taught. The impact seemed to perpetuate a cycle of invalidating experience, thus leaving little space for consideration of the context of the young person. Having questions regarding this felt frustrating but also a sense of helplessness as my values sit firmly in a phenomenological position, where internal and external experience is valid and holds one of the keys for change. Whilst this philosophy aligns with Counselling Psychology principles (DCoP, 2006) and the epistemology of IPA (Smith, Flowers and Larkin, 2022), the emotional draw to research this field can entangle itself within these values impacting on the interpretation of the data.

I believe that emotion management is complex, particularly in adolescents, and that relationships are a key element in their development, however, this belief is not always shared with others in the field which has felt powerless. Not only is there potential for my interview questions and interpretation of the data to be influenced by this belief, often young people also report feeling powerless citing a lack of autonomy. If both the participants and I share the feelings of powerlessness this may influence their perceptions of me being an insider (Hayfield and Huxley, 2015). Identifying as someone who has used substances and has mental health concerns can be perceived as a niche group of people, of

which I do not belong. Yet the desire to be accepted, an insider, was appealing for me to not be treated as an 'other'. Often others in this group of participants lives had demonstrated a lack of care for them, which was far from my own values and not one I wanted to be aligned with. There were times in the interviews that I felt this strongly, noticing a potent empathic response. Whilst this likely increased the researcher-participant alliance and allowed further exploration to occur, it was important for me to be acutely aware so that the discussion remained in the participant's experiential domain. I had to remain grounded in the idea that I could not stop the potential for 'othering', and to not be an insider did not automatically make me a part of the 'othered' group. This was an active part of the research process.

Having said this, I also recognise that I am an outsider in other aspects. Not only have I never had a substance problem, but I have never experienced the oppression that this participant group receive as a result. If I was considered an insider with this experience, it would only be an insider by witness, occupying a space of somewhere between insider and outsider. I also hold and held a privileged powerful position of professional in this field, able to go home to my life at the end of the working day, never truly 'living it'. Further, I am also completing a Doctorate, educational attainment being an area that is yet again often met with a lack of opportunity for the participant group. I am also a white adult, again both positions holding a privileged and powerful position. In terms of the potential impact on the participants, I felt aware of my power as an adult researcher asking questions over the position of being a young person in a participant role. Therefore, I noticed I emphasised the right to withdraw, but also the right to not answer any questions that I asked to ensure an ethically conducted interview took place.

One of the main themes that dominates the reflexive journal for this research, is the angst of conducting research that aligns with Counselling Psychology and IPA principles. This can be seen when I make attempts to define emotion regulation and ensuring the research question is at the forefront of my mind. Wilkinson (1988) highlights how qualitative researchers can be influenced by a long history of quantitative dominance. I often struggled with asking myself if the response from the participant was indeed inline with the research questions I had developed and the way I had defined the constructs in the research. In line with Cunningham and Carmichael's (2018) suggestion of researchers needing to increase confidence in their identity to help with reflexivity, I had to revert back to Counselling

Psychology principles that match my values to enable a 'freeing up' of the polarised struggle (is it or isn't it). The identification of themes also suffered in the same vein. Whilst I fully believe in effortful thinking as being as one of psychology's strengths, this resulted in overthinking and doubting the analytic space, a problem that Finlay (2002) warns researchers about. The impact meant at times a tiresome interaction with the data. As the journal pointed this out on many an occasion, I identified these times and went back to those parts of the data analysis with grounded fresh eyes, this helped with a sense of purpose and valuing the participant experience.

I fully related to Engward and Goldspink's (2020) article as they wrote about participants becoming "lodgers" (p. 41) in researchers lives. However, a further point they make regarding needing to be aware of our influence through values, beliefs and experiences is valuable as they highlight that our influence will be there as the analytic space is shared with the participant. The authors suggest that researchers should "…continually recognise themselves as part of the research" (p. 49). Therefore, I strived for the position of acknowledging my values, beliefs and experiences and instead of fully excluding them, using them as part of the data in an informed (as much as possible) position.

Data Analysis

Jonathan Smith is the founder of IPA and as such his books and publications on conducting analysis have been utilised in this study. In 2022, Smith, Flowers and Larkin published a second edition to their book Interpretative Phenomenological Analysis: Theory, Method and Research. This second edition developed on the first in making the analysis clearer and easier to follow which included some terminology changes. As such this study utilises the new terminology and the seven (instead of six) step analytic process described below.

Smith, Flowers and Larkin (2022) provide a step-by-step guide on how to analyse data in IPA. However, they explain that this guide allows the researcher to understand the underlying principles within each step in order to not have to stick rigidly to them. Smith et al. (2009) urge creativity within IPA with the analysis only becoming fixed when writing up the results. This allows for a fluid analysis yet demonstrates the importance of good note keeping during these stages.

There are seven steps that Smith et al. (2022) set out. Firstly, reading and re-reading. This allows the researcher to immerse themselves in the text. It is suggested to listen to the audio tape of the interview at least once so that the participant's voice is recalled in subsequent re-readings. Smith et al. (2022) suggests that a slowing down of a normal habitual reading process is required to allow the participant to become the focus of the analysis. In this way the researcher gets a sense of the overall structure of the interview and how sections may come together.

Step two is exploratory noting which is suggested to be the most time consuming and detailed process of them all. Smith et al. (2022) recommends keeping an open mind, note anything of interest and consider using different levels of interpretation such as descriptive, linguistic and conceptual. It is sometimes necessary to redo this step for the whole transcript or sections of it, which did occur in this study. The researcher noted this is one of the many areas that reflexivity will be helpful to avoid explanation at this stage and increase connectivity with the transcript (see Appendix E with examples of noting).

Third is constructing experiential statements. The notes in step two add to the data set alongside the transcription and form the ability to identify experiential statements. The experiential statements reduce the volume of data whilst maintaining the complexity of the data. This step resembles the hermeneutic circle discussed earlier as the experiential statement becomes a part of the whole data set but enable the whole data set to be brought back together under the statement. Experiential statements should feel as though they have captured the understanding of the notes and transcript combined, whilst mirroring psychological concepts in the literature. It is also important to note at this stage that the experiential statement may not be fully developed yet but has the potential to form one as more of the data set is analysed (see Appendix E for examples of constructing experiential statements).

The fourth step is searching for connections across experiential statements. At this stage the researcher is charting how experiential statements fit together. Smith et al. (2009) suggest numerous ways that this can be achieved, from abstraction, subsumption, polarization, contextualisation, numeration and function. However, Smith et al. (2022) make this process more simple and discuss more practical ways of grouping experiential statements.

Fifth is naming the personal experiential themes (PETS) and consolidating and organising them in a table, this is a new step that has been inserted. This step allows the cluster of experiential statements to be placed together. Smith et al. (2022) suggest doing this by paper and moving experiential statements on a flat surface. There is the possibility of doing this on the computer however, it risks favouring chronologically earlier experiential statements and trying to make the others fit these rather than looking at them all with equal curiosity. This step allows the direct organisation of the data and links it to the quotes from the transcript for each participant which benefits the cross participant analysis later on. See Appendix F for an early example of this.

Sixth is continuing the individual analysis of other cases. Smith et al. (2022) highlight there is a concern that previous experiential statements identified will cloud the researcher's judgment and skill in analysis of the new data set and suggest acknowledging this whilst developing a skill in "allowing new analytic entities to emerge with each case" (pp. 99). This step suggests repeating steps 1-5 as if starting anew.

Finally, the seventh step is working with personal experiential themes to develop group experiential themes across cases. Smith et al. (2022) explain the purpose here is to identify convergence and divergence across the data set thereby creating Group Experiential Themes (GETs) from the PETs. Allowing the representation of experiences that are shared and individual. This process requires the researcher to hold different positions of analysis, individual and group, at the same time and sometimes separately which may result in a deep analytical space. It is important for the researcher to remain grounded to the data and reflexively ponder this during the analysis.

As the above is a complex process, the researcher has organised a Theme Table at the start of the analysis chapter for ease of reading. The use of reflexivity, as outlined, was used throughout the project in order to keep the data focussed on the participant experience, and to be able to identify new and emerging themes (PETs and GETs).

Analysis

Smith et. al. (2022) explains that in IPA "the analysis is a joint product of the participant and the analyst" (p. 77). They also state that the priority in the analysis is the lived experience of the participant, but the "end result is always the result of how the analyst makes sense of how the participant makes sense – this is the double hermeneutic" (p. 77). Therefore, to stay as close to this double hermeneutic as possible whilst prioritising the participants lived experience, I have used myself as a resource as a Trainee Counselling Psychologist. As a result, there are no references to theory, but is written through this lens minimising the risk of making claims that do not belong in this shared interpretative space.

Grouped Experiential Themes	**Subthemes**
Hear my experience: Overwhelming emotional lives	• The mind has a mind of it's own - The battle for control - The power of emotions; the enemy within • "You don't know who to trust" - Alone in the world - Guessing other's intentions – a framework for safety - Absence of a safety net – you can't trust what you don't get
The past is always present	• The legacy of adversity - "I was the fucking victim" – when bad things happen - "Spend more time with the god damn dog than me" – I'm invisible - "Who else cares for her?" – prioritising others

	• Who am I now? – a flawed sense of self
Coping with the present and the past - Emotion management strategies	• Defending against the distress – avoiding pain • The pull towards substances - Substances as an escape from the internal world - Meeting needs with substances • To use or not to use? The conflict of using substances • Connection – a panacea for distress

Table 2. Grouped Experiential Themes and Subthemes

Grouped Experiential Theme 1: Hear my experience: Overwhelming emotional lives

A significant area of importance to the participants was their current experience of emotion. The participants presented as having a strong desire to convey this, as if to explain what types of emotions they were needing to manage. Overall, most participants reported a disconnect with their minds through a lack of control over internal experience and the sheer power of emotions. Accompanied with this was a felt sense of a lack of safety, both internally and externally, leaving them alone to manage their experiences.

Subtheme 1a: The mind has a mind of it's own

In this subtheme the participants seemed to experience a battle for control of the mind. The self almost lost and struggling to be found, their agency and autonomy impacted as a result. The sheer intensity of the emotion experience seems to compound this experience further, with the self potentially experiencing emotions as the enemy.

Subtheme 1ai: The battle for control

All of the participant's internal experience resembled exacerbated overthinking and racing thoughts which they felt powerless to stop. The relentlessness of the internal experience in the participants accounts is evident through each participant's transcripts. Their tone often jaded, told the story of how weary they are by not being able to stop these thoughts.

> "Just can't turn off my mind." (Graham)

> "I don't want to think ….. and my brains just darting about and constantly thinking." (Pete)

The use of the word 'I' in Pete's account seems to separate the internal experience of thinking from his sense of self, as if they are two different entities. It further implies a lack of control, as if the self has no control in the internal world, such as over cognition. This is perhaps important in both the internal and external experience as a lack of agency from the self suggests a reduced impact within these environments. This is similar to Graham's description below which implies that the mind has a mind of it's own, and that his sense of self is simply a bystander helplessly watching how the internal experience is managed.

> "It's it's kind of like I've just been pushed out. It's like my subconscious, just taken over." (Graham)

Therefore, not only is there a lack of control over the internal experience, but the sense of self is getting lost, perhaps buried due to the mind hijacking or excluding the self. The self no longer wanted to occupy space in the mind.

However, in terms of perceived control over the self, the participants varied with the amount this affected them, some felt that the self had no control but others felt that there was a battle. Unlike Graham, in Pete's transcript there seems to be a battle for internal control.

> "…I can't allow my mind just to take me and just think about anything" (Pete)

Here, Pete seems to lay down rules and boundaries for what feels like his wayward mind, like a parent ensuring the safety of its child. This suggests that it would feel dangerous for Pete to allow the mind's content to be present and therefore needs to be filtered. This is in direct contrast to Pete's first quote in this subtheme where control over his internal world did not appear, potentially demonstrating a battle for control. This battle continues for Pete

when talking about his trauma response (more on this in the next GET). Here he describes a separation but with his mind and body using a metaphor.

> "I just felt like my mind has me locked in a cage like it was like my mind and my body was a completely different thing, like they were two completely different things." (Pete)

Pete felt his sense of self was trapped within his mind. The cage suggests a complete restriction on movement, the impossibility of his self getting needs met, and at the mercy of the perpetrator, his own mind. Further, his body also felt separate to his mind with a lack of control over either. Not being able to align and gain agency over his self, mind and body implies a conflicted experience both internally and externally.

This lack of control was a general way for the participants to experience their internal worlds and therefore consistently felt. As such, there was a desire for a break. Maisie describes 'thought after thought' as:

> "….there is no rest." (Maisie)

Similarly, but in more detail, Graham highlights the effect this experience has been having on him.

> ".. my head feels like my brain's just so tired and so burnt out…just make the decision to let the subconscious take over most things. I just don't have the strength to do the rest." (Graham)

The exhaustion described by Graham has an impact on his sense of agency and autonomy as his sense of self becomes too exhausted to battle with his subconscious to remain in control, and as if his subconscious is not part of him. Graham feels that he has become too weary to keep himself emotionally intact, and therefore giving control over to his subconscious seems to be a survival strategy.

The battle for control suggests a lack of clarity about the identity of the self, how the self is experienced, and what is and isn't part of the self. This implies that a fragmented sense of self is so difficult there isn't much choice but to try and survive its presence. If the self can't be identified and it is experienced in this disjointed way, it may be very difficult for the participants to 'know' what they are experiencing internally and to attribute that experience

to themselves. This is further compounded by the intensity and power of the emotions that are experienced.

Subtheme 1aii: The power of emotions; the enemy within.

Related to the mind having a mind of its own is the idea that emotions come with intense power which seems to increase feelings of vulnerability and challenges the participants competence to manage them. This is accompanied by a lack of freedom to express emotions and needs as they are overwhelming. An example of this can be seen as John describes being in a classroom where he did not know anyone.

> "I just had a mental breakdown like I couldn't like. I just I started crying." (John)

John ends up fleeing in this situation, not knowing others seems to trigger an overwhelming stress response which he describes as a 'mental breakdown'. Perhaps the mystery of others becomes a threatening situation for John, potentially increasing feelings of vulnerability that others may do him harm. There seemed to be a need to feel safe in this external unknown situation, yet finding it difficult to express that need. John's use of the word 'couldn't' implies a feeling of not being competent to manage the overwhelm, as if he did not know how. On a similar note, Jenny describes the power of anxiety manifesting into panic attacks.

> "…the amount the trips I'd had to the hospital 'cause I thought I was having a heart attack because of how anxious I was getting, but they would just tell me everything was fine every time I went there, but I didn't think it was if you know what I mean." (Jenny)

A potential heart attack suggests being on the verge of death, a catastrophe. Perhaps being destroyed by her heart may symbolise the home of her feelings as now heartbroken, no longer able to fill her body with what she needs. The manifestation of anxiety into repeated panic attacks suggests she may feel always on the verge of catastrophe, with only herself to protect her from harm. Further, the lack of acknowledgement that 'everything was not fine' possibly reinforces an invalidation of this experience. The vulnerability in Jenny and John's accounts that is then reinforced by a struggle to feel competent seems to perpetuate a loop of hypervigilance, as if catching vulnerability early enough could help to stop the feeling of it.

The idea of being close to catastrophe is also seen in Graham's transcript. He wants to know if he reduced his psychological defences how he'd cope with the emotions underneath.

> "I just wanna flip my brain off but I know I cannot live this way and I need to turn it all back on but I don't know how I'm supposed to do that and it's. How am I supposed to cope with that happening?" (Graham)

Graham's tone in this extract is one of panic and desperately wanting to know the answer to his question. It seems if he were to 'turn it all back on' or stop defending against emotion his experience would sit outside of his window of tolerance pushing him towards not coping. Similar to John and Jenny, the fear appears to be centered around his ability to cope. However, where they diverge seems to be the origin of the vulnerability. For John this is from others, Jenny's appears more physical, and Graham's vulnerability seems to be from himself. This results in John avoiding others, Jenny seeking medical help, and Graham trying to 'flip his brain off' in order to avoid the experience.

Just like Graham, this fear of emotional ruin appears for Phil as well. Phil had gone through a breakup when he made several attempts to end his life. After naming the sadness he explained that he avoids thinking about this painful time.

> "I never try and think about it at all. Just because it can be like a worry if that makes sense… You can take yourself back there and feel like you're in that situation again. Which is never good after getting yourself out of it." (Phil)

Here Phil seems scared of connecting to the emotion of the time worried it will reignite the suicidality and therefore engages in an avoidance strategy. This presents as fearing strong emotions as they have the potential to destroy him, even kill him. Further, it seems Phil feels relieved and lucky to no longer feel this depth of despair and the maintenance of this is preferred. Just like the others, the vulnerability of suicidality in Phil's case also challenges his competence to manage creating a fear that needs to be avoided.

Further to being on the verge of overwhelm is the lack of permission to have those underlying emotions.

> "I keep thinking, spend some more time thinking how I can help myself, but that only fucks me up more because there is no reason for me feeling bad, so there's no way to get out of feeling bad." (Graham)

Graham describes a sense of being trapped in a cycle of feeling 'bad' yet no permission to feel this way, reinforcing that feeling. There seems to be a lack of clarity for Graham about why feeling 'bad' is present in the first place. Perhaps emotions feel alien or unwanted and therefore does not allow himself permission for them. If he had an event to pin the emotion to maybe it would allow the emotion. Graham also takes responsibility for this within himself, desperately searching his mind for answers. However, conceivably this could be an unconscious process that is currently inaccessible therefore searching his conscious mind, such as thinking, yields little results. This seems to lead to a berating of the self due to not finding those answers.

Similarly, Maisie judges her own internal experience as never fully justified. Her description is within an account of not being cooked for at home. She wants to be considered yet feels she is expecting too much as she is capable of cooking.

> "It feels like I'm my thoughts and my emotions are always in conflict. You know, it's not often that I feel an emotion and can completely like validate and justify it. I always feel that my emotions are quite immature." (Maisie)

Maisie highlights an internal conflict, as if questioning the presence of the emotion. Her thoughts seem to challenge the right to experience that emotion, like Graham. Also similar to Graham, she undermines her emotions by calling them 'immature' almost like a critical internal parent. Perhaps undermining the emotion serves to dismiss it and make it go away as it has no reason to be there. This suggests the emotion is hard to bare. The situation described relates to Maisie not feeling like she belongs or is cared about in the family, unlike her brother. The forced autonomy of cooking for herself seems to conflict with her needs of feeling loved and cared for. Potentially another layer of conflict is attempting to gain approval by showing autonomy yet her underlying needs were not met to feel autonomous. It is possible that the emotions are coming from this underlying need that resonate with her inner child, hence an internal critical parent banishing them to this 'immature' space.

The participants emotion experience seems regarded as a vulnerability that can not be managed, possibly making emotions the enemy to wellbeing.

Subtheme 1b: "You don't know who to trust" - Alone in the world

Trust was an important value that the participants experienced as lacking in their lives, with others and themselves. Most of the participants expressed an underlying belief that others can't be trusted. As such some of the participants attempted to guess other's intentions as if the predictability of this would keep them safe from harm. They also expressed a lack of needs being met seemingly resulting in an absence of trust that other people can meet these needs. Both subthemes seem to result in the participants experiencing the world alone.

Subtheme 1bi: Guessing other's intentions – a framework for safety

Feeling unsafe was one of the areas of overwhelm for many of the participants. They found trusting other's intentions challenging as relationships with others did not seem rewarding. Instead, the experience seemed full of mistrust and often perceived as dangerous. Here, Graham talks about a rare trip into town.

> "…just everyone around and I'm thinking what they thinking, what they thinking, what they thinking about. Are they talking about me" (Graham)

Attempting to guess what other people are thinking seems to keep Graham caught in a perpetuating loop of a lack of safety. The repeated wording and tone of voice suggested that Graham was frustrated and panicked by not being able to see into other's minds, perhaps if he could that would make others more predictable, and he'd know if he was safe from them. Ultimately hypervigilance became too much due to always being alert and on guard, which sees Graham withdraw into himself and stay home. Guessing intentions can also be seen within Pete's transcript, but unlike Graham he finds it beneficial to assess the potential for others to cause harm and reports a well-practiced skill in this area.

> "… that's one of the the positive things that have come out of the negative is like usually I can tell, y'know what people's intentions are like within either an hour of meeting them or like, probably like a day." (Pete)

Pete's appraisal seems to work from the belief that most people are not trustworthy. His description of 'people's intentions' implies a stable personality trait that may not change. Perhaps this also allows the feeling of predictability, like Graham, so that the hypervigilance becomes less exhausting. Potentially both Graham and Pete taking on a protective role for themselves as there is no one else that can be trusted to keep them safe.

For both Pete and Graham, this protection role is also seen with specific people, Pete within the participant-researcher dyad and Graham with a potential therapist. Pete bravely speaks about our interpersonal exchange. He reveals his usual strategy of withholding from others whilst simultaneously gaining information from them so that he can assess their intentions.

> "Y'know I'll be more listening to them than talking about myself if that makes sense, so that this this conversation that we're having now is is.. I wouldn't, I wouldn't say it's difficult, but, you know, you know, I like to, you know usually know more about other people than than they know about me." (Pete)

If other people do not have information about Pete, then it can't be used for harm such as betraying him. Connecting with others often involves an exchange of personal experience, however, becoming close to others seems risky for Pete. He goes on to say he believes the researcher is "all good" due to the endorsement from his trusted Substance Misuse Worker. However, this interview may have been challenging for Pete as his strategy is reversed, the interviewer gaining knowledge about him and him nothing about her. Potentially leaving him feeling more vulnerable than usual. Pete's insight into this allowed an exchange of empathy which seemed to work well for him to want to continue. Similarly, Graham talks about his thoughts prior to commencing therapy and why he found that process so emotionally hard.

> "What if it's not what my problem is suited for?... What if he's a dick head, what if he turns me down, what if he says things I don't want to hear." (Graham)

Graham appears to be expecting a misalignment in the therapeutic relationship, as if the emotional support from this person would not be forthcoming for him. The person he sees for therapy may not have a very 'nice' personality, he may abandon him, he may not provide a level of empathy that is expected, and he may lack understanding of Graham forming a barrier to attunement. This implies that his expectation of others is that they

won't meet his emotional needs, even those trained to do so leaving Graham alone in this endeavor.

Whilst they interpret this differently, for Pete mostly a benefit and Graham a cost, guessing others intentions as harmful provides a framework with which they can quickly work with producing the aim of keeping themselves safe from others, but also alone.

Subtheme 1bii: Absence of a safety net – you can't trust what you don't get

This position that no-one is truly there with good intentions for them, presented across the participants. Like both Pete and Graham, Phil talks about not trusting other's intentions as extending to his home life with devastating implications.

> "You end up having trust issues 'cause you don't know who to trust, and that later relates to your home life when you don't speak to parents 'cause you don't know whether they're gonna have the same issues that you have with friendship group and it overpowers you... It led to me attempting suicide at least four times in the space of a month." (Phil)

Emotional safety, security and guidance does not appear to be present for Phil in his experience. It seems Phil could not trust that his caregivers were available for support, or if he did approach for support, they would be against him leaving him alone in the world like Graham. The fear of this abandonment from his caregivers becoming a reality was too much of a risk to take which also left him to deal with his emotions alone, a lose-lose situation for Phil. It appears this lack of emotional security impacted on his sense of worth to be alive.

The lack of safety, security and trust in the caregiver relationship that impacted their current emotional lives was also spoken about by Jenny and Graham.

> "I'm living with my dad but it's not a good situation at all… It's just shit! it is quite a bad situation. Not good." (Jenny)

This statement from Jenny suggests that there is nothing good about living with her dad. The relationship not appearing to provide a safe place for her to live. The absence of the positive potentially mirroring her homelife. Jenny's tone was flat in this extract possibly

showing an underlying impact on her self-worth as a result of this absence of care, similar to Phil. This absence is also described by Graham when describing his current experience at home.

> "….when I'm there, around mum and dad the thing that goes round my head the most is always what have I done?... I just see their body language or the way their face is that yeah, they just don't wanna talk to me. Or they just ignore that I'm sat next to them" (Graham)

The feeling of disinterest is potent in this extract. Ignoring Graham's physical presence may make him feel invisible to his parents, as if he does not exist. Graham's feeling is being drawn from non-verbal communication from his family due to the absence of connection. He seems deprived of nurturance, companionship and warmth from those that are 'meant' to show you love. He looks to himself to find the answers; 'what have I done?', implying that he feels he is the cause of this deprivation potentially leading to his sense of self feeling defective in some way.

This sense of defectiveness seems similar to Maisie as she talks about keeping internal experiences that may trouble others, such as suicidality, to herself.

> "…if I've got things that would trouble other people I can talk to myself about it, which is a bit sad, but it's also a lot healthier I think." (Maisie)

Maisie is concerned that she will impact negatively on her relationships should she disclose these very personal details of her emotions. In order to not risk a negative impact on others, she looks inwards for resources. The idea that her intense emotions may 'trouble' others does not appear acceptable to her or how relationships are maintained. Maisie therefore seems to withdraw in on herself like the other participants, but instead this is to protect other people from her inner experience as it seems she feels it is her that can't be trusted instead of others. It appears that to view the self in this defective way leaves the participants isolated with their overwhelming emotions or not wanting to feel them due to the risk they pose to others, and therefore risk being rejected in relationships.

The participants seemed to experience a lack of trust and safety both within themselves and others. Importantly this was also found in their caregiver relationships with an absence of a

'safety net' for distress which challenged their feelings of self-worth. As a result, relating to self and others appears fear based and often avoided leaving them alone and isolated to manage distressing emotions.

Grouped Experiential Theme 2: The past is always present

In this GET the participants transcripts showed how their past experiences were ever-present for them. The meaning of these events and relationships shaping how they view themselves now, which was touched upon in *Absence of a safety net – you can't trust what you don't get*, was potently regarding a flawed sense of self.

Subtheme 2a: The legacy of adversity

The participants expressed adversity in three main areas, being traumatised, not getting their needs met, and prioritising other's needs possibly due to not knowing they have needs themselves. These are legacies as these adversities appear linked to their current emotion experience and do not seem to be separated from the past.

Subtheme 2ai: "I was the fucking victim" – when bad things happen

Four out of the six participants described events in their childhoods and early adolescents that were seen as traumatising and catastrophic in their worlds; domestic violence, physical abuse from caregivers, discovering the truth about biological family, bullying, violent assaults from others, and being abandoned by parents.

Jenny was seven years old when her mother left due to domestic violence. This is something she witnessed up until this point.

> "He used to beat her up basically, and the reason she left is 'cause it got that bad. She would either have to leave or she wouldn't, she said she wouldn't be here to this day." (Jenny)

Jenny's description feels heartbreaking, much like the way her panic seemed to manifest in *The power of emotions; the enemy within*. She witnessed her father harming her mother so severely that death was a potential for her mum. Each beating potentially bringing this loss to reality. To lose one caregiver at the hands of another may have created an internal

conflict that struggled to be resolved. Aligning with mum could bring grief, aligning with dad may have been her only survival option yet an abhorrent one. The reality seems to be that Jenny 'lost' both parents as mum never came back for her and dad a dependent alcohol and cannabis user (this is covered more later in this subtheme). Not having either parent to provide for her basic needs, let al.one the emotional support needed when witnessing horrifying violence, leaves Jenny to build a way of being and navigating in this world alone and through a child's lens. Perhaps also that she is missing from her parent's minds. If she and her needs are not existing for her parents, who has her needs in mind? This is similar to John, who experienced physical abuse from his mum, step-dad and nan.

> "…around six and then I went into the school, told the school that she slapped me." (John)

John was placed by Children's Services with his step-dad following this disclosure as they discovered neglect in the home. At this point, John believed that his step-dad was his biological father.

> "*(stepdad – redacted),* like, hit me while he was like it went through like one of his things that like he was just like aggressive and like 'you fucking' he shouted at me, and then he tried to hit me like chase me around there." (John)

Violence from his step-dad was a regular occurrence, yet he was placed here by adults who were meant to care for his needs. Being chased at 11 years and under by an adult with the intent for them to harm him is terrifying. An adult is more powerful in strength and resources therefore John potentially helpless to stop the assault. The following extract is John at 5 years old visiting his nan who was annoyed at a toy he was playing with that created mess.

> "…she's turnt around and like put my arm behind my back and then like, bent my back forward. So then I'm… leaning over like that with my with my hand behind my back like that. Being sick everywhere." (John)

The violence described on him here and his resulting vomit shows how vulnerable John was in care of adults as a child. The adult who was meant to love and care for him 'forcing his hand' and incapacitating him. This suggests that play, mess and spontaneity that children

thrive in was not allowed on a physical and emotional level. The natural instincts of a child was wrong and to be authentically a child led to being harmed. It seems each caregiver John was meant to be cared by broke those caregiving responsibilities, physically and emotionally harming him, traumatising him and like Jenny, leaving him with no internal sense of being protected or nurtured.

This sort of traumatisation was also apparent with those other than caregivers in the participants experience. Pete talks about the experience of being assaulted with weapons when he was 14 which was initiated by someone he smoked cannabis with.

> "I wasn't even aware and looking back on it now, I should have been… at that point I got slapped up, beaten up, I had a crossbow pointed at my head - shot. They shot it like what like a couple inches away from my head." (Pete)

When reflecting on this frightening experience, Pete appears to blame himself for not using his hypervigilance well enough, like we have seen in previous subthemes from him. The use of the word 'should' suggests a berating of the self for not having foreseen such a terrifying set of events. Potentially reinforcing his view that he needs to stay on guard because if he is not careful, others will harm him. His view of the world becoming a reality for him, perhaps explaining such a strong framework of hypervigilance to keep himself safe in his current emotional experience. Similarly, Maisie looks inwards and blames her assault from a group of peers when she was 11 on her impulsivity.

> "… ever since then, really. I've I've kind of had a. Quite a low view of myself and and to be honest, it only decreased over the years, just. I don't know when I do act on impulse so when I do look back and say oh you are acting like a real dickhead then, uhm… it makes me a terrible person" (Maisie)

Maisie's disclosure not only blames herself for the attack but judges her character through it making her a 'terrible person', almost as if the attack was justified. This way of coping is perhaps a survival strategy, if she knew what she did wrong she can avoid it in the future. However, what she did 'wrong' is perceived to be about her sense of self which she can't seem to escape. Maisie explains that her self esteem has continued to decline since the event, demonstrating the longevity of the impact and patterns in how she now relates to herself.

John's experience of an assault from a 16 year old when he was 13 mirrors his experience from his early caregivers.

> "So like literally everyone from the skate park like every single kid like my age was just walking up to me but because they heard that there was a fight was going to happen and then I was the fucking victim." (John)

John says "then I was the fucking victim". This statement suggests solitude in dealing with the attack and all the other people that were around were not there for him, they were there to watch. Labelling himself as the victim seems devastatingly accurate, however, using the word "then" implies it is only until now that this label fits perhaps suggesting a conflict in how to think about his childhood mistreatment. The words "every single kid like my age" demonstrate the peer element to this on a global level. Peers are meant to help and be there with you yet none behaved in that way, just like his caregivers not behaving in a caregiving way. For John, the people in his life have not seemed to be able to protect him from harm, perhaps now it is peers too can he identify with the "victim" label.

There is a similarity in all the accounts that present as traumatising, they involved people who were meant to love and care for the participants. Perhaps this was experienced at some point in the participants lives, but this love seems undermined when they were also harmed by them. This dichotomy within these relationships occurring at times of also needing connection within them possibly producing an internal conflict that focussed on survival. The participants then forced into how to manage this conflict, importantly through a child or young adolescents' eyes.

<u>Subtheme 2aii: "Spend more time with the god damn dog than me" – am I invisible?</u>

In contrast to the previous subtheme *"I was the fucking victim" – when bad things happen*, this subtheme relates to early experiences where certain basic psychological needs were not met. This type of adversity mirrors the subtheme *Absence of a safety net – you can't trust what you don't get* in the participants current emotion experience as it resembles something was missing in early experience.

Graham spoke about abandonment and rejection from his parents as the main experience of childhood adversity. As previously written, Graham has often felt ignored by his parents and alone. In this quote, Graham was talking about his self-confidence having been 'dissipated' in his present and goes on to link this to his experience of caregivers.

> "Even my own parents have always treated me like their second, and almost I've never, yeah, they've never given me…much really, at all. Yeah, they give my brother their time and that…God damn more spend more time with the god damn dog than me." (Graham)

Graham describes his connection with his parents as lacking and the feeling that other people and animals are preferred than him. The currency here is time and presence which is given to his brother and not him, the expression "god damn" suggests a heavy sense of hurt in this regard. There seems to be little investment in Graham that appears to have an impact on his self-worth. The lack of connection implies a deprivation of Graham's emotional needs and an absence of nurturance in his life. Importantly, Graham notices it and presents as confused why this hasn't happened for him.

Similarly, Jenny describes her experiences of her father who was alcohol dependent in the early years of her life.

> "Yeah, like him and my mum split up. Uh, she left when I was seven, he used to be an alcoholic, so he didn't really know me for seven years of my life…" (Jenny)

Jenny's description also suggests a lack of investment in her from her father, an absence of love and care in favour of alcohol. Also similar to Graham, is the feeling of something else as a preference to invest in, Jenny not important enough to make the priority list. Explaining "he didn't really know me" implies an invisibility to her needs and her presence, almost as if she didn't matter to him. Jenny was then left with a caregiver who she seemed to not matter to. It is possible that a different "me" was presented by Jenny in order to attempt survival in this toxic environment. She goes on to explicitly say:

> "he…don't really think about anyone else… whatever he needs he gets do you know what I mean. Don't think about anything else…" (Jenny)

Jenny describes a chronic situation of her father not changing over the years. Whilst she does not explicitly talk about herself, him not being able to think about anyone else includes her therefore perhaps she continues to feel this deprivation of needs from him. Jenny does not seem to experience warmth, affection or nurturance as he is totally focused inwards on himself. Jenny experiences her father as if his world contains him and him only, therefore a possible disconnection and rejection as part of their relationship. Both Jenny and Graham experience their caregivers as having a preference that isn't them, for Graham this preference is a sibling which therefore suggests his parents are capable of loving a child, but in his experience this isn't him. For Jenny, her experience of her father is that he does not care about anyone but has a connected relationship to substances. In both situations there is little, if no, attunement and therefore difficult to feel loveable.

John on the other hand, experiences neglect from his mother (as well as physical abuse), but does not seem connected to how this feels for him. In a matter of fact tone he states:

> "… social services came over to the house and they saw how like messy the house was, they saw like the state of everything on the floor like, and then they checked all in our rooms and then it's like how can they live in this?... they can't stay here" (John)

John sounded disconnected to this account, as if it had happened to someone else. Perhaps this is due to his age (four-six years old), perhaps he has worked through this time and is at peace with it, or it simply wasn't the worse thing to happen to him. It is possible that John did not get these basic needs met and did not know they existed, perhaps compounded by his experience of physical abuse.

Existing for caregivers in these participants lives seems compromised. There seems to be a deficit in getting needs met by others, perhaps inducing a feeling of not mattering to them. If they don't matter to their caregivers, who will they matter to? It may be difficult to matter to themselves when there has been a struggle for others, particularly caregivers, to provide this experience for them. Perhaps a contributing factor in participants needs getting directed elsewhere in the next subtheme.

Subtheme 2aiii: “Who else cares for her?” – prioritising others

In this subtheme Jenny and John’s needs appeared focused elsewhere, leading to parentification of others and their needs remain unmet as in the previous subtheme. Both Jenny and John leave out their own feelings when talking about their mothers and use a nonchalant tone. Jenny explains a conversation between her and her nan regarding her mother leaving the family home when she was seven. (It is important to note that fleeing domestic violence is a risky time for victims and each circumstance is different therefore, a focus on Jenny and her experience is vital).

> “But my nan always said to her that when she left, she could have taken us kids with her obviously could have gone to my nan’s, she said she didn’t really want to do that as he she wasn’t really in the headspace to take three kids with her.” (Jenny)

Jenny’s experience here suggests an understanding that her mum’s headspace was of huge importance, however, it also implies that this was more important than the safety of the three children. The children also needed to flee this domestic violence, but no one came, and mum did not come back for them. This violence continued on Jenny’s brother and all three of their basic needs were compromised, the children experienced abuse and abandonment. Jenny’s tone suggests a belief of ‘it is what it is’, almost an acceptance that her mother’s needs were more important than her and her siblings safety. Jenny’s feelings and needs are starkly missing from this account, perhaps too painful to retrieve or potentially a well practiced suppression of the emotion to avoid further abandonment. If she does not feel the pain of the abandonment she can not be reminded of it.

This is similar to John who talks about his mother’s needs from when he was six years old and below.

> “…she was a single mum…like she, shit, like she had no one, she didn’t have like a lot of – so like her best, her like her best mate was me…. I was around her all the time….all the time no matter what. Well until that obviously I got taken away from her.” (John)

This extract occurs just before John talks about the neglect he experienced in the previous subtheme. In contrast to Jenny, whilst she gives a neutral tone, John’s tone and words

suggests a care for his mother that he felt bad for her. His mum's loneliness seemingly felt by John, and not wanting her to experience that sadness. It is possible that if he had finished his sentence "she didn't have like a lot of –" he may have said friends or family. John seems to fill that gap of connection for her, providing presence, consistency, and love. However, this was when he was six and under and it is not clear how John's needs were met within this mother son relationship. In fact, his basic needs were neglected as seen previously. It is not clear whether his emotional needs were met or not. John was growing up in early childhood seemingly meeting his mother's emotional needs when his basic needs were being forgotten. This leaves a question about who was parenting who. A child potentially parenting their parent again suggests that their needs are not as important as the parent's, similar to Jenny. Possibly learning that others needs are more important through the lack of existence of their own. Further, attempting to provide this in early childhood when they have possibly not been taught how due to not experiencing this for themselves, and through a child's understanding when their functioning may be impaired due to a lack of sustenance, physically and emotionally. An impossible task. Learning self-care also compromised.

This parentification also happened for Jenny, although this was for her younger sister.

> "And I, even now like I feed my sister, I clothe my sister, give her money and he spends all his money on weed don't really care about anyone else… I've basically been like a mum to my sister since she left… There's been more responsibility on me….but who else cares for her?" (Jenny)

There is a double parentification here for Jenny, taking on the role of her mother for her sister since her mum left when she was seven, but also taking on a parent role because her father who is physically present is not focussed on the children. She has been a 'parent' for the majority of her life, subjugating her needs so that her sister is cared for. Possibly not wanting her sister to experience the same as her. There is a stuck feeling to this account, what other choice does Jenny have? Both Jenny and John's needs directed elsewhere, potentially teaching them that needs are important but only others needs take priority.

Being parented allows a child to experience what it is to be taken care of so that eventually self-care can also be an option. However, when other's needs are priority this learning

seems compromised and their own needs are replaced by others. Theirs and other's needs not able to co-exist.

Subtheme 2b: Who am I now? – a flawed sense of self

The participants linked the adversities they experienced to their identities. How they now view themselves suggests a strong sense of defectiveness. This can be seen in Graham's account who experienced chronic rejection. It seems he views himself as inferior to others.

> "I just feel like a constant mistake if you will, like… I just feel like such a burden like I can't do anything right and constantly feeling like a mistake and doing stuff wrong..." (Graham)

Feeling a burden and a mistake suggests not feeling wanted. It is clear in the previous subtheme that Graham seems to feel abandoned by his family potentially leaving him feeling unwanted by them. However, this feeling seems to permeate out into how he views himself in all other situations. In the next extract, whilst Graham can see a link with his view of self and past experience he still appears to see it being a problem with him and who he is.

> "It it could be just experience. It could be that I've tried to talk to myself and dad so many times… that I've almost got into got it into my brain that I can't speak, speak straight up so. Talking to anyone straight up is, yeah it almost in clinged to my mind that it's impossible." (Graham)

Here Graham suggests that it is his experience of relationship with his dad that has shaped his view of self and belief in his ability to communicate with others. The word "clinged" suggests the recognition that this is an 'add on' for him from this experience that he is struggling to get rid of yet feeding the view that he can't connect. Whilst there is an acknowledgement of the link the defectiveness 'clings' on.

This feeling of experience staying with the participant despite knowledge of it's origin is similar with John.

> "… if I wasn't to have get jumped, I might have a different mentality… like growing up and then like you've had all that abuse like for your entire life and then you've got that happen… 'cause like stuff like that just kind of like stinks like sticks with you dunnit it." (John)

Here John alludes to the fact that he has been a victim of and witnessed physical abuse as a child which shaped how he thought of violence and himself. He seems to be attempting to make sense of his reactions, acknowledging his past as an influential factor in his view of self. Further, John highlights how the emotion experience is affected by these past events as they "stick with you". He accidentally uses the word "stinks" instead of "sticks" originally, however, this fits what he is describing, those past experiences 'hanging around like a bad smell' perhaps trying to ignore its presence but sometimes it gets overwhelming and either sorting the origin or covering it up becomes the only option. John provides an example of this. In this next quote he describes emotional abuse and bullying from his stepdad and the continued impact now.

> "He used to bully me about my weight because of how I used to be fat… that's why I feel like I don't like like digs and that now. Like I don't like it when people call me like fat 'cause it like it like it makes me feel like 'oh, you've noticed that'… like you've you've seen that from from your eyes and like that like that's what you see." (John)

The original bullying that came from a caregiver has left an open wound for John. Perhaps a conflict ensued for John wondering if his step-dad was right about him. As caregivers are meant to provide guidance and children are taught to listen to adults, it is difficult for a child to go against what is said. The words "oh, you've noticed that" perhaps confirming that he internalised his step-dad's comments and now others corroborate it, therefore it must be true. This personal attack may have combined with these factors to create this legacy for John. The gaze of others possibly exposing his perceived flaws and making him feel like he did back then; shame.

> "I'll probably just try like just laugh it off and I'll and I'll get hot and I'll get red. And I'll feel it and I'll feel it and I'm like Oh God no fuck what do I do? And then there's just like. That quick rush for a couple of seconds." (John)

The “hot” and “red” visual description suggests embarrassment with the need to take action to stop the feeling combined with a “quick rush” possibly triggering the stress response. John attempts to mask this response by originally trying to cover it up with laughing, perhaps a strategy he has used previously. John now views himself through the exposure of the perceived flaw that he feels others see. The observable embarrassment or shame exposing his true feelings even further that he is trying to keep hidden from others. It seems John can not risk having his true self seen by others, perhaps if they see his flaws he risks others rejecting him.

This hiding of flaws that originate with caregivers messages can be seen with Maisie. Maisie has described a family narrative about her as ‘conceited’ in which they openly say this to her. To be conceited is not acceptable to her and now uses a self-depreciating way to relate so others do not think the same.

> “People think I'm rude. Or think I’m way better than them… I don't want to give that impression, so I try and. Quite obviously, self-deprecating quite a bit… I'm not full of myself, I promise, because nobody likes someone who's self-obsessed.” (Maisie)

It is possible, like John, that Maisie has internalised this message from her caregivers, believing it to be true. It seems that it now forms part of her identity that is unacceptable to others and if exposed risks rejection from others. The attempt seems to be to over-compensate this perceived flaw by doing the opposite action in order for the flaw to stay hidden. In the interview, Maisie promises she is not “full of myself” and giggles at the same time. This perhaps a way to convince the interviewer that the internalization isn’t true as she goes on to explain that she won’t be liked if she were to be “self-obsessed”. It seems that Maisie may have been concerned that this ‘pretense’ of not being conceited will be undermined and the original perceived flaw will be confirmed, a fear of her family being right about her wanting to be avoided. Also similar to John, the risk of rejection ever present for Maisie.

Maisie free flowed with a poor self-view but also noticed that when she was criticised by a girlfriend for flirting and making people uncomfortable her internal response was to consider isolating again.

> "….at the time when I did hear that I was like, oh, you're awful, you're terrible. Never leave the house again." (Maisie)

Being criticised by someone close to her seems to cause Maisie to direct that criticalness inwards and talk about her character as a whole, generalizing her criticism to her sense of self. She then feels the urge to isolate. This physical hiding potentially mirrors her internal desire to hide from others so that her closest person, her partner, cannot see her imperfect character. To hide her entire body, perhaps giving herself the best opportunity to conceal her perceived defectiveness that encompasses her whole self.

It is possible that the participants are living in ways to avoid perceived faults about who they are being exposed. Whilst the participants acknowledge these perceived failings manifested from early childhood, they continue to form a view of self that is defective. The pain from this time remaining. Perhaps as a result it is still hard for them to believe that others will want to fully connect with them when they 'have' these flaws. Staying hidden physically or psychologically never truly allowing authentic connection yet provides the best opportunity to not be rejected. How the participants cope with this anguish is discussed in the next theme.

Grouped Experiential Theme 3: Coping with the present and the past - Emotion management strategies

The participants went on to describe how they manage the distressing emotions that come from this experience. They were aware of psychological strategies to defend against the distress, substance use and the internal conflict of this strategy, but at times were reflective about what they now need to help them; connection.

Subtheme 3a: Defending against the distress – how to avoid the pain

The participant's experience has meant they needed to cope with childhood and peer adversities throughout their lives. It appears from the other subthemes that this core pain is ever present for them, and it is this underlying pain that they talk about trying to manage.

For Pete and Maisie, they have used self-reliance as one of their strategies.

> “Sure, just resilience and self-teaching.” (Pete)

Pete is talking about managing the trauma response of flashbacks following his attack. The word “just” followed by the two self-directed strategies implies an aloneness to coping with the trauma of the assault, possibly that he was needing to manage the emotion by himself. Perhaps Pete felt like he had no other choice as he could not rely on or trust others to be there for him. This is similar to Maisie who also presents self-reliance as a way of managing distress.

> “If I don't feel supported by the people around me, I think I will be okay… I've got myself, which again sounds a bit sad, but I think it is quite healthy to be able to rely on yourself and saying you know what I'm still here for me… as a you know a 12 year old, you know there's a pretty big hit thinking oh nobody cares nobody believes me.” (Maisie)

Here Maisie links the self-reliance strategy to the way of seeing the world that nobody cares about her. She only has herself to rely on as others are not dependable due to their lack of care for her. Maisie notices the “big hit” of this at 12 when CAMHS told her they felt she did not have a mental health problem rejecting her further and possibly confirming this view. Self-reliance can be perceived as a good strategy due to being able to use internal resources, however, this is complicated by the undercurrent of feeling that others can’t be trusted (Pete) or relied upon to care (Maisie). This strategy, however, still leaves them both alone to manage their feelings.

In contrast, Graham talks about a shift in ways of coping with distress that suggests a move from expressing vulnerability to suppressing that vulnerability. He noticed a difference in strategy pre and post eight years old. Pre eight Graham reports:

> “It was horrible as a kid like I used to starve myself, stop sleeping, do anything I could to try and get people to recognise. I started crying, started and doing anything I could to get people’s attention ‘cause I couldn’t get myself to ask straight up. I still can’t now.” (Graham)

At that age it seems starving himself, stopping sleeping and crying were possibly the only things in his environment that he could influence in order to show something was wrong.

Potentially trying to stay connected and gain external validation from his caregivers that was lacking. The use of the word "I" suggesting a self-directed blame and flaw in not being able to ask for his needs to be met without the recognition of his vulnerable age. Further berating himself for not being able to ask for help now at 16. The image of the distressed child very powerful, but even more so that none of these strategies appeared to work for Graham to get his attention needs met. He seems to give up this tactic and suppress these emotions post eight instead.

> "The way I manage everything, every emotion, I just try and push in the background… Yeah, and it's annoying because everything I push away, I know I'm gonna have to deal with, but I just don't have the capability to deal with them, so right now like I have no idea I'm gonna get a way *to* manage anything." (Graham)

As the expressive child does not seem welcome, perhaps perceived as unruly, so too does Graham try to hide that part of him with suppressing these emotions and needs. Perhaps if he allowed the expressive child within him to come to the fore, he'd risk further rejection and abandonment. However, the word "try" in the extract implies those feelings are still underneath possibly making suppression challenging. However, Graham does not seem to believe he has the competence to deal with those emotions when they come, as they will overwhelm him. It is possible that Graham has suppressed an important aspect of himself, his emotional world, where all emotions go to be banished and kept under lock and key.

This is similar to Maisie who has learnt to use suppression as she felt her emotions were what triggered the attack.

> "I've managed to push down my emotions for quite a long time. Just in avoidance of any sort of confrontation, because nobody likes confrontation…. Because I felt so awful about it. I think I've managed to associate. Feeling my emotions and being open about how I was feeling to all those bad things happening and people reacting." (Maisie)

It seems Maisie is learning how to maintain relationships by not permitting these vulnerable parts of her space in hers and other's minds. Denying these parts prevents her from sharing who she is with others, yet this feels safer for her perhaps as confrontation means loss of

the relationship rather than the opportunity for repair. The pain of the rejection too big to bare. Maisie also uses another emotion avoidance strategy with her family, masking.

> "I don't cry… I think I tried to mask a lot from my family just because of how worried they'd get." (Maisie)

Maisie seems to hold the fear of other's responses at the forefront of her concern, including her family. It is possible that she has learnt this strategy allows continued connection with her family and therefore when the attack happened, Maisie already had a tried and tested method to avoid loss of relationships. In this way, Maisie can avoid the idea that she has emotional needs that perhaps aren't being met.

A final defensive strategy to discuss is the development of beliefs about childhood abuse in order to cope with the experience. For John, this was that the abuse was normal.

> "Well, at at the time I just I'm not gonna lie... I thought it was normal. I thought every other kid cried themselves to sleep every single night like genuinely." (John)

Perhaps to cope with the terrifying violence he and his sister experienced, John believed that all children were harmed by their caregivers because the alternative, that children can live abuse free, too painful to contemplate. It is also possible that at the age John was this neurological development that others have different experiences was not yet present. Potentially both these factors occurring simultaneously to reinforce the belief that they were not alone in this experience. Being alone in the experience possibly increases the feeling of not fitting in with peers, and therefore an outsider. This has echoes of the previous subtheme where John's needs did not seem to exist. Perhaps crying was ignored and so he was unaware that children have needs, such as to be comforted, that can be met by caregivers.

The potential of being different to peers was also similar in Jenny's case, her childhood was marked by neglect and adult responsibilities.

> "Yeah, I've got. I've got to grow up from a young age if. You know what I mean? Like grow up faster than everyone else?" (Jenny)

To cope with the parentification Jenny had to miss out on large parts of her development. Not afforded the childhood to nurture time for learning and growing. Jenny's tone in this

extract is one of frustration and unfairness. Perhaps coming across as a vulnerable child herself with this sadness for her loss of her childhood, helpless to do anything different except become the parent. Jenny seems to be denied permission to be her authentic self and to be a child. To cope she possibly pushed her child self to the side and took on this role due to the empathy she felt for her sister. It seems Jenny has needed a parent figure in her life, perhaps her taking on that role for her sister allowed her to experience this role in some way even though on the surface not directed at herself yet able to still be a part of a mother-daughter dyad.

The defences in this subtheme all seemed to be to avoid the pain of adversities experienced during childhood and adolescents. However, they also seem to all involve a burying or pushing aside a part of themselves that hold the anguish of the experience such as the desire to connect in relationship, the vulnerable child part, or entire emotional worlds. Yet this seems to perpetuate the distress of the adversities they experienced alone.

Subtheme 3b: The pull towards substance

All of the participants stated that they used substances as a way to manage their emotions. For some it was an escape form their internal world but for others it was what substances provided, sometimes a combination of the two.

Subtheme 3bi: Substances as an escape from the internal world

Five out of the six participants explicitly stated that substances (four cannabis, one alcohol) helped them to not have to experience their internal worlds.

> "To be honest, I just smoke weed to be honest….That just wipes it out"(Jenny)

> "It just gives me a minute to like switch off" (Pete)

Both Jenny and Pete's descriptions imply a psychological withdrawal from the intensity of the distressing emotion. The substances putting a plaster on the wound, a protective cushion so that the injury cannot be reached. 'Wiping it out' giving the illusion that the emotion has been obliterated as it isn't wanted. Escaping the emotion seems to also lead to experiencing life the way they want to with an element of control. Graham explains:

> "When it gets…. too overwhelming it gets too hard to distract etc, it's time to go and get some weed…" (Graham)

> "You just sit there and overthink. Urgh, another day of this then once like that drink like it was all fine, that's why…. Yeah, looking over there feeling sorry for yourself, feeling like shit and stuff like that." (Phil)

Phil and Graham appear to have indicators of when substances are required. For Graham it seems to be that nothing else will work to escape the feeling and so can only rely on cannabis to do this for him. Cannabis seems to become his 'safety net', mirroring the absence of this in the subtheme *Absence of a safety net – you can't trust what you don't get*. This is similar to Phil who alludes to an internal critical voice "feeling sorry for yourself" much like a critical parent might say as opposed to soothing the emotion that triggers the indication to use.

The desire to escape the feelings suggest that they shouldn't be there in the first place, almost alien to experience the emotions despite what the participants have been through. The substances seem to allow this escape as a reduction in distress is not happening in any other way.

<u>Subtheme 3bii: Meeting needs with substances</u>

The participants talked about emotions being taken away by substances, but they also talked about what substances give to them that make them such a pull to use. Pete feels cannabis provides a 'crutch'.

> "… what I mean by crutch is like I didn't do it every day, but it helped like when it comes to… those emotions that I can't, I can't articulate and I can't, you know, get out, y'know I'll just you know, smoke a little, weed in it and then you know I will either write it down or put it into music." (Pete)

Cannabis seems to act as that safe place with which freedom of expression exists, much like a good parent. Perhaps the emotions that Pete struggles to articulate when sober occupy a space that is highly guarded as they are too overwhelming to experience when not intoxicated. It is possible that cannabis tells the guards to back down in order for Pete to

feel that he can access them safely. Graham is similar in terms of the desire to access relaxation that also seems out of his reach.

> "Yeah, like constant war, but with that it just, something it'll just go for a rest, get to sink into my bed, watch TV and just have a great time." (Graham)

Like Pete, this calming effect so that hypervigilance is reduced would be a good way for a parent to help their child regulate. Living life without hypervigilance or the "constant war" is desired for Graham, despite its safety mechanism described earlier. Perhaps all these ways of coping, such as using hypervigilance to keep safe, have costs to them and therefore other ways of coping are possibly there to manage these costs, such as not being able to relax. Similar to both Pete and Graham, cannabis provides Jenny with the ability to not care about indiscretions such as spilling a cup of tea.

> "Cause if I'd have had a smoke I wouldn't of cared like. I would have just cleaned up and just not cared, but if I'd done it when I hadn't I'd be stressed about it for about an hour." (Jenny)

This suggests that Jenny's normal state of being is one of high stress, where small blunders are enough to trigger her stress response that takes a long time to recover from. To continually be in this fear of being triggered in this way must be exhausting. Cannabis allows Jenny space to make mistakes without fear of repercussions.

In contrast to the other's experience where substances seem to provide a replacement for a caregiver, John describes the use as an exciting opportunity that doesn't come along often. Here he is referring to his use of MDMA.

> "I know it sounds bad, but it's like a lifetime kind of experience like. It's just it makes it confusing. Just put you out of your mind. Like mindframe, your mindset." (John)

John goes on to talk about the times of using MDMA in an excited tone and laughing about the shared experience with his peers. Therefore, not only providing a change in 'mindset', but the shared experience of the effects of substances whom he belongs to. This is in stark contrast to John being the 'victim' where he has been all alone in the world. This 'lifetime experience' providing a 'double whammy' of connection, connection to the experience of the drug and the sense of belonging with friends.

For these participants cannabis and MDMA provides services that they are seeking such as the ability to express and process emotion, to manage mental health, belonging, shared experiences, and to reduce stress thresholds possibly parenting themselves through substance use.

Grouped Experiential Theme 3c: To use or not to use? The conflict of using substances

The participants were open with what they felt substances (namely cannabis) provided for them which appear to be rooted in an alternative way to get emotional needs met, but they also described the cost of this use. John disclosed a painful realisation that he went straight to using cannabis following his 'mental breakdown' at college and reflected on this coping strategy as not helpful to him.

> "It felt weird like soon as something went wrong, I went straight to that and like it was weird 'cause I noticed it like I saw it. Do you know what I mean like I, I like I saw it in my own head. I was like what?…. Now it's fucked up and then I'm just going straight back to smoking weed." (John)

Here something does not feel right for John, yet he battles to pinpoint what this is. It is as if he painfully realises that this emotion management strategy does not allow him to manage his emotions in a resolutory way. However, he does not present another strategy to use, perhaps he is unaware of what his needs are in that moment in order to try a different way, or he was so emotionally triggered it overwhelmed this type of thinking. This moment of clarity seems to frustrate him further as he struggles to know what to do with the information, possibly creating an internal conflict of whether to use or not.

In contrast, Jenny found the drug effect itself as problematic to functioning.

> "Then I started smoking so much, which all I was doing when I did that was sleeping all day. So just keep forgetting about everything, but I stopped when I was with my ex and then he tipped me over the edge quite a bit, so I went back to it all." (Jenny)

"Sleeping all day" and "forgetting" suggesting a disconnection from life that became undesirable for Jenny. Perhaps her absence at these times felt too similar to the absence of

her own parents and not allowing her to fulfil her responsibilities to her sister, potentially a source of great discomfort. However, this absence was sought when experiencing overwhelm with the trauma of her past relationship, therefore like John, produced an internal conflict.

This is like Maisie who finds the drug effect from cannabis detrimental to reflection. In this extract Maisie had just been talking about an increase in social anxiety with cannabis use.

> "Sometimes obviously the bad does outweigh the good completely…It hasn't gone away and cannabis makes it so much worse. So so I will kind of isolate myself if I've have had a bit of a slip up and I have had a smoke and my friends are texting, Hi, how are you? It's like I can't answer for next 8 hours, you know?" (Maisie)

Maisie notices the disruption in her interpersonal relationships following the use of cannabis due to the impact on social anxiety, therefore she ends up isolating herself. Physically removing herself similar to her other strategies when she has seemed to feel defective. It is as if she cannot risk contact at these times as she cannot trust her responses. Like Jenny, Maisie finds the disconnection from others as a cost to her use. Maisie goes deeper with her ideas on cannabis stemming her ability to reflect.

> "I was smoking every day for I think over a year. Umm yeah and Oh my God, the brain fog. It was like ridiculous and that would make it extremely hard to try and regulate and reflect because I try and think back something and be like I don't know what happened because I just wouldn't… remember." (Maisie)

Maisie's account is similar to John. The use compromising her ability to effectively come to a resolution to the emotion by interrupting the process of regulation and reflection. This is uncomfortable for Maisie, perhaps due to the previously mentioned avoidance of others seeing emotion from her or perhaps acknowledging that connection is important in relationships. Either way, the impact on the relationship continues to be a concern for her. This shows the importance that Maisie puts on being able to access and provide space for her internal world in order to manage her emotion experience, but cannabis takes this ability away.

It appears the conflict for the participants is the desire to have the mind altered, yet this alteration still does not get their psychological and emotional needs met. The acknowledgment of this seems part of the anguish in the conflict that conversely the substances will take away, a never ending loop of internal war.

Grouped Experiential Theme 3d: Connection – a panacea for distress

Throughout the themes in this analysis, connection has been a need that seems to be lacking for the participants. In this subtheme the want for connection with others was cited by the participants as an effective emotion management strategy, either as an experience with a trusted other or desired.

> "When I have difficult emotions… then I'd say I put a lot of time into other people so like you know my dad, my mates and that." (Pete)

Pete goes on to describe a deeper connection with his dad when in crisis.

> "Me and my dad have got quite a good relationship, so y'know usually I just go to the toilet, bell my dad, tell him what's going on, tell him how I'm feeling and he'll answer and by the time, by the time I've finished the phone call I'll be like, d'you know what I mean, I'll feel alright." (Pete)

Here, Pete describes his use of his parent relationship as an emotion management strategy and importantly contains the ability to express emotions and distress. This is accessed privately implying a secrecy about emotional distress, yet this trusting relationship works well to help Pete manage. John did mention his now relationship with his father as taking him away from the abuse of his stepfather, but Pete was the only participant to describe a parental relationship in this way. For example, Maisie masked emotions from her family, Jenny and Graham experienced a lack of connection with theirs, and Phil did have difficulty with opening up to his dad but found this connection with him after his suicide attempts which he cited as important in how he felt about himself. However, the desire for that connection was clearly seen in Graham's transcript.

> "She keeps trying to get specialists and professionals to help, but no matter how I play it, I can't convince her that I just need I just need her to to spend time with me and help me, but she thinks she needs specialists to do it. She doesn't…" (Graham)

Graham reiterates his point several times in the transcript as if to ensure he's heard that connection with his mum will help with his emotional wellbeing. Perhaps he is saying that his mum has the power to provide something that others, including specialists, can't. Graham is specific that this relates to investing time with him, possibly to develop the relationship to provide a nurturing secure base that can be internalised. The presence of mum seems to be all he wants.

In contrast, Phil widens out the scope to friends and professionals he points out the benefits of relationships with others when managing emotions.

> "… Yeah, and another thing about emotion would be making use of good support networks such as friends that aren't also negative about everything. And having good people to talk to, such as like support workers and stuff like that." (Phil)

Phil had experienced 'bottling up' emotions which he felt led to suicide attempts, and now uses connection with others as an emotion management strategy in his sobriety. Here, Phil suggests that the company a person keeps also has an influence on how that connection can impact a person's internal world, which is an interesting area to consider when relationships with family are desired (we can't choose our parents). Perhaps widening the scope allows more opportunity for these needs to be met outside the caregiver relationship.

For some participants it was the connection itself that helped with managing emotion, but others it was specifically the parental relationship. Perhaps this mirrors the unmet needs from the participants adversities, such as where the connection injury lies. Therefore, the desire for connection that will help with emotion management is layered with possibly an underlying driving factor that may influence the quality of that connection, and therefore impacting on using this as an emotion management tool. It is not enough to conclude that caregivers should just be there, it is the quality of this connection that must be explored.

Discussion

"The adolescent is not to be cured as if ill……From being comes doing, but there can be no *do* before be, and this is their message to us" (p. 24, 25, Winnicott, 1986)

Donald Winnicott, renowned psychoanalyst, directs us to understand what is happening to young people rather than making attempts to identify what is *wrong* with them. He eloquently alludes to the assumptions in society that lead us to want to 'fix' the adolescent phase and suggests a need to explore a different type of message that comes from within their experience. This chapter explores the importance of this message with this homogenous group. Specifically, what it is to *'be'* for the participants in this study and the complexities that layer these idiosyncratic experiences.

The overarching picture within the analysis is that core emotional needs seem to drive the participants experience of their mental health and substance use. It is important to recognise the double hermeneutic in the analytic space and therefore the researcher as a Trainee Counselling Psychologist who finds core emotional needs a key component in the field of mental health. Further, the researcher's own sense making of these findings is consistent with Young's (1990) schema theory and Grawe's (2007) consistency theoretical model as discussed in the introduction. As a result, both theories will be drawn upon throughout the chapter. The presence of these schemas and needs were found in the first GET: *Hear my experience: Overwhelming emotional lives,* how adversity compromises those needs in the second GET: *The past is always present,* and finally, how these unmet needs and schemas are coped with in the third GET: *Coping with the present and past – Emotion management strategies.* Further, the attachment need found in both theories appear to dominate the unmet need in this homogenous group. This seems to impact how the other needs are met. This dynamic relationship within core emotional needs and the patterns of relating to self and others is explored. This complex picture shifts the focus from emotion management as a set of abilities (Sloan, et al., 2018), to how the self develops when needs aren't met, particularly in adversity.

Hear my experience: Overwhelming emotional lives

The title of the GET is designed to mirror the intent of the participants desire to explain their current emotional experience. The Mix (2022) survey found that 39.7% of young people who felt they had a substance problem did not intend to access services because they felt they could deal with drug problems alone and 23.6% said they did not believe services could help them. Out of that figure, 11% reported that they did not believe anyone would understand what they were experiencing, perhaps why this group used the chance to describe it. The way the current emotion experience is described in this study suggests an intersection with the participants view of self and their perceived position in the world in relation to others. The subthemes of this GET (*Hear my experience: Overwhelming emotional lives)* echo the overwhelming multi-faceted current internal experience of the participants. This seemed to be split into two areas, a difficulty with controlling the mind and emotions (*The mind has a mind of it's own*) and experiencing the world alone (*"You don't know who to trust" – Alone in the world*).

<u>The mind has a mind of its own</u>

The participants internal descriptions in *The mind has a mind of its own* was also divided into two subthemes. Firstly, *The battle for control*. This subtheme suggests that the participants found their sense of self lost as the mind seems to hijack or excludes the self. It was as if their own minds were a perpetrator trapping the self which was powerless at times to regain control. One of Grawe's (2007) basic needs of 'orientation and control' can be applied here. Grawe (2007) explains that control isn't necessarily about power over others as often is the connotation, but instead is about having control over the environment to achieve goals in life. This need can be seen here as the participants are wanting their selves in charge of their internal environment but to gain this is a challenge. Graham talks about being "pushed out" by his subconscious and Pete "can't allow my mind just to take me" and describes how his mind has his self "locked in a cage" demonstrating this battle for control. Grawe (2007) explains the 'orientation' part of this need is about clarity, if the self knows what's happening then it can provide more control over the environment. However, in this subtheme there seems to be a lack of clarity about the identity of the self, such as what is and isn't part of the self like the subconscious, emotions, or the mind demonstrated above. Therefore, perhaps both parts of this need not currently being met and impacting on each

other, a lack of clarity suggests there is less control over their internal environment which is experienced as distressing by the participants. As the self is experienced in this fragmented way, it is perhaps difficult for the participants to fully know what it is that they are experiencing as they are unsure if this sits in the self.

The fear of the loss of self and lack of clarity can also be considered through the lens of Winnicott. Winnicott's (1986) unit status or 'I AM' suggests that infants start to develop an inner world which allows them to see differences between the inside and outside worlds whilst simultaneously relating to both; "a me and not me" (p. 209, Brogan, 2021). Brogan (2021) states that to claim unit status as an individual, in other words 'this is me', is a bold statement as it implies the person has experienced the world and decided what is 'me' and what is not. Also what they plan to integrate as their own and what they place outside of themselves. In the case of the participants perhaps this is where the lack of clarity about the self can be seen, it is possible that the fear of the loss of self is a working through of unit status; which parts of experience do I claim as me? With this fragmented way of experiencing the self, the participants may find it difficult to fully know what it is they are experiencing. This includes emotion. If emotion has been dismissed, disregarded or implied to be unwanted by the self or others it may not be integrated and accepted into the experience of 'me', which is further discussed later. Therefore, not claiming the emotion as within the self may stop or interfere with the process of learning how to manage it. This may leave feelings to be experienced as not part of the self and as if there is something wrong with that experience as it becomes incongruent.

In *The power of emotions; the enemy within*, it is suggested that emotions have an intense power that increase the feelings of vulnerability but decreases the perception of competence to manage them. For example, Graham asks "How am I supposed to cope" when talking about managing emotions, and John feels that he had a "mental breakdown" when overwhelmed. This can be seen in Young et al. (2003) emotional need of autonomy, competence and sense of identity. In the theory unmet needs can be mapped onto five domains where schemas fall (Young et al., 2003). In terms of the need for competence, the domain can be linked to impaired autonomy and performance and interferes with the ability to operate, execute tasks and survive (Young, et al., 2003). Schemas are "…any organizing principle for making sense of one's life experience" (p. 7) which guide the person to act in

line with this sense making prioritising survival. Two of the four listed schemas in the domain of impaired autonomy and performance can be found in this subtheme; dependence/incompetence which can seem like helplessness as shown in the quotes for this subtheme, and vulnerability to harm or illness which can present as being afraid that imminent catastrophe is likely. Looking more in-depth at vulnerability to harm or illness, this seemed to present in three ways in the participants. John's catastrophe presented as an external fear of others, Jenny's regarded her physical health with the catastrophe of her own death (presented as panic attacks), and Graham and Phil both expressing emotional ruin as imminent. Whilst there are others, the vulnerabilities described by the participants map onto Young and Klosko's (1994) "Types of vulnerabilities" to harm (p. 187). For the participants this intersected with the feeling of incompetence to deal with these catastrophes, followed by not being able to escape the feeling of dread. Hypervigilance was used by Jenny and John to catch the vulnerability early enough to avoid this feeling yet served to perpetuate the anxiety.

Young and Klosko (1994) suggest that the person with this schema can feel as "powerless" as a "helpless child" to cope (p.191). Perhaps this is why Graham and Maisie seem to experience a critical internal parent to manage this child-like feeling, such as Maisie seemingly banishing hers by calling them "immature". Young et al. (2003) describe coping modes that operate for the time the schema is triggered. These modes can present differently, depending on what schema is triggered and the usual way of coping with that schema, therefore the person can dip in and out of these modes. There are four types of schema modes; child modes, maladaptive coping modes, dysfunctional critic modes and healthy adult. Here it is possible that Graham and Maisie could feel the vulnerable child's presence and managed this with a 'punitive critic mode' (dysfunctional critic mode). Further evidence for this can be seen in this subtheme as Maisie and Graham express a lack of permission to feel emotions. In Young et al. (2003) domains, this can fall into the 'over-vigilance and inhibition' area with emotional inhibition schema activated. Both Maisie and Graham seem to berate the self with the 'punitive critic' for having emotions and therefore inhibit them to not experience disapproval.

The participants current emotion experience seems to be that of intense fear of vulnerability that they do not feel equipped to manage, and therefore attempts made to

dismiss their presence resulting in emotions being the internal enemy. This raises the question of how readily available identification of emotion is in order to manage them.

"You don't know who to trust" – Alone in the world

The second main subtheme *"You don't know who to trust" – Alone in the world*, suggested that the participants are experiencing a consistent lack of trust in others and themselves which led to always being alone to experience the world. This was also split into two further subthemes, firstly *Guessing other's intentions – a framework for safety* where predictability was sought to keep them safe from others as they held belief that others can't be trusted. This can be seen with Graham's trip to town and Pete using hypervigilance as a proven skill to keep himself safe. There was also the feeling that there was no-one truly who had good intentions for them, and therefore their interpersonal safety was compromised. Whilst Young et al. (2003) suggests 18 different types of schemas, they theorise there are four that are the most powerful. These are so pervasive that it causes insurmountable distress; abandonment/instability, mistrust/abuse, emotional deprivation, and defectiveness/shame which all sit in the 'disconnection and rejection' domain. It is suggested that the internal experience described in this theme fits with mistrust/abuse. The authors write that clients who experience this schema usually find difficulty in forming secure attachments as the framework of the schema informs them "..that their needs for stability, safety, nurturance, love, and belonging will not be met" (p. 13, Young and Klosko, 1994). Specifically, the schema usually holds the belief that others can't be trusted as they will for example, hurt the person perhaps through abuse, deception, and degradation, therefore any interaction is a potential threat to their emotional and physical wellbeing. Considering the participants current experience through this lens, it is clear why they would avoid social situations, like town, out of fear of this threat being (re) experienced. However, further to this the participants also took on a protective role for themselves, when reading other minds fails (Graham) predicting that all others are dangerous meant this role kept them safe particularly as no-one else seemed to be taking on that task. In addition, the emotional deprivation schema can also be suggested to be present. Graham expects a misalignment with his therapist as even a trained mental health professional will not be able to provide him with emotional support. It is suggested that both Grawe (2007) and Young et al. (2003)

would suggest the unmet need present in this subtheme would be that of secure attachment. In terms of attachment theory, the 'felt security' (Sroufe and Waters, 1977) that originates with caregivers that allows people to just *'be'* in the world seems to be compromised for the participants, potentially being one of the factors informing this mistrust/abuse and emotional deprivation schema.

A further subtheme *Absence of a safety net – you can't trust what you don't get* has similarities to the previous subtheme. Emotional deprivation appears throughout the theme, but through the absence of safety, security, and guidance. Phil's description of his suicidality, and Jenny and Graham's home life, showed the absence of these experiences in both peers and caregivers. The deprivation of nurturance, companionship and warmth compromises the ability for secure attachments to develop and therefore for emotion regulation skills to flourish (Tatnell et al., 2017, Wallin, 2007), leaving no safety net for distress both in themselves and others. It seems relating to others becomes fear based and avoided to not be rejected, but then the participant becomes isolated to manage the distress alone.

This absence of connection seems to have an impact on the participants self-worth and can be said to resemble a defectiveness/shame schema. Graham asks, "what have I done?" and Maisie feels her internal world will "trouble other people". Unlike Young et al. (2003), Grawe (2007) suggests that self-esteem enhancement is one of the four basic needs in his consistency-theoretical model due to the evaluation of the persons worth having an impact on their ability to achieve goals from the other needs. Whilst it can be argued that Phil's self-esteem was so low it led to feelings of suicidality and therefore self-worth having a place as a basic need to keep him alive, Dahlitz and Roussouw (2014) suggest otherwise. The authors argue that self-esteem enhancement is not a basic need in its own right but that it instead emerges from the other needs being met or not, particularly as it is culture specific. The data seems to concur with Dahlitz and Roussouw (2014), the lack of attachment security seems to be reported as the impact on Phil's self-esteem, therefore unclear if self-esteem enhancement can truly be classed as a separate need. However, whether it is a separate, layered, or intersecting need, it is argued that self-esteem is an important psychological need that is a vital aspect to the participants survival.

The participants current experience shows an overwhelming internal world. A combination of conscious and unconscious influences impacting on the types and intensity of that emotion. The lack of labels for that emotion is indicative of the complexity with which they are faced to know what it truly is they are feeling. Being held within schemas, which are mostly unconscious, demonstrates the inaccessibility of these emotions as they are well guarded mysteries to maintain survival. Therefore, perhaps asking what their emotion is will not yield results. How this develops is discussed in the next GET.

The past is always present

This Grouped Experiential Theme holds a mirror to the first GET and the reflection is almost identical. This shows that experiences, interpretations, and beliefs often remain with the person shaping their identities and sense of self. This supports the widely held framework in psychotherapy that the past influences the present (Jacobs, 2006). The first subtheme *The legacy of adversity*, is consistent with the Adverse Childhood Experience (ACE) study discussed in the introduction (Felitti et al., 1998). This study revealed the more ACE's in a person's history was proportionate to the severity of mental and physical health consequences such as suicidality and cancer experienced later in life. The participants descriptions of their early experiences can be said to fall into ACE categories, neglect, abandonment, physical abuse, emotional abuse, homelessness, domestic violence and more.

The participants seemed to report three different ways of experiencing this that make up the subthemes; 1) *"I was the fucking victim" – when bad things happen,* 2) *"Spend more time with the god damn dog than me "- am I invisible,* and 3) *"Who else cares for her?" – prioritising others*. Consistent with the outcomes of the ACE study, Young et al. (2003) describe four ways that experiences develop schemas, firstly a toxic frustration of needs not being met, secondly traumatisation or victimisation, thirdly too much of a good thing, and finally selective internalisation or identification with significant others. Three of the four can be found within the participants transcripts, with 'too much of a good thing' absent which is discussed later. However, multiple domains and schemas seem to exist in each type of schema development leaving the participants with a multi-faceted way of viewing

themselves and the world. This needs to be navigated and potentially plays a role into this flawed sense of self.

"I was the fucking victim" – when bad things happen

It can be argued that four of the participants experienced adversities that can be said to be traumatising. Van der Kolk (2014) explains that "Trauma robs you of the feeling that you are in charge of yourself" (p. 203), this mirrors the current emotion experience in *The mind has a mind of it's own*; overwhelming, out of control, loss of the self feelings. The events in the participants worlds have catastrophically altered their view of themselves and the world. Young et al. (2003) explain that this type of adversity provides an environment for schemas such as mistrust/abuse to manifest. However, other types of schemas in different domains also seem to be present and closely tied within the experience. For example, the potential death of her mother that Jenny witnessed seemed to elicit a mistrust/abuse schema where others will cause harm, but also the abandonment/instability schema where others will not be able to continue providing love and care. For John and Jenny, the installation of fear instead of safety seemed to leave them both with an additional feeling of aloneness as there was no-one for them to help process with or hold the emotions of the traumatising experience. The people who were meant to provide this were the ones causing the harm, and therefore this emotional deprivation impacting further on their trust that others will provide it.

All of the schemas described fall into the disconnection and rejection domain which makes sense in terms of Grawe (2007) and Young et al.'s (2003) descriptions for attachments needs, yet other domains and schema development acquisitions seem present alongside. For example, with John and his description of the abuse from his grandmother, it seems he was taught that he was not allowed to be an authentic child, Young et al.'s (2003) needs of spontaneity and play, and freedom to express emotions not met. This has potentially led to a subjugation of his own needs and emotions as it was not acceptable to be a child (this is discussed further for John in *"Who else cares for her?" – prioritising other's needs).* Similarly, the subtheme sees both Pete and Maisie berating themselves for their perceived role in the trauma. Pete for not using his hyper-vigilance well enough, and Maisie for feeling that her

impulsivity of emotion caused the harm from others. Similar to *The power of emotions – the enemy within*, it seems that Maisie and Pete enter a 'punitive critic mode' in order to cope with the potential activation of the defectiveness/shame schema (Young et al., 2003) when talking about the traumatising event. Modes are further discussed in *Defending against the distress – how to avoid the pain.*

The neuropsychological field explains that when trauma happens investment is required in survival parts of the brain leaving the rational part restricted in development (Van der Kolk, 2014, Treisman, 2017). Therefore, the ability to learn new ways of viewing the self and others becomes limited. This potentially means that relying on the blueprints of the schemas has an even stronger potency, and whilst attachment needs seem to dominate perhaps more domains are activated to build multiple schemas to deal with multiple future events.

<u>"Spend more time with the god damn dog than me" – am I invisible?</u>

Young et al. (2003) suggest schemas are also acquired through a chronic absence of needs being met. It seems that the overall feeling for the participants could be interpreted that they were invisible, and potentially not existing in their parents' minds. This is most clearly seen in Graham's transcript where he felt chronically ignored from an early age and describes his self-confidence dissipating as a result. Further, both Jenny and Graham experienced an absence of love and care as these were directed elsewhere, for Jenny her father seemed focussed inwards and preferred alcohol, and Graham the preference was for his younger brother.

Attachment theory tells us that infants rely on their caregivers to meet their needs which creates a sense of safety and security with others and the self (Wallin, 2007). Winnicott (1986) describes the 'good enough mother' (and father) as one that adapts to the child's needs so that those needs are met. Consistent with this Gerhardt (2004) writes, "The baby is an interactive project not a self-powered one" (p. 18). She talks about the unfinished baby and the need for human input to help develop the self, but this depends more on mum and dad (or caregiver) than the child. This chronic frustration of needs not being met does not

seem to provide the environment for regulation skills to be learnt. Instead, the participants seem deprived in multiple ways.

Young et al. (2003) describe three different types of emotional deprivation, nurturance such as a lack of affection and warmth, empathy such as a lack of understanding, listening and shared feelings, and protection such as a lack of strength and guidance. It is argued that all three types can be found within this and other subthemes. This lack of attunement with caregivers seems to make the participants feel invisible, like they don't exist. If the participants felt they did not matter to their caregivers it is questioned how much they mattered to themselves. John recounts the neglect from his mother as if it is happening to someone else, with a striking absence of his own needs. With the three participants in this subtheme experiencing disconnection and rejection through absence, it is possible that they are absent to themselves. Young et al. (2003) explain a further acquisition of schemas can occur through selective internalisation, it is possible that the participants internalised not mattering to their caregivers and therefore do not matter to themselves either. Potentially leaving them in a position that their needs also do not matter.

<u>"Who else cares for her?" – prioritising others</u>

Young et al.'s (2003) selective internalisation can also be found here. This subtheme discusses the adversity of parentification as Jenny and John prioritise sister's and mum's needs respectively above their own. Here it is possible that Jenny and John took on their parent's thoughts and feelings that the parents needs are the priority, and that it is potentially their job to fill the gap of connection, consistency and love. Young et al. (2003) would suggest that this would fall into the other-directedness domain, being held in a subjugation schema where the person's own desires or feelings are not important to others. Importantly Young et al. (2003) reference substance use as highly likely here due to the build up of anger as needs are never being met by themselves or others.

Stern (2003) considers these patterns of relating through a slightly different lens; Representations of Interactions that have been Generalised (RIGS). Here Stern (2003) suggests that infants learn what is acceptable to others and act in accordance, learning about themselves in the process. Caregivers are the first 'others' this occurs with. Perhaps

for Jenny and John they learnt that their parents needs are priority and any expression of their own needs will be ignored. Therefore, prioritising others may elicit relational connection. Stern (2003) and Young et al.'s (2003) theories are similar in that it is the infants desire for attunement that teaches the child about how to relate to achieve this, and they both suggest that these patterns are enduring long after they are required. However, Stern (2003) focusses on the infant learning about the caregiver's version of acceptable behaviour whereas Young et al. (2003) considers whether basic psychological needs in various domains are met or not, yet both then examining the impact on the sense of self.

It is possible that prioritising others is the way the participants have learnt to survive, but that it also increases the chances for relational connection. This suggests that the need for connection and attachment may still be the underlying driver for the development of these ways of being.

Who am I now? – a flawed sense of self

The participants also reflected on the impact of these adversities on their sense of self which predominantly presented as defective. Importantly, John and Graham directly linked these adversities to their sense of self. Graham described how it "clinged" to him, yet this insight did not stop the pain of this flawed sense of self. Young et al. (2003) may suggest this is held in a defectiveness/shame schema which also falls into the disconnection and rejection unmet need domain. Young and Klosko (1994) describe the experience of this schema as:

"You feel that your defectiveness is *inside* you. It is not immediately observable. Rather, it is something in the essence of your being – you feel completely unworthy of love" (p. 210).

This description combined with insight not being enough for healing demonstrates how permeating this schema can be. Young et al. (2003) would suggest that further work such as limited reparenting in therapy may be required to work with the core pain. The authors explain that exposure of the flaw is feared as shame is often the associated feeling. This can be seen in this subtheme as the participants work hard to conceal their perceived defectiveness. For example, Maisie overcompensates for hers as if the perceived flaw is

accurate leaving the participants to live in ways to avoid exposure. As Young and Klosko (1994) suggest above, being unworthy of love the core pain that stops authentic connection.

Managing the emotions that the schemas hold is difficult, but when they intersect with multiple domains and schemas it becomes even harder. It is possible that this makes it even more problematic for the participants to know how they are feeling as they may be unsure what part of their past or present is being triggered. That's if they can suspend the idea that the problem lies within their defective selves.

It is of interest that 'too much of a good thing' is missing from this group's development as it is still not within Young et al.'s (2003) description of 'healthy adult mode' from the caregiver. Potentially this is where substances may come in, fulfilling a phantasy of being unconditionally loved by soothing distress. If this is accurate then Weegman and Khantizian's (2018) ideas of substances becoming an internalised object may be supported. It would make sense that if substances provide what is being desired then the attachment relationship would become strong, despite 'too much of a good thing' is described as a dysfunctional way of getting needs met (Young et al., 2003). This is discussed further in the following GET.

Coping with the present and past – emotion management strategies

When it comes to *Coping with the present and the past - Emotion management strategies*, the participants described a mix of strategies, each with their idiosyncratic meaning to the individual, yet all seem to be attempts to manage the core pain described previously.

Defending against the distress – how to avoid the pain

A significant area of emotion management that the participants described were internal methods that resemble psychodynamic defence mechanisms. To cope with the distress experienced from difficult and unpleasant experience, psychodynamic theory suggests that internal defences are created in order to not feel the core pain (Malan, 1979). In that way core pain is said to be held in "secret files" (p. 37, Stafford-Clark, 1965) away from conscious and everyday experience. Malan (1979) illustrates this in the 'triangle of conflict', an inverted triangle with 'defence' and 'anxiety' on the top two corners which are more

observable (but not always clear). The bottom point of the triangle is the hidden feeling and usually within the unconscious, diagrammatically illustrating that the defence and anxiety are a result of the hidden feeling but also serve to protect from the feeling. In this subtheme the participants described various 'defences' that originate from their past that continue to develop and become reinforced through their life experiences. Examples from the data include self-reliance where Pete and Maisie only trusted themselves to find strategies, 'bottling up of emotions' until they overspilled (Graham and Phil), pushing away emotions or 'suppression' (Graham and Maisie), rejection of emotion to not allow space for emotions to exist (Maisie), and 'masking' emotions (Maisie). Some even tracked their development as seen by Graham's expression of distress to suppression of vulnerability. Defence mechanisms, by their very nature need to be stoic to successfully protect the person from the core pain and are often disguised or unconscious to not be discovered. This means that people can be unaware of their defence mechanisms and the feelings underneath, making it difficult to consciously produce change. They are also left with the anxious part of the triangle (Malan, 1979) without the meaning of its presence which can feel confusing and conflicting. Having said this, the participants were able to name some of their defence mechanisms, which implies a possibility that there may be others that are operating without their conscious awareness. Further, the manifestation of the defence mechanism is influenced by many factors such as age it became necessary for survival (Treisman, 2017), and the parts that remain beneficial in defending against the core pain that intersect with the person's sense of self.

In schema theory (Young et al., 2003) these defence mechanisms may be considered schema modes. Modes are "the moment-to-moment emotional states and coping responses—adaptive and maladaptive—that we all experience" (p. 37, Young et al., 2003). There are four main types (but more sub-types), Child Mode, Maladaptive Coping Modes, Dysfunctional Parent Modes and the Healthy Adult. When a schema is activated, the mode that has been tried and tested to work best for survival in the moment will be utilised. For example, the self-reliance from Pete and Maisie may be interpreted as within the Maladaptive Coping Style of Detached Protector, isolating themselves from others to avoid the experience of being vulnerable, which is too painful to feel. These coping modes, such as 'punitive critic' can be seen in other subthemes as mentioned, demonstrating the layered

experience of being triggered and coping entangled with each other and often appearing at the same time. In terms of emotion regulation problems, this shows the complexity with which this group are faced with in accessing the emotions that drives the patterns in the current emotion experience and therefore the difficulty in applying emotion regulation skills to emotions that are undercover.

The pull towards substances

In line with Khantzian's (1985, 1999) self-medication hypothesis all the participants stated that they used substances to manage emotion. Khantzian suggests that the types of substances used are chosen specifically for their pharmacological action, such as relaxants to manage anxiety. As five of the six participants main problem substance was cannabis and one used alcohol, and all the participants discussed anxiety as their mental health problem, this data would support the self-medication hypothesis. Further the theme *Substances as an escape from the internal world* describes how the participants did not want to experience their internal worlds and using substances was a way to be in control of not having to experience it. This suggests a direct action towards managing emotions using substances rather than a passive result of drug use. On the other hand, for participants such as Graham and John the use was a last resort to manage emotion when other strategies failed, making this action more nuanced and complex as multiple driving forces come into fruition.

In slight contrast to Khantzian (1985), the theme *Meeting needs with substances* shows how the participants notice what services substances provide to them. Both Pete and Graham explain that using cannabis allows them to access parts of their minds that are too buried to access in any other way, such as being 'creative' (Pete) and 'concentration on enjoyable activities' (Graham). For John the service provided is to change the mindset and allow a shared experience with friends, this was specifically with MDMA, a drug that induces a feeling of connection to others. It can be argued that these two themes are intertwined, that escaping the internal world allows the current internal state not to dominate the mind, and therefore permitting access to these more enjoyable parts.

Khantzian (1985, 1999) has been criticised for the hypothesis being too simplistic (Lembke, 2012, Hall and Queener, 2007), that there is a more complex dynamic operating in people

than the theory suggests. Hall and Queener (2007) highlight that the hypothesis misses the importance of substance use at the "individual, subcultural and societal levels" (p. 156) rather than it being only an emotion regulation strategy. This study supports these criticisms. For example, anxiety was reported as a mental health problem for all participants, yet a deeper look such as in this discussion shows a multifaceted history that impacts the current internal experience.

Having said this, Khantzian (2016) and Weegman and Khantzian (2018) highlight that the hypothesis is not a simple right or wrong answer, with complexities that interlink with attachment theory and the development of emotion regulation in early years which this study also supports. As mentioned, Weegman and Khantzian (2018) suggest that substances become an emotion regulation strategy in the absence of a secure attachment where the individual becomes attached to the substance that is then able to provide up and down regulating of emotion, just as a 'good enough mother' (or father, Winnicott, 1986) would have given. As the substance then suggested to become an internalised object, the difficulty with stopping is then clear. Seeing substances in this parental replacement way was apparent in these subthemes as they did appear to provide emotion regulation opportunities that a connected parent would enrich, as well as 'providing too much of a good thing'.

To use or not to use? The conflict of using substances

Part of the participant's distress was entangled in the notion that substance use was at a cost to them. For John, he came to a painful realisation that cannabis was his go to emotion management strategy, rather than dealing with his emotions in a different way but sounded at a loss in the description. For both Jenny and Maisie, they found the drug effects undesirable, leaving them foggy, unable to use reflection to emotionally regulate, and practicing self-isolation to preserve relationships, yet the pull to manage the emotional overwhelm too strong to ignore. Young et al. (2003) would describe this as the coping mode 'detached self soother', allowing the substances to stop the pain by becoming detached from it. The next subtheme discusses the desire for connection which 'detached self-soother' does not allow, perhaps this is where the conflict lies with different coping parts

actually the ones in conflict. The ideas within each part hold rich information with the potential to access the underlying emotions that drive the conflict.

Connection – a panacea for distress

Throughout this research the experience of connection and disconnection influences how the participants sense of self develops, and as a result how they manage emotion. Whilst this is not new in the psychotherapeutic field (Jacobs, 2006), what is important here is the participants commentary on it. They describe how connection or, more often than not the desire for that connection, would be beneficial to their emotional wellbeing. This is most directly discussed by Graham about his mum yet can be seen with each participant. This supports both Grawe (2007) and Young et al.'s (2003) list of basic needs where they describe secure attachment as a requirement for good mental health. Attachment needs seem to dominate each theme in this study. When considering this through Grawe's (2007) motivational schemas theory, which suggests that individuals manage schemas through approach or avoidance tendencies or sometimes both, it becomes clearer why connection desire is so prevalent in the data. Ward and Plagnol (2019) use the example that to avoid feeling the core pain of unmet attachment needs, some may approach others to try and meet that need. However, this creates vulnerability as the potential for this need not being met again risks further rejection. As it is suggested that the participants in this study showed a prevalent unmet attachment need, this conflict may be in force for them revealing their desire for connection.

Implications for Counselling Psychologists and other mental health professionals

Taking Winnicott's (1986) advise and listening to the experience of young people, attachment needs seem to be the most prevalent challenges that this group face that also seem to influence all the other emotional needs. This attachment relationship (often caregiver) influences the development of the self, the relationship to self and other, and the framework for experiencing and managing emotion. Mearns and Cooper (2018) talk about the consequences of chronic relational disconnection and write:

“Relational disconnection seems to have the capacity to touch every corner of our lives: a dark grey cloud that can smother all sources of light.” (p. 19).

The authors suggest that as relational disconnection or misattuenment can be the source of the core pain experienced in distress, that the experience of working towards a change in this experience is through relational connection, such as through therapy. This aligns with the principles of Counselling Psychology where the relationship and subjective experience is prized (Division of Counselling Psychology, BPS, 2006). This demonstrates the need to prioritise relational theory into our research, thinking, and work with this group of young people.

More specifically, looking through the lens of schema theory (Young et al., 2003), this study shows that professionals working with young people who use substances and experience mental health problems need to think about the adversities that this group experience. Further, to consider potential unmet needs (Grawe, 2007, Young et al., 2003) that lead to patterns of relating to self and other that become acquired so that they can effectively formulate with the client in a way that isn’t going to overwhelm them further. Particularly as the therapy itself may be felt as threatening due to the development of a relationship in which empathy and shared experiences will be alien to them, which may take a long time. Additionally, the interaction of unmet needs and the impact on being able to identify and regulate emotions that perpetuate psychological defences, and the desire to avoid triggering the underlying emotions, is indicative of a longer-term therapy that will allow emotion experience and toleration.

Having said this, the potential for schemas (Young et al., 2003) or RIGS (Stern, 2003) to be triggered not only impacts psychologically it also influences the brain biologically with the activation of the stress response (fight/flight/freeze). Luyten, Malcorps and Fonagy (2021) reminds us that the adolescent brain is still developing. The stress system is one of the three systems the authors discuss and explain that allostasis (the ability to cope with ever changing circumstances) is still in development, reducing the ability to regulate manifesting in increased sensitivity to rejection and failure. Thinking about schema theory and biobehavioural systems together, there are some important considerations. Firstly, the avoidance of wanting to experience the core pain of rejection and disconnection may be understood differently, that adolescents may simply be overloaded with this phase of life

and their brains are struggling as they do not have the capability yet to manage this. Therefore, potentially the avoidance of rejection a more temporary problem than what schema theory would suggest, perhaps until the brain develops allostasis. Or for this homogenous group, they feel it more intensely due to development of the schema and the development of the brain intersecting influencing the capacity to manage the rejection and disconnection. Or the stress system is activated by the triggering of the already present schema, and this overloads the system as well as societal expectations. Schema theory (Young et al., 2003) would suggest that schema's do not simply just go away with development, but instead they and the ways of coping with those schemas need to be addressed. Further, it is suggested that the overloading of the stress system can occur through other means as well as societal expectations such as trauma and ongoing unpleasant experiences. For this participant group, it is remiss to only consider psychological theories when biological development has such an influence on their internal worlds. When working with biological development there is a risk that each person will be thought of as at the same stage of that development and how that stage influences the individual Zimmerman and Iwanski (2014). Therefore, to ignore individual differences in biology and psychology perpetuates the unmet need crisis in this participant group which leaves services in a quandary of how to help with this complexity.

As seen, there are multi-faceted elements to the psychology of this homogenous group, and services need to match this need else the poor outcome data will be further perpetuated. Counselling Psychology is well placed to support a more holistic approach such as advocating further towards relational work that allows the space for individual formulation. This will allow practitioners to identify and work with the actual needs of the young person rather than the assumed needs (i.e. emotion regulation problems or substance use separately).

Evaluation of the research: Strengths and limitations

To the author's knowledge, this study is the first of its kind to ask young people who take substances and experience mental health problems about their experiences of managing emotions. The interviews averaged an hour in length and all participants bravely talked

about their experience in depth. As a result, rich data was created demonstrating that changing the methodology can open up new understandings of a much-researched topic. Further, the issues highlighted and implications for mental health professionals are from the participants experiences directly. It also aligns with Counselling Psychology's principle of valuing subjective experience, which echoes the researcher's own (BPS, Division of Counselling Psychology, 2006). Additionally, IPA has provided a framework for Donald Winnicott's (1986) suggestion of truly listening to what young people have to say about their lives and shows that young people are invested in research that is concerned with improving our understanding of their experience and needs.

However, one of the problems with it being the first of its kind is that the research area and questions were too broad. The participants ability to engage in the topic meant that the areas within the data could be researched further, more specifically, and in more depth. Further, IPA explores experiences of a homogenous group, however, all participants in this study described themselves as White British. Psychological research has long been criticised for being eurocentric (Braun and Clarke, 2013), and this research potentially adds to the problems of a lack of diversity within the field. Both limitations are discussed further in the future directions section that follows.

A further strength of this research are the aspects that make it novel and original. To the researcher's knowledge, this is the first time this homogenous group have had their voice heard on the topic. It was clear from the participants that their mental health was the main topic they wanted to discuss when it came to their experience of managing emotion, rather than their substance use. The research also provided an in depth look at unmet emotional needs revealing a question about whether attachment is a fundamental psychological need that other needs are influenced from, or if all needs have an equal footing in mental health. This question can have an important impact on the literature as additional research, discussion and debate can analyse this further with far reaching implications for how each need is viewed.

One final limitation is that this research was designed pre covid but undertaken during the pandemic. The design at the start of the data collection had to change to conform to the university's covid guidelines and therefore interviews were conducted on the telephone. Whilst the participants feedback was that this made no difference to their disclosures, the

researcher was unable to see any non-verbal responses. It is therefore unclear if this would have made any difference to the shared interpretative space of IPA.

Directions for future research

In terms of future research due to the limitations within this study, researchers could ask more indepth questions regarding specific areas such as the experience of the conflict in *To use or not to use? The conflict of using substances.* Here there was opportunity to understand the experience further within this conflict that could increase knowledge in the field for clinical application. Further, the diversity issue within this study would benefit from being addressed as discussed. Efrati, Kolubinski, Marino, and Spada (2022) highlight the implications for Jewish adolescents in Israel when it comes to substance use that intersects with religious belief. Whilst this was not the purpose of the research it became apparent cultural and religious frameworks impacted on the use of substances and other behaviours. As the context, and in particular family culture, was a significant factor in participants experience of the development of the self, diverse participant pools will further our understanding of this important area.

The analysis and discussion of this study also provides a future direction in terms of Early Maladaptive Schemas (Young et al., 2003). Aaron (2013) and Shorey, Stuart, Anderson and Strong (2013) both report links between Early Maladaptive Schemas and substance use. Shorey et al. (2013) explored differences in Young's schemas pre and immediately post a four week substance use programme, in which there were daily opportunities to explore schemas through individual, group, couples and family work. The authors were surprised how quickly the schemas changed for the participants suggesting that schemas may be more malleable than originally indicated. However, by their own admission they did not complete any follow up tests to see if these changes were lasting, therefore their suggestion that schemas may not be enduring is currently speculation. Further, if it is found that schemas can move dynamically, such as less emotionally impactful immediately after schema work then return to or near baseline after some time without that work, substance use relapse may be important to investigate alongside. More recently, Efrati et al. (2022) asked 1948 Jewish adolescents (14-18 years old) about their experiences of Early

Maladaptive Schemas, substance use and other behaviours. Their results were consistent with Aaron (2013) and Shorey et al.'s (2013) findings, stating that Early Maladaptive Schemas are associated with substances use and other behaviours that are 'addictive'. The current study was able to apply schema theory to all Grouped Experiential Themes found within the analysis, therefore this and previous research would support further investigations, such as a trial in offering schema focussed work with this population. However, James (2001) warns practitioners that using schema therapy without adequate training or supervision is questionable due to the complexity of schemata, therefore an important requirement for practitioners should a trial take place. The importance of follow up is also emphasised.

Conclusion

The participants in this study direct us to listen to their current circumstances and their histories to understand how they manage emotions. Difficult emotions for this group are a complicated, multi-layered, conscious, and unconscious experience making them overwhelming. Further, management strategies appear akin to survival strategies and seem to be influenced through early attachment relationships, adversities, and the impact on needs being met in the participants histories. It is currently speculation that attachment needs form the basis of how other needs are met or not for this group and requires further investigation. However, if this is an accurate picture it provides a way of understanding how unmet needs influence the ability to manage emotions and how substances form a part of this interpretation. Whilst substance use was discussed as a regulation tool, it was not the most mentioned strategy and featured very little in the transcripts suggesting the participants mental health was their biggest concern. Therefore, including the young person's mental health, their emotional development, and their context may allow the gap of the unmet needs of this group to be more fully understood.

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Appendix A

Permission to recruit participants

From: HOWES, Julie (THE HARBOUR CENTRE (PLYMOUTH) LTD)
Sent: 16 December 2019 13:20
To: JAMES, Louisa (THE HARBOUR CENTRE (PLYMOUTH) LTD)
Subject: RE: Professional Doctorate in Counselling Psychology

Dear Louisa,

I am writing to give my permission for you to speak with the people who use our services within the Sharp Team and any other Harbour services. I understand that the information that you gather will be used within your research project being undertaken as part of the Professional Doctorate in Counselling Psychology course that you are enrolled on.
Please do not hesitate to contact me if you need anything else.
Kind regards
Julie Howes

Julie Howes
Chief Executive

julie.howes5@nhs.net
01752 434281

Harbour

Hyde Park House
Mutley
Plymouth
PL4 6LF

Appendix B

Participant Information Sheet

Participant Information Sheet

Managing distressing emotions in 16-18 year olds who take substances and experience mental health problems: An IPA study

About the research

You are invited to take part in research that forms part of my Doctorate in Counselling Psychology at the University of the West of England. I am interested in your experience of emotions and what happens with these in different circumstances. I have been working in young people's drug services for many years and want to make sure we have a better understanding of how emotions are experienced. Your descriptions of this will give me a deeper understanding of what emotions are like for you, how (if at all) your mental health and substance use plays a role, and if this differs depending on the circumstance you are in.

Who can take part in the study?

I am asking young people aged 18 and below, who experience both substance use and mental health to take part. You do not have to have a mental health diagnosis, you can decide if you have a mental health concern. If you are below the age of 16 we will ask your parent or guardian if it is ok for you to take part.

The decision to take part in the study is yours, you do not have to take part even if at first you said you'd like to. You also have the right to change your mind, even after we have spoken. However, there will be a point at which I can't remove your data such as when I am writing up what I have found. Therefore, I strongly advise that you contact me (details below) anytime up until a month after our meeting should you wish to withdraw consent.

How long will we meet for and where will it be?

I'd like to meet you for up to an hour. This is so that you have time to tell me what is important to you about the topic. Given the current Covid-19 government guidelines how we meet will either be telephone calls or video calls. It is up to you, but I will make sure how we meet feels ok for you.

How will my information be stored and used?

I will record our meetings on audiotape (voice only), I will write that up word for word and store this on the university's encrypted OneDrive. This is to ensure only I can access it. The audiotape will be deleted once I have transcribed it, I will remove identifying features in this process also.

I will think about what you have told me in detail, I will think about your descriptions and what this might mean for your experience. I will also look to find patterns across all of the young people's experiences who take part. I will write about these themes in my work and how they are important when working with young people who experience substance use and mental health. It is possible that I may use an anonymised quotation (all identifying features removed) in my research write up, at presentations or conferences.

Will people know it's me?

Your confidentiality is of paramount importance, I will take out any identifiable information you give meaning no-one will know what you have said. I will also give you a different name when writing up the themes in my research. The only circumstance when I may not be able to keep your information confidential is if you tell me you or someone else is at risk of significant harm. I will need to pass this on to the relevant person such as your worker or parent, if this happens, I will discuss this with you.

The benefits and potential feelings after taking part.

Taking part in this research is a chance for you to tell me what it is like to experience emotion in different circumstances. This can be helpful for you to share your past and current experiences, but it also may bring up thoughts and feelings that are difficult. Here is a list of help available to you, should this happen following the interview.

KOOTH: An online counselling service for young people. **www.kooth.com**

SHARP: Your SHARP worker will be aware that you are taking part in this study. We can arrange for you to meet with your worker following the meetings if you would find this helpful. Sometimes having a familiar person to be with can be supportive. **01752 434295**

CAMHS (Child and Adolescent Mental Health Services): Whilst they can't provide immediate support, here is information of how to contact them to make a referral: **01752 268011**

How do I consent?

If you are 16 or above, you can consent to taking part in the study. I will give you a consent form at the start of our first meeting. I will go through this with you, answer any questions you have, and then ask you to sign (or record consent if by telephone) if you are happy to continue.

If you are below 16 I will ask your parent or guardian if they are happy for you to take part, I will also provide them with some information about the study but make it clear I will not share your information with them. Whilst they will be able to read my finished research any identifiable features will be removed before this stage.

Contact details

For any questions please contact me: Louisa2.James@live.uwe.ac.uk.

My research supervisor is: Dr Tony Ward, Associate Professor of Health and Counselling Psychology, University of the West of England, Tony.Ward@uwe.ac.uk , 011732 83109

Ethics

This study has been reviewed and APPROVED by the University of the West of England's Research Ethics Committee. Any questions, comments or concerns about the ethical conduct of this study can be given to the Research Ethics Committee at the University of the West of England at:

Researchethics@uwe.ac.uk

Questions, concerns and complaints

If you have any of these you can ask me or my research supervisor, listed above. Please do not hesitate to contact either myself or Tony Ward in any of these circumstances.

Thank you for your interest in this study.

Appendix C

Consent Form

Consent Form

Managing distressing emotions in 16-18 year olds who take substances and experience mental health problems: An IPA study

Thank you for agreeing to take part in this research looking at the experience of emotions for young people with substance use and mental health issues. It is important to know there are no right or wrong answers and that I am interested in all your views and ideas on the topic.

If you are happy to take part in the research by talking about your experiences of emotions, please read/listen to the bullet points and sign/verbally consent whilst audiotaped.

- I have been given or had read to me the Participant Information Sheet prior to this consent form and have read it with the opportunity to ask any questions I may have.
- Any questions I had have been answered, and I am happy with those answers.
- I understand that I will be asked questions about my experience, but that I do not have to answer all or any of the questions asked.
- I agree that anonymised quotes may be used in the write up of the research study.
- I understand that I can withdraw my consent to take part in this research at any time, up until the point the data is anonymised, without giving a reason for my decision.
- I have been told that I can withdraw up to 1 month after the date of the last interview.
- If I am under 16, I agree for my parent or guardian to be asked to consent. I also understand that Louisa will not breach my confidentiality unless I give her information that I am putting myself or others at significant risk.
- I agree to take part.

Participant:

Signed: _____

Printed: _____

Date: _____

Parent/Guardian if participant is under 16 years of age:

Signed: _____

Printed: _____

Date: _____

Appendix D

Interview Schedule

Introduction

Hello, my name is Louisa. Thank you for taking part in my research. I will be asking you about your substance use, mental health and experience of emotions.

You do not have to answer any of the questions I ask, and please ask me to move onto the next question if there is one you do not want to talk about. You can leave the interview whenever you want, and can withdraw your participation from now up until 1 month time.

Do you have any questions before we start?

Questions

1) Can you tell me generally how you manage emotions and what happens when it's tricky?
2) Can you tell me about a recent time you felt intense or overwhelming emotion?
    - What was that like for you?/can you describe it?
    - What was the cause of feeling the emotion?
3) What did you do with that emotion?
    - How did you manage it?
    - When did it lessen in intensity?
4) Is there anything you do or rely on to manage difficult emotions?
    - Anything that makes it worse?
5) What happens to your emotions when you are around people, such as when you are with friends or when alone?
    - How about when in school/around teachers?
    - Different family members?
6) Are there situations/circumstances that changes this experience of intense emotion?
7) Would you like your experience of emotion to be different in any way?
8) Anything you'd like to add that we haven't talked about?

Appendix E

Extract of transcript with experiential themes and initial noting

Noted transcript extract from Participant 3 John

Experiential Statements	Original Transcript	Notes
P3.11: Other people intend to harm me. P3.11: Must identify potential danger. P3.11: Hypervigilance unmanageable and perpetuated the isolation. P3.11: Isolation as a method for coping with unmanageable feelings from the attack. P3.11: Isolation protects vulnerability, exposure and catastrophe. P3.11: Confidence stripped away from the attack. P3.11: Self-concept altered from the attack.	P3.11: Oh yeah, and oh yes. So I'll like be in town and then if I saw somebody on their phone that I knew **** (*redacted for confidentiality*) knew, my first instinct was that they're messaging **** (*redacted for confidentiality*) and telling him that I'm here. So like one of the worst kind of like the worst kind of like cases that like. That that you just. That's the worst like worst thing that can happen. But that's gonna happen and I genuinely used to think that would happen all the time like I was, so I was so so so sure of it. And that's why I I literally I never went out. I never went out because of how like how shook, how how shook up I was like. I like I'm not gonna lie I've been through some shit like I like I've I've seen some stuff, but that like, really, really knocked my confidence out like a lot more than like I like. It's obviously like but but yeah, that really did knock a lot of my confidence. I feel like. I feel like I would be different if that didn't happen to me, I'm not gonna lie. R3.12: Umm, do you know? Do you know in what way you feel like you'd be a bit different if that hadn't happened?	P3.11: Other peoples intentions are not trustworthy here, feeling that they are setting him up to be harmed again. John was convinced this was going to happen – that he would be harmed again. Watching out for what they are doing so he can identify potential danger. P3.11. Feels catastrophic as if on the verge of danger all the time. P3.11: This hypervigilance and guessing others intentions is what kept him isolated at home and safe from others. P3.11. Perhaps can't let others see him this vulnerable. P3.11: Has had other difficult experiences in the past (wonder what these were) but this stripped him of confidence. Feels like he'd be a different person if he had not been attacked. He seems to feel this attack was by far the worst experience of his life. P3.11 Feels traumatising.

P3.12: Self-concept impacted from abuse as a young child and recent traumatic events. P3.12: Longevity of being harmed and stress response as part of being human. P3.12: Detached from abuse. P3.12: All too much. P3.12: Why can't others treat me how I treat them.	P3.12: Well I don't know like. Well like, I already know I'm kind of like a, not trying to like beep my own horn or anything, but I like I already know that like I'm a nice person, I'm not not the type of person that's gonna go round looking for trouble or anything, but like, I don't know like with with all that I don't know like, I feel like that kind of like, 'cause I I don't fight. That's one thing I don't do I don't fight, I don't I don't like and I feel like if I wasn't to have get jumped, I might have a different mentality on that. Because I think, like if you've been brought up in a in a like an abusive household from like three or like from from from however you were born, like growing up and then like you've had all that abuse like for your entire life and then you've got that happen. I don't know, like it I could just, I don't know, it just seems a bit weird. Like I reckon if that wasn't to have happened and like more times when there's been like altercations with people right, and that like, 'cause like stuff like that just kind of like stinks like sticks with you dunnit it like sometimes it's just like a natural, um what's the word, umm just a natural thing like the flight or fight thing.	P3.12: John feels clear that he does not fight and is linking this to witnessing abuse from a young age. The abuse has informed him of how he feels about people being harmed. As a young child to start off being abused and then the attack to happen feels difficult for John to talk about. As if he feels there is a difficulty in experiencing all of this in life. P3.12: Possibly detached from the abuse as he seems to talk about it as if it happened to someone else, protecting himself from the pain? P3.12: "'cause like stuff like that just kind of …. sticks with you dunnit" acknowledging the longevity of being harmed. And the stress response as a natural part of being human. P3.12: Seems like he says he won't do others harm so why are they doing him harm, perhaps knowing he doesn't deserve that treatment? P3.12: The fight or flight sticking with him, does he mean anxiety is sticking with him and something he now has to manage as a result.

Appendix F

Example of experiential themes

Some of participant number 2 - Graham's initial placings and experiential theme ideas. These themes later turned into *The mind has a mind of it's own* subtheme when analysed with the other data sets.

Lack of control over internal experience
P2.123: Impossible to turn off the mind.
P2.3: Caught in a loop.
P2.3: Loop not controlled or by choice.
P2.30: Lack of control over mind.
P2.30: Mind taking over.
P2.33: Emotions can take over the mind.
P2.39: Lose, lose situation.
P2.100: The self separated from suppressed emotion.
P2.108: Brain can turn off.
P2.114: Brain overwhelmed.
P2.150: Tuning into emotion will be overwhelming.
P2.77: Multiple ways thoughts are experienced as overwhelming.
P2.114: Brain giving control to the subconscious through giving up.
P2.112: Subconscious taken over mind.
P2.112: Mind has the ability to push the self out.
P2.114: Self as lacking strength to not allow the subconscious to take over.
P2.114: Subconscious in control of managing emotions.
P2.10: Mind as separate to him.