

CLOSED OFF AND OPENING UP:
THE RELATIONAL EXPERIENCES OF TRANSITION-AGE YOUTH
LIVING WITH MENTAL HEALTH DIFFICULTIES

By

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ABSTRACT OF THE DISSERTATION

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Dissertation Director:

Cassandra Simmel

The transition to adulthood is a critical developmental period. For marginalized youth, it is a stage of life when inequalities may either be magnified or reduced. Positive interpersonal relationships are an essential component of health and well-being; yet young people living with mental health difficulties may experience multiple barriers to the formation and maintenance of healthy interpersonal relationships, including shame, stigma, symptom management, and structural oppression. This qualitative study explored the relational experiences of transition-age youth living with mental health difficulties.

Within the larger context of the Cornerstone study, an intervention providing peer support and boundary-spanning case management to youth living with mental illness, this study explored how these young people experience three distinct aspects of relationships

with others: trust, mutuality, and disconnection. Brief qualitative interviews focusing on relationships were conducted with 47 transition-age youth, ages 16-20, who were receiving services for a mood disorder, anxiety disorder, or thought disorder. In-depth interviews were conducted with 13 young women, ages 17-20, living with a mood disorder or an anxiety disorder, as well as the five service providers (social workers and peer mentors) employed in Cornerstone. This study was grounded in the theoretical framework of relational-cultural theory, emphasizing the role of relationships in young adult growth and development. It utilized multiple methods of data collection (brief interviews, limited group observations, and in-depth interviews with both youth and providers) as well as data analysis (thematic analysis and the Listening Guide).

Data analysis of the interviews with transition-age youth revealed that family continued to play a prominent role in the lives of young people living with mental health difficulties. For some, family was a source of support; for others, family relationships were characterized by lack of understanding or ongoing conflict. Thematic analysis indicated that these young people expressed both a desire for a trusted connection with a helping professional, as well as guardedness and wariness in these relationships. Experiences of mutuality in helping relationships were particularly valued by these youth. Relationships with peers were similarly valued by participants, and offered camaraderie, emotional support, practical assistance, and company for creative pursuits. Participants varied in the extent to which they felt comfortable being authentic and vulnerable with peers. Thematic analysis also found evidence of both growth-promoting relationships as well as the use of strategies of disconnection in peer relationships. The Listening Guide analysis of a single case revealed the use of multiple strategies employed to navigate a

landscape of unsatisfying relationships, including minimizing feelings, asserting feelings, seeking connection, and lashing out.

Findings from this study make a number of contributions to the literature on the relational experiences of transition-age youth living with mental illness. They provide evidence of the central relational paradox in young people's relationships with helping professionals, and reveal discrepancies in how some youth and some providers perceive the meaning of similarities and differences in a helping relationship.

Findings show that shared lived experience is meaningful in peer relationships as well as in helping relationships, and that supportive peer relationships make a significant contribution to recovery for transition-age youth. In this study, young women who described their peer relationships as mutually supportive were also likely to describe them as growth-promoting. Findings also reveal evidence of relational resilience among some participants with histories of maltreatment. The variations identified in approaches to peer relationships both support and build on existing research. Echoing the literature on stigma, some youth chose to limit their self-disclosure and relate to others using strategies of disconnection. However, others chose instead to embrace their vulnerability and represent themselves authentically with trusted peers.

Findings from this study suggest that social workers who work with transition-age youth would do well to emphasize relationships in treatment, be attuned to the impact of cultural messages and stereotypes, and address both similarities and differences between young people and themselves. Findings also suggest the importance of affirming youth agency in helping relationships and empowering young people to recognize the impact of structural oppression on the transition to adulthood.

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Chapter One: Introduction

Statement of Research Problem

The transition to adulthood is generally acknowledged by developmental researchers to be longer and more complicated now than it was even two generations ago (Arnett, 2000). The years between the late teens and mid-twenties have been characterized as a period of “semi-autonomy,” when a college student from a middle class background may enjoy legal independence, together with continued financial dependence on his/her parents (Osgood, Foster, & Courtney, 2010). However, young people from vulnerable backgrounds may experience considerably greater difficulty making a successful transition to adulthood (Institute of Medicine (IOM) and National Research Council (NRC), 2014). In the last decade, researchers have documented that youth who have been involved in public systems of care, including mental health, child welfare, and/or juvenile justice, experience tremendous difficulties navigating the uncertainty of this developmental stage (Osgood, Foster, Flanagan, & Ruth, 2005).

Like other system-involved youth, emerging adults with mental health difficulties encounter a rocky transition to adulthood (Gralinski-Bakker, Hauser, Billings, & Allen, 2005). Emotional and behavioral problems in adolescence may affect adolescents’ abilities to acquire developmentally significant interpersonal skills and experiences (Wolfe & Mash, 2006). Navigating issues of autonomy, identity, and relationships with others is fundamental to adolescent development (Munson, Floersch, & Townsend, 2009); yet, young people living with mental health difficulties may have fewer opportunities to develop interpersonal skills such as reciprocity, disclosure, negotiation, and intimacy (Gralinski-Bakker et al., 2005; Kranke, Floersch, Townsend, & Munson,

2010; Wolfe & Mash, 2006). This is concerning, as the research on social connections shows that perceived social isolation is a risk factor for both physical and mental health (Cacioppo & Patrick, 2008). Relational challenges in adolescence may well persist into adulthood, as the literature on adults living with mental health difficulties suggests that social isolation is a persistent problem for these individuals (Angell, 2003).

Clearly, relationships are vital for health, well-being, and human development (Jordan, Hartling, & Walker, 2004; Ware, Hopper, Tugenberg, Dickey, & Fisher, 2007). Yet very little is known about the ways that marginalized youth living with mental health difficulties experience interpersonal relationships. Many of these youth are also ethnic/racial minorities who have been involved in other public systems of care, in addition to the mental health system (Osgood et al., 2010). The literature suggests a number of reasons why these youth might encounter difficulties forming and sustaining reciprocal relationships with others, owing to the intersections of developmental stage, poverty, minority status and mental illness. Thus, the purpose of this study is to illuminate how youth living with mental illness experience their relationships with others. Within the larger context of the Cornerstone Research Project, a study examining the feasibility of the Cornerstone intervention, which provides peer support and boundary-spanning case management to youth living with mental illness, this study explored how these young people experience three distinct aspects of relationships with others: trust, mutuality, and disconnection.

Significance and Rationale for the Study

This study makes significant contributions to two distinct literature bases: the research on living with mental illness, often referred to as recovery, and the research on

the transition to adulthood for vulnerable youth, both of which have implications for social work research and practice with youth. The extended transition between adolescence and adulthood – sometimes referred to as emerging adulthood or young adulthood – has been identified as a critical developmental period that provides a window of opportunity to impact adult physical and emotional health and well being (IOM and NRC, 2014). Particularly for marginalized emerging adults who are less likely to experience a successful transition to adulthood, this stage of life represents a period when inequalities can be either magnified or reduced (IOM and NRC, 2014). The nexus of developmental stage, socioeconomic status, minority status and mental illness highlights the multiple vulnerabilities of marginalized youth, as well as the significance of this research for social work practice and policy. This research is sorely needed to help develop mental health services and psychosocial resources that meet the cultural and developmental needs of marginalized youth.

Mental health disorders are common among American adolescents and young adults, although nationally representative data on the psychiatric epidemiology of adolescents are scant and data are collected differently among people over and under 18 years of age. The National Comorbidity Survey – Adolescent Supplement (NCS-A) is a nationally representative survey of the mental health and substance use of U.S. adolescents. Over 10,000 adolescents ages 13-18 and their parents were surveyed between 2001 and 2004, using clinical diagnostic interviews and parent questionnaires (Kessler et al., 2012). Data from NCS-A reveal that nearly half the sample of adolescents (49.5%) met criteria for a DSM-IV disorder over the course of their lifetimes; slightly more than a fifth of the sample (22.2%) had disorders marked by severe distress and/or

impairment (Merikangas et al., 2010). Two-fifths of the sample (40.3%) met criteria for a mental disorder in the past 12 months (Kessler et al., 2012). The most common disorders were anxiety disorders (31.9% of the sample), followed by behavior disorders (19.1%), mood disorders (14.3%) and substance use disorders (11.4%) (Merikangas et al., 2010). Of those adolescents affected by a mental disorder, 39% met criteria for two or more disorders (Merikangas et al., 2010).

Another national survey collects data on depressive episodes among adolescents. The 2013 National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2014) found that 10.7% of U.S. adolescents ages 12-17 had at least one major depressive episode in the past year, an estimated 2.6 million adolescents. Comparable data on the 12-month prevalence for mood disorders (10.0%) was found in the NCS-A (Kessler et al., 2012). Mood disorders are more common among adolescent females than males (Merikangas et al., 2010), and the 2013 NSDUH found that 5.3% of adolescent males reported a major depressive episode in the past year, while 16.2% of adolescent females did, a significant increase for females in the past 4 years (SAMHSA, 2014). The majority of adult mental health difficulties begin in childhood or adolescence (Kessler et al., 2012; Pottick, Bilder, Vander Stoep, Warner, & Alvarez, 2008), indicating the significance of understanding and treating mental health difficulties at this stage of life. Data from the 2013 NSDUH estimate that 20.1% of young adults ages 18-25 had any mental illness (excluding substance use disorders) in the past year, and 4.8% had serious mental illness (SAMHSA, 2014).

Mental health difficulties are more likely to be found among young people raised in high-risk environments. A systematic review found that socioeconomically

disadvantaged children and adolescents were 2-3 times more likely to develop mental health problems than their socioeconomically advantaged peers (Reiss, 2013). Higher rates of mental health difficulties have been found for children and adolescents who were raised in food-insecure households (McLaughlin et al., 2012), exposed to community violence (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009) or had experienced child maltreatment (Cicchetti & Toth, 2005). For youth who have been involved in public systems of care, the rates of mood disorders are also higher than the general population (McMillen et al., 2005; Munson et al., 2012; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002).

Relationships with peers and intimate partners assume central importance for adolescents, but mental health problems pose difficulties for relationship formation and maintenance (Gralinski-Bakker et al., 2005). One study of adolescents who had “aged out” of the youth public mental health system found that 58% reported having problems with friends, 54% reported problems with family, and 42% reported issues in their romantic or sexual relationships (Delman & Jones, 2002). Adolescents and young adults with mental health difficulties often cite stigma as a barrier to forming close relationships with others; experiences of stigma may be even stronger for youth of color (Jivanjee, Kruzich, & Gordon, 2008; Kranke et al., 2010; Leavey, 2005; Munson et al., 2009). Adolescents with mental health difficulties may also struggle with integrating their mental illness into their developing sense of self (Munson et al., 2009) and with choosing how and to what extent to interact with peers (Kranke et al., 2010). In one study, transition-age youth living with a diagnosed mental illness reported losing important relationships with family and friends following their diagnosis (Leavey, 2005). Research

also suggests that these adolescents and young adults struggle with communication, reciprocity, intimacy, and other interpersonal skills (Gralinski-Bakker et al., 2005; Leavey, 2005). Studies of individuals with serious mental illness suggest that they report greater loneliness, lower self-worth, and lower satisfaction in relationships than the general population (Angell, 2003; Gralinski-Bakker et al., 2005).

This research suggests that the experience of being diagnosed with a mental illness is accompanied by considerable personal, emotional, and social costs for young people. Yet research on living with mental illness, as well as research on the transition to adulthood, has not yet explored in depth the relational experiences of marginalized youth. The present study makes a significant contribution to each of these bodies of literature.

Significance: Mental Health Recovery Literature

Traditionally, individuals living with mental illness have been described exclusively in terms of their symptoms and deficits, with no attention to their experiences, quality of life, or sense of personal agency (Topor, Borg, Di Girolamo, & Davidson, 2011). In contrast, the recovery model places its emphasis on wellness, rather than illness, and focuses on the extent to which individuals (generally adults) living with mental health difficulties have the opportunity to flourish (Repper & Carter, 2011; Topor et al., 2011; Ware et al., 2007). The term “recovery” is not meant to be synonymous with a “cure” from mental illness; rather, it suggests that a combination of internal and external factors can help individuals living with mental illness conceptualize and experience their illness as a single component of a multi-faceted sense of self (Jacobson & Greenley, 2001). Recovery as a concept may be more relevant for adults than adolescents, who may find themselves at various earlier stages in their journey of

learning to live with a mental illness and incorporate it into their self-concept (Kranke, Floersch, Kranke, & Munson, 2011; Leavey, 2005). Thus, while the literature on adults with mental illness utilizes the terminology of recovery, this study will refer to the 17- and 18-year olds participating in Cornerstone as “living with mental illness” rather than in recovery.

In the research on adults living with mental illness, recovery is understood to be a process that takes place in the context of social interactions with others – family members, friends, and helping professionals (Boydell, Gladstone, & Crawford, 2002; Stanhope & Solomon, 2008; Topor et al., 2011; Topor et al., 2006). Indeed, the ability to seek out and sustain relationships with others is crucial for people living with mental illness, particularly when those relationships allow an individual to be seen and known as unique and multi-faceted (Eriksen, Sundfør, Karlsson, Råholm, & Arman, 2012; Hauser & Allen, 2006; Topor et al., 2011). Connectedness, defined as “the construction and successful maintenance of reciprocal interpersonal relationships,” is recognized as a key dimension of recovery from mental illness (Ware et al., 2007). Dimensions of relationships that researchers have identified as important for recovery include the affirmation of personal dignity (Eriksen et al., 2012), reciprocity in relationships with peers and professionals (Boydell et al., 2002; Topor et al., 2011; Ware et al., 2007), and access to companionship as well as resources (Ware et al., 2007). Research has also highlighted the tensions that individuals living with mental health difficulties experience in their friendships (Boydell et al., 2002) as well as their relationships with mental health professionals (Eriksen, Arman, Davidson, Sundfør, & Karlsson, 2014).

This important research on the social dimensions of recovery is in its infancy, and contains several gaps to which this study makes a significant contribution. First of all, with a few significant exceptions (Gralinski-Bakker et al., 2005; Hauser & Allen, 2006; Jivanjee et al., 2008; Leavey, 2005), the literature on the social aspects of recovery focuses broadly on adults, without attention to specific developmental stages or aspects of the life course. For example, one study on social integration for individuals with psychiatric disabilities interviewed adults ranging in age from 20 to over 60 (Ware et al., 2007). Those researchers who have studied transition-age youth with mental health difficulties all highlight relational difficulties as a key dimension of a difficult transition to adulthood, one that warrants further study (Gralinski-Bakker et al., 2005; Jivanjee et al., 2008; Leavey, 2005). These studies specifically note the ways that mental illness poses developmental challenges for adolescents and young adults seeking to consolidate their identities and form meaningful relationships with others (Gilmer et al., 2012; Leavey, 2005; Munson et al., 2009). Research on young adults' use of mental health services also emphasizes the need for these services to meet the developmental needs of transition age youth, whose histories of system involvement and developmental stage often lead to competing needs for emotional support and independence (Munson et al., 2012; Munson & Lox, 2012). This proposed study contributes to the need for developmentally sensitive research on the relational experiences of marginalized youth, by exploring how these young people experience relationships in the context of recovery from mental illness.

One possible reason that research on the relational experiences of individuals receiving mental health services is still underdeveloped may be the challenges that

accompany efforts to study the intricacy of interpersonal relationships. Stanhope and Solomon (2008) note that the social interaction between a client and a provider involves a dynamic combination of behaviors and intersubjective experiences, which pose complex challenges for empirical research. Qualitative research is uniquely suited for studying this process, particularly longitudinal research that follows people over time and allows for the observation of relationships as they develop (Stanhope & Solomon, 2008). The unique design of this study also contributes to its significance, by combining brief and in-depth qualitative interviews with group observations that took place over the course of 16 months. Additionally, the situating of this dissertation within the larger Cornerstone study, a pilot intervention study taking place in an urban outpatient mental health clinic, provides needed research from a “real world” practice setting (Stanhope & Solomon, 2008). The importance of human relationships has been recognized as a core value in social work practice and an essential vehicle of change for improving the well-being of individuals, families, groups, organizations and communities (NASW, 2008).

Another significant contribution of this study is its scope in comparing relational experiences in several different kinds of relationships: those with peers, helping professionals, and family. Each of these individual relationship types have been identified in previous studies as valuable for recovery (Boydell et al., 2002; Topor et al., 2011), but none have compared the same individuals’ experience of these different relationships in a single study. This is also significant because with a few notable exceptions (Angell & Mahoney, 2007; Coatsworth-Puspoky, Forchuk, & Ward-Griffin, 2006; Eriksen et al., 2012; Nath, Alexander, & Solomon, 2012), few studies examining the relational aspects of mental health treatment have acknowledged or investigated the dimension of power in

these relationships. This is perhaps not surprising, as much contemporary social work research fails to acknowledge the omnipresence of power in all social relationships (Emirbayer & Williams, 2005). Yet, an exploration of the various intersections of power that affect the relationships of marginalized youth is crucial for understanding their interpersonal encounters. Recognizing power as situated in organized social relationships and central to identity is in keeping with critical feminist and relational approaches to social work (Pozzuto, Arnd-Caddigan, & Averett, 2009). This study also recognizes that an understanding of the interpersonal experiences of marginalized youth can never be considered apart from their social, political, and cultural contexts (Gralinski-Bakker et al., 2005; Stanhope & Solomon, 2008). Consequently, this study seeks to understand how marginalized youth experience trust, mutuality and disconnection in their peer, formal and informal helping relationships, while considering the role of power differentials in these relationships.

Findings from this dissertation have the potential to contribute knowledge regarding the role of relationships during this critical stage of transition to adulthood. A recent study that utilized focus groups with youth living with mental illness reported a request by youth for group therapy that focuses on relationship issues, including violence, abuse, and healthy relationship skills (Gilmer et al., 2012). Given the literature on the pervasiveness of social isolation for adults with serious mental illness (Angell, 2003), the study can provide important information on ways to foster connectedness among marginalized youth. In addition to helping develop interventions for young people already struggling with mental health difficulties, knowledge regarding the relational experiences of these youth can inform prevention programs that focus on relational skill

development and mental health promotion among adolescents. Programs that value the abilities of young people and seek to strengthen their relationships with peers, family members, and community are an essential component of a strengths-based approach to prevention and healthy development for all young people (Wolfe & Mash, 2006).

Significance: The Transition to Adulthood for Vulnerable Populations

The luxury of an extended transition to adulthood is rarely afforded to young people who have been involved in public systems of care (Munson, Lee, Miller, Cole, & Nedelcu, 2013). In the past decade, researchers have observed similarities among various populations of adolescents who experience a difficult transition to adulthood (Osgood et al., 2010). These diverse populations include youth who have encountered the juvenile justice system, the mental health system, special education services, and the child welfare system, among others. Although their difficulties are heterogeneous and vary in nature and severity, these young people share a number of challenges as well as poor outcomes in many domains.

In each of these groups, males, youth of color, and youth from low-income families are overrepresented (Osgood et al., 2010). Depending on the particular state, youth who have received services from various public systems of care may struggle with the abrupt termination of services designed for children and youth once they turn 18, based on an outdated conception of independence that fails to recognize the lengthened and complex transition to adulthood (Osgood et al., 2005). In contrast to the extended, supported transition to adulthood enjoyed by emerging adults from middle-class families (Arnett, 2000), these system youth are frequently subjected to an abrupt and unsupported immersion into adult roles and responsibilities (Munson et al., 2013). The families of

many system-involved youth may be unable to provide them with adequate material and/or emotional support during the transition (Osgood et al., 2010). Urban adolescents who live in high-risk environments characterized by high levels of poverty, violence and substance abuse may be at heightened risk for depression compared to other adolescents (Dashiff, DiMicco, Myers, & Sheppard, 2009; Lindsey, Joe, & Nebbitt, 2010). A meta-analysis found correlations between youth exposure to community violence and negative mental health symptoms, including post-traumatic stress disorder and externalizing symptoms (Fowler et al., 2009). Additionally, the effect of growing up in disadvantaged neighborhoods has negative physical and psychological implications for adolescents (Brenner, Zimmerman, Bauermeister, & Caldwell, 2013). Finally, service providers who encounter transition-age youth in services designed for adults may not be trained in the unique developmental needs of this age group (Osgood et al., 2005). As a result of these vulnerabilities and the failures of the system to address their unique needs, youth from vulnerable backgrounds are less likely to experience success in the domains of education, employment, and financial stability (Osgood et al., 2010).

More specifically, research suggests an “unsupported transition” to adulthood for youth living with mental health difficulties, owing to a combination of stigma, changes in eligibility for services, and lack of developmentally-appropriate support services for both youth and their families (Jivanjee & Kruzich, 2011). Munson and colleagues found that changes in perceived need, developmental desires for independence, concerns about stigma, and mistrust of service providers all played a part in discontinuities in mental health service utilization among transition-age youth (Munson et al., 2012). Discontinuities in services contribute to inconsistent psychiatric symptom management,

among other difficulties, and may be one of many reasons that youth with mental illness tend to fare worse than their peers on a host of outcomes, including education, employment, housing and incarceration, among others (Jivanjee & Kruzich, 2011; Munson et al., 2012; Pottick et al., 2008). These difficulties are compounded for marginalized youth: youth growing up in poverty and youth who have been involved in public systems of care are at increased risk for poor mental health (Osgood et al., 2010; Reiss, 2013) and youth from racial/ethnic minorities face additional stigma and barriers to accessing quality mental health services (Jivanjee & Kruzich, 2011).

In spite of these dire outcomes, there is remarkably little literature on youth living with mental illness that features the voices and experiences of youth themselves. In general, the research on transition-age youth from disadvantaged backgrounds pales in comparison to research that has been conducted with college students; for this reason, young adults who do not attend college have been labeled “The Forgotten Half” (Osgood et al., 2010). In the effort to correct this imbalance, the first decade of research on the transition to adulthood has focused on detailing the negative outcomes for which youth from vulnerable backgrounds are at greater risk (Osgood et al., 2005). While outcomes such as enrollment in higher education or number of hours worked per week are important empirical measures of a “successful” transition to adulthood, relatively little attention has focused on the social and emotional experiences of the youth themselves (Jivanjee & Kruzich, 2011).

Although harder to measure, meaningful interpersonal relationships are an essential dimension of successful employment, fulfilling family relationships, and other important markers of adult life (Gralinski-Bakker et al., 2005). One study found links

between the social capital and cultural capital of transition-age youth and their experiences of employment (Vorhies, Davis, Frounfelker, & Kaiser, 2012). Indeed, supportive relationships are a well-established protective factor for system-involved youth (Hauser & Allen, 2006); however, the simultaneous development of autonomy and interpersonal relationships that is crucial for this life stage may be more difficult for youth from disadvantaged backgrounds (Osgood et al., 2010; Osgood et al., 2005). Research with youth who have experienced multiple relational violations suggests that they may especially wary in relating to others, based on their history (Sparks, 2004). Studies of children who have been maltreated suggest that they are at greater risk for psychosocial difficulties, including psychiatric symptoms, difficulties with emotional regulation, difficulties processing social information, and impaired peer relations (Cecil, Viding, Barker, Guiney, & McCrory, 2014; Cicchetti & Toth, 2005; Dvir, Ford, Hill, & Frazier, 2014). Another study with urban, ethnic-minority youth found that experiences of betrayal and distrust were pervasive in relationships with peers (Way, Gingold, Rotenberg, & Kuriakose, 2005). There is a clear gap in the literature on the first-hand relational experiences of marginalized youth, and the wishes, fears, and previous experiences they bring to interpersonal encounters (Jivanjee & Kruzich, 2011; Munson, Brown, Spencer, Edguer, & Tracy, 2015). In addition, there is a need for research to illuminate the relationships youth with mental illness have with formal supports, as well as informal sources of support and companionship.

In order to address the difficulties these young people experience in the transition to adulthood, the need is twofold: institutions need to provide more culturally- and developmentally-appropriate services, and youth need to collaborate with supportive

adults to develop the skills and resources they need to become healthy adults (Osgood et al., 2005). To that end, this study has the potential to inform both developmental literature on social and emotional development among young adults, as well as the ways that youth relate to both professionals and paraprofessionals in the context of Cornerstone, an innovative mental health service intervention.

Research Questions

In order to narrow the focus of a topic as potentially broad as interpersonal relationships, this study focused on three aspects of relationships as they are experienced by marginalized youth living with mood and anxiety disorders: trust, mutuality, and disconnection. These concepts are informed by relational-cultural theory, and recognize the complexity involved in forming and sustaining meaningful relationships with others. In order to illuminate the role of power in these relationships, this study explored the nature of young people's relationships with family, peers, and helping professionals. Informed by relational cultural theory, this study sought to answer the following three research questions:

1. How do marginalized transition-age youth living with mental health difficulties experience trust in relationships with others?
2. How do these youth experience mutuality/reciprocity in relationships with others?
3. How do these youth navigate disconnection in relationships with others?

Plan of the Dissertation

The next chapter (Chapter 2) outlines the theoretical framework that informs this study, relational-cultural theory. Chapter 3 provides a review of the literature on vulnerable populations and the transition to adulthood, as well as the research

demonstrating the importance of connectedness for living well with a diagnosis of mental illness. It also identifies the existing gaps in the literature that this study seeks to fill.

Then, this chapter highlights research that addresses each of this study's three research questions on trust, mutuality, and disconnection in relationships. Chapter 4 reviews the study's methods, participants, data collection, and approaches to data analysis, and includes a chart illustrating how each of these methods were used to answer the study's research questions. Chapter 4 also discusses the strategies for rigor used in this dissertation as well as ethical issues.

Chapters 5-9 present the findings from this dissertation. For ease of presentation, findings are presented by method, starting with the brief qualitative interviews and then moving onto the in-depth interviews. Chapter 5 covers the findings from the social network maps and brief qualitative interviews. Chapter 6 discusses the findings from the in-depth interviews related to participants' relationships with their families. Chapter 7 presents findings from the in-depth interviews with youth and staff participants about the relationships young people form with helping professionals. Chapter 8 presents the findings from the in-depth interviews on young people's relationships with friends and significant others. Chapter 9 presents the findings from the Listening Guide analysis of interviews with one youth participant. In each of these chapters, observations from group sessions are included wherever relevant. Chapter 10 concludes the dissertation with a discussion, summarizing the findings, integrating findings into the existing literature, and reflecting on the study's limitations, implications for practice, and future directions for research. Chapter 11 contains appendices of interview questions and the I-me poem used in the Listening Guide analysis. Chapter 12 includes the study's references.

Chapter Two: Theoretical Framework

Introduction and Plan for the Chapter

This chapter focuses on psychological theories of social and emotional development, emphasizing the contributions of relational-cultural theory that serve as the theoretical foundation for this dissertation study. The framework of intersectionality will also be highlighted in order to consider how multiple dimensions of power and identity, including race, ethnicity, gender, and social class, intersect in the context of interpersonal encounters. In each section, the significance of trust, mutuality, and disconnection will be emphasized from the perspective of specific theoretical orientations.

Theories of Relationship

Psychodynamic theories of behavior focus on the origins of basic motivations, drawing on past and present experiences as well as personality factors (Berzoff, Flanagan, & Hertz, 2011). Unconscious needs to both connect with and separate from others inform human development from infancy onwards (Verhaeghe, 2014). Development takes place in the context of social relationships across the life span; while some theorists emphasize the movement towards autonomy and independence as the primary goal of maturity, others emphasize relationship formation and interdependence as the main developmental goals. Most contemporary theorists consider the dichotomy to be a false one grounded in sex stereotypes, and recognize both autonomy and connection as important elements of mature human functioning (Berzoff, 2011; Mahoney, 1996; Verhaeghe, 2014). One study of the friendship experiences of adults living with mental illness found evidence of both the need for connection to others as well as a need for separateness (Boydell et al., 2002). The tension between dependence and independence is

present in all human relationships, although the meaning and experience of dependency varies depending on a person's age, developmental stage, family, and cultural background (Longhofer, Kubek, & Floersch, 2010).

Erikson's Developmental Theory

Both independence and dependence assume heightened significance during the transition to adulthood. This study's focus on older adolescents at the precipice of young adulthood suggests the relevance of psychological theories of development for explaining the relational experiences of transition age youth. One of the first theorists to reflect on the developmental significance of this stage of life was Erik Erikson, whose theory of psychosocial development identified specific psychological and social tasks that he associated with each developmental stage (Erikson, 1980/1959). According to Erikson, the first task for infants is the development of a sense of basic trust. A secure, loving relationship with a caregiver is essential for infants to develop basic trust, a premise shared with attachment theory (Berzoff, 2011; Erikson, 1980/1959). Subsequent developmental stages focus on the achievement of autonomy, initiative, industry, identity development and ultimately intimacy in young adulthood (Erikson, 1980/1959). Erikson (1980) conceptualized development in a stepwise, linear fashion and theorized that the resolution of each stage's crisis was a necessary precondition for the healthy advancement to the subsequent stage of development. According to this theory, a strong sense of personal identity is considered a necessary prerequisite for intimacy with another person.

Erikson developed his theory in the middle of the 20th century using heterosexual men as the template for universal human development; thus, many of his assumptions

about the order in which people navigate developmental tasks are no longer assumed to have universal applicability (Berzoff, 2011). While Erikson's theory has been criticized for its assumptions of linearity and preference for Western, masculinist values of independence and autonomy, this theory has continued relevance for understanding adolescent development in specific historical and sociocultural contexts. From an Eriksonian perspective, the ability to trust others is a capacity established in infancy. Consistent, sensitive parenting, according to Erikson, "forms the basis in the child for a sense of identity which will later combine a sense of being 'all right,' of being oneself, and of becoming what other people trust one will become" (Erikson, 1980/1959, p. 65). However, infants reared by parents who are unable to provide consistent and/or sensitive parenting (due to various psychological or socioeconomic factors) are more likely to emerge from the first year of life with a sense of basic mistrust in themselves, others, and the world at large (Erikson, 1980/1959). Given the associations between child maltreatment and child and adolescent mental illness (Cicchetti & Toth, 2005), as well as the higher rates of adolescent psychopathology among adolescents growing up in poverty (Reiss, 2013), it is quite conceivable that young people born into families and environments characterized by unpredictability would have difficulties with basic trust. As adolescents, one might expect marginalized youth to be navigating issues of identity development in the context of stigma around mental illness, racism, and limited economic opportunities in the larger community. In addition, some existing studies on adolescents living with mental illness have confirmed the challenges these adolescents encounter in integrating an illness identity into one's sense of self (Leavey, 2005; Munson et al., 2009). The feminist critique of Erikson argues that relationships are as important as

separation throughout the life cycle, but that gender socialization and sex stereotypes lead boys and girls to differentially value separation and connection with others (Berzoff, 2011; Gilligan, 1982). Indeed, Erikson's theory does not explicate the significance of mutuality or disconnection for relationships, focusing instead on the increasing separation and individuation associated with initiative, industry, and identity formation (Gilligan, 1982). Noting the absence of relationships in Erikson's conceptualization of development, Carol Gilligan (1982) writes,

“Only the initial stage of trust versus mistrust suggests the type of mutuality that Erikson means by intimacy... The rest is separateness, with the result that development itself comes to be identified with separation, and attachments appear to be developmental impediments, as is repeatedly the case in the assessment of women.” (Gilligan, 1982, pp. 12-13)

Erikson's theory also assumes that women's identity development is delayed, compared to men's, and that women establish meaningful identities only in their roles as wives and mothers (Berzoff, 2011; Gilligan, 1982; Taylor, Gilligan, & Sullivan, 1995).

Erikson's stages of psychosocial development (or “Stages of Man” as he referred to them) have been expanded in recent years to account for the sociological reality of an extended transition to adulthood for some young people in industrialized nations (Arnett, 2000). As young adults delay marriage and parenthood and spend greater amounts of time pursuing post-secondary education and employment, the period between ages 18 and 25 can be considered a new developmental stage that is neither adolescent nor fully adult (Arnett, 2006). Emerging adulthood is considered a state of semi-autonomy that is characterized by identity exploration, instability in work and relationships, an optimistic attitude towards future possibilities, and a tendency for young people to focus on themselves rather than on obligations towards others (Arnett, 2006). According to this

theory, emerging adults living with mental illness would be focused on their own personal identity and future possibilities. However, research on ethnic minority young adults and system-involved youth suggests that they do not have the luxury of a moratorium on social obligations and adult responsibilities (Fuligni, 2007; Munson et al., 2013).

Traditional developmental theories have been criticized for minimizing the role of relationships in favor of autonomous self-exploration. A separate strand of psychological theories has highlighted the role of relationships throughout the life course, emphasizing the intersubjective nature of the self (Bretherton & Munholland, 2008). Relational theories emphasize the importance of relationships for psychological health and well-being (Pozzuto et al., 2009; Spencer, 2006). Beginning with Harry Stack Sullivan, relational psychoanalysts have conceptualized interpersonal relationships as the context for the development of a sense of self and difficulties in interpersonal relationships are thus the source of most mental disorder (Greenberg & Mitchell, 1983; Yalom & Leszcz, 2005). More recently, neuroscientific research has supported the argument that humans are “wired to connect,” emphasizing a physiological basis for interdependence and the health benefits of positive interpersonal relationships (Bretherton & Munholland, 2008; Fishbane, 2011). Indeed, while individuals vary in the degree they define themselves as relational (Brabeck & Brabeck, 2006), the need to belong appears to be a fundamental human motivation, one that requires frequent, pleasant interactions with at least a few others in a context of a relationship characterized by mutual concern and persistent caring (Baumeister & Leary, 1995). Two distinct theoretical traditions highlight the meaning

and significance of relationships for growth and development: attachment theory and relational-cultural theory.

Attachment Theory

Attachment theory, developed by John Bowlby and Mary Ainsworth, proposes that the need for children to develop an attachment to their caregivers is a built-in mechanism for survival (Bowlby, 1982). Attachment theory conceptualizes the mother-infant dyad as providing a unique sense of security for an infant, especially in periods of emergency or vulnerability (Ainsworth, 1985; Bowlby, 1982). Beginning in infancy, children seek relief from distress through their caregivers; sensitive parental responses to their dependency needs generate feelings of security, while poorly attuned responses lead to feelings of insecurity and additional distress. Children internalize the ways their caregivers relate to their dependency needs, and their adaptive responses to their parenting experiences become established as a secure or insecure attachment style by the end of the first year of life (Ainsworth, 1985). These patterns of attachment were first documented by Ainsworth and her colleagues, who noted that young children's responses to a temporary separation from their mothers tended to fall into one of three categories, which they labeled Pattern A, Pattern B and Pattern C (Ainsworth, 1985). The mothers of babies labeled "Pattern A" tended to be rejecting, angry, and hostile towards their children; the infants responded by ignoring or avoiding the mother upon reunion after a separation, an attachment style labeled "anxious/avoidant." Mothers of "Pattern C" babies demonstrated inconsistent parenting responses, sometimes ignoring their children's bids for contact and other times being overly intrusive. These children displayed an "anxious/ambivalent" attachment style, expressing high levels of distress

following a separation, and then seeking contact from the mother following reunion but with difficulty being soothed. Mothers of “Pattern B” infants demonstrated consistently sensitive responses to their infants’ bids for contact; these children displayed a secure attachment style characterized by a willingness to explore, distress following separation, and the ability to be comforted by her return (Ainsworth, 1985). The parent’s pattern of responding to children’s needs – whether accessible, inconsistent, or rejecting – becomes internalized over time as an internal working model of attachment (Bowlby, 1982; Shilkret & Shilkret, 2011). Even for insecurely-attached children, the internal working model reflects the child’s organized strategies and defenses to adapt to an inconsistently available parent (George, 1996). In cases where a parent is not just rejecting or inconsistent but abusive, children may fail to develop any organized attachment pattern, since the parent is simultaneously a source of protection and a source of danger (George, 1996; Hesse & Main, 2000). In these cases, children may display a disorganized/disoriented attachment pattern, reflecting the incoherence of the internal working model and the experience of fright without solution (Hesse & Main, 2000). Children’s internal working models provide a lasting template, outside of consciousness, for beliefs about the worthiness of the self, the availability of caregivers to provide protection and care, and expectations about the behavior of others in close relationships (Bretherton & Munholland, 2008; George, 1996).

These internal working models persist into adulthood and can be assessed in adults as well as children. Adult attachment styles are formally assessed through a rigorous interview, which focuses on the degree of narrative coherence, plausibility, and emotional expressivity in the adolescent or adult’s description of significant relationships

(George, 1996; Shilkret & Shilkret, 2011). As adolescents develop and form significant relationships of their own, their adult attachment styles correspond with their attachment styles as infants between 70% and 80% of the time; a similarly high correspondence is found between the adult attachment styles of mothers and the attachment patterns of their infant children (Shilkret & Shilkret, 2011).

Attachment theory is an important theory for understanding an individual's patterns of relating to important others. The theory suggests that parental patterns of responding to infants unconsciously determine children's experiences of themselves in relationships as well as their expectations for how important others will relate to them in interpersonal encounters. It links an individual's willingness to trust others to his/her earliest relationship with a caregiver. Attachment theory also emphasizes mutuality in the parent-child relationship, acknowledging that parents and children influence each other in patterns that may later replicate themselves in relationships with spouses or other significant individuals. The emphasis on attuned parenting also highlights early experiences of disconnection in relationship, as a caregiver's persistent failure to respond in an empathic fashion forms the basis for the child's pattern of insecure attachment. A majority of infants who have been maltreated display a disorganized/disoriented attachment style, indicating an inability to maintain a functional or developmentally appropriate relationship with a parent (Hesse & Main, 2000).

At the same time, attachment theory also has a number of limitations, which make it less applicable for this study. Like Erikson's theory, attachment theory reflects the influence of post-WWII maternalist and pronatalist norms. In its idealization of a perennially-available mother, the theory valorizes White, middle-class, Western

parenting values (Krane, Davies, Carlton, & Mulcahy, 2010). Additionally, its exclusive emphasis on the mother-child dyad (and in particular the biological representations of this dyad in the infant's brain) does not account for the various social, cultural, and economic factors that can influence attachment. Indeed, while attachment appears to be a universal pattern and few gender differences have been found, cultures vary in the ratio of avoidant to ambivalent attachments, depending on the extent to which a culture values independence or interdependence (Shilkret & Shilkret, 2011). Finally, attachment is conceptualized as an innate, unconscious process that can only be identified by trained observers (such as a therapist or a researcher). Given that this study focuses on how youth construct and describe their own relational experiences in their own words, an assessment tool that requires an outside expert to interpret is ill-suited for this particular project. Additionally, attachment is conceptualized as a variable that evolves over time as children develop (Lewis, Feiring, & Rosenthal, 2000). Research on adolescent attachment also recognizes that attachment relationships (with parents or significant others) are distinct from relationships with peers that provide companionship and social support (Baumeister & Leary, 1995; Rosenthal & Kobak, 2010). However, the research on attachment styles suggest that paying attention to how adolescents talk about their relationships, in terms of the coherence of their narratives and the extent of emotion expressed, can provide insight into their attachment styles and histories (Shilkret & Shilkret, 2011).

Relational-Cultural Theory

Relational-cultural theory, originally called "self-in-relation theory," was developed by theorists at the Stone Center to challenge traditional theories of

psychological development that emphasized separation, individuation, and autonomy as the hallmarks of emotional maturity (Miller, 1986). Instead, relational-cultural theory posits that it is the desire for connection, rather than separation, which motivates growth and development (Jordan et al., 2004). Healthy relationships – those that are authentic, respectful, and mutually empathic – are theorized to foster growth through five experiential components, what Jean Baker Miller referred to as the “five good things”: greater zest or vitality; empowerment, or an increased ability to act; clarity in understanding of self and other; greater self-worth; and a greater motivation for connection with others outside of the relationship (Jordan, 2009).

Relational-cultural theory conceptualizes relationships as dynamic processes, acknowledging that relationships grounded in respect are not free from conflict. Walker (2004a) observes that “connection provides safety from contempt and humiliation; however, it does not promise comfort” (p.9). Rather, “connection involves the respectful negotiation of difference that facilitates growth and the emergence of something new” (Walker, 2004, p. 9). Relationships are conceptualized as moving into and out of connection and disconnection over time (Miller & Stiver, 1997). In this theory, “disconnection” refers to any relational experience that is not mutually empathic and mutually empowering; obviously, disconnections occur frequently in all relationships and can range from a minor feeling of being out of touch to a major experience of violation (Miller & Stiver, 1997). Disconnections are inherent to relationships and occur “when people fail each other empathically, do not understand, or let each other down in a myriad of ways” (Jordan, 2001, p. 95). Addressing and resolving disconnections can strengthen relationships, while chronic disconnection is understood as a significant source of human

suffering (Jordan, 2001). In order for relationships to facilitate growth, individuals must feel able to represent themselves authentically, meaning that they feel comfortable representing their thoughts, feelings and experiences “with increasing truth and fullness” to the other (Miller & Stiver, 1997, p. 54). Disconnection can lead to strengthened reconnection if people are able to make their thoughts and feelings known, and the other is able to hear and respond with resonance (Miller & Stiver, 1997).

Chronic disconnections describe relationships, characterized by power imbalances, in which the person with less power feels unable to represent her experience and be heard by the person with greater power. This kind of disconnection in families can range from lack of mutual engagement in relationships (such as relationships characterized by inaccessibility, secrecy, or parentification) to relational violations, including abuse. Chronic experiences of nonmutual relationships can lead people (especially children) to assume they are at fault for these nonmutual relationships and can lead to a painful state of psychological isolation (sometimes called “condemned isolation”), in which people feel locked out of the possibility of human connection (Miller & Stiver, 1997).

Early experiences in relationships, both mutual and nonmutual, fuel the development of relational images. Relational images refer to internalized patterns of relational experience, based on past personal experiences. These relational images also inform a person’s expectations and fears for future relationships and how she expects other to treat her (Miller & Stiver, 1997).

This concept of relational images is similar to self-stigma in modified labelling theory (Kranke et al., 2010; Link & Phelan, 2014) or the internalized other in object relations

theory (Greenberg & Mitchell, 1983). Chronic disconnections lead to negative relational images, but these can be reworked in a supportive therapeutic relationship in which discrepant relational images can be identified to challenge the dominant ones (Jordan, 2009). In this theory, resilience is understood less in terms of individual traits (such as locus of control or access to social support) but rather as a relational concept that recognizes that relationships must support the vulnerability inherent in asking for help (Jordan, 2004).

Despite the universal need for human connection, people who have experienced betrayal or abuse in their relationships often seek to avoid further experiences of rejection (Sparks, 2004).

For people who have experienced a chronic absence of safety and respect in their relationships, disconnection may become a permanent survival strategy (Walker, 2004). Jordan (2004) describes how this manifests in the absence of supported vulnerability: “An openness to being affected is essential to intimacy and a growth-enhancing relationship; without it, people relate inauthentically, adopting roles and coming from distanced and protected places” (p.33). In response to feelings of shame or humiliation, people may respond with strategies of disconnection including moving away (separating and withdrawing), moving against (using anger and aggression to have “power over” another) or moving toward, by seeking to please and appease others (Hartling, Rosen, Walker, & Jordan, 2004; Miller & Stiver, 1997). While these reactions can be understood as survival strategies, these strategies of disconnection have the effect of furthering disconnection and isolation, as people feel the only way they can be in

relationship with others is by keeping important parts of themselves out of relationship (Comstock et al., 2008; Hartling et al., 2004).

The tension between the desire to be in relationship and the fear of experiencing further shame or rejection in relationship is referred to as the central relational paradox. The paradox reflects a person's efforts to stay in connection while keeping parts of herself out of connection, thereby precluding the possibility for growth (Miller & Stiver, 1997). The central relational paradox has been documented in studies with foster care alumni (Goodkind, Schelbe, & Shook, 2011; Kools, 1999; Samuels & Pryce, 2008), young women in a juvenile detention facility (Sparks, 2004) and low-income mothers with histories of abuse (Burton, Cherlin, Winn, Estacion, & Holder-Taylor, 2009). However, this pattern has not to date been investigated specifically with marginalized youth living with mental illness, despite their ongoing needs for relationships with health professionals as well as peers, and their reported difficulties in relationships with others (Gilmer et al., 2012; Jivanjee et al., 2008; Leavey, 2005). Given this gap in the literature, one of this study's main research questions asks how these young people experience and respond to disconnection in their important relationships.

Although relational-cultural theory was originally formulated based on the therapeutic relationships of adult White women and their White therapists, it has been expanded to acknowledge the ways that cultural stereotypes and oppression are internalized and enacted in interpersonal relationships (Jordan et al., 2004; Pozzuto et al., 2009). The internalized oppression experienced by marginalized groups (Simon, 1994) can also contribute to shame, inauthentic relationships, and condemned isolation. Destructive cultural stereotypes, or "controlling images" (Collins, 2000), in a society

characterized by dominant-subordinate racial relations, can preclude the possibility for genuine connection (Walker, 2004b).

Therefore, relational-cultural theory provides the major theoretical framework for this study, by emphasizing the significance and the fragility of relationships, as well as the role of trust, mutuality, and disconnection in relationships. Both trust and mutuality are recognized as essential aspects of growth-fostering relationships. Mutuality refers to an openness by both parties in a relationship to being affected by the other person; it does not imply egalitarianism or negation of power differences (Miller & Stiver, 1997). Additionally, this theory highlights the ongoing impact of past relational violations on present encounters, suggesting that experiences of chronic disconnection and/or relational violations impact a person's ability to engage in new relationships. Relational-cultural theory suggests that people who have experienced multiple relational violations in the past may be especially guarded against trusting unknown others in new relationships (Burton et al., 2009; Miller & Stiver, 1997; Sparks, 2004). Given the research on lifetime prevalence of trauma among service recipients in the public mental health system (Cusack, Grubaugh, Knapp, & Frueh, 2006) and the links between child maltreatment and adolescent mental health (Cecil et al., 2014; Cicchetti & Toth, 2005; Dvir et al., 2014), it is reasonable to investigate the utilization of strategies of disconnection among marginalized youth living with mental illness. The combined impact of impoverished environments, system involvement, exposure to interpersonal and/or community violence, and current mental health symptoms suggest that the concept of relational violations is relevant for understanding the experiences of these young people (Cecil et al., 2014; Kulkarni, 2009; Munson & Lox, 2012). This theory also recognizes that

disconnections are inherent and inevitable in any relationship; approaches to resolving disconnection can either strengthen or weaken beliefs and feelings about a given relationship as well as future ones.

Given its origin in conceptualizing relationships between therapists and clients, relational-cultural theory has primarily been applied to therapeutic or mentoring relationships. Research utilizing relational-cultural theory has elucidated important attributes of successful mentoring relationships (Liang, Spencer, Brogan, & Corral, 2008; Munson, Smalling, Spencer, Scott, & Tracy, 2010; Spencer, 2006); the difficulties of adolescent relational development in the context of interpersonal violence (Kulkarni, 2009); and the challenges of conducting a girls' group in a juvenile detention facility (Sparks, 2004). This study seeks to expand the application of relational-cultural theory to understand the relational experiences of transition-age youth receiving services at an urban outpatient mental health clinic.

Intersectionality

The patterns of dominant and subordinate social groups, first described by Jean Baker Miller, can be further understood using the lens of intersectionality, which recognizes that social categories always interact to create unique constellations of privilege and/or marginalization for individuals and groups of people (Crenshaw, 1991). An intersectional perspective acknowledges that various dimensions of identity – including race, ethnicity, gender, and social class, among others – intersect to shape a person's unique experiences of privilege and marginalization (Crenshaw, 1991). This perspective is also particularly well-suited to studying relationship formation in the context of mental health treatment, where helping relationships are inherently imbalanced

in terms of power (Angell & Mahoney, 2007), as well as possible other differences in identity and experience. A young person's interpersonal experience at an urban mental health clinic could well be influenced by multiple dimensions of identity, including gender, race/ethnicity, social class, and diagnosis. For example, both ethno-racial socialization (Lindsey et al., 2010) and social class (Holman, 2014) can influence the extent to which a person is willing to engage with a mental health professional.

Research has already demonstrated that the social context in which a young person comes of age shapes their experiences of emerging adulthood (Munson et al., 2013; Syed & Mitchell, 2013). It stands to reason, then, that the extent to which transition-age youth are willing to trust peers, mentors and service providers; the meaning and significance of mutuality or reciprocity within each of those relationships; and the experiences of disconnections in each of these relationships could be linked to the social context of these relationships. Relationships are recognized to play a central role in recovery from mental illness (Eriksen et al., 2014; Topor et al., 2006); this study explored how young people navigate the tension between autonomy and connection in the context of recovery, developmental transition, and social disadvantage.

Chapter Summary

This chapter discussed several of the major theories of social and emotional development that have informed this study, including Erikson's theory of development, attachment theory, relational-cultural theory, and the perspective of intersectionality.

Chapter Three: Literature Review

Introduction and Plan for the Chapter

Research from several different disciplines informs this study. This literature review will first review the research on vulnerable populations and their uncertain transition to adulthood. Then, I will review in greater depth the research that has been conducted exploring the impact of mental illness specifically on the transition to adulthood. Next, I discuss the growing body of research that has identified the importance of social relationships for living with mental illness. After describing this research, I will then highlight the three dimensions of social relationships that are the focus of this study: trust, and the factors that are relevant for relationship engagement and formation; mutuality, and the role of reciprocity in both formal and informal relationships; and disconnection, or factors that can function as impediments to both forming and sustaining relationships.

Vulnerable Populations and the Transition to Adulthood

A successful transition to adulthood often refers to the achievement of adult roles in the family and workplace. These have traditionally been measured using specific outcomes, including the establishment of residential independence, the achievement of full-time employment, the pursuit of vocational training and/or higher education, and the formation and maintenance of stable intimate relationships (Osgood et al., 2005). Managing adult responsibilities successfully also involves the successful navigation of specific tasks, including finding and maintaining affordable housing, maintaining good physical and mental health, and avoiding high-risk behaviors and involvement with the criminal justice system (Osgood et al., 2005). While these measures do not account for

the impact of racism or pervasive unemployment on an individual's life chances, these outcomes are considered to provide a measure of a young person's experience in making a smooth or difficult transition to adulthood.

Several groups of young people have been identified in the research literature as experiencing a particularly vulnerable and uncertain transition to adulthood. These young adults have experienced economic, cultural, social, and political marginalization as a result of the social forces of poverty, violence, trauma, discrimination, and disenfranchisement (IOM and NRC, 2014). One group of marginalized adolescents and young adults are former "system youth," who include young people who have "aged out" of the foster care system; adolescents in the juvenile justice system; runaway and homeless youth; adolescents who received special education services; adolescents with physical disabilities or chronic health conditions; and adolescents with mental health difficulties, including serious mental disorders (Osgood et al., 2005). In each of these groups, males, youth of color, and youth from low-income families are overrepresented. These young people are less likely to experience successful outcomes in education, employment, and housing stability, and more likely to experience early pregnancy and involvement with the criminal justice system (Osgood et al., 2010). Despite their heterogeneity of experiences, their histories of involvement in public systems of care suggest that they approach the transition to adulthood with greater structural barriers than most adolescents. They must often accomplish additional tasks (such as finding housing, taking medication regularly, and navigating stigma), while contending with possible skill deficits and the lack of financial and/or emotional support from their families of origin (Osgood et al., 2005). As well, the seemingly abrupt termination from services designed

for children and an unsupported transition to services designed for adults forces many of these young people abruptly into adult independence without having any opportunities to practice it (Osgood et al., 2005). In spite of limited options and access to resources, many of these young people find ways to demonstrate “bounded agency” in having a voice and mediating their environments (Munford & Sanders, 2015). Still, the transition to adulthood experienced by marginalized youth is a far cry from the “semi-autonomy” experienced by college students who live in dormitories, but continue to rely on the financial and emotional support of their parents (Osgood et al., 2010).

A small body of research has begun to explore the nature of the transition to adulthood for adolescents who have been diagnosed with a mental illness. Mental health disorders are common among American adolescents and young adults. The National Comorbidity Survey – Adolescent Supplement (NCS-A) found that nearly half the sample of over 10,000 American adolescents (49.5%) between the ages of 13 and 18 met criteria for a DSM-IV mental disorder over the course of their lifetimes; slightly more than a fifth of the sample (22.2%) had disorders marked by severe distress and/or impairment (Merikangas et al., 2010). Forty percent of the sample met criteria for a mental health disorder or substance use disorder in the past 12 months (Kessler et al., 2012). The most common disorders were anxiety disorders (31.9% of the sample), followed by behavior disorders (19.1%), mood disorders (14.3%) and substance use disorders (11.4%) (Merikangas et al., 2010). Of those adolescents affected by a disorder, 39% met criteria for two or more disorders (Merikangas et al., 2010). The majority of adult mental health difficulties begin in childhood or adolescence (Kessler et al., 2012; Pottick et al., 2008), indicating the significance of understanding and treating mental

health difficulties at this stage of life. Data from the 2013 NSDUH estimate that one-fifth of young adults ages 18-25 had any mental illness (excluding substance use disorders) in the past year, and approximately 4% had serious mental illness (SAMHSA, 2014).

Young women living with emotional difficulties face unique challenges, owing to the intersections of stigma, sexism, racism, poverty, and other forms of disability (Jonikas, Laris, & Cook, 2003; Mizock & Russinova, 2015; Whiffen & Demidenko, 2006). Both mood disorders and anxiety disorders are prevalent among young women (Merikangas et al., 2010; Travis, 2006). A number of different explanations have been offered for the higher rates of depression in girls and women, including higher rates of physical and sexual victimization, lower status, and relationship-oriented definitions of selfhood (Travis, 2006; Whiffen & Demidenko, 2006). In particular, girls and women seeking help for symptoms of mental illness may encounter stereotypes and a medical model that pathologizes their experiences and minimizes the impact of social inequality on their symptoms (Jonikas et al., 2003; Mizock & Kaschak, 2015). Depression in girls has been linked to poverty, interpersonal violence and relational strain in relationships with families and dating partners (Jonikas et al., 2003; Whiffen & Demidenko, 2006). A study of depressed women found that women who experienced inequality in their intimate relationships tended to silence themselves (Jack, 1991). The emotional investment of girls and women in their close relationships can be understood as both a strength and a source of risk (Reynolds & Repetti, 2006; Travis, 2006); while some theorists claim that women are inherently more relational, others argue that women's supposedly greater relationality is a social construction linked to Victorian ideals of femininity (Brabeck & Brabeck, 2006). Relationships with peers can function as both a

source of support and a source of stress (Reynolds & Repetti, 2006), but young women with serious emotional disturbance may have fewer friends and acquaintances, shorter durations of friendships, and report being less attached to close friends (Jonikas et al., 2003). Jonikas et al. (2003) note that there is a need for more research about the self-identified needs of young women living with emotional difficulties.

Mental health difficulties are more likely to be found among young people raised in high-risk, socioeconomically disadvantaged environments (Reiss, 2013). Higher rates of mental health difficulties have been found for children and adolescents who were raised in food-insecure households (McLaughlin et al., 2012), victims of maltreatment (Cicchetti & Toth, 2005) or exposed to community violence (Fowler et al., 2009). For youth who have been involved in public systems of care, the rates of mood disorders are also higher than the general population (Munson et al., 2012). These young people are at risk for a more difficult transition to adulthood in part because the abilities needed to navigate the transition are often impaired in young adults with mental health difficulties (Vander Stoep et al., 2000).

The need to manage the symptoms associated with a mental health diagnosis in adolescence and young adulthood complicates the efforts to pursue both greater autonomy and greater connectedness during this stage of life (Wolfe & Mash, 2006). Relationships in adolescence assume central importance, as they provide the context for identity development, as well as the opportunity to practice interpersonal skills of reciprocity, disclosure, emotional closeness, negotiation, and intimacy (Wolfe & Mash, 2006). Longitudinal studies of adolescents with mental health difficulties demonstrate that social and interpersonal difficulties figure prominently during the transition to

adulthood (Gralinski-Bakker et al., 2005). Studies of adolescents with serious emotional disturbance (a designation utilized in the public school and mental health systems) have found them to have poorer social skills, lower academic achievement, fewer employment opportunities, less financial independence, and more limited interpersonal relationships as young adults (Armstrong, Dedrick, & Greenbaum, 2003; Vander Stoep et al., 2000). The smaller social support networks and challenges experienced by these youth can lead to additional stress and difficulty in their efforts to establish financial and residential independence from their families (Armstrong et al., 2003). Studies of adolescents who struggled with depression have reported difficulties with communication, problems establishing and sustaining intimate relationships, and a need for social support in young adulthood (Gralinski-Bakker et al., 2005). Some research suggests that youth living with emotional difficulties reported family relationships that were distant and lacking in emotional support (Jonikas et al., 2003). One study of adolescents who had “aged out” of the youth public mental health system found that 58% reported having problems with friends, 54% reported problems with family and 42% reported issues in their romantic or sexual relationships (Delman & Jones, 2002).

As a complement to larger quantitative studies, a small number of qualitative studies have sought to explore how adolescents and transition-age youth themselves experience living with a diagnosis of mental disorder. Leavey (2005) interviewed 13 Canadian young adults ages 17-23 about their experiences living with mental illness. Their narratives about living with mental illness were characterized by multiple forms of loss following their diagnosis: loss of identity, loss of independence, loss of key relationships with family members and friends, and loss of academic functioning

(Leavey, 2005). These young people also described how their experience of being diagnosed with a mental illness interrupted both their development of intimate relationships, as they felt too vulnerable to pursue them, and their career development. Recovery for these young people was facilitated by the acquisition of new skills and coping strategies, learning to distinguish between one's illness and oneself, and re-establishing a social identity with the support of family, community, and health professionals (Leavey, 2005). This study highlights a number of developmental tasks for adolescents and young adults that are interrupted by the onset of mental illness: the development of identity; the pursuit of academic and career success; and the establishment of meaningful peer and intimate relationships. Leavey's (2005) study also highlights the role of stigma in contributing to social losses, and the value youth attributed to the creation and maintenance of positive relationships as an inherent part of their own recovery.

These themes – the challenges posed by stigma to identity development and social relationships for adolescents and young adults – recur in subsequent qualitative research. Jivanjee and colleagues (2008) conducted 12 focus groups with 59 youth living with mental illness (ages 17-24) and their parents in the northwest U.S. to discuss challenges around community integration. Their focus groups revealed that stigma functions as a barrier to self-disclosure in peer relationships, but that peer support and mentoring can help these youth feel connected to others and overcome the shame associated with a diagnosis of a mental health disorder (Jivanjee & Kruzich, 2011; Jivanjee et al., 2008; Jivanjee, Kruzich, & Gordon, 2009). The young adults in their study also acknowledged that the symptoms of their mental illness did affect their functioning and made them

vulnerable to stress; however, peer role models were identified as both a source of hope and an opportunity for youth to use their experiences to help others (Jivanjee & Kruzich, 2011; Jivanjee et al., 2008).

The challenges presented by stigma to identity development and relationship formation were also highlighted in a study of adolescents in the Midwestern U.S. who had received a DSM-IV diagnosis and were prescribed psychotropic medication (Kranke et al., 2010). Receiving a diagnosis of mental illness in adolescence contributes additional complexity to the development of identity, need for increased self-regulation, desire for autonomy, and heightened emphasis on relationships that accompany adolescence (Munson et al., 2009). Both receiving a diagnosis and being prescribed medication can be a source of stigma for adolescents, which can precipitate feelings of shame and lead to limitations in social interaction as a result (Kranke et al., 2010). Limitations in social interaction existed on a continuum for these adolescents, who evaluated the trustworthiness of their peers to determine the relative safety of disclosing information regarding their diagnosis and medication (Kranke et al., 2010). The sensitivity to stigma may be particularly acute among adolescents from racial and ethnic minority backgrounds (Munson et al., 2009). Indeed, each of these impacts of navigating adolescence with a mental health difficulty is influenced by the intersections of gender, ethnicity, sexual minority status and socioeconomic status (Mizock & Russinova, 2015; Wolfe & Mash, 2006).

The social impact of being diagnosed with a mental health disorder can extend into the realm of employment as well as interpersonal relationships (Leavey, 2005; Osgood et al., 2010). One recent study utilized Bourdieu's concepts of social capital and

cultural capital to examine the employment experiences of youth from the Midwestern U.S. who were living with mental illness. This study compared those who had been consistently employed with those who had been inconsistently employed and those who had little or no employment experience (Vorhies et al., 2012). In this study, social capital was defined as the non-financial resources and support gained from interpersonal relationships, and cultural capital was defined as the culturally-appropriate knowledge and beliefs gained through social interaction (Vorhies et al., 2012). Focus groups suggested that youth who had been consistently employed demonstrated more sophisticated competencies in terms of managing relationships at work and navigating workplace culture. These youth also emphasized the value of their workplace relationships and their desire for reciprocity in their important support relationships with others. In contrast, youth with little or no employment experience struggled with both the ability to manage their symptoms in a work environment as well as the interpersonal competence for appropriate workplace behavior (Vorhies et al., 2012). These studies point to the importance of understanding the relational experiences of youth living with mental health difficulties during the transition to adulthood.

Connectedness and Recovery

The literature cited above suggests that social losses are a significant concern for young people who are diagnosed with mental illness. It stands to reason, then, that social relationships should also be a significant element of the process of learning to live with mental illness. Indeed, extensive research suggests a strong link between social relationships and both physical and mental health (Holt-Lunstad, Smith, & Layton, 2010; Umberson & Montez, 2010), but surprisingly little research has been conducted on the

role of social relationships for individuals learning to live with mental health difficulties (Tew et al., 2012). This section will review the existing literature on the link between social relationships and the process of learning to live with mental illness, generally referred to in the literature as recovery.

The recovery model of mental health seeks to move beyond the medical management of symptoms to focus on the quality of life and personal meanings experienced by an individual living with mental health difficulties (Corrigan & Phelan, 2004). This model recognizes that subjective measures of recovery, such as feelings of hope and confidence, may be as meaningful as more objective measures, such as reduction in psychiatric symptoms (Corrigan & Phelan, 2004). Included in the discourse of recovery is an emphasis on social integration for people living with mental health difficulties (Ware et al., 2007). Social integration is defined as the process through which people living with mental health difficulties develop and exercise capabilities for connectedness and citizenship (Ware et al., 2007). Connectedness is defined as “the construction and successful maintenance of reciprocal interpersonal relationships,” which are a source of companionship as well as resources (Ware et al., 2007).

Research supports the argument that positive, supportive relationships enhance recovery for adults living with mental illness (Tew et al., 2012). In their study on social relationships and recovery, Corrigan and Phelan (2004) found that adults living with mental illness who reported larger and/or more satisfactory support networks also rated themselves more highly on subjective measures of recovery. They also found positive correlations between the numbers of friends and health professionals identified in a person’s support network and endorsement of certain measures of subjective recovery

(Corrigan & Phelan, 2004). Similarly, the young adults interviewed by Leavey (2005) identified the creation and maintenance of new, positive relationships with peers as key to their recovery. These studies recognize that the process of learning to live with mental health difficulties is as much a social process as it is an individual one (Mezzina et al., 2006; Tew et al., 2012; Topor et al., 2011). Relational skills were also evident in a study of resilience among young adults who had experienced psychiatric hospitalizations as adolescents. Hauser and Allen (2006) found that participants who manifested resilience as young adults demonstrated a stronger relational orientation than their peers who had also been hospitalized but were not as highly functioning in young adulthood. Resilient young adults were characterized by their sense of personal agency, their ability to reflect on their own and others' thoughts and feelings, and their ability to actively seek out and sustain relationships with others (Hauser & Allen, 2006).

In their systematic review of the social factors that enable or impede recovery, Tew et al. (2012) categorized three broad areas in which social relationships have been identified as central to learning to live with mental illness. The first is in terms of empowerment and enhancement of personal control, particularly in the relationships provided among peers in mutual support and consumer advocacy groups. The second refers to ways that people work to rebuild social identities in the context of oppression and discrimination, in terms of stigma around mental health as well as racial prejudice and gender stereotypes. The authors note that remarkably little research has been conducted in this area and that more is sorely needed (Tew et al., 2012). The third area of unique relevance for social relationships is connectedness, which includes both interpersonal relationships as they are experienced over time, and social capital and social

inclusion, referring to active citizenship, a sense of belonging in society, and the resources gained through interpersonal relationships (Tew et al., 2012). In each of these areas, it is apparent that the reconstruction of personal identity that constitutes recovery takes place in the context of social relationships (Mezzina et al., 2006; Topor et al., 2011).

The interpersonal relationships that have been studied in relation to recovery include relationships with friends, family members, and helping professionals (Topor et al., 2011; Topor et al., 2006). Interpersonal relationships can facilitate recovery when a person maintains a supportive relationship over time, or goes above and beyond the ordinary expectations of his/her role (Mezzina et al., 2006). At the same time, relationships that are unsupportive, hostile, or intrusive can be a source of stress, worsening health and promoting social withdrawal (Tew et al., 2012; Umberson & Montez, 2010). Family members are important sources of support, hope, and resources for individuals living with mental illness, particularly in their ability to affirm that their family member is more than the sum of his/her symptoms (Topor et al., 2011; Topor et al., 2006). Unfortunately for transition-age youth, relatives are often excluded from the treatment process once a young person turns 18, despite the fact that transition-age youth and their families need ongoing support navigating the transition to adulthood (Jivanjee & Kruzich, 2011).

Beyond quantitative measures of social support or community integration, relatively few studies have specifically explored the friendship experiences of individuals living with mental health difficulties (Boydell et al., 2002). Boydell and colleagues (2002) conducted 21 qualitative interviews in a large Canadian city with people living

with mental illness on the meaning of friendship. Their interviews revealed the ways that friendship and illness impacted each other: friendships were described as immensely valuable, but also vulnerable to rejection, stigma, symptom flare-ups, and threats to social status and self-esteem posed by unemployment and poverty (Boydell et al., 2002).

Similar to the participants in Angell's (2003) study, the participants in this study described both advantages and disadvantages of friendships with other consumers: while they appreciated the opportunity to both offer and receive support and understanding in terms of living with mental illness and participating in mental health services, they also expressed a longing for more "normal" and less stigmatized relationships (Boydell et al., 2002; Topor et al., 2011). The pervasiveness of stigma and the difficulties of managing relationships while symptomatic made relationships a risky and difficult prospect (Angell, 2003; Boydell et al., 2002). Boydell et al. (2002) observed conflicting needs for connection and separateness in their participants, whereby symptoms exacerbated a desire for withdrawal, but the ability to seek out and maintain friendships enhanced participants' sense of wellbeing. Friendships were also valued for their reciprocity, by allowing individuals to give as well as receive in their relationships (Boydell et al., 2002).

Reciprocity is as significant in relationships with helping professionals as it is in relationships with peers (Topor et al., 2011). In Eriksen et al.'s (2012) phenomenological interviews with regular users of community mental health services in Norway, the importance of being recognized as an individual with dignity was a recurring theme. The relationship with a helping professional is an important context for recovery, and one in which vulnerable individuals can see their dignity either affirmed or minimized (Eriksen et al., 2014; Eriksen et al., 2012). Similar to the participants in Boydell et al.'s (2002)

study, these participants described feelings of shame and guilt associated with being unemployed, and experienced their illness as a barrier that prevented them from feeling like “ordinary people” (Eriksen et al., 2012). They also emphasized the importance of reciprocity in relationships and appreciated when helping professionals participated fully in their relationships with service users. Despite their desire for connectedness, these service users struggled with self-disclosure and carefully evaluated professionals on their trustworthiness, given the risks of rejection in self-disclosure and feelings of loneliness that resulted from feeling not understood by others (Eriksen et al., 2012). The degrees of connectedness with professionals ranged along a continuum, from maintaining detachment when they felt misunderstood by or disconnected from the professional; being cautious, when connections were experienced as limited and conditional; and being open, trusting, and able to speak freely in the relationship (Eriksen et al., 2014). This research helps illuminate the risks involved when individuals living with mental health difficulties try to decide whom they can trust and what information about themselves they can share with others. Those participants who described having limited connectedness with their helping professionals struggled to make sense of their own life experiences in the absence of meaningful interpersonal relationships (Eriksen et al., 2014). Topor et al. (2011) note that research about the social relationships of mental health service users is at its beginning stages, and that more research is needed to explore how relationships between service users, peers and helping professionals can facilitate or impede recovery.

Based on the review of the literature on social relationships and recovery, this study focused on three dimensions of relationship formation and maintenance: trust, mutuality and disconnection. Each of these topics will be reviewed in turn.

Trust in Interpersonal Relationships

Trust is a recurring theme in the literature on supportive relationships, whether with peers, mentors, or helping professionals. This section will first review how trust has been defined and measured, and will then explore its relevance to various relationships for marginalized youth.

Two forms of trust have been the focus of research in social psychology and sociology over the past decades. The first has been referred to as social trust, also known as thin trust or moralistic trust (Bulloch, 2013; Flanagan & Stout, 2010). Social trust refers to a general, more expansive belief in humanity that others are trustworthy and fair (Flanagan, 2003; Flanagan & Stout, 2010). In contrast, interpersonal trust, which is the focus of this study, is more specific to a particular relationship. It has also been referred to as thick trust, bonding trust, or strategic trust (Bulloch, 2013; Flanagan & Stout, 2010). Strategic trust refers to a specific person and implies trust for a particular task – that is, A trusts B to do X (Bulloch, 2013). It depends on the knowledge and experience gained from familiar relationships (Flanagan & Stout, 2010).

Rotenberg's (1994) framework of interpersonal trust explicates the bases, domains, and targets of interpersonal trust. According to this framework (Rotenberg, 1994), the 3 fundamental bases of interpersonal trust are reliability (fulfillment of word or promise), emotional trust (reliance on others to avoid causing emotional harm), and honesty (reliance on others to be genuine and maintain benign intent). Interpersonal trust functions in two domains, cognitive/affective and behavioral, and the target of interpersonal trust can vary in both specificity and familiarity (Rotenberg, 1994).

Several scales have been developed to measure trust (Bullock, 2013), most of which have been normed on samples of White college students from middle class backgrounds (Burton et al., 2009). Trust has also been studied extensively in social psychology experiments using variations of trust games such as the Prisoner's Dilemma (Haselhuhn, Kennedy, Kray, Van Zant, & Schweitzer, 2015; Maddux & Brewer, 2005; Rotenberg, 1994). Some researchers have questioned the applicability of these models to people living in poverty whose lives are more likely characterized by uncertainty and risk (Burton et al., 2009). Burton et al. (2009) studied low-income mothers in an ethnographic study of three American cities and found that among the women they studied, expressions of generalized gender distrust existed alongside various forms of situated interpersonal trust in intimate relationships. They identified four models of situated interpersonal trust, each of which varied along two axes: the extent of dependence on a partner (transactional vs. relational orientation) and the amount of information gathered on a partner (minimal or extensive). Suspended interpersonal trust was characterized by a transactional orientation and minimal levels of dependence; compartmentalized trust involved extensive efforts to assess partners' trustworthiness with an transactional emphasis on practical needs rather than emotional ones; misplaced trust involved unrealistic expectations of relationships with insufficient information gathered; and integrated trust involved both extensive information gathered about partners and a relational orientation (Burton et al., 2009). The first three forms of situated interpersonal trust were more likely to be found among the low-income mothers with histories of physical and/or sexual abuse, who comprised two-thirds of this study's sample (Burton et al., 2009). Similarly, Way and colleagues found that when they interviewed ethnic minority, low-income

adolescent boys about their close friendships, trust, betrayal, and loss were the core recurring themes (Way, 2001; Way et al., 2005). These adolescent boys expressed a deep yearning for close, intimate male friendships, but concerns about homophobia and former friends who had proven untrustworthy left some feeling that none of their male peers could be trusted with their secrets (Way, 2001). These studies support the value of generating definitions of trust based on in-depth, qualitative research that explores how trust manifests in relationships between people in a specific social context.

Generalized expressions of distrust can coexist alongside situated interpersonal trust in specific relationship contexts (Burton et al., 2009; Way et al., 2005). Given the importance of explicating the specific aspects of relationships when investigating interpersonal trust, this section will now review the literature on the significance of trust in helping relationships, peer support, and mentoring relationships.

Research on client-provider relationships emphasizes the importance of a meaningful relationship based on trust and hope (Stanhope & Solomon, 2008). Fostering hope is both a key aspect of recovery as well as an integral element of building a trusting relationship (Longhofer et al., 2010). Individuals who have been diagnosed with a chronic illness are in a heightened state of vulnerability in their relationships with health care providers, and their decisions about trust proceed gradually and iteratively (Mechanic & Meyer, 2000). Trust is particularly important in these relationships, given the vulnerability of clients struggling with mental health difficulties and the power asymmetries of the helping relationship (Eriksen et al., 2012; Longhofer et al., 2010; Stanhope & Solomon, 2008). Elements of coercion and social control that are inherent in contemporary mental health treatment, as well as an “industrial model” of mental health

services that neglects the significance of relationships, pose obstacles to recovery-oriented services (Longhofer et al., 2010; Stanhope & Solomon, 2008). Lack of trust and engagement are major barriers for successful mental health treatment (Stanhope, 2012).

Qualitative research with clients and service providers demonstrates how clients look for evidence of a meaningful connection with their case manager that represents a genuine relationship and not simply a professional commitment (Longhofer et al., 2010; Stanhope, 2012). Clients struggle to decide how much of themselves to share in new relationships with providers and how to know if providers are able to see them as people (Eriksen et al., 2014; Eriksen et al., 2012; Longhofer et al., 2010). Seeking recognition from providers is risky because of the potential for rejection and feelings of loneliness that result when desires for connection are not reciprocated (Eriksen et al., 2012). In their study of service users' narratives about their relationships with providers, Eriksen et al. (2014) describe 3 levels of connectedness – being detached, being cautious, and being open/trusting – only the last of which reflects a trusting relationship between a client and a provider. For case managers, being perceived as trustworthy is equally important, as they identify being trusted by clients as a benchmark for progress in the process of engagement (Angell & Mahoney, 2007). Munford and Sanders (2015) found in qualitative interviews with vulnerable youth that social workers who “went the extra mile” (p. 626) to build authentic and genuine relationships with young people became important, appreciated people for vulnerable youth. In particular, their interviews revealed how the development of trust-based relationships, grounded in respect, formed the foundation for effective social work practice (Munford & Sanders, 2015).

The delicate process of building trust is also present in peer support relationships (Coatsworth-Puspoky et al., 2006). Peer support refers to emotional and/or instrumental support mutually offered by individuals who self-identify as having mental health difficulties to others sharing a similar condition (Solomon, 2004). A youth-led national advocacy organization recently identified peer support as a primary recommendation for improving youth-serving public systems of care (Youth M.O.V.E. National, 2014). The Cornerstone intervention, which provided the auspices for this dissertation study, includes peer support as one of its key components in the form of a peer mentor. This mentor is intended to be an older, wiser peer who is further along in the recovery process, functioning as an advisor who offers guidance rooted in shared lived experience (Munson et al., 2016). Peer support fits well within the recovery model, and the small body of research that has been conducted on it suggests that support offered by peers is either comparable in outcomes or slightly preferable to that offered by helping professionals (Davidson, Chinman, Sells, & Rowe, 2006; Repper & Carter, 2011; Solomon, 2004). One theory about the benefit of peer support suggests that its value derives from the experiential knowledge of peers who have lived with mental health difficulties (Solomon, 2004). This theory is supported by qualitative research with youth living with mental illness, who describe valuing their relationships with mentors who share their backgrounds and experiences and offer hope, encouragement and assistance during the transition to adulthood (Delman & Jones, 2002; Jivanjee & Kruzich, 2011; Munson et al., 2015; Munson et al., 2010). The value of shared experiences is supported by research suggesting that people are more likely to receive support from others who share a meaningful social identity (Haslam, Reicher, & Levine, 2012).

Despite the similarities in backgrounds and some experiences, the process of building trust in peer support relationships takes time and requires effort and patience (Coatsworth-Puspoky et al., 2006). Based on interviews with 14 individuals who received peer support from two consumer advocacy organizations, Coatsworth-Puspoky and colleagues (2006) identified two distinct patterns of peer support relationships: developing and deteriorating. Developing relationships allowed for the exploration and establishment of a connection over time, while deteriorating relationships were perceived as withholding support or exploiting power imbalances (Coatsworth-Puspoky et al., 2006). Their study suggests that the establishment of trust in peer support relationships is neither quick nor automatic; it depends on the peer's ability to share power and control, listen to the consumer, and also share part of his/her experience (Coatsworth-Puspoky et al., 2006).

The factors that facilitate a relationship grounded in trust between a client and a provider or between a peer support worker and a consumer are also reflected in the mentoring literature. Research on mentoring relationships between adolescents and adult mentors suggests several qualities that facilitate the relationship, many of which echo the literature cited above on positive client-provider relationships and the bases of interpersonal trust. Rotenberg (1994) identified three bases for interpersonal trust: reliability, emotional trust, and honesty. In their study of former system youth and the adults who most helped them cope with mental health difficulties, Munson et al. (2015) found that consistency was one of the most valued qualities of these supportive relationships. Particularly for youth who had experienced frequent violations in trust through childhood maltreatment and involvement in public systems of care, having a key

helper who was consistently available was cited as a significant factor for building trust in the relationship (Munson et al., 2015). For this same reason, studies have found that mentoring relationships between supportive adults and youth aging out of foster care are most likely to succeed when mentors demonstrate patience and persistence in allowing a trusting relationship to develop over time (Ahrens et al., 2011; Munson et al., 2010). In their review of research on mentoring relationships, Deutsch and Spencer (2009) note similarly that reliability is a cornerstone of trust in mentoring relationships. In another study, adolescents identified fidelity and mutual trust as essential qualities of adult mentors (Liang et al., 2008).

Other relational qualities that have been identified as significant for mentoring relationships include authenticity, reflecting a genuine responsiveness and quality of presence (Ahrens et al., 2011; Deutsch & Spencer, 2009; Liang, Tracy, Kenny, Brogan, & Gatha, 2010; Munson et al., 2010; Spencer, 2006) and empathy, particularly when it derives from shared understanding or experience (Deutsch & Spencer, 2009; Munson et al., 2015; Munson et al., 2010; Spencer, 2006). Paralleling the research on adults with serious mental illness, the research conducted by Ahrens et al. (2011) with former foster youth suggests that they appreciated when supportive adults were able to go beyond their prescribed role in building a genuine relationship with young people. Mentors' ability to accept youth and communicate genuine caring and unconditional positive regard has also been cited as an important dimension of mentoring relationships (Ahrens et al., 2011; Deutsch & Spencer, 2009; Munson et al., 2015). Similarly, the concept of "mattering," or evaluating oneself as significant to specific other people, has been found to be relevant for adolescents in their relationships with family members and friends as well as non-

parental mentors (Marshall, 2001). Logistically, maintaining regular contact is also important for building a positive, beneficial relationship (Ahrens et al., 2011; Baumeister & Leary, 1995; Deutsch & Spencer, 2009). Taken together, this body of research suggests that establishing trust in a relationship is essential but far from straightforward, particularly for young people with histories of relational violations (Sparks, 2004).

Mutuality in Interpersonal Relationships

Another dimension of relationships that has recurred frequently in this literature is the experience of mutuality or reciprocity. Mutuality is a concept from relational-cultural theory that refers to a relationship in which both parties are impacted as a result of being in the relationship.

Jordan (1986) writes, “In a mutual exchange one is both affecting the other and being affected by the other; one extends oneself out to the other and is also receptive to the impact of the other” (p. 2). Mutuality is considered a dimension of mature relationship functioning (Walker, 2004a). However, mutuality does not imply sameness or the negation of power differences inherent in helping relationships; rather, it implies a clear understanding of the power dynamics in the relationship to prevent destructive effects and minimize their impact on the relationship (Walker, 2004a). In their review of the evidence for the need to belong as a fundamental human motivation, Baumeister and Leary (1995) consider mutual caring and concern to be an essential element of human relationships. They observe that mutuality often seems to be the ideal in human relationships and that “trust depends heavily on mutuality, especially the mutual recognition of reciprocal concern and attachment” (Baumeister and Leary, 1995, p. 515).

Both trust and reciprocity are recognized as social norms that are essential for relationships to provide resources and support (Rotenberg, 1994; Vorhies et al., 2012).

Mutuality may assume an increased developmental significance for marginalized youth during the transition to adulthood. Research with this age group suggests that it becomes increasingly important for them to experience mutuality in their relationships with supportive others, rather than simply receiving support, guidance, and assistance from adults. A study that compared mentoring experiences across middle school, high school, and college-age samples found a stronger desire for mutuality in mentoring relationships among older adolescents and emerging adults (Liang et al., 2008).

Compared to younger adolescents, high school students and college students described a desire to experience greater reciprocity in their relationships with adult mentors, preferring a relationship that feels closer to a partnership in terms of its mutual expectations than a relationship between a mentor and mentee (Liang et al., 2008).

Similarly, the former foster youth interviewed by Ahrens et al. (2011) appreciated when supportive adults shared their own experiences with the youth as a facilitator of connection. In their study of social capital and employment experiences among transition-age youth, Vorhies et al. (2012) found that youth discussed their desire to work as motivated by a desire to “pay back” the people in their social support network who had helped them in the past. Munson et al.’s (2015) study of former system youth (FSY) and their key helpers also found that FSY strongly valued bidirectional relationships that allowed them to give as well as receive help. The authors suggest that mutuality becomes increasingly salient for transition-age youth, who found that mutuality helped them feel more connected to their helpers and less alone in facing challenges (Munson et al., 2015).

It seems that a significant dimension of emerging adulthood for these transition-age youth is the opportunity to give and not just receive help.

The literature on recovery suggests that reciprocity, or the ability to give as well as receive support, is a key dimension of relationships for adults living with mental health difficulties (Topor et al., 2011). Adults living with serious mental illness may be less likely to experience reciprocity in their peer relationships, unless their relationships are with others who share their experiences of living with mental illness (Angell, 2003; Boydell et al., 2002). As people progress in their recovery, their relationships may reflect movement from “standing alongside” to greater equality and reciprocity (Tew et al., 2012). Interestingly, Corrigan and Phelan (2004) measured three dimensions of the social support networks of individuals living with mental health difficulties: perceived satisfaction, mutuality, and obligation. While perceived satisfaction with the social support network was found to be correlated with subjective measures of recovery, mutuality was not (Corrigan & Phelan, 2004).

Mutuality appears to be equally important in relationships with helping professionals as in peer relationships. Qualitative research with adults living with mental health difficulties has repeatedly emphasized service users’ desires to be seen, heard and respected as individuals in the clinical encounter and not seen simply as a patient or an abstraction (Eriksen et al., 2012; Topor et al., 2011). The service users interviewed by Eriksen et al. (2012) reiterated that good helping professionals involve themselves in their relationships and allow service users to experience reciprocity in these relationships. While this effort to go beyond the professional relationship can be meaningful for both service users and case managers (Angell & Mahoney, 2007; Topor et al., 2011), the

potential crossing of professional boundaries in an effort to forge a genuine connection can be unsettling for some clinicians (Stanhope, 2012; Topor et al., 2011).

While both trust and mutuality are essential for growth-fostering relationships, even the healthiest relationships involve conflict and disconnection (Walker, 2004a). Personal experiences and/or societal stereotypes can lead some individuals to withdraw from relationships as a strategy of self-protection – a state of chronic disconnection. The last section of this literature review considers various factors that can function as barriers to connection.

Disconnection in Interpersonal Relationships

Disconnection is an inherent dimension of relationship. According to Judith Jordan, “acute disconnections are ubiquitous and, when addressed, can actually lead to strengthened connection. Acute disconnections occur when people fail each other empathically, do not understand, or let each other down in a myriad of ways” (Jordan, 2001, p. 95). Disconnections are informed by relational images and can be individual, based on violations in close relationships, or societal, based on discrimination and marginalization (Jordan et al., 2004).

The literature on living with mental illness, as well as the literature on challenges in the transition to adulthood, each suggests a number of factors that may function as barriers to connection in relationships. Relational images or cultural controlling images can provide a template for how people expect to be seen and treated by others, based on past relational experiences and cultural stereotypes. Six potential sources of disconnection will be reviewed in this section: relational violations (trauma); stigma; shame; socioeconomic status; cultural context; and gender.

Relational Violations

Relationships can only foster growth if they are grounded in respect. Repeated relational violations, particularly those that involve invalidation, humiliation, or violence, are theorized to lead to decreased self-worth and withdrawal from relationships (Hartling et al., 2004). Individuals who have experienced a persistent lack of safety and/or respect in their relationships may respond by choosing to strategically withdraw from relationships (Walker, 2004a). Trauma exposure is alarmingly common for American adolescents; analysis of the NCS-A data revealed that 61.8% of the sample of adolescents had been exposed to a potentially traumatic experience (McLaughlin et al., 2013). The research on adolescents who have experienced trauma or maltreatment shows that they are more likely to demonstrate maladaptive coping styles, higher rates of depression and anxiety disorders, and relational difficulties such as problems with trust, closeness, or intimacy (Wolfe, Rawana, & Chiodo, 2006). Young people with abuse histories are also more likely to experience dating violence in adolescence, partly as a result of difficulties accurately assessing abusive behavior in relationships (Wolfe et al., 2006).

Judith Herman's research on trauma survivors shows that trauma affects survivors' relationships both with individuals and with the community (Herman, 1992). She describes the difficulties with disappointment, boundaries, desire for protection and fear of abandonment that many adult survivors of child abuse experience in their interpersonal relationships. Many survivors of abuse report difficulties narrating their experiences in words (Sorsoli & Tolman, 2010). Herman (1992) describes the central dialectic of trauma as the will to deny horrible events and the will to proclaim them aloud, and observes that stories of trauma survivors often serve simultaneous goals of

truth-telling and secrecy. A study that used the Listening Guide methodology to analyze the narratives of survivors of child sexual abuse found two distinct voices that reflected differences in underlying beliefs about relationships and disclosure. The first voice, labeled by the researchers as a “voice of distress,” expressed distrust of relationships and of the value of disclosure, while the second voice, a “voice of resilience,” expressed a desire to be in authentic relationships with others and share thoughts, feelings, and experiences honestly (Sorsoli & Tolman, 2010).

The dialectic described by these researchers is the central relational paradox. Herman (1992) observes that survivors of trauma frequently oscillate between an intense desire for intimacy and isolation, as well as oscillations between intolerance of aggression and expressions of rage. For women survivors in particular, there is concern that their experiences of violence may not be recognized, and their fluctuating needs for intimacy and emotional expression may not be tolerated by others (Herman, 1992). Given the disconnection that accompanies the betrayal inherent in interpersonal trauma, she writes, “Recovery can take place only within the context of relationships; it cannot occur in isolation” (Herman, 1992, p. 133).

Kulkarni (2009) interviewed adolescent mothers about their experiences of childhood trauma and current intimate partner violence. The adolescent mothers described childhoods lacking in love and attention, followed by efforts to find these in intimate relationships outside the home. They also described fears of trusting others, fears of abandonment, and difficulties identifying their own emotional needs (Kulkarni, 2009). Similarly, the low-income mothers who participated in the Three-City Study (Burton et al., 2009) reported high rates of both physical and sexual abuse. The researchers in this

study found an association between experiences of abuse and a woman's ability to both assess a potential partner's trustworthiness and invest in a long-term, emotionally meaningful relationship with a partner (Burton et al., 2009). These studies suggest that one of the many deleterious impacts of trauma is its effect on assessing trustworthiness and risk in future relationships.

The research on mentoring and peer support relationships also suggests that past experiences of hurt can inhibit the potential for future relationships. Ahrens et al. (2011) found a number of barriers to initial connection in the formation of natural mentoring relationships between former foster youth and supportive adults in their lives, all of which speak to the lasting social and emotional consequences of child maltreatment and placement in the foster care system. Former foster youth expressed fears of being hurt in relationships; concerns about feeling indebted to the mentor; fears of being disappointed by the mentor; and concerns about being pushed to bond too quickly (Ahrens et al., 2011). Sparks (2004) ran an 8-week girls' group for young women in a juvenile detention facility, and found that the relational patterns of the young women reflected their experiences of chronic relational violations. Issues of trust, challenges with maintaining authenticity, and strategies of disconnection were recurring themes in the group (Sparks, 2004). Similarly, those peer support relationships that Coatsworth-Puspoky and colleagues (2006) classified as "deteriorating" were characterized by lack of trust and openness, and were experienced as withholding and unsupportive. These studies support the notion that strategies of disconnection are frequently employed in response to chronic relational violations, to the detriment of future relationships.

Stigma

The research on the relational experiences of both adolescents and adults living with mental health difficulties repeatedly references stigma as a barrier to both forming and maintaining relationships with others (Angell, 2003; Boydell et al., 2002; Jivanjee et al., 2008; Kranke et al., 2010; Leavey, 2005; Moses, 2010). Stigma refers to the social process of marking human difference, in this case mental illness, and associating socially-devalued differences with negative stereotypes and status loss (Link & Phelan, 2001; Longhofer et al., 2010). Stigma exists in various forms: direct discrimination; structural discrimination; interactional discrimination, where awareness of the stigma is communicated nonverbally; and self-stigma, where a person's awareness of the stigma around mental illness is internalized into his/her self-concept (Kranke et al., 2011; Link & Phelan, 2014). Link and Phelan (2014) observe that stigma functions as a form of symbolic power, a concept from Bourdieu that interprets cultural distinctions of value and worth as a form of perpetuating inequality by assigning stigmatized populations diminished value. Stigma power allows stigmatizers to exploit, control or exclude unwanted others (Link & Phelan, 2014), which is especially worrying for adolescents and transition-age youth, for whom relationships and identity are salient concerns (Kranke et al., 2011).

Modified labelling theory predicts that when people who have been diagnosed with mental illness realize that negative stereotypes of the mentally ill now apply to them personally, they will withdraw from social interactions to avoid encountering the stigma (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989). Self-stigma can manifest in secrecy, feelings of shame, and efforts to limit interactions with others (Kranke et al.,

2011). Although this theory was developed for adults, research with adolescents and transition-age youth suggest that stigma has a similar limiting effect on social relationships (Moses, 2009). A study of 60 youth receiving mental health services in a Midwestern U.S. city found that the majority experienced at least some stigma in their relationships with both family and peers (Moses, 2009, 2010). In another focus group study, youth living with mental illness reported that stigma and lack of understanding regarding mental health difficulties led them to be guarded in their self-disclosure with others (Jivanjee et al., 2008). A study of 40 adolescents ages 12-17 who were taking psychotropic medications for a DSM-IV diagnosis found that 90% of the sample reported at least one dimension of self-stigma, namely, secrecy, shame, and/or limiting interactions with others (Kranke et al., 2010). A subset of adolescents endorsed a narrative that suggested that negative stereotypes of people with mental illness made them feel different from their peers, injecting a potential source of shame into their developing self-concept (Kranke et al., 2011). Following a diagnosis of mental illness, feelings of shame associated with self-identification as abnormal led to a desire to keep the mental illness a secret, which affected peer relationships, as youth expended considerable effort distinguishing who, if any among their peer group could be trusted with information about their diagnosis and medication (Kranke et al., 2010). The analysis revealed a continuum with 4 options for adolescents who sought to manage their experiences of stigma amongst their peers. Adolescents could choose to associate only with trusted peers who knew of their diagnosis; they could associate primarily with other peers who also took medication; they could limit their interactions with friends who could not be trusted with knowledge of their diagnosis and medication; and some chose

to withdraw completely from peer interaction out of fear of rejection (Kranke et al., 2010). This research suggests that adolescents and transition-age youth who receive a diagnosis of mental illness must work to integrate the diagnosis into their sense of self, with potential consequences for their identity development, self-esteem, and interpersonal relationships (Kranke et al., 2011). The stigma of mental illness can also function as a barrier to utilization of mental health services, which can have additional impacts on the psychosocial functioning of young people with emotional difficulties (Munson et al., 2012). In keeping with the framework of intersectionality, research with adolescents also suggests that mental health stigma can vary by gender (Chandra & Minkovitz, 2006) as well as racial background (Kranke et al., 2011; Kranke, Guada, Kranke, & Floersch, 2012; Lindsey et al., 2010; Munson et al., 2009).

The literature on stigma suggests that youth living with mental health difficulties might feel different from their peers and experience limited social interactions as a consequence (Kranke et al., 2010; Link & Phelan, 2014). It also suggests that stigma functions as a barrier in forming new relationships, by fueling concerns about how to manage self-disclosure of mental health difficulties with friends and significant others (Boydell et al., 2002). Peer support has been proposed as a method to counter stigma, by having peers who live with mental health difficulties serve as role models and mentors for those who are not as far along on their journey of recovery (Davidson et al., 2006). Peer support is theorized as a way to challenge stigma and discrimination, as well as model hope and normalize disclosure for these young people (Jivanjee et al., 2008; Repper & Carter, 2011).

Shame

Shame is pervasive for individuals living with mental illness and receiving mental health services (Longhofer et al., 2010). The public nature of community case management implies that recipients of these services live in “a world saturated with the possibility for shame” (Longhofer et al., 2010, p. 48). Shame refers to an individual’s emotional reaction to being “othered” or marked as different and less-than. Brown (2006) defines shame as “an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (p. 45). Shame can be triggered in both interpersonal encounters and in social or institutional practices (Hartling et al., 2004), including mental health treatment (B. Brown, 2006; Lindsey et al., 2010; Longhofer et al., 2010).

Frequent, unresolved disconnections in relationships – that is, experiences of feeling misunderstood or let down repeatedly with no opportunity for resolution – can also generate feelings of shame (Comstock et al., 2008; Hartling et al., 2004). People may respond to feelings of shame by using strategies of disconnection: moving away (separating and withdrawing), moving against (using anger and aggression to have “power over” another) or moving toward, by seeking to please and appease others (Hartling et al., 2004). Gilligan and other feminist theorists assert that the silence of girls and women that results from shame is always a sign of subordination or victimization, but Mahoney (1996) notes that silence can equally be a protective response to shame, a form of resistance, and an affirmation of the right to privacy.

Kranke et al. (2010) found that adolescents living with mental health difficulties experienced shame in response to their feeling abnormal, compared to their peers who did

not have a diagnosis or need to take medication. In order to manage these feelings of shame, the adolescents in this study used a variety of survival strategies described by relational cultural theory as strategies of disconnection (Hartling et al., 2004). Some of the adolescents they interviewed were selective in sharing information about their diagnosis with peers, choosing to relate inauthentically to those peers who did not appear trustworthy. Others chose to withdraw entirely in an apparent state of condemned isolation, when no peer interaction felt safe or worthwhile (Comstock et al., 2008; Kranke et al., 2010).

Adults living with mental illness can feel shame in response to difficulties in school, relationships or unemployment (Eriksen et al., 2012; Longhofer et al., 2010). Shame can function as a barrier to connection because of the feelings it generates of inadequacy and unworthiness of being in connection with others (Hartling et al., 2004; Longhofer et al., 2010). Both relational-cultural theory and modified labeling theory predict that in response to anticipated rejection, people may choose to isolate themselves from others, rather than risk additional feelings of disappointment, which has the effect of cutting themselves off from potentially beneficial social relationships (Comstock et al., 2008; Link & Phelan, 2014). Brown's (2006) research suggest that resilience to shame can be fostered by a willingness to recognize and accept personal vulnerability, maintain a critical awareness of sociocultural expectations, and form mutually empathic relationships with others. Additionally, the link between poverty, unemployment and shame points to the ways that mental illness intersects with structural factors, including socioeconomic status, in the lives of individuals. The next 3 topics explore how societal factors can function as sources of disconnection.

Socioeconomic Status

The relational challenges facing individuals living with mental health difficulties are aggravated for those who also live with limited financial means (Boydell et al., 2002; Topor et al., 2011). Recovery is supported by good material conditions, although the majority of adults living with serious mental illness must contend with financial distress in addition to the marginalization of living with a mental illness (Topor et al., 2011). Several qualitative studies of adults living with mental illness have noted that poverty and unemployment compound the difficulties these adults report with socializing with peers. Not having enough money makes making social plans difficult, affects self-esteem and social status, and generates feelings of shame regarding unemployment (Boydell et al., 2002; Eriksen et al., 2012).

In addition to the material and social/emotional constraints of having a low income, SES may function as a barrier to connection in other ways. In their study of low-income neighborhoods in three American cities, Burton et al. (2009) found that poverty, abuse and domestic violence combined to influence specific patterns of interpersonal trust and distrust among low-income mothers. Women assessed potential intimate partners based on situationally-specific life conditions, including economic uncertainty, histories of physical and/or sexual abuse, and both recognized and unrecognized emotional and financial needs (Burton et al., 2009). As a result, some low-income mothers maintained intimate relationships that focused on meeting practical needs rather than emotional ones, while others invested themselves in long-term relationships without extensive investigations of their partners' trustworthiness (Burton et al., 2009). Similarly, ethnographic research conducted among the urban poor in Milwaukee found that the

pervasive instability that characterized the lives of poor families resulted in a form of relationship formation labeled “disposable ties” (Desmond, 2012). When faced with a crisis, individuals in this study formed new, intense relationships with strangers relatively quickly as a way to share resources. These relationships were characterized by a simulated intimacy, physical co-presence, a semi-reciprocal exchange of resources, and a very short life span – a survival strategy identified as forming, using, and burning ties (Desmond, 2012).

One way that SES can influence patterns of relating to others is through habitus. Holman (2014) interviewed working-class and middle-class adults in the UK about their experiences with mental illness and psychotherapy. After observing differences in the ways that individuals from different class backgrounds articulated concerns about their emotional health, related to medical authority, and maintained a practical orientation to the future, he attributed these dispositional differences to social structural conditioning, or habitus (Holman, 2014). Holman (2014) observed that psychotherapy often requires patients to draw on cultural capital associated with being middle class, and theorized that this may be one reason a person from a working class background might assume therapy “is not for me.”

The majority of this research on SES and relationships has been conducted with adults.

A recent systematic review found that socioeconomically disadvantaged children and adolescents were 2-3 times more likely to develop mental health problems than their socioeconomically advantaged peers (Reiss, 2013). Poverty affects adolescent mental health in a number of ways, both direct and indirect: these young people are likely to

assume adult responsibilities more rapidly; awareness of economic hardship in the family may contribute to feelings of shame and inferiority; and youth are also affected by their socialization experiences at the hands of parents and communities struggling with economic distress (Dashiff et al., 2009). However, relatively little qualitative research has explored how SES affects the interpersonal experiences of adolescents living with mental health difficulties (Cauce et al., 2002; Wolfe & Mash, 2006). One study of urban, ethnic-minority adolescents found that distrust was a pervasive theme in interviews about friendship (Way et al., 2005). These urban adolescents described strong bonds with their friends and confirmed the closeness of their friendships in 5 different ways: sharing secrets, sharing money, protection from harm, providing and receiving help, and ties with family. However, these adolescents also expressed general beliefs about others' untrustworthiness and shared stories of betrayal in friendships, which reinforced messages from family members that it was not safe to trust people outside their family (Way et al., 2005). The researchers note that these adolescents' distrustful attitudes may be grounded in their daily experiences of racism and harassment, as well as lower levels of social trust found among disadvantaged communities (Smith, 1997; Way et al., 2005). There is a clear need for research that explores the impact of SES and mental illness on the formation, maintenance and dissolution of social ties, particularly for young people (Cauce et al., 2002; Dashiff et al., 2009; Desmond, 2012).

Cultural Context

Along with socioeconomic status, cultural context can also influence the relational experiences of marginalized youth. Culture here is broadly defined as “a social context in which people share social norms, beliefs, values, language, and institutions”

(Cauce et al., 2002, p. 45). For adolescents living with mental health difficulties, culture influences each step of the process of seeking help, from the identification and definition of mental health problems to a family's willingness to seek formal mental health services (Cauce et al., 2002; Cummings, Case, Ji, Chae, & Druss, 2014; Lindsey, Chambers, Pohle, Beall, & Lucksted, 2013). Culture intersects broadly with socioeconomic status, race, and ethnicity in the United States. Many cultural differences between ethnic groups in the U.S. may be adaptations to living in difficult socioeconomic conditions (Cauce et al., 2002). Cultural context also shapes the experience of friendship and the meaning of instrumental assistance among adolescents; one study of low-income, ethnic minority adolescents found that Asian American youth emphasized helping friends with homework, while African American and Latino youth emphasized helping friends with errands and chores (Way et al., 2005). For adolescents, the cultural background of their families, as well as the broader cultural values of the United States both influence the relational experiences of adolescents struggling with mental health difficulties.

A growing body of research on the experiences of ethnic minority youth seeking mental health services describes a strong stigma surrounding mental illness and a cultural mistrust of mental health providers, particularly among African-American families (Kranke et al., 2012; Lindsey et al., 2013; Lindsey et al., 2010). The legacy of racism in the United States, including in the mental health system, has resulted in a cultural mistrust of Whites among African Americans and an expectation of unfair treatment (Boyd-Franklin, 2013; Thompson, Valdimarsdottir, Winkel, Jandorf, & Redd, 2004). Additionally, cultural norms around seeking informal support through family and friends and avoiding displays of weakness or distress may also inform the attitudes of African

Americans towards seeking help for mental health difficulties (Kranke et al., 2012; Lindsey et al., 2010; Munson et al., 2009). Studies of adolescents who were receiving services for mental health difficulties indicated stronger responses to stigma (Munson et al., 2009) and stronger negative stereotypes of mental illness (Kranke et al., 2011) among youth of color, compared to White adolescents. A subsequent study ascertained that these stigmatizing attitudes towards mental illness and psychiatric treatment originated from family beliefs, cultural beliefs in the African-American community, peers, media and a preference for self-reliance and autonomy as opposed to reliance on medication for symptom management (Kranke et al., 2012). For young men of color in particular, the intersection of cultural mistrust, gender stereotypes regarding masculinity and help-seeking, and the long history of negative stereotypes and discriminatory treatment towards African American men may combine to result in hypervigilance and distrust in counseling situations (Scott Jr, McCoy, Munson, Snowden, & McMillen, 2011). Negative past experiences with other public systems of care can also fuel mistrust of mental health service providers, as one study of Black males transitioning from foster care found (Scott Jr et al., 2011). These studies suggest that although trust is necessary for authentic participation in any relationship, whether formal or informal, barriers to connection exist based on the relational images generated from living in a racist society.

In addition to the cultural influences of family and community, American adolescents are also influenced by broader neoliberal concepts of independence and dependency (Goodkind et al., 2011). The meaning of adolescence and adulthood has varied across time and cultural contexts, with American youth from higher incomes afforded a longer transition to adulthood compared to youth growing up in poverty

(Cauce et al., 2002; Munson et al., 2013). Despite this, in the United States adulthood is traditionally equated with independence, self-sufficiency, and personal responsibility, resulting in a tension for transition-age youth between their desire for independence from systems of care, and their ongoing need for support from adults and assistance managing mental health difficulties (Munson et al., 2012; Munson & Lox, 2012). Several studies with transition-age youth suggest that their increasing developmental desires for autonomy affect their experiences of relationships with service providers as well as mentors (Jivanjee et al., 2008; Liang et al., 2008; Munson & Lox, 2012). A study of mentoring relationships between adolescents and adults found that older adolescents wanted their mentors to respect their autonomy and maintain a supportive, non-judgmental stance towards their decision-making as young adults (Liang et al., 2008). Another study examined the experiences of youth who had left foster care at 18, despite the possibility of remaining in the system until they turned 21. The researchers found that these youths' desire for autonomy was linked to their earlier experiences of maltreatment and placement in the child welfare system, in which they had felt parentified as children and then denied autonomy as growing adolescents (Goodkind et al., 2011). These transition-age youth equated adulthood with independence and personal control over their lives, yet they struggled with establishing and maintaining healthy relationships with others (Goodkind et al., 2011). These studies suggest that both the developmental desire for autonomy and cultural beliefs about independence have the potential to function as barriers to connection for transition-age youth. Consequently, there is a strong need for developmentally-appropriate mental health services for this age group, which respects

both their need for independence and their desire for connection with others (Munson & Lox, 2012).

Stereotypes of Gender and Sexuality

Young people are affected differentially by the experience of growing up in a patriarchal and heteronormative society. Mental health difficulties in American adolescents vary by gender: adolescent females are more likely to meet criteria for mood and anxiety disorders, while adolescent males have higher rates of behavior and substance use disorders (Merikangas et al., 2010; Substance Abuse and Mental Health Services Administration, 2014; Travis, 2006). Given that gender stereotypes prescribe differential approaches to relationships, vulnerability, and conflict resolution for young men and young women, these differences are unsurprising. Writing broadly about gender roles, without the benefit of an intersectional lens, Gilligan (1982) notes, “Since masculinity is defined through separation while femininity is defined through attachment, male gender identity is threatened by intimacy while female gender identity is threatened by separation” (Gilligan, 1982, p. 8). The gender norms that underlie the social construction of masculinity dictate that “real” men must relentlessly repudiate femininity, pursue status and success, avoid expressions of emotions or vulnerability and be aggressive in social interactions (Kimmel, 2004). One study from the UK found that men who struggled with depression incorporated aspects of hegemonic masculinity into their narratives of depression, suggesting that reconstructing their gender identities was an important part of recovering from depression (Emslie, Ridge, Ziebland, & Hunt, 2006). For the theorists of the Stone Center, these same gender stereotypes seemed to infuse psychological theories of development that prized autonomy and separation over

connection and relationship (Walker, 2004a). The review of the literature suggests that gender stereotypes around self-disclosure, help seeking, and acknowledgement of vulnerability do manifest in the relational experiences of adolescents struggling with mental health difficulties. A survey of eighth-grade students found that boys reported greater stigma around mental health issues than girls, and were less likely to report willingness to use mental health services (Chandra & Minkovitz, 2006). This study also found that boys preferred to address their emotional problems first with family members, while girls were more likely to go to a friend first with an emotional problem. Among the adolescents with mood disorder surveyed by Munson et al. (2009), there was a statistically-nonsignificant pattern for girls to report greater psychological openness and propensity to seek help, compared to boys. Lindsey et al. (2010) interviewed 18 adolescent African-American boys about their experiences with depression, who described responding to experiencing depressive symptoms by isolating themselves, spending time alone to reflect or distract themselves, or taking their anger out on others. These adolescents also expressed a preference for seeking support from family first, and expressed a distrust of mental health professionals, questioning their authenticity and genuineness (Lindsey et al., 2010). They also expressed disdain for disclosing their struggles with depressive symptoms among their friends, citing a fear of appearing weak. These studies suggest that the intersection of gender stereotypes and racism may have a unique impact on the willingness of young African-American men from low-income backgrounds to display vulnerability and open up to people outside their family, particularly professionals (Lindsey et al., 2010).

Youth who identify as LGBTQ experience heightened rates of victimization and stigmatization from family members and peers (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Bontempo & d'Augelli, 2002; Craig, Austin, & Alessi, 2013). These young people are also at higher risk than their heterosexual counterparts for mood, anxiety, and substance use disorders (Fergusson, Horwood, & Beautrais, 1999), partly attributable to the effects of minority stress and the anticipation of encountering prejudice and discrimination (Alessi, Sapiro, Kahn, & Craig, 2017). Minority stress adds an additional complicating layer to relationships with family, friends, and helping professionals for marginalized youth who identify as LGBTQ.

In relationships with peers, gender stereotypes also play a role. Generalized expressions of gender distrust were present among both the urban adolescents interviewed by Way et al. (2005) as well as the low-income mothers studied by Burton et al. (2009). However, both studies found that various forms of trusting interpersonal relationships coexisted alongside these generalized expressions of gender distrust. In the sample of ethnic minority, low-income adolescents, boys indicated that they trusted neither boys nor girls, while girls seemed to idealize their friendships with boys while affirming their belief that other girls could not be trusted. At the same time, they described having close friendships with girls that seemed to betray the cultural script that girls were inherently untrustworthy (Way et al., 2005). Another interesting finding in this study related to a lack of gender differences in the value of intimacy in close friendships. Both boys and girls emphasized the importance of sharing secrets and self-disclosure for close friendships. However, older adolescent boys expressed the belief that they had fewer options for close, same-sex friendship, compared to when they were younger.

These findings contradict older research on adolescent friendships, which depicted adolescent boys as focused on autonomy and individuation, while adolescent girls emphasized the establishment and maintenance of relationships, likely reflecting the limitations of research conducted solely with White, middle-class youth (Way, 2001; Way et al., 2005). This study found no gender differences in a desire for intimacy in both boys' and girls' friendships. Additionally, the adolescent boys described the importance for them of being able to both protect their friends from harm and rely on their friends for protection, an expression of both masculine expectations for aggression and interdependency in mutually-supportive relationships (Way et al., 2005). The research by Way et al. (2005) serves as a reminder that gender, ethnicity, and social class always intersect to form unique cultural contexts that are essential to unpack in studies of the relational experiences of ethnic minority, low-income adolescents.

Chapter Summary

This review of the literature documents multiple reasons to investigate the relational experiences of low-income, transition-age youth living with mental health difficulties. Despite the many benefits associated with healthy, supportive relationships, many of these youth report difficulties establishing and maintaining relationships with others. This chapter described the nature of the transition to adulthood for young people living with mental health difficulties, as well as the importance of relationships for living well with a diagnosis of mental illness. It then identified barriers to relationships include difficulties with trust, discomfort with feeling vulnerable or dependent in a relationship, and concerns about the potential for stigma, stereotypes, or past relational trauma to impede the formation of an authentic connection. While existing research documents the

social difficulties marginalized youth report, little is known about how these young people experience the interpersonal process of getting to know someone new; making decisions about that person's trustworthiness; and building a genuine relationship in spite of the disconnections that are part of any relationship. This study builds on existing research about transition-age youth living with mental illness to understand how these youth experience trust, mutuality, and disconnection in their relationships.

Chapter Four: Methods

Introduction and Plan for the Chapter

This chapter reviews the methods used in this dissertation study. It covers the study design, procedures, participants, sampling, methods of data collection and analysis, and strategies for ensuring rigor. It also includes a discussion of the ethical aspects of this study.

Study Design

This dissertation was conducted under the auspices of the Cornerstone study, a pilot intervention study set in an urban outpatient mental health clinic. This section briefly describes the Cornerstone study, followed by a detailed description of the dissertation study method.

Cornerstone is a nine-month intervention designed to facilitate the transition from child to adult mental health services for low-income transition-age youth who have been diagnosed with a mental disorder (TAYMD). Cornerstone was piloted as an intervention using a randomized controlled design, funded by the National Institute of Mental Health (5R34MH102525-02). Youth participants who were between ages 16-20, English-speaking, and living with a primary diagnosis of a mood disorder, anxiety disorder, or a psychotic disorder were eligible for the study. Between March 2016 and August 2017, 50 youth were recruited to participate in Cornerstone. Half of these youth were randomly assigned to the intervention condition and received the Cornerstone intervention; the other half were assigned to the Best Available Treatment condition.

The Cornerstone intervention consists of four interrelated components: boundary-spanning case management, mentoring, group work, and community-based in-vivo

engagement, provided to youth through a combination of social workers and peer support workers, referred to as Recovery Role Models. In addition to meeting individually with the youth and assisting with in-vivo community experiences, the social worker and peer support worker co-facilitate weekly groups focused on skills necessary for a successful transition to adulthood. In this pilot study, the weekly groups were largely unsuccessful, owing to a combination of factors that precluded regular group attendance for a critical mass of youth. However, youth in the intervention condition did meet with therapists and peer mentors, both in the clinic and in the community. All Cornerstone participants, both those in the intervention condition and those in the treatment-as-usual condition, participated in four assessments, the initial one at baseline, and three follow-up assessments, roughly at three months, six months, and nine months post-baseline.

This dissertation drew on four sources of data from Cornerstone to explore the relational experiences of the Cornerstone youth participants. The first source is the demographic background data on Cornerstone participants, in order to provide descriptive context for the findings. The second source is a short qualitative interview, which was administered to all 50 youth participants during their initial intake assessments. The third source of data is a limited number of group observations. Finally, the fourth and most substantial source of data for this dissertation is the 29 in-depth interviews, 24 of which were conducted with youth and five of which were conducted with staff employed by Cornerstone. All of the qualitative data collected for this dissertation were analyzed using thematic analysis (Boyatzis, 1998; Patton, 2002). Additionally, one of the interviews was also analyzed using a feminist approach to

narrative analysis called “The Listening Guide” (Gilligan, Spencer, Weinberg, & Bertsch, 2003).

Data analysis was strengthened in this dissertation through the assistance of a second analyst. A colleague with a Ph.D. in social work and training in qualitative research methods assisted with both the thematic analysis and the Listening Guide analysis of the in-depth interviews with youth. The second analyst read all 24 interview transcripts, coded a quarter of these for the thematic analysis, and consulted with me regularly on interviewing technique, salient themes across interviews, and interpretation of findings. These consultations provided an opportunity for peer debriefing throughout the process of analysis, as well as an additional perspective on the applicability of theory and the credibility of themes.

Qualitative methods were selected for this dissertation, as they are uniquely suitable for research on topics about which little is known, including unpacking the “black box” of social work interventions (Padgett, 2008; Stanhope & Solomon, 2008). Munson and colleagues (2015, p. 3) have observed that “research that focuses explicitly on social support between youth with mental disorders and supportive others is sparse.” There is a dearth of research on the relational lives of emerging adults with mental health difficulties, whose developmental stage may allow them more active decision-making in relationships than adolescents, but fewer established commitments than adults (Munson et al., 2015). In addition to providing data on a poorly-understood phenomenon, qualitative research designs are also ideal for studying the process and context of relational encounters (Maxwell, 2013). There is a need for more research on the process of relationship development over time, as well as data that draw on dyadic perspectives

and multiple methods to illuminate how context shapes social interactions (Deutsch & Spencer, 2009; Stanhope & Solomon, 2008). In particular, the Listening Guide approach to qualitative analysis is well suited to studying relational dynamics, given that it is grounded in relational psychology (Gilligan, Spencer, Weinberg, & Bertsch, 2003). Finally, interpretive qualitative research methods seek to understand the meanings and beliefs that participants attribute to their experiences and interactions with others (Maxwell, 2013; Stanhope & Solomon, 2008). Analytic approaches such as the Listening Guide explore how participants derive meaning from their experiences, recognizing that the researcher and research participant jointly co-create the research encounter, informed by their respective social locations (L. M. Brown, 2001; Gilligan et al., 2003; Taylor et al., 1995).

The research paradigm that framed this study is critical realism. A critical realist paradigm investigates both reality as well as participants' perceptions and experiences of reality, combining ontological realism with epistemological constructivism (Longhofer & Floersch, 2012; Maxwell, 2013). This approach acknowledges that events and behavior that take place in the real world cannot be meaningfully understood without exploring how participants make sense of them, based on their assumptions and prior experiences (Maxwell, 2013). A critical realist approach also acknowledges the interaction of human agency with unseen generative mechanisms, both enabling and constraining, that combine to shape events and human experiences (Houston, 2010).

Procedure

This dissertation drew on three interrelated components: a short qualitative interview administered to 50 youth; a small number of observations of group sessions

offered as part of the Cornerstone intervention; and in-depth interviews conducted with 13 young women, three social workers, and two Recovery Role Models.

Brief Qualitative Interview

During each Cornerstone participant's initial intake assessment, a doctoral-level research assistant conducted a brief qualitative interview and wrote down the young person's responses. Each youth was asked to identify the most important people in their lives and then asked a series of open-ended questions about these important relationships. Youth were invited to visually indicate the people in their lives according to degrees of perceived closeness on a social network map (Antonucci, 1986) that served as a point of reference for the questions that followed. Please see Appendix A for the mapping tool and the instructions that accompanied it. Following this brief mapping exercise, research assistants asked the youth a series of open-ended questions about the relationships that these young people experienced as central to their well-being. Responses were recorded verbatim by trained research assistants.

Group Observations

The second component of this dissertation involved participant observation of group sessions. The Cornerstone intervention included weekly skill-based group sessions, co-led by a social worker and a peer role model, which emphasized various skills that contribute towards recovery and a healthy transition to adulthood (e.g. independent living skills, anger management, and stress management). Unfortunately, groups took place rarely during the implementation of the Cornerstone intervention, due to a range of factors that precluded consistent attendance. Between March 2016 and January 2017, I attended eight group meetings. In each group meeting, I introduced

myself as a member of the Cornerstone research team, and explained that I would be taking notes as part of the study's efforts to learn about the groups and how they could be helpful to young people. I emphasized that everything shared in the group is to remain confidential, and that nothing discussed in the group will be linked to any form of identifying information. In addition to collecting data for this dissertation during group observations, I also served as a fidelity checker for the NYU Cornerstone project. Monitoring the fidelity of the group leaders to the intervention involved the completion of a fairly straightforward checklist. My presence in the groups was approved by both clinic administrators and research participants, whose consent form stated that some groups may include an observer. I also helped the social worker and peer mentor who co- led the groups to set up the room for the group and spent time with them after group for post-group debriefing. After these groups, I wrote down my field notes, completed a Group Observation Form (Appendix B) and typed them up promptly into a document.

In-Depth Interviews

The final component of this dissertation consisted of in-depth interviews with 13 participants in Cornerstone, as well as the five staff who were employed by the intervention. Eleven of the 13 youth were interviewed twice; the remaining two had their cases closed by the clinic and could not be contacted for follow-up interviews. The first interview focused on youth's formal helping relationships with service providers, and the second focused on informal sources of support from friends, intimate partners, and family. These interviews took place in an empty office at the clinic and were audio recorded with the consent of the youth, and transcribed verbatim. Interview protocols for these interviews can be found in Appendix C.

In order to minimize participant burden, these in-depth interviews took place immediately prior to a follow-up assessment for the Cornerstone study. The in-depth interviews lasted an average of 35 minutes, and then I completed the follow-up assessment measures for the Cornerstone study with the youth, which took an additional 45 minutes, approximately. Each young person who completed both the interview and the assessment received \$40, as well as transit fare to cover their travel costs.

The interviews with Cornerstone staff took place as part of the larger Cornerstone study's evaluation of the study's implementation in the clinic. All providers completed an interview about the study's implementation with one of the project's two doctoral-level research assistants, and then participated in a qualitative interview with me about their relationships with Cornerstone participants on a separate day and time. For these interviews, I asked the service providers to identify two youth – one with whom they felt they had an especially strong working relationship and another who had proven to be a more difficult than average client in terms of building relationship (Angell & Mahoney, 2007). Please see Appendix D for the interview schedule for these interviews. These interviews took place at the clinic as well, generally in an available office. In recognition for their time, I offered to take each staff interviewee for coffee to purchase refreshments. Ultimately, due to staff time constraints, I was only able to purchase refreshments directly for two providers, and for the other three I purchased Starbucks gift cards.

Each of these three methods was used to answer at least one of this study's three research questions on trust, mutuality, and disconnection in relationships. In this dissertation, findings are organized by method, for ease of presentation. First, the results from the brief qualitative interviews are discussed, followed by the findings from the in-

depth interviews using thematic analysis, and ending with the case study analysis of a single participant using the Listening Guide. The Discussion section synthesizes the findings across methods and integrates them to address the study's three research questions. Table 1 contains a chart indicating the method of data collection, analytic approach, and chapters of findings for each research question.

Table 1: *Research Questions with Corresponding Methods, Analytic Approaches, and Location of Findings*

Research Question	Methods of Data Collection	Analytic Approach	Findings
1. How do transition-age youth living with mental health difficulties experience trust in relationships with others?	Brief qualitative interviews, group observations, in-depth interviews with youth, in-depth interviews with providers	Thematic analysis	Chapters 5, 7, 8
2. How do transition-age youth living with mental health difficulties experience mutuality in relationships with others?	Brief qualitative interviews, in-depth interviews with youth, in-depth interviews with providers	Thematic analysis	Chapters 5, 7, 8
3. How do transition-age youth living with mental health difficulties navigate disconnection in relationships with others?	In-depth interviews with youth, in-depth interviews with providers	Thematic analysis, Listening Guide	Chapters 6, 7, 8, 9

Sampling and Recruitment of Participants

Sampling decisions in qualitative research are purposive, rather than random (Miles, Huberman, & Saldaña, 2013; Padgett, 2008; Patton, 2002). The utilization of multiple methods in this study provided an opportunity to sample for both breadth and

depth in understanding the relational experiences of transition-age youth living with mental health difficulties. In this section, I first describe the sampling and recruitment of participants for the larger Cornerstone study; then, I describe the sample and recruitment of participants for the in-depth interviews.

The clinic selected for the Cornerstone study provided an excellent site for operational construct sampling – that is, finding real world examples of the construct of interest, which in this study refers to low-income transition-age youth living with mental health difficulties (Patton, 2002). These transition-age youth can also be considered a specific sub-population of young people who are transitioning to adulthood in a context of heightened vulnerability (Osgood et al., 2010). As such, the opportunity to briefly interview close to 50 participants about their relationships with important people in their lives was intended to provide a snapshot of these young people’s relational lives and social networks.

Sample: Cornerstone Participants

The original inclusion criteria for Cornerstone were limited to youth who are 17 years old, English-speaking, living with a mental disorder, and in the process of receiving mental health services at the clinic. Youth who presented with a comorbid substance use disorder in addition to a primary mental health diagnosis were also eligible for participation in Cornerstone. Those young people whose communication difficulties precluded them from completing assessments were excluded from participating in Cornerstone (such as youth whose primary diagnosis was an autism spectrum disorder), as well as youth who had a documented IQ below 70. The Cornerstone intervention was designed to support youth who present with a primary diagnosis of a mood, anxiety, or

thought disorder, given that these diagnoses (along with behavior and substance use disorders) are the most common among this age group (Kessler et al., 2012). Initially, participation in Cornerstone was also restricted to youth who were accessing mental health services at the clinic through Medicaid.

Over the course of the study, some of the initial inclusion criteria for Cornerstone (17-year olds, on Medicaid, receiving outpatient mental health services at the clinic) were expanded in order to facilitate recruitment. The age range for Cornerstone was expanded to include youth ages 16-20, and the Medicaid requirement was relaxed to allow some individuals with private health insurance to also be eligible for participation. This decision was made as the clinic director informed the team that some of these families are equally, or more, at risk financially than those families on Medicaid. All Cornerstone participants were either new or current recipients of the clinic's outpatient mental health services.

Eligible youth were identified by a clinic supervisor, who shared their contact information with the Project Director. A member of the Cornerstone research team then contacted the youth and the caregiver, if necessary, and explained the study and invited them to participate. If the youth and family agreed, an intake assessment was scheduled in which the nature of participation in the research study was explained, including the randomized assignment to either the intervention or control condition. The research assistant obtained signed informed consent (and signed assent, if necessary) and completed the first assessment. Once youth turned 18, they had the chance to re-consent their study participation by reviewing and signing an informed consent form. All informed consent forms noted that a researcher may be present at Cornerstone groups,

and that some youth may have the opportunity to participate in an additional interview on relationships.

At the end of the first year of data collection, demographic data were available for 48 of the first 50 participants in Cornerstone. Their mean age at baseline was 17.9 years (SD=1.04). The sample was fairly racially and ethnically diverse, with two-thirds of Cornerstone participants identifying as non-White. The sample breakdown by race/ethnicity can be found in Table 2:

Table 2:

Racial/Ethnic Identification in Cornerstone Sample

Race/Ethnicity	Number of Participants	Percentage of Sample
Asian	3	6.3%
Black/African-American	10	21.3%
Latino	8	17.0%
Biracial or Multiracial	8	17.0%
White/Caucasian	17	36.2%
Other	1	2.1%
Total	47	100.0%

Four-fifths of Cornerstone participants were Medicaid-eligible (n=40, or 82%), while nine participants obtained services through their parents' private health insurance, reflecting a low-income sample. Two-thirds of the participants identified as female at baseline (n=32) and one-third as male (n=16). At least one participant came out as non-gender binary during the course of data collection, although data on sexual and gender identity were not collected at follow-up assessments.

Sample: In-Depth Interview Participants

Given the demographics of the Cornerstone sample, I made the decision to purposely sample female-identified youth with a primary diagnosis of either a mood or an anxiety disorder. While I had originally hoped to conduct interviews with young people whom I had the chance to get to know during group sessions, once it became clear that group attendance was inconsistent, I shifted my sampling strategy. I decided to focus on young women with mood and anxiety disorders, since they were the majority of Cornerstone participants and these diagnoses are also more prevalent among young women than among young men (Merikangas et al., 2010; Substance Abuse and Mental Health Services Administration, 2014). I also chose to focus on mood and anxiety disorders, rather than thought disorders, with the theory that psychosis may have a different impact on interpersonal relationships than anxiety, depression, or bipolar disorder. Within these restrictions, I also sought a sample of young women that was racially and ethnically diverse (Miles, Huberman, & Saldaña, 2013; Patton, 2002), with the goal of reflecting the diversity of the larger Cornerstone sample.

Participants who met the eligibility criteria for in-depth interviews (female-identified with a primary diagnosis of either a mood or an anxiety disorder) were notified when they were contacted for a follow-up interview that they would have the opportunity to participate in an additional interview on relationships for an additional \$20 compensation. If the young person agreed, the follow-up assessment was scheduled so that I would first conduct the in-depth interview and then conduct the assessment for Cornerstone with the young woman. Then, three months later, the next follow-up assessment would be scheduled, during which I first conducted the second in-depth

interview with the participant, followed by the Cornerstone assessment. Each participant received \$40 at each follow-up assessment, \$20 for the in-depth interview and \$20 for completing the Cornerstone measures. Thirteen Cornerstone participants completed in-depth interviews for this dissertation, although only 11 completed both the first and the second in-depth interview. Two participants were unable to complete second interviews due to being discharged from treatment at the clinic. This section provides a descriptive overview of these participants.

All in-depth interview participants identified as female; one participant came out as non-gender binary during the course of data collection, but for the purposes of protecting participant confidentiality, all interview participants will be referred to as female in this write up. Four out of 13 interview participants (31%) identified as LGBT.

The mean age of interview participants was 18.23 years ($SD=1.01$), slightly older than the Cornerstone sample as a whole. The baseline Cornerstone assessment asked participants to identify themselves in terms of race; nearly half of the sample for this dissertation was White (46%) with the remaining participants identifying as African American (15%), Latina (15%), and biracial or multiracial (23%). Although assessments did not ask explicitly about ethnic background, a number of interview participants described themselves as children of immigrants hailing from countries in the Middle East and Eastern Europe. The in-depth interview sample breakdown by race/ethnicity can be found in Table 3:

Table 3:

Racial/Ethnic Identification in Youth Interview Participants

Race/Ethnicity	Number of Participants	Percentage of Sample
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Black/African-American	2	15%
Latino	2	15%
Biracial or Multiracial	3	23%
White/Caucasian	6	46%
Total	13	100%

Baseline and follow-up assessments included questions about participants' housing, insurance, employment status, and education. Eighty-five percent of the sample (n=11) had Medicaid insurance, while the remaining two participants had private health insurance through a parent. Eleven participants were living with a biological parent at baseline, one was living with a relative, and the remaining participant's data on living arrangements were missing. Two participants (15%) reported ever having been homeless. Six participants (46%) indicated at baseline that they were currently employed, and 10 participants (77%) were in school at baseline, either completing high school or pursuing postsecondary education. Cornerstone assessments also inquired about the presence of natural supports in participants' everyday lives, referring to relationships with family members, friends, coworkers, and acquaintances. Twelve participants (92%) indicated that they had natural supports in their lives.

All Cornerstone participants completed the CES-D (Radloff, 1977) during each Cornerstone assessment. CES-D scores can range from 0-60, with higher scores indicating greater levels of depressive symptomatology; scores of 16 or higher indicate a person is at risk for clinical depression. The average depression score for in-depth interview participants was 32.8 at baseline (n=13), reflecting severe depression, and 19.0 at 3-month follow-up (n=11). Interview participants included both participants assigned to the Cornerstone intervention group and to the best treatment available condition. All

participants met criteria for either a mood disorder or an anxiety disorder according to DSM-V.

Child maltreatment history was measured during the first follow-up assessment using the Child Trauma Questionnaire (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997). Maltreatment data are available for 12 of the 13 interview participants and are presented in aggregate form in Table 4. Ten of 12 participants reported at least one kind of maltreatment in their childhood; seven participants reported two or more forms of maltreatment, reflecting a sample with a fairly high rate of trauma history.

Table 4:

Reported Maltreatment In Youth Interview Participants

Maltreatment History	Number of Participants	Percentage of Sample
Emotional Abuse	9	69%
Physical Abuse	1	8%
Physical Neglect	2	15%
Sexual Abuse	8	61%
No data	1	8%

In addition to interviewing 13 youth participants, I also interviewed three social workers and two peer mentors who delivered the Cornerstone intervention at the clinic and in the community. The therapists met with Cornerstone participants individually for sessions that included both therapy and case management. Participants who agreed to have a peer mentor met with their mentors for individual meetings as well. Peer mentors were hired specifically to talk with participants about living well with mental illness, and their role was emphasized as distinct from the therapists' clinical role. Both kinds of providers co-led groups, met with participants in the clinic and in the community for in-

vivo sessions, and participated in a final termination session with participants and their families. Demographic data for providers can be found in Table 5:

Table 5:

Cornerstone Providers Demographic Data

<i>Provider</i>	<i>Gender</i>	<i>Race/Ethnicity</i>	<i>Education</i>	<i>Time in Field</i>
Therapist #1	Female	White	MSW	2.5 years
Therapist #2	Female	African-American	MSW	4.5 years
Therapist #3	Female	African-American	MSW	10 years
Peer Mentor #1	Male	African-American	MSW	14 years
Peer Mentor #2	Female	White	BA	--

Study Site

The Cornerstone research study was conducted at an urban outpatient mental health clinic in the northeastern United States. This site was selected for the Cornerstone study because the clinic specializes in providing mental health services for youth ages 12 to 21. The clinic is operated by a longstanding human service agency in the region, and is licensed by the state to provide outpatient mental health and substance abuse treatment to youth ages 11-21 and their families, including individual therapy, family therapy, psychiatric services, and group counseling. The clinic has established itself as a reliable resource for the local community, and also receives referrals from neighborhood schools and local hospitals. Clinic staff members are fluent in several languages, in order to provide culturally competent services to the ethnically diverse youth and families from the neighborhoods surrounding the clinic.

Data Collection

Brinkmann (2018) defines a semi-structured qualitative interview as “an interview with the purpose of obtaining descriptions of the life world of the interviewee in order to interpret the meaning of the described phenomena” (p. 580). Semi-structured, open-ended qualitative questions were used in both the brief and in-depth interviews, while group observations were recorded in field notes. Each form of data collection will be described in turn.

Brief Qualitative Interview

The brief qualitative interview utilized a social network mapping tool, based on Antonucci (1986), as a way to focus the interview on the most important people in the participant’s life. Trained research assistants asked participants to identify those people in his/her inner circle, the people “to whom you feel so close that it is hard to imagine life without them.” Then, participants were asked to identify people with whom they are not quite as close but still identify as important (middle circle), followed by people who are still important to them but occupy a more peripheral position in their personal network (outer circle). Participants were then invited to describe who these people are, and why they were placed in the circles that they were. The use of this mapping exercise was intended to provide a visual depiction of the young person’s primary supportive relationships, and to serve as a visual prompt for participants to reflect in the interview on the most important people in their lives.

Following the mapping exercise, research assistants asked participants five open-ended questions about the important relationships in his/her life. This brief interview began with a general question about whether the young person has people who truly

listen to him/her. This question addresses the issue, highlighted in previous research with individuals living with mental illness, of the universal human need to be treated with dignity and seen as a whole person, not just a person with mental illness (Eriksen et al., 2014). The following four questions in the brief interview explored dimensions of trust, mutuality, and mattering in the youth's primary supportive relationships. Participants were asked about the people in their network who have earned their trust, as a way to explore the contextual nature of interpersonal trust (Way et al., 2005). Participants were asked about the people in their lives who provide them with support and receive support from them in turn, as way to explore how these young people experienced mutuality in relationships. Recognizing marginalized youth as providers and not just recipients of support is also an important way for affirming their interpersonal agency. These brief qualitative interviews were not audiorecorded, but research assistants wrote down participants' responses to questions verbatim. These responses were then digitally scanned and stored on a secure server. Responses to the brief qualitative interview were available for 47 of the first 50 participants in Cornerstone. Please see Appendix A for this measure.

These brief qualitative interviews were the last component of a lengthy intake assessment that frequently took an hour or longer to complete. Consequently, in spite of the fact that research assistants were trained to probe for additional details, many of the responses to the open-ended questions were quite terse, offering a few words or at best one or two sentences. In addition, not all youth provided details about numbers of people in each of the circles, and so the data from these brief qualitative interviews are used in

this dissertation to present a descriptive overview of the relational landscapes of the young people who participated in Cornerstone.

Group Observations

Field observations in qualitative research are characterized by being systematic, thorough, and nonjudgmental (Padgett, 2008). Field notes recorded during observations should focus on specific, concrete descriptions of observed behaviors, events, and interactions, with a separate place to record personal reactions in order to identify and minimize personal bias (Emerson, Fretz, & Shaw, 2011; Padgett, 2008). I developed a checklist of behaviors and guiding questions (Appendix B) to focus my observations on the relational dynamics of the group sessions.

Unfortunately, due to a host of reasons, both practical and psychological, the group sessions were never able to coalesce as a reliable component of the Cornerstone intervention. Some Cornerstone participants had time conflicts that prevented their attendance at group; others were content to meet with therapists and peer mentors individually but uninterested or uncomfortable with attending voluntary group sessions. A number of changes to the format were attempted, including rotating the group leaders and offering pizza as an incentive. However, group attendance continued to be extremely sparse. Between March 2016 and January 2017, I was present for eight “groups”, whose attending members ranged from one to three people (not including group leaders and myself). Consequently, although I continued to be alert in the group meetings I observed for references related to the relational constructs of trust, mutuality, and disconnection, the opportunity for collecting rich group data was limited to non-existent. During each group meeting I attended, I took notes on paper and then as soon as possible, typed up my

field notes into a document that also included a separate section for my personal reaction to the group meeting. Whenever relevant, I include selections from my field notes as a supplement to the findings from the brief and in-depth interviews.

In-Depth Interviews

The semi-structured interviews with both youth and staff participants provided an opportunity for participants to reflect on and make meaning of their relational experiences (Brinkmann, 2018). I conducted all in-depth interviews in person, and with one exception they were all audio-recorded and professionally transcribed. Prior to conducting interviews with Cornerstone participants, I piloted the interview guide with an undergraduate volunteer (not connected to the Cornerstone study) in order to get feedback on the interview's length, content, question sensitivity and efficacy (Padgett, 2008).

I sought to interview each young person twice, and was successful with 11 out of the 13 participants. In the first interview, which focused on a relationship with a formal helper, I asked the youth to tell me about her relationship with the helping professional: how the professional had been helpful; whether the professional was trusted; perceptions of mattering and mutuality in the relationship; and an experience of disconnection. These first interviews lasted an average of 23 minutes, and were immediately followed by a follow-up Cornerstone assessment that lasted an additional 45 minutes. Towards the end of each interview, I asked participants to reflect on their experiences of participating in the interview itself, recognizing that we were meeting as near-strangers and that interview experiences can vary depending on the similarities or differences between the interviewer and research participant (Padgett, 2008; Raby, 2007; Taylor et al., 1995).

Initial reviews of the data from the brief qualitative interviews suggested that relationships with family continued to be extremely salient for these transition-age youth. Consequently, I added questions to the interview guide about relationships with family, following a set of questions about relationships with peers. Second interviews with youth focused first on a relationship with a significant peer, and asked similar questions about experiences of trust, support, and mutuality in the relationship. I then followed up with questions about how the young person experiences similarities and differences in the support received from peers as opposed to support received from family. These interviews were longer, lasting an average of 38 minutes, and were also immediately followed by a 45-minute Cornerstone assessment. Interview schedules for these two interviews are in Appendix C.

The interviews with Cornerstone staff followed a similar protocol. At the beginning of each interview, I asked each service provider to keep in mind two different transition age youth, one whom they would describe as having a strong working relationship, and another whom they would describe as more difficult than average in terms of building a good working relationship. These examples provided a reference for interview questions while maintaining the confidentiality of these relationships. I asked the providers to describe for me their role within the context of the agency and Cornerstone intervention. I then asked them to describe their approach to building relationships with transition age youth, including how they assess the level of trust in the relationship. These staff were then asked about those aspects of relationship formation that they find enjoyable and challenging. Other domains covered in the interview included self-disclosure by helping professionals, perceptions of turning points in a

relationship with youth, sources of tension or disagreement in the relationship, and approaches to navigating difference. Finally, the helping professionals were also invited to reflect on their experiences being interviewed and share any thoughts not previously covered in the interview. Please see Appendix D for this interview schedule.

Data Analysis

In order to explore the full breadth and depth of findings in these interviews, I chose to use two different but complementary approaches: thematic analysis and the Listening Guide. With each of these methods, data analysis was completed with the assistance of a second analyst, who reviewed interview transcripts and consulted on patterns and themes.

Thematic Analysis

Thematic analysis is a common approach to qualitative analysis that searches for patterns across a data set (Braun & Clarke, 2006). In this study, I utilized thematic analysis using a critical realist paradigm, seeking to avoid the extremes of both positivism and constructionism (Braun & Clarke, 2006). Thematic analysis can be used as a “contextualist” method that simultaneously seeks to reflect and unpack participant’s descriptions of their relational realities, recognizing that how individuals make meaning of their experiences must always be understood in their broader sociocultural context (Braun & Clarke, 2006; Longhofer & Floersch, 2012). This approach was valuable because there is very little existing research on the relational experiences of young people living with mood and anxiety disorders. Thematic analysis provided a sense of the predominant themes in the data, particularly from the social network maps that had more breadth than depth. Thematic analysis is also valuable for applying theory to data and

testing its applicability; in this dissertation, I used relational cultural theory in my thematic analysis of the in depth interviews with both youth participants and staff. Consequently, I cycled back and forth in my analysis between theoretical thematic analysis, using codes and themes drawn from these theories as sensitizing concepts, and inductive thematic analysis, focusing on the words of participants (Braun & Clarke, 2006).

Braun and Clarke (2006) write that researchers must decide whether they are analyzing data at a more explicit, semantic level or at a more latent, interpretive level. In this study, I analyzed the data from the brief qualitative interviews using a semantic approach to thematic analysis, staying close to the surface description of participants' words as researchers recorded them. With the in-depth interviews, I was able to conduct a latent thematic analysis, which interprets participants' words in terms of underlying structures, concepts, and assumptions (Braun & Clarke, 2006).

The thematic analysis in this dissertation took place in an iterative fashion and consisted of a series of steps following the approach described by Miles et al. (2013) of data condensation, data display, and verification. Data condensation is necessary for organizing large amounts of textual data, and consists of two stages: first-cycle coding and second-cycle or pattern coding (Miles et al., 2013). In first-cycle coding, the analyst assigns codes to segments of text that communicate descriptive or symbolic meaning. I used both inductive and deductive codes, using theory and prior research as sensitizing concepts as well as deriving in-vivo codes from the text itself (Boyatzis, 1998; Padgett, 2008). Second-cycle or pattern coding groups first-cycle codes into a smaller number of recurring categories, themes, or constructs (Miles et al., 2013). These patterns help

connect the data by identifying common themes and processes. Potential themes are held loosely until their explanatory utility is held up under cross-checking in subsequent data collection and analysis.

For the brief qualitative interviews, I reviewed all the social network maps and responses to the brief qualitative interview questions. I recorded all notations from the social network maps onto a spreadsheet and then transferred the data to a database that tracked the placement of members in the social network map (inner, middle, or outer circle) and their relational category (kin, non-kin, or helping professionals). I also coded network members according to the kinds of support that participants indicated they provided (emotional, cognitive/behavioral, or instrumental). From this data, I created databases that allowed me to count the number of participants who reported receiving emotional support from family members, for example.

I then reviewed participants' answers to the questions about the individuals on the network map and made an initial code list. Most of these written responses were a few words or at most a sentence or two, precluding the possibility for in-depth analysis. Consequently, coding kept closely to the superficial level of the participants' words as recorded on the network maps. Codes referred to the kinds of support participants received or provided (e.g. emotional, instrumental, cognitive/behavioral); significant aspects of these relationships (e.g. confidentiality, lack of judgment), and limitations in these relationships (such as limitations in a person's ability to listen). Responses were also coded to indicate participants' assessments of trust and mattering in these relationships. After I coded all 46 brief qualitative interviews, I reviewed the codes and grouped them into broader themes, such as "the importance of family."

For the in-depth interviews with youth and providers, I also followed a series of steps for the thematic analysis. First, I listened to the audio for each interview and corrected the transcripts. Then, I read each interview, taking notes on recurring themes, contradictions and absences in the texts, and dominant characters and narratives for each participant. My second analyst did the same. We compared our summaries of the interviews to identify salient themes in participants' descriptions of their relationships. These included ways that participants described their relationships with their therapists (as beneficial but also with the potential for judgment or abuse of power), their families (some were supportive and others didn't understand) and with their friends (who offered companionship, support, and shared identity). We also paid attention to how themes intersected with ideas of trust, mutuality and power differences, and disconnection in these relationships. This initial review served as the basis for generating the initial code list for the thematic analysis.

For example, a number of participants described conflicts with their families over differing values or worldviews, which some ascribed to generational differences and others to cultural differences. This became a code in the initial code list: "generational/cultural differences." To generate the code list, I took all of our notes from all 24 interviews and made a list of common themes in the interviews, based on shared characteristics and meanings. I made this list the initial codebook, and generated a definition for each code. For example, when participants referenced a stereotypical belief, such as the idea that women are more nurturing than men, this was coded as "stereotype." The codebook included a definition for this code: "Participant refers to a stereotype about a group of people (e.g. women, rich people, therapists, etc.)." The codebook also included

a sample quote to illustrate some of the codes that were more theoretical. In this case: “I feel like old people they’re more often – I feel like in my experiences at least old people are more often like conservative than not and then that makes me very uncomfortable.” Most codes were inductively derived from the data; for example, when participants referenced strongly valuing a friendship using statements like “I love her,” they were coded as “cherished relationship.” Other codes were theoretically derived from relational cultural theory, as a way to test the theory to see if concepts such as “five good things” and “strategies of disconnection” were relevant for understanding these interviews.

Using this codebook, as well as in-vivo codes, I coded all 24 interviews with youth participants, using Atlas.TI qualitative analysis software. In coding the interviews with helping professionals, I used this codebook as a form of sensitizing concepts from the interviews with youth, but I also generated in-vivo codes that were unique to the staff interviews. My second analyst coded one quarter (n=6) of the youth interviews. I compared each of our approaches to coding, and made notes on the areas of discrepancy. We met to discuss these areas of discrepancy and ensured that we had similar understandings of the theoretical concepts.

The next step of thematic analysis involved grouping codes into overarching themes and sub-themes. I reviewed the codes and made an initial attempt to group similar codes into broader categories related to issues of trust, mutuality, and disconnection in relationships with family, peers, and helping professionals. I discussed these initial themes and sub-themes with my second analyst as well. In order to ascertain whether or not I had enough evidence in the data to support these themes, I created conceptually-clustered matrices (Miles et al., 2013). Matrices organize coded data for analytic

purposes according to the researcher's primary questions and the theoretical concepts underpinning the study (Miles et al., 2013). These matrices can provide support for the strength of emergent patterns or themes in cross-case analysis; they can also focus subsequent data collection and analysis to allow for testing and verification of conclusions (Miles et al., 2013). Displaying data systematically in this way also ensures that data are organized coherently and comprehensively, contributing to the trustworthiness of the conclusions. This approach to systematically testing for the presence of emergent concepts also facilitates the identification and analysis of negative cases (Padgett, 2008).

I created matrices for each of the sub-themes that addressed my research questions, and included participant quotes to assess the validity of themes across multiple cases. For example, I grouped a number of codes (including termination, repair, and cherished relationship) into a single matrix to explore how participants experienced disconnections in their relationships with helping professionals. These matrices helped me organize my evidence to support or discard themes as appropriate.

The Listening Guide: A Case Study

In addition to analyzing the brief qualitative interviews, in-depth interviews and group observations using thematic analysis, I also selected a single interview participant and analyzed her lengthy second interview using a method called The Listening Guide. The Listening Guide is an approach to analysis informed by feminist and psychoanalytic theories, developed as a challenge to the binary categorization in more traditional qualitative coding. The Listening Guide is designed to attend to multiple conflicting or complementary voices in a single narrative, recognizing that cultural and contextual

factors affect what is said and what remains unspoken (Gilligan, 2015). This approach is grounded in a number of assumptions. First, it assumes that the research participant is an expert on her own experience, and that she knows something about her experience that the researcher does not (Gilligan & Eddy, 2017). For this dissertation, I assume that young people living with mood and anxiety disorders know better than anyone else how they experience their relationships with others, and for this reason I have sought out their perspectives to answer my question.

This method also assumes that certain stories and voices in our culture are marginalized, and that one response to oppression or the consistent absence of resonance is silence (Gilligan & Eddy, 2017). Given this awareness, the method requires researchers to be “resisting listeners” who pay careful attention to the ways that marginalized people negotiate their social location (Sorsoli & Tolman, 2010, p. 498). In this dissertation study, I was listening for the complex and silenced voices of young women who are navigating the intersectional stigma associated with mental illness, sexism, and racism (Mizock & Russinova, 2015; Schewe, 2016).

A final assumption is that the interview is itself an intersubjective process which takes place within relational, political, and sociocultural contexts (Schewe, 2016). The ethics of the Listening Guide method are the ethics of relationship, and require the researcher to stay in connection with both herself and the research participant throughout the process (Gilligan, 2015). However, the training of researchers and mental health practitioners can often serve as a barrier to genuine listening, through our tendency to quickly categorize the words of research participants into familiar systems of classification (Shay, 1994). Similarly, traditional research relationships can reinforce

hierarchies that can also inhibit listening and open sharing. Ideally, a Listening Guide analysis begins with an interview that is conducted in a spirit of genuine curiosity, through asking a real question. A Listening Guide interview assumes that the researcher is open to surprise or discovery and is willing to be transformed in the process of listening and interpretation (Gilligan & Eddy, 2017). In these interviews, I did approach every interview in a spirit of genuine curiosity and listening; however, I was also coming to the interview with my own questions and within the existing framework of the Cornerstone study. These factors likely emphasized my role as the researcher with an agenda, and were less likely to challenge the hierarchical relationship. I also made sure to identify my prior knowledge and assumptions, which I delineate in both this section and the section of my dissertation on reflexivity.

The Listening Guide consists of a methodical series of steps that seeks to center the voice of research participants. In addition to listening for marginalized voices, it situates the interview data in the context of the research relationship (Gilligan et al., 2003). Four questions about voice and relationships guide the inquiry:

- Who is speaking and to whom?
- In what body or physical space?
- Telling what stories about which relationships?
- In what societal and cultural frameworks?

For my Listening Guide analysis, I chose to analyze my interviews with Angela, a Cornerstone participant whom I interviewed twice in a period of three months. Angela (a pseudonym) is 18 years old, African American, and low income, and so her story is situated at an intersection of age, class, and race different from my own. Like all

Cornerstone participants, Angela has struggled with mood and anxiety difficulties, and these challenges are also an important part of the context of her narrative. Our first interview, which was unfortunately not recorded due to technical difficulties, was briefer and focused on Angela's relationship with her then-therapist, whom she appreciated tremendously. Our second interview, which was longer (46 minutes) and audio recorded and transcribed, focused on her relationships with peers and family. I asked Angela to tell me about a particular supportive relationship in her life, and while she described her relationships with her brother, her mother, her boyfriend, and other peers, she struggled to identify a person who had been consistently emotionally available to her. Her stories focused on the ways she has felt let down by these relationships, and her frustration that people in her life seem unable to support her in the ways that she needs. Given this, I reframed my research question slightly to ask how Angela survives a relational context in which she feels unsupported by so many people in her life.

In analyzing this interview, I followed the series of steps outlined in Gilligan et al. (2003). Each step builds upon the previous step to reveal complex and multidimensional voices and experiences that speak to the research question.

Listening for plot. This first step has the researcher listening for the main characters, settings, emotions, themes, and metaphors that are present in the narrative. The work of listening for the plot is a kind of mapping the psychological landscape of the interview, exploring the psychological features of this interview's particular terrain (Gilligan, 2015). In this step, I read the interview transcript and made notes about recurring themes, emotions, images, and actions, as well as absences and contradictions. I then made a list of all of the words and phrases in the interview that could potentially be

significant, and then I grouped them into broad categories of “people”, “feelings”, “labels”, and “actions.” For this first step, I worked hard to set aside any previous notions I had from research or theory, and focus exclusively on Angela’s words in the interview. I was especially conscious in this step to stay descriptive, and keep as close as possible to Angela’s own words, in order to avoid prematurely analyzing or interpreting her experience using categories and systems of classifications I have learned as a social worker and researcher. Separately, I reflected on my own impressions and emotional responses to this interview.

Listening for self. In the second step, the researcher again goes through the transcript, listening for the first-person voice of the participant. The researcher underlines each “I statement” of the participant, and then places the “I” and verbs in sequential order in a separate document, creating a “I-poem” that reveals how the participant perceives and describes herself in the first person. Although it seems counter-intuitive to present fragments of speech stripped of context, the I-poems are able to focus on how the participant speaks about herself in moments of both assertiveness and doubt, or knowing and not knowing. This step is distinct from other forms of qualitative analysis in that it tunes into the associative logic of the psyche (Gilligan & Eddy, 2017). When I listened to Angela’s interview, I chose to track both the “I” and the “me.” Her full I-Me poem is included in Appendix E.

Listening for contrapuntal voices. The third step connects the material in the interview with the research question. This step involves listening to patterns of speech in the interview, staying alert for shifts in language and tone as evidence of different physically embodied voices. Listening for contrapuntal voices allows the researcher to

resist binary categorization and instead track the interplay of conflicting or complementary voices in the data (Gilligan, 2015). I listened to Angela's interview with my research question in mind, considering how she survives in a relational context of unsupportive relationships. I tracked each time how her voice shifted in affect, volume, or speech pattern, and then noted similarities and differences in these different voices. I then listened to the interview again, highlighting in different colors the different voices as I heard them in the interview. I wrote up the defining characteristics of each voice.

Assembling the evidence and composing an analysis. In the final step, the researcher assembles the evidence from all of the listenings into a coherent analysis that seeks to answer the research question. Orienting the analysis are moments of surprise for the researcher, which point to areas of discovery in the analysis. Composing an analysis brings the researcher's voice back into the interpretation, and clearly delineates the path from evidence to interpretation (Gilligan & Eddy, 2017). This step took several iterations for me, and involved integrating feedback from both peers and the instructor, in order to compose an analysis that accurately reflects Angela's experiences in relationships, including the research relationship.

Strategies for Rigor

I employed a number of strategies in this dissertation to help ensure the trustworthiness and credibility of my findings (Padgett, 2008). Creating an *audit trail* ensures that the research decisions made throughout the process of data analysis are evident to outside observers. Auditing is enhanced by carefully documenting memos during data collection, coding decisions, and analytic interpretations, as well as the other strategies for rigor employed in the study. Throughout this dissertation, I kept memos to

document my subjective reactions to interviews, my thoughts about data collection and data analysis, and my evolving approach to coding and analyzing the data. Memos included my thoughts about emergent patterns and themes, my emotional reactions during data collection and analysis, and thoughts about future directions for research (Miles et al., 2013). These memos help constitute the audit trail of qualitative analysis by posing potential emergent themes as hypotheses to be tested or disproven by subsequent data analysis. They also document the researcher's reasoning behind the development of key concepts in the study and interpretive decisions.

I also employed *triangulation* in a number of forms. I triangulated methods of data collection, by collecting information about the relational experiences of young people living with mental illness through brief and in-depth interviews, as well as limited group observations. I also triangulated sources of data by conducting interviews with both young people as well as the social workers and peer mentors employed by Cornerstone, in order to provide a dyadic perspective on helping relationships. Finally, analytic triangulation was employed through use of two methods of qualitative data analysis, as well as having multiple analysts code transcripts and review findings. I benefited from *peer debriefing* by consulting with both peers and experts on both of my analytic approaches. I was also able to conduct *member checking* with 11 out of the 13 young women I interviewed. At the beginning of our second interview, I shared with them a summary from our first interview to provide a check on the accuracy of my interpretation, and as a way to build rapport and demonstrate listening. *Negative case analysis* requires the researcher to interrogate personal biases by actively seeking examples that disconfirm a preliminary theory that seeks to explain observed patterns in

the data. The case I selected for my Listening Guide analysis was one such case. This was a participant who struggled, perhaps more than anyone else I interviewed, to identify people in her life who were reliably available to her as emotional supports. Using the Listening Guide analysis, I was able to discover her resilience in seeking out support in ways I found unexpected, such as conversations with strangers.

Perhaps the most important component of establishing a study's trustworthiness is the researcher's reflexive engagement with the material. *Reflexivity* involves recognizing the ways that the researcher is an integral, influential part of the research setting, process, and interpretation (Probst & Berenson, 2014). The concept of the neutral, objective researcher is a legacy of positivism (Goldstein, 2017). Research is always a product of the researcher's cultural frame and political agenda, and the researcher is always both affecting and affected by the research conducted (Few, 2007; Probst & Berenson, 2014). Reflexivity involves several different components or modes: awareness of the researcher's personal beliefs, values, attitudes, and emotional reactions as they pertain to the research; awareness of the effects of social position, context, and power relations; awareness of the intersubjective dynamics of the researcher-participant relationship; and awareness of the impact of methodological and analytic decisions on the findings (Longhofer & Floersch, 2012; Probst & Berenson, 2014). I discuss the first three of these here, and consider the implications and limitations of my methodological and analytic decisions in the section on Limitations.

Personal reflexivity is a recursive process (Longhofer & Floersch, 2012) that requires me to reflect on the potential for my own positioning and assumptions as a researcher and social worker to produce distortion or bias in my interpretations. Similar

to a clinician's attention to countertransference, I am aware that my own relational history inevitably influences my own experiences of research relationships with participants. As a qualitative researcher, I want to be sure that my own past experiences and perspectives do not limit interpretations of the data. To that end, I identify my own social location, and the unique experiences, perspectives, assumptions and beliefs that I brought to this research. Goldstein (2017) notes that any endeavor to illuminate subjectivity of this kind is necessarily incomplete, given that some of the psychological reactions activated in the research process are not conscious. I also want to ensure that my reflexive engagement is focused on the goals of my dissertation, which is to understand young people's experiences of relationships in the context of emotional difficulties.

The impetus for my conducting this dissertation stemmed from my experiences working as a clinical social worker with adolescents in school- and community-based outpatient mental health services. Many of these young people struggled with mental health challenges, socioeconomic barriers, and other forms of oppression including racism, classism, and sexism. In addition to the developmental challenges of adolescence, many also struggled with being survivors of both interpersonal and collective trauma. I also experienced first-hand the "healthy cultural suspicion" (Boyd-Franklin, 2013) shared by many low-income families of color of White professionals and institutions. These experiences emphasized for me the importance of taking time to build trust with clients and speaking openly about racial, cultural, and power differentials. My clinical experiences showed me both how important and how fraught relationships were for many

of these young people. This experience has the potential to inform my interpretation of data, both as a source of insight and also as a potential limitation.

Given how common mood and anxiety disorders are, many of the challenges these young people encountered were also present in my own personal and relational history. Although I myself do not have a mood or anxiety disorder, many people in my social world do, which gives me some sense of the challenges of balancing relationships and mental health difficulties. I am aware of my own relational templates from my own personal history and the ways that they can be activated in relationships.

I came to this dissertation research with a strong belief in the importance of relationships for growth and healing. I have benefited in innumerable ways from relationships I have fostered, both personally and professionally, and have seen from both sides of the clinical relationship what healing that can take place within a safe and supportive therapeutic relationship. As a Canadian and new American citizen, I have always struggled to understand the American ideal of independence and self-reliance, and in particular the ways they are associated with adulthood and maturity (and by extension, masculinity). I often consider the role culture plays in how we think about relationships. I began this dissertation with the assumption that relationships are both necessary and beneficial, and that helping young people with histories of being hurt find ways to grow in relationship is an important part of supporting their transition to adulthood.

A significant dimension of the relationship between research participants and myself includes the multiple forms of difference between us: age, social class, race, ethnicity, and diagnosis. I am a White, Jewish woman from a middle-class, Canadian background and the granddaughter of immigrants. I do not have first-hand experience of

living in poverty, although as a social worker I have witnessed the many injustices and the large and small indignities that accompany living in poverty in New York City. I am obviously older than these research participants, and while I am familiar with collective trauma, I lack lived experience of interpersonal trauma. I also lack first-hand knowledge of how it feels to be diagnosed with a mood disorder, live with mood instability, or be prescribed psychotropic medication. As a member of the “worried well,” I’ve been in therapy for years and know first-hand the value of learning about myself and being in a caring relationship.

These differences can pose a challenge to establishing trust in a research relationship (Padgett, 2008; Raby, 2007). In particular, adults conducting research with adolescents are advised not to pretend to be adolescents, since it is not necessary to be an “insider” in order to conduct meaningful research with young people (Raby, 2007). As an upper middle class, educated, adult White Jewish woman, I approached all research relationships with transition-age young people living with mental health difficulties as an outsider, and never assumed that research participants and I perceived or understood situations in the same way. Some of the young women I interviewed identified as Jewish, but in these relationships I was also careful not to assume that any similarities in background meant a shared understanding or perspective. As a “cultural outsider” (Few, 2007), I am conscious of needing to be extra careful in my interpretations and representations of participants’ stories.

In addition to being an outsider in this research, I was also conscious of being a relative stranger to participants in these interviews. My original intention for the in-depth interviews was to first spend time as a participant-observer in weekly group sessions, in

order to allow the young people and I to get to know each other before participating in more in-depth individual interviews. Since this turned out not to be possible, I chose to acknowledge this fact at the beginning of each interview. As part of my introduction to the purpose of the interview, I talked about how relationships can be messy, and that I was interested in hearing about both supportive and challenging aspects of them, while at the same time acknowledging to participants that we are meeting for either the first or the second time, and that I respected their choices about what to share and what not to share with me, based on their own comfort level.

In addition to reflexive engagement with my social location in this study, I also needed to reflect on the impact of my training as a social worker and researcher. Both of these roles can serve as a kind of habitus, or disposition, that can affect my experiences with participants and interpretations of their narratives (Longhofer & Floersch, 2012). My training as a social worker has taught me both that therapy can be helpful, and that many young people have had negative experiences with social workers in their lives. Especially when conducting research interviews in an empty therapeutic office in a mental health clinic, I was conscious of my role as a researcher and not as a clinician in these interviews. I made a conscious effort not to assess or diagnose research participants; at the same time, some of my notes following interviews drew on clinical language to comment on whether or not a participant was “symptomatic.” My colleague and co-coder, a trained qualitative researcher but not a clinician, pointed out this bias to me whenever she observed it in my summaries, and noted that some behaviors that I assumed were evidence of mental illness could well have been ordinary adolescent distress.

I was also aware that as a researcher in Cornerstone, if participants manifested suicidal ideation or other high-risk behaviors in the research interview, I was obligated to stop the research interview and contact an agency supervisor for assistance. Although this never happened during any of my interviews with Cornerstone participants, there were a few interviews where participants were clearly emotionally distressed, and during those interviews I wondered if there would be a need to pause the research and contact a supervisor. Managing this balance while keeping my “researcher hat” on was one of the challenges of this dissertation research, one that is not uncommon in research studies conducted with vulnerable populations (Coy, 2006).

The setting of this research in a mental health clinic that also provided services to participants meant that the power dynamics of the therapeutic relationship were highlighted in research interviews. The framing of the Cornerstone study as a study designed to improve services for young people receiving mental health treatment inadvertently emphasized the power that social workers have to label, diagnose, and interpret behavior. Several participants also referenced the power and the legal obligation of social workers to call child protective services if active child abuse is suspected or arrange for someone to be sent to the hospital if they are expressing an active wish to kill themselves. As a social worker and researcher, this power is not always at the top of my mind, but clients and research participants never forget about it. By conducting research in a mental health clinic, the roles and power of the clinician and the researcher are often blurred in the minds of participants, as much as we try to reassure them that our research is separate from the services they receive at the clinic. This only adds to the power differential in the interview. Finally, the situating of the study in a

mental health clinic means that the powerful stigma surrounding mental illness and mental health treatment is front-and-center in this research. It is at least in part reinforced by the language used in the quantitative Cornerstone assessments (which I administered following each of my qualitative interviews) that ask about “symptoms” and previous hospitalizations. A number of participants referenced the stigmatizing language of mental illness, while others found ways to reclaim it as a point of pride. I am sure that this framework also contributed to my seeing participants through the clinical lens of mental illness and mental health services, in spite of all of my efforts to the contrary.

Ethical Issues

Protection of Human Subjects

This dissertation study was approved by both the Rutgers University Institutional Review Board (IRB) as well as the NYU University Committee on Activities Involving Human Subjects (UCAIHS). Participation in Cornerstone (and this dissertation study by extension) was entirely voluntary; signed informed consent was obtained from all adults ages 18 and over, as well as parents of 17-year olds eligible for participation. Seventeen-year olds signed an informed assent form indicating their agreement to participate in Cornerstone, and then were re-consented into the study once they turned 18. This informed consent/assent included agreement to complete the four Cornerstone assessments, which included the brief qualitative interview, as well as consent to attend weekly groups with the provision that groups may be attended by a researcher observer. The consent forms also noted that some participants would have the opportunity to participate in an additional interview focusing on relationships and would receive an additional \$20 for this participation. At the beginning of each interview, participants were

reminded of the voluntary nature of their participation and their right to skip questions or end their participation at any time. Participants also signed consent to be audio-recorded, and I verbally sought their consent to be audio recorded prior to each interview.

All collected data were stored in locked cabinets and password-protected servers, and interview transcripts and audio recordings were linked only to unique identifying numbers and not to participants' names. A separate document containing participants' names and identifiers was stored in a password-protected online folder, to which only Cornerstone research staff had access. Similarly, all hard-copy consent forms and data were kept in a locked file cabinet in an office with access restricted to only Cornerstone research staff. The principal investigator of Cornerstone also obtained a Certificate of Confidentiality to ensure that the identities of study participants are protected from legal action for the duration of the study.

All data analysis used pseudonyms (most were selected by the participants) and avoided use of any identifying information that could be used to identify either the participants or the clinic site. Audio recordings of interviews will be destroyed following completion of analysis to protect participant confidentiality.

Ethical Issues: Data Collection and Analysis

All interviews took place at the clinic, in order to ensure easy access to clinic staff in the event of participant distress. Two participants became emotionally distressed during the course of their interviews; both were not currently seeing therapists at the time of these interviews. During each of these interviews, I had conversations with participants before, during, and after the interview about their wish to re-engage with services. After each of the interviews, I was able to connect participants with a supervisor at the clinic

who facilitated their being assigned to a therapist, in one case, or obtaining the number for intake, in the other. No participant expressed risk to self or others during the interviews.

A study on relationships necessitates careful attention to the relationship between the researcher and research participants. This relationship is not simply a tool for data collection, but a connection in and of itself that involves the subjectivities of both the researcher and the researched (Best, 2007; Maxwell, 2013). As a researcher, I am obligated to maintain an awareness of the power dynamics in the interview. Despite the power accorded to adolescents in cultures such as ours that place a premium on youth, researchers still have greater power in terms of adult social status, social skills, and access to resources; part of this power also includes the power to label adolescents using deficit-laden discourses (Raby, 2007). This power is also communicated through the formal language on the informed consent form, which establishes the contract for the research relationship (Morawski, 2001). Indeed, in research relationships, adolescents' power lies in their knowledge of their own experiences and their choices about what information to share or withhold in an interview (Way, 2001). Researchers can seek to minimize the power hierarchy between researcher and researched by approaching participants as experts on their own experiences, listening intently and respectfully, and acknowledging the limitations of the researcher's own knowledge and position (Morawski, 2001; Taylor et al., 1995).

If my interviews were conducted according to the ideals of the Listening Guide method, I would have approached research participants in a spirit of genuine curiosity with a single question, and we would have a full and unstructured conversation.

However, in the case of my dissertation, while I did approach participants in a spirit of genuine curiosity, I also came with an agenda, a time limit, and a list of questions approved by my dissertation committee. Brinkmann (2018) points out that research interviews are inherently asymmetrical in terms of their power dynamics, as the researcher sets the agenda for the conversation, asks the questions, and retains interpretive privilege. Goldstein (2017) notes that researchers need to acknowledge their own needs – both for data, and to see ourselves as thoughtful and sensitive interviewers – in order to challenge the perception of the interviewer as innocuous.

Before, during, and after interviews, youth participants made a number of comments that referenced the power dynamics of the interviews. A number of youth commented that it was their first time being audio-recorded for an interview. At the beginning of our interview, after reviewing the purpose of the interview and obtaining verbal consent to audio record (signed consent had been obtained at a previous assessment), Ocean commented, “Wow, I feel really weird. I feel like I’m being interrogated.” She went on to clarify that she was kidding and it was her first time being recorded. At the end of our interview, I asked her to reflect on her experience:

- Ocean: I’ve never done like part of a research kind of study thing, so I’ve always wanted to. I don’t know why. I’ve always wanted to be like a guinea pig, you know.
- Beth: Does it feel like being a guinea pig?
- Ocean: I mean, I don’t really feel it, probably because like, I don’t know, you know, like I know I’m a guinea pig, but I don’t feel like a guinea pig right now.

Francesca acknowledged similar trepidation around the recorder:

- Francesca: I’m a little worried about the tape recorder, low key. But it’s also fine, because it’s all anonymous, correct?
- Beth: It is. So tell me your worry about the tape recorder, because –

Franchesca: I'm not actually worried. It's just weird. Like it's weird to know that you're on camera, not camera, but it's weird to know that you're on tape, especially like complaining about intimate things, because if it were to get out with my name, which would never happen. I'd be like because it's my personal life, you know, it's really hard to like bare things, like bare your soul or something. I don't know, that's a difficult process. But I don't actually like care about it deeply. It's not something I'm going like leave and be like, yeah, so it's like fine. It's just weird.

The study's being situated at a mental health clinic also influenced the power dynamics of the interviews. Several participants commented that they felt comfortable participating in Cornerstone because of the positive associations they had with the clinic and its staff.

Thefa explained:

I trust the staff here. You know, I know that they pick good people to work here and stuff. So I find it really easy to, you know, communicate about, you know, that sort of thing regarding my relationships and stuff. Also it helps knowing that it's all confidential so, you know, it just kind of like spills forth and it's like I don't have to worry about it

Ashley told me at the end of our second interview that she finds it easier to speak with professionals than peers: "The weird thing about me is that I, for some reason, feel more comfortable like opening up sooner with like people like you or like professional like therapists and stuff like that." These comments suggest that the intersubjective dynamics of the interview were top-of-mind for many of these youth participants.

There were plenty of times in interviews in which I failed to probe or clarify participants' statements; there were other times where I made assumptions that quickly proved to be incorrect. In one group session with a single participant in attendance, I incorrectly assumed that the participant remembered my role from a previous group session and was comfortable with my taking notes; this assumption, too, was quickly and appropriately challenged. These experiences were educational and humbling, and have

helped me become a better and more thoughtful researcher. In spite of these blunders, and even with all of the constraints on my interviews, I saw myself as a “privileged witness to informant experience” (Schewe, 2016, p. 41).

These power dynamics operated in a different way in my interviews with staff. While my own education and work history as a clinical social worker in outpatient mental health clinics bore much in common with the training of both the therapists and peer mentors in this study, there were also differences between us in terms of experience, racial/ethnic background, and gender in one case. A number of the staff members seemed to feel nervous or uncomfortable that I was interviewing them. This was expressed in a variety of ways: one person was joking around, another was standoffish, and a third acknowledged that she would have preferred to know the questions in advance so that she could prepare. While it is not possible for me to assess whether these comments were a reflection on my interviews or a more general reaction to participating in the Cornerstone research study, these comments were an important reminder for me that it is never trivial or innocuous for people to participate in research. At the same time, most providers admitted that they enjoyed having the opportunity to reflect on their practice in the interview.

Social work research, like social work practice, carries the risk of “Othering.” This refers to perceiving people who have been marginalized as foreign, one-dimensional, or a fundamentally different “them,” in contrast to “us” who are not suffering, devalued, or marginalized in this way. Seeing people as objects, rather than subjects, precludes the possibility for dialogue, interaction, and change (Krumer-Nevo, 2002). In any research, it is crucial to be aware of the potential for Othering to create

distance between the researcher and the researched. Krumer-Nevo (2002) observes that Othering can be a reaction to conducting research with people who are in pain, as a way to seek distance from distressing narratives. Debriefing with colleagues and ongoing reflexive engagement are important strategies for managing the unavoidable challenge of conducting research with people in pain.

One way that Othering may manifest in research is what Longhofer and Floersch (2012), citing Bourdieu, refer to as “the scholastic fallacy,” which is the tendency for researchers to see systematicity in research participants when it is not present. In other words, researchers may unintentionally characterize participants in ways that conform to reductive stereotypes. For example, poor people are often stereotyped in both popular and professional settings as either “good but weak” or “strong but dangerous” (Krumer-Nevo, 2002); stereotypes of African-Americans emphasize extremes of aggression, emotionality, and sexuality (Few, 2007). One challenge for researchers seeking to avoid activating these stereotypes is to ensure that participants are represented in their full complexity, and not in ways that hide the “dirty laundry” in participants’ stories in an effort to depathologize their narratives (Few, 2007). In my dissertation, I have been conscientious to represent participants in their full complexity and inconsistency, in order to ensure that the descriptions of them do not simply conform to a stereotypical depiction of a problematic, blameworthy, or pitiable person. In the same way, I have attempted to represent the many strengths of my research participants without romanticizing them or minimizing the challenges they face.

Another strategy for countering Othering in research is the recognition that all participants have something to teach us. In all of my interviews, I approached participants

with the assumption that they are the experts on their own life experiences, and worked to listen intently and respectfully while staying aware of what I did not know and wanted to know. When research participants are members of marginalized groups, there can be a tendency for people to present themselves in ways that conform to stereotypes. The challenge is to listen in a more complex way that rejects the stereotype, affects the interviewee, and helps her present herself in a fuller way (Krumer-Nevo, 2002). Asking persistent follow-up questions can reveal complexity behind a seemingly simpler narrative (Gilligan, 2015; Krumer-Nevo, 2002). In my in-depth interviews, I don't think I did this as well as I could have, partially out of concern about time limits on interviews, and partially due to my own inhibitions and interviewing style. Going forward, I plan to be even more aware of the importance of asking follow-up questions to get underneath the mainstream discourse.

Chapter Summary

This chapter covered the methods used in this dissertation study, including the study design, procedures, participants, sampling, methods of data collection and analysis, and strategies for ensuring rigor. It also discussed the ethical aspects of this study.

Chapter Five: Findings from Brief Qualitative Interviews

Introduction and Plan for the Chapter

In this section, I present the findings from the brief qualitative interviews with the first 50 participants in the Cornerstone study. Findings from these brief interviews address the first research question of this dissertation, about the experience of trust in the relationships of transition-age youth. First, I describe the patterns that were present in the social network maps that participants completed as part of their baseline assessments. Then, I describe the themes in the brief qualitative interviews that drew on the social network maps, grouping these themes into participants' relationships with family, peers, and helping professionals. Finally, I discuss examples in which participants mentioned ways they support others in their social networks. In this chapter and those following, participants are referred to by pseudonyms, generally names that were chosen by them during the network mapping activity.

Brief Qualitative Interviews: Patterns in Social Network Maps

As part of their baseline assessment, each Cornerstone participant was asked to identify the most important people in their lives and then asked a series of open-ended questions about these important relationships. The researchers invited participants to visually indicate the people in their lives according to degrees of perceived closeness (Antonucci, 1986). They were then asked a series of brief questions about trust, mattering, and support received and provided in these important relationships.

My analysis of the social network map data focused on categories of people who are present in each of the circles, following Gina Samuels' (2008) groupings of kin, non-

kin, and professionals. Due to missing data, I was not able to count members in each of the circles and so this analysis does not include count data of network members.

Participants' social network maps were predominantly populated by kin (members of their immediate and extended families) and non-kin (friends, significant others, and other peers). Forty-four participants (93%) included kin on their maps and 45 (96%) included non-kin. Only 8 out of 47 participants (17%) noted professionals on their maps, including both social workers (therapists, counselor) and educators (teachers, principals). There are also relatively few references to organizations, institutions, or community resources in these maps. One participant included friends from camp and friends from church on her map; another included specific people from community organizations in her inner circle and her broader ethnic community in her outer circle. See Table 6 for a list of relationships in each category.

Table 6:

Relationships Mentioned in Social Network Maps

Kin Relationships		Non-Kin Relationships		Professionals		Other	
Relationships Mentioned	<i>n</i>						
Mom	35	Friend	37	Teacher	5	God	1
Sister	21	Best friend	15	Therapist	3	Cat	1
Dad	20	Boyfriend	6	Supervisor	1		
Cousin	20	Girlfriend	4	Social Worker	1		
Brother	20	Co-worker	4	Principal	1		
Aunt	11	Close friend	4	Guitar instructor	1		
Grandmother	8	Godmother	2				
Uncle	7	Ex-boyfriend	2				
Grandparents	6	Classmates	2				
Family	6	Acquaintances	2				
Parent	3	Roommate	1				
Grandfather	3	Godmother's mother	1				
Stepdad	2	Friends of friends	1				
Siblings	1	Friend's mom	1				
Great-	1	Father figure	1				

grandparent				
Great aunt	1	Family friends	1	
Brothers-in-law	1	Community	1	
		Associate	1	

The most frequent category in these social networks was “friend” – 92% (n=43) of participants included a friend, close friend, or best friend on their social network maps. The four next most frequent categories were kin relationships: parents (n=41), siblings and cousins (n=39), grandparents (n=16), and aunts and uncles (n=15), followed by significant others (n=11). Table 7 lists these six most common relationships on the social network maps, along with their placement in participants’ inner, middle, or outer circles.

Table 7

Frequent Categories of Relationships in Social Network Maps, By Circle

Relationship Category	Circle Placement			Grand Total
	Inner	Middle	Outer	
Friend	29	24	9	43
Parent	27	15	3	41
Sibling/Cousin	24	21	5	39
Grandparent	6	8	2	16
Aunt/Uncle	6	8	2	15
Significant Other	8	3	0	11

Both family members and friends were more likely to be placed in the inner or middle circles than in the outer circles. The category of friend (including best friends, close friends, and friends) was slightly more common in the inner circle than the category of parent (mother, father, or stepfather). Siblings and cousins were the next most common

category in the inner circles. Four participants did not have anyone in their inner circles; one participant listed God in her inner circle but no other relationships.

Middle circles were also most likely to feature friends, siblings/cousins, and parents, as well as extended family, peer relationships (significant others and classmates) and professionals (teachers and therapists). Outer circles were less frequently populated – only 24 participants (51%) included people in their outermost circles. Those who did included friends, siblings/cousins, co-workers, and teachers. A few participants also included parents and extended family in their outer circle. At each level of the social network map, more participants included same-age peers (friends, significant others, siblings, and cousins) than adults (parents, grandparents, aunts/uncles, and professionals). Table 8 presents frequency counts for participants who included adults in their inner, middle, or outer circles, compared to same-age peers. Table 9 presents a breakdown of these categories into the most common relationships with adults cited (parent, aunt/uncle, and grandparent) and relationships with same-age peers (sibling/cousin, friend, and significant other).

Table 8

Frequency of Adults and Same-Age Peers in Social Network Maps, by Circle

Circle	Adults	Peers	Other (God, cat)	Grand Total
Inner	30	40	2	43
Middle	29	39	0	43
Outer	13	17	0	24
Grand Total	45	45	2	47

Table 9

Frequency of Adult and Peer Relationships in Social Network Maps, by Circle

Circle	Adults			Same-Age Peers		
	Parent	Aunt/Uncle	Grandparent	Sibling/Cousin	Friend	Significant

						Other
Inner	27	6	6	24	29	8
Middle	15	8	8	21	24	3
Outer	3	2	2	5	9	0

Brief Qualitative Interviews: Themes

Family

One of the first themes to stand out from the analysis of the social network maps and brief interviews was the significance of family for many of the Cornerstone participants. 68% of the sample (n=32) included kin in their inner circles. Twenty-one participants (45% of the sample) made comments about the importance of their relationships with family members. Researchers asked participants to explain why they placed particular people in their inner, middle, or outer circles; their responses show the importance of their family relationships. Jessica included her mother and sisters in her inner circle and explained, “Mom: she’s my person. I can talk to her about anything. Sisters: I also love them, I can talk to them about anything.” Stella said, “I am my mom’s life. She constantly saves mine.” Nicolas included both his uncle and his great aunt in his inner circle, explaining, “Uncle: “Always had my back. Godmother - she raised me. Great aunt - the one I go to for advice.”

In keeping with this theme, nearly half the sample (49%, n=23) mentioned a family member as someone who relates to them in a way that makes them feel significant, important, or special. Mike said of his brother: “he treats me like his own son.” Thefa said about her parents: “If I need anything they are there. They show that they care even if they disagree.” Jamie said of a cousin: “she builds confidence and self-

esteem. She tells me I can do better I have potential.” These comments about mattering point to the value participants place on the support they receive from family members.

Participants referenced a range of kinds of support they received from family members. Forty-five percent of participants (n=21) described receiving emotional support from their families. This emotional support took a range of forms. For some, it was feeling understood by family members. Nicole said of her parents and brothers, along with two friends: “They just all understand me and try to help. They really thing about what’s best for me and they actually truly support me.” Others mentioned family members who are able to help them calm down. Alice said that her parents “always help me, even if I don’t want help. Calm me down. They listen and take care of me.” Others describe family members who offer encouragement or motivation. Naomi’s parents “always give words of wisdom, encourage me to always do better.” Other participants referenced a more general feeling of being supported and cared for. Rachel refers to her mother as her “support network” and says that her family demonstrates that she matters to them through the “things that they do for you - give me things, care for me, listen to me.”

A slightly smaller proportion of the sample (32%; n=15) referenced the support they receive from family members in ways that I characterized as cognitive or behavioral support. Echoing the findings of Samuels (2008) from her own study with former foster youth, the participants in this sample also valued older family members who could offer advice. Jamie said that her cousin “listens, she doesn’t talk over me and she gives me advice on how to deal with stuff. She’s older and gives good advice on how high school works and being a teenager.” Rosie referenced both her aunt and her cousin as providing “helpful advice”; Mark said that both his uncle and his father were sources of “wisdom.”

Cognitive-behavioral support from family also took other forms. Skyler explained that her cousin shows that she listens because she “does not try to overpower what [she is] saying with her opinion. Helps figure out what thinking - puts thinking into feelings - and why feeling a certain way.” Angela mentioned her brother, along with her boyfriend and a friend, who “give me good feedback, help with decisions.” Jessica explained that her mother, sisters, and best friend help her by offering distraction: “they always try to make me laugh, send pictures, take me out, funny videos, something to change the mood.”

Finally, seven participants (15% of the sample) identified family members as sources of instrumental or practical support. Mike’s sister “takes care of my medical problems.” Rudy says their mother “helps by literally doing everything for me when I can’t.” Both Rachel and Sam referenced family members as valued for being financial providers.

Not all Cornerstone participants described their family relationships as supportive. Similar to the emancipated foster youth interviewed by Samuels (2008), 13 participants (28% of the sample) included family members on their social network maps and described those relationships as limited, complicated, or compromised in some way. These comments serve as a reminder that family members’ presence on these maps is not an automatic indication of closeness.

A number of participants described their relationships with family in terms of obligation. Aaliyah located her parents in the middle circle of her social network map, explaining, “Mom and dad - not close to them, but still feel bad if I lost them.” Leigh said of her mother, “she doesn’t understand me but my mom so always be important.”

Others referenced family relationships that are simply not close. Panado also placed her mother in the middle circle, explaining that her mother was “important, doesn’t completely get me, but started to be close with each other.” When asked how her mother supports her, she said, “She talks to me, she does her best to help me if she can.” Similarly, Elizabeth put her mother in the middle circle, saying, ““I don’t feel like I have a good relationship with her. She is still my mom and I do want her in my life. Our relationship isn’t close.” Franchesca included her mother in her inner circle and said that her mother is “loving but not good at responsibilities. That sums her up.”

Other participants explicitly referenced their difficulties trusting or being authentically present around family members. Brian said of his mother, “I trust her when I’m with her. When I’m not with her, she’s given me reasons not to trust her.” Chris referenced a similar distrust, saying “I keep my mom distant, I love her but I don’t trust her, same for dad.” Thefa also said about her parents: “Dad = I don’t trust him that much lately. Mom - I can talk to her about certain things but not everything.”

One of this study’s main research questions seeks to understand how transition-age youth experience trust in their relationships with others. Consequently, one of the questions in the brief interviews asked participants to identify who in their lives they can trust, and to explain how they know that they can trust these people. 31 participants (66%) mentioned a family member in response to this question. Bambi said that she trusts her mother and two best friends because “I feel the most safe with Mom & 2 best friends. I’d trust them with my life.” Stella trusts her best friends, mother, brother, and grandmother, explaining, “if I can’t trust them and they can’t trust me then who do we have?” Certain qualities or aspects of relationships were cited to justify the

trustworthiness of these relationships. Some participants, like Brian, reference the length of their relationships with a family member: “Mom - she understands me, she’s been there since the beginning. I never had a father so she took on both roles. I trust her.” Others referenced a family member’s reliability or consistent availability. Ashley explained that she trusts her aunt because “she’s been there for me more than mom has.” Some cited shared lived experience as a basis for trust; Skyler said that her cousin had ““been through a lot so [she] understands things - it’s not a competition about who has it worse.” Finally, participants referenced confidentiality in these relationships as an important basis for trust. Becky trusts her uncle because “he doesn’t tell people with you. When you share secrets to him, [he] doesn’t tell anybody about it. He keeps it private.” Naomi trusts her parents because “certain things need to stay within family, confidentiality, won’t tell anybody else unless approved.”

Friends

In addition to family, participants also cited a wide range of peer and non-kin relationships that were important sources of support for them. Thirty-two participants (68% of the sample) included non-kin in their inner circles. Their explanations show how important these relationships are to them. Flower said, that her best friend was an “older version of me. Have a lot of interests together and motivate me. Boyfriend - second best friend. He’s like a diary - I tell him anything and he listens to much.” Similarly, Mark said that his best friend was “another me - bigger version of me. Think on the same wavelength. Personalities match up good.” Twenty-six (55%) of participants mentioned a non-kin relationship that helps them feel significant, important, or special. Franchesca knows that she matters to her best friend because “she supports me, reassures me, about

things about talent and academics, she reminds me of qualities that are really good about me.” Charles knows that he matters to his best friends because they “always include me in everything that they are doing.” Rosie’s girlfriend “helps me think and realize that sanity, not statistics, being there, just because it’s not common to like me doesn’t mean I’m not likeable. Reassurance.”

Similar to the family relationships, participants referenced their friends providing various kinds of support, including emotional support, cognitive/behavioral support and instrumental or practical support. Emotional support took various forms for the 24 participants (52%) who mentioned receiving encouragement, caring, or validation from their friends. Franchesca said of her close friends that she chooses to “surround self with very stable and supportive people because stability is something [I] search for in life. They remind you of what is important in life - not to get caught up in other people’s perception of you.” Morgan said of her best friend “she always knows when I am down or not - she asks if I am ok, what is the matter?” Mary said that her friends will “talk to me. Ask questions to understand situation better. Let me talk and listen. Always remind me reasons I am cool even if I am down with myself. Always offering to support. Close friend from school, best friend - will text close friend when something going wrong.”

Twenty-one participants (45%) described friends who support them by offering advice, providing a distraction, or helping them look at problems from a different perspective. Alice said her friends have known her for 6 years; she said they support her “when [I’m] depressed they get me outside. Come over and go watch a movie.” Kali said of his friend that “He will give me a solution that has worked in his life.” Ange said her best friend “gives me tough love, she yells at me for everything; gives me advice.” Five

participants (11%) described non-kin relationships that are a source of practical or instrumental support. Sara's roommate helps her financially. Franchesca has close friends who are "always there - if something is going on - [if I'm] so emotional [that I] can't be at home [I] can always sleep over. [They will] check in and see how you are doing and how mom is doing. Friends say can [I] come to house for food and clothes."

In response to the question about trust, three-quarters of the sample (n=35; 74%) mentioned at least one friend in their social networks whom they feel they can trust. Some listed a best friend, such as Z, who said of her best friend, "I trust her above everybody else." Others mentioned a significant other, like Elizabeth, who said her boyfriend is "one of the people I trust the most in my life." Twenty-two participants listed both kin and non-kin as trusted members of their social networks. Participants cited a number of qualities of these relationships that made them trustworthy. Some mentioned their friend's ability to keep confidences, like Mark who said of his best friend and his girlfriend, "Best friend - told him everything that has happened to me. Never told a soul about it. Girl - told her everything about life. Checks in - makes sure if it is ok with him to share something to another person." Others mentioned a shared lived experience as a basis for trust in their relationship. Skyler trusts her best friend because she was the "first person who self-harmed so not judgmental and has a very different perspective than other people." The most common quality of support participants referenced was their friends' reliability and consistent availability to them - being "there for me." Elizabeth appreciates her best friend who is "always there for me." Similarly, AJ's friend is "there for me, if I need him been on the phone, text, me, be at my house if I need him." Ange talked about both her best friend and her cousin as crucial supports for her: "Before I

tried to commit suicide, she was trying to talk to me, 'reach me' - too late, I had already shut down. They didn't leave me - didn't leave my side."

As a follow-up to the question about trust, participants were asked with whom they feel they can truly be themselves. Many more participants mentioned a non-kin relationship (n=21) in response to this question than a kin relationship (n=8). Most referenced the importance of feeling accepted and not judged in these relationships as a prerequisite for authenticity. Sam said he can truly be himself around his best friends because they "don't judge me." Ashley, Angela, Lola, Z, Michael, and Ange also echoed this theme. Z said of her best friend: "That's what I do when I am with her and she hasn't judged me" Lola's friends "are very accepting." Ashley can be herself with her friend and her ex-boyfriend: "I feel most comfortable around them, with friend not any judgment. With ex been through a lot so understanding."

While most of the references to non-kin relationships were in regards to friends, there were a few other relationships mentioned as well. Sara talked about her roommate who is "always there for me." Flower included her cat in her inner circle, explaining "she lets me cry/COPE when she comes to me." Panado included God in her inner circle and said, "I can talk to him about my problems, he keeps me calm for most part."

While the majority of participants described supportive relationships within their social networks, a few also alluded to relational difficulties, even if they included people in their various circles. Skyler said she "likes being alone." When asked about who supports him in times of difficulty, Kali said, "Nobody really. I close up and don't want to talk to nobody." Panado included only God in her inner circle adding that she "feel[s] disconnected, not close with people." In response to the question about who in their lives

makes them feel significant, important, or special, both Brian and Chris said “no one”; Brian added that he has difficulty socializing. Both Panado and Ocean said that there is no one with whom they can truly be themselves.

Professionals

Compared to kin and non-kin relationships, there were relatively few professionals on participants’ social network maps. Eight participants (17%) included an educator or a helping professional in their social networks. Two participants included professionals in their inner circles; 5 included them in their middle circles; and 3 included them in their outer circles. Relationships with teachers were described as meaningful if somewhat circumscribed. Z included her English teacher from high school in her outer circle “cause he is cool.” Rosie included a teacher in her outer circle, among other relationships, and explained that “[I] don’t talk to them that much, but have had important conversations, could further the relationship.” Rachel also included teachers in her outer circle, adding “I like some teachers.” Flower included a teacher in her middle circle, explaining that he was “really interesting. Been through a lot in his past. He believes in everybody.” Counselors and therapists were also significant people for a few participants. Becky and Jake appreciated their therapists for giving good advice. Yasmine included her counselor, the counseling supervisor, and a music instructor in her inner circle and talked about how she trusts them because they don’t judge her. She added, “I don’t see myself alive without their help.”

Providing Support

In addition to receiving support from family, friends, and professionals, the vast majority of these participants also saw themselves as crucial supports for people in their

social networks. Forty-four participants (94%) were able to identify at least one person in their lives who relied on them for support. Nicole listed her boyfriend and her friend as people who rely on her for support: “I listen, give good advice, try to understand how he’s feeling.” Mary is there for her friends, explaining that she will “talk for awhile, for however long they need. Ask if they need anything. As if you want to meet somewhere to talk.” Aubrey listed her mother and younger brother as people who rely on her for support. Her brother “has learning disabilities so I used to help him with that and I do correspondence with his school. I deal with financial things, emails, business, dealing with contractors.” For some participants, being available to their friends was an important part of how they saw themselves. Lola said of her friends and sister, “ I am always there for them. I put them before anything I need.” Skyler described herself as “the person who listens to people - don’t go to others” and claims “I take care of everybody.” She added that she “always gets calls/texts in the middle of the night, and feels like their therapist (don’t mind it). Talk to them, listen to their rants and give advice about what to do. My friends call me mom. [I am the] “designated everything.” These comments serve as an important reminder of the crucial interdependent role these participants play within their social networks.

Chapter Summary

This chapter covered the findings from the brief qualitative interviews with the first 50 participants in the Cornerstone study. It described the patterns present in the social network maps that participants completed as part of their baseline assessments. Then, it discussed the themes in the brief qualitative interviews, grouping these themes

into participants' relationships with family, peers, and helping professionals, as well as examples in which participants provided support to others.

Chapter Six: Relationships with Family

Introduction and Plan for the Chapter

This chapter presents the findings from the thematic analysis of in-depth interviews with youth, focusing on youth relationships with their families. Findings presented in this chapter address this dissertation's third research question on how transition-age youth experience disconnection in their relationships. All participants are referred to here by pseudonyms. Participants' relationships with their families loomed large in the background of conversations about their relational worlds. Many participants referenced feeling supported by their families, often by siblings or aunts who served important non-parental roles. At the same time, the vast majority of these young women described relationships with their parents that were frequently complicated, if not characterized by outright conflict or limited contact. A recurring theme in these interviews was participants who felt that their families struggled to understand a key aspect of their own identities. In some cases, these difficulties were magnified by generational or cultural differences in families in which parents had migrated from another country. Each of these themes will be described in turn.

Beneficial Aspects of Family Relationships

Family Support

Participants described receiving support from siblings, aunts, and parents.

Siblings. A number of participants referenced their siblings as important people in their lives. Angela¹ talked about how she admires her brother: "I look up to him, like I

¹ All names are pseudonyms.

wanna be, I don't wanna be like him, I wanna be better than him. And he's already like this great influence." Although in her second interview she noted that he "doesn't listen, but he tries to," she included him in the middle circle of her social network map and said that he is "always on my side when it comes to mom being crazy."

Jessica and Lola both talked about seeking support from their older sisters. Jessica appreciates being able to commiserate with her sisters about work: "whenever like I'm having like issues or something to talk about like from work or whatever, so about like work, I could talk to my sisters, because they work, so they understand." Lola has a sister who also struggles with mental health difficulties, which provides an important basis for shared lived experience: "there are some times when I need to talk to my older sister _____, because she understands the mental issue and she'll be able to help me." Lola also explained that her sisters' shared lived experiences of their family difficulties puts them in a unique position to understand:

Like there are certain times where I need to talk to my sisters, you know... Because when I couldn't, like my sister has gone through it with me, like she's seen what happened. So there are times where like she doesn't talk about what happened, but it's just like I'll just need somebody to like talk to me and make me feel better, and she'll understand because she was there. Like my friends can help, but, you know, sometimes when someone is there they have a better understanding, and that doesn't necessarily mean like their help is better.

Yasmine's older sister also helps her through this shared understanding of their family dynamic, as well as providing a safe haven during times of family conflict:

So I'll run to her house and I'll call her up and be like I need a place to sleep tonight because I'm not sleeping in the house... And then we'll sit down and we'll pour a cup of tea at two in the morning, her husband's sleeping... And we'll just talk it out, whatever's going on and she'll be like "It's okay, I know how Mom is."

For these participants, their relationships with siblings served a crucial role in buffering or ameliorating tense relationships with their parents.

Aunts. For two participants, their aunts played a similar role in buffering family tensions. Both Ashley and Rosie described how their aunts support them in conflicts between them and their parents. Rosie described a very difficult relationship with her parents, and did not include them on her social network map; however, she included her aunt in her middle circle and cited her in her interview as an important resource:

I like called my aunt the night before crying and like my aunt and my dad spoke for like ... but maybe like an hour I was on the phone with my aunt for a while. She's like really helpful as well in my life. She's a really good liaison, I should say.

Ashley similarly values her aunt as a kind of “liaison” between her and her mother:

I go to my aunt sometimes about like my mom or just like things that get to me like within my house. Because she knows like my mom and I clash heads all the time. Like we get along for the most part now, but there are still times where like I get really like irritated and stuff like that, and that's when I go to her and like I explain to her because she knows how my mom can be...I'll go to her for that. And I can also go to her about anything that's bothering me...Because she's just very understanding, and she, it's always nice to get an adult's perspective on things.

Still, Ashley acknowledged limitations on this relationship, recognizing that supportive adults and peers play different roles for her:

I can tell my aunt a lot, but like I can't tell her everything... Like I can't like go in depth about things, not because like I don't want to or like I'm embarrassed to, it's just there's always things that you can talk to your friends about that you can't talk to your family about.

For these transition age youth, aunts and siblings helped provide support that was often lacking from parents. However, other participants identified their parents as sources of support in their own right.

Parents. While most participants talked about their parents in terms of their differences or failures to understand, they also acknowledged that parents could be supportive in specific ways. Z's mother struggled to understand her mental health challenges, but "recently my mom has been trying to understand. So she has been helpful a little bit. Like, she gets really concerned." Ocean said she would go to her parents for health advice, "like if I like something's wrong with me, like they'll be the first people I go to." Thefa acknowledged that while she and her parents have had difficulties in the past and that her friends are her primary sources of support, she does feel that she can rely on them for "certain things": "we have a pretty solid relationship now. And again, I do feel like they can be good supports."

While the majority of participants described either occasional or frequent tension in their relationships with biological parents, one participant, Jessica, identified her mother as her most important source of support. She described their relationship as "very close." Jessica noted that she has dealt with physical health as well as mental health challenges, and described her mother making herself available to help Jessica with all of her needs:

Like... she'll take like time out of her day and like she'll just be there for me to talk to me and do whatever I need, like whenever I want something she'll just get out of her way and she'll do it.

She's just always there for me, she's like picking, she like picks me up from work sometimes, most of the time. She cares for me and she goes to appointments with me... She does everything.

She's, she's always like telling me to just that like I'm beautiful and you know, and she's always telling me like positive things.

Jessica admitted that she and her mother do disagree on things, although she struggled to provide specifics. However, the importance of her mother in her life was never in doubt.

When she talked in her second interview about her best friend, she explained that even though both are important relationships to her, they are not comparable: “I mean, I wouldn’t really compare it to my mom. My mom is like something different.” Later, she elaborated, “Well, I mean, I can’t higher [*sic*] my friend then put down my mom low. Like my mom always comes first.” These comments were surprising for me, as I had expected the transition-age youth participants to de-emphasize their relationships with their parents at this developmental stage. However, Jessica’s interview serves as an important reminder that for some transition age youth, parents continue to play a key role in supporting both their physical and mental health.

Challenges in Family Relationships

Lack of Understanding

Perhaps unsurprisingly for a sample of older adolescents, nearly every interview participant in this study who talked about family relationships mentioned some aspect of her life experiences that her family did not understand. These empathic failures, or acute disconnections, fell into three distinct but sometimes overlapping categories; however, all of them reflected a fundamental feeling that participants felt unseen by their parents in some important way. Some participants described their parents’ difficulties to understand and accept their sexual identities. Others mentioned parents who struggled to grasp their mental health challenges and their difficulties with emotion regulation. Others, especially those whose parents were members of more traditional ethnic communities, talked about their families’ failure to understand their desire to seek distance or independence from the communal expectations with which they were raised. Each of these sub-themes will be described in turn.

Sexual/gender identity. Several of the participants in this study who identified as LGBT talked about the difficulties their parents had understanding and accepting their sexual and gender identities. Many traced these difficulties to their parents being part of an older generation or a more conservative cultural environment. Lola contrasted her friends, who were instant and unwavering in their support for her when she came out, to her father, whose “old-fashioned” beliefs conflict with her own:

Like they understood that, because I came out to them, and they were very supportive of that. And I still have problems coming out to my dad. He’s not a homophobe, but a lil’ bit... So like me being honest about certain things kind of can elicit a response that I’m not really like happy with.

Lola talked at length in her interview about the strict gender expectations in her traditional family, explaining that “being a girl sucks when your family is really religious.” However, her grandparents have been able to show her more love, understanding, and support in the wake of her coming out than her father. When Lola came out to her grandmother, whom she considers to have raised her, “she was like, ‘I don’t care. That’s not my life. Just because I’m not it, doesn’t mean you can’t be. That doesn’t mean I won’t love you any more or less.’” Her grandfather’s response also stood out in contrast to her father’s:

Yeah, like it’s crazy how my grandfather who’s a deacon isn’t even like that caring about it, but my dad was very – he was very off about it, like he didn’t believe me. And it kind of sucks when you’re a person and you have these qualities and you have these traits about you that they’re just not real to people, I guess, and that kind of sucked.

Francesca describes a similar difficulty with her mother: “I can’t go to my mom about like any kind of like problem like involving like a girl, which is like not like, like a romantic way obviously.” Francesca recognizes that her mother’s worldview is more

traditional than her own, but is still pained by her mother's failure to understand and accept her for who she is:

Like she's like getting there, sort of, but she's also not. But like, so I told her I like girls and she's like, "No, you don't" and I'm like, okay, that's, I was like I'm not gonna continue on about this... Yeah. Also 'cause I think that she thinks like bisexuality, like, doesn't exist, kind of. Like, she doesn't really believe in like sexualities or like multiple genders, kinda so it's like, just like... [laughs]

Similarly, Thefa describes both of her parents struggling to accept her sexual and gender identity. She claims that even though she has built a better relationship with her parents, their disagreements continue to center around "what I want to do with my life and myself regarding like my life choices and, you know, how I want to conduct myself. Like I know my mom is not a fan of me being, you know, LGBT." With regards to her father,

if I talk to him about wanting to date another girl, he'll lose his mind... Or if I tell him, you know, that I want to cut my hair short, like I did, he'll lose his mind because that's not feminine. He's got like that kind of ideology.

For these participants, their parents' inability to see them for who they really were led to a serious disconnection in the parent-child relationships.

Mood and anxiety difficulties. Many of these young women who were receiving treatment for mood and anxiety disorders also had histories of child maltreatment, as well as other experiences of family discord. Participants talked about the difficulties their families have understanding and accepting their struggles with mental illness. Some expressed frustration that their family members did not seem to understand their emotional difficulties. Yasmine described getting impatient with her sister who claimed to understand depression because she had a friend who had self-harmed: "And so with me, it's like, she's like, 'I know what's it's like to be sad.' I'm like, 'No you don't, your friends do, you don't.'" Jessica prefers to call her best friend for help in dealing with

anxiety, “because she goes through anxiety. My family doesn’t... Like they don’t know the feeling of a panic attack.” I asked her to explain further:

- Beth: So what is their response when you’re dealing with a panic attack or feeling anxious?
 Jessica: “Calm down.”
 Beth: “Calm down.”
 Jessica: Those two words, two famous words.

Angela expressed frustration that both her mother and her brother are not able to understand how her moods affect her behavior. She describes feeling irritated in response to her brother calling her when she was in a reflective mood:

And I told him I’m gonna call him at a certain time and he just called me and he’s just like pushing it on me and I just feel like okay, so if I, if I didn’t text you back, I probably didn’t see your message, I’m probably going through what I’m going through in my brain, looking up at the ceiling, thinking about what I’m thinking about ‘cause I’m not paying attention to your socializing... I’m still in the midst of feeling the way that I was feeling prior to you texting me or calling my phone

She is similarly frustrated with her mother’s inability to empathize with her struggles:

And my mom, she tried to say I’m a crazy person and all this extra stuff and how I need the pills when I get upset and I just be like it’s just a bunch of stuff overwhelming me and I literally have nobody to talk to about it.

For these participants, the failure to understand the severity of their struggles was a source of pain and aggravation. In contrast, Thefa took a more cavalier approach with regard to her father: “My dad does not believe in mental health at all, which is probably why he’s so messed up.”

Some participants described family cultural backgrounds and beliefs that made it harder for their families to understand their need for mental health treatment. Lola contrasted her sister, who lives with mental illness and is able to understand Lola’s struggles, with her father, who has a harder time understanding: “She’s very open and honest about it. But she doesn’t live with me, so when I was having my problems, my dad

is kind of older and it's harder for him to understand." She described some of the cultural barriers she had to overcome in seeking treatment, explaining, "from the family I come from, we usually don't like to ask for help." She elaborates:

Lola: Yeah, my family's really Hispanic, like talking about feelings and like mental issues and depression and self-harm isn't something that like you do very often.

Beth: Yeah. So, so going outside the family was a big, was a big deal.

Lola: Hm hmm. Especially 'cause they got defensive, like oh, why didn't you talk to us about it?

Another participant, Z, described her family's difficulties understanding her struggles with mental illness: "My mom and my family members, they don't really – they try to understand what I'm going through, but it doesn't seem like they understand." She adds that while they appreciate the severity of her struggles, they have a hard time understanding how hard it can be to regulate one's mood:

But my mom and my grandma, they're from Eastern European backgrounds, so they're like very conservative minded. It's kind of hard to talk to them about stuff that I experience. And also they really don't understand mental illness. They think it's something that you could just smile and everything will be okay, and that's like a big problem.

As these participants illustrate, the role of cultural and generational differences was another recurring theme in discussions about empathic failures in families.

Generational/cultural differences. Several participants identified themselves as either children of immigrants or members of families with strong ethnic, cultural, or religious identification. These participants described chafing at the traditional expectations of their families and communities, and felt unseen through the traditional, often conservative values of their families. In several cases, the generational and cultural divide manifested in differing beliefs about gender and race. Thefa acknowledged this dynamic in her own family, reflecting that "there are definitely things I can't tell my

mom because my mom's very radically religious, and there are things I can't tell my father because he's radically Colombian." She goes on to explain:

Thefa: It's just I feel the generational gap with my parents, because they're significantly older, is very, you know, dividing when talking about things with them.

Beth: Okay. So what are some of the things that are harder for them to understand?

Thefa: Anything LGBT. Anything, you know, regarding LGBT rights and, you know, anything involving race and identity and stuff, they really don't understand.

Franchesca notes that her mother also tends to "see the world like more traditionally," which is one of the differences between them: "she has different ideas about things and like who people are based on how they look or like their gender like, and...I don't think I see things like that or at least I hope I don't." For Franchesca, her mother's worldview affects Franchesca's willingness to talk with her mother about particular topics:

And even like small things, like I know like even if I bring up like a regular topic to my mom, like it's like I still know that it might go in like a negative direction, like a sexist or like racist direction and that like makes me not like value the advice as much. So it's like [*sigh*] or like I know that she'll just have like a difference of opinions on it and like, I don't know, maybe it's like a generally, generational thing as well.

Yasmine's family belong to a traditional religious community, and her parents' worldview affects her relationship with them in a number of ways. According to Yasmine, her parents cannot condone her desire to socialize with anyone who is not part of their community, and they struggle to understand and accept Yasmine's desire to live her life apart from the traditional religious dictates with which she was raised. Her family's efforts to understand this struggle led to a conflation of her battle with depression and her growing religious skepticism:

One of my aunts, my mom's sister, she came to see me because like I don't know why, I don't know who told her what but she came to my house and she wanted to

talk to me about being religious. And she asked me like, “What’s going on?” And I didn’t tell her I was sad, I didn’t tell her that I was depressed, I told her I didn’t believe in God, I told her I didn’t want her to do these things that are like more of a burden to me. And then she looked at my mom and she says, “She’s depressed, she needs medicine.” That’s what she told my mom. She’s like Mom, she’s depressed, she’s like, “Give her space, she needs medicine, she needs to go to a doctor” and now like I don’t need medicine, I’ve seen a doctor, you know. I’m like no, I’ll be fine, I just, I want you know, I want, I want to be able to you know, I don’t wanna sit with this ‘cause I don’t believe in it.

Yasmine describes the differences between her parents’ worldview and her own:

You know, the way my parents were, the whole community, the whole solar system really, they’re like you know... you can’t really trust anybody else... and I never really got that ‘cause my people are always gonna be people... there are good other people, there are bad other people. And I’m like you’re seeing it as like one race and then everybody else and I’m just like everybody.

Another participant, Leigh, described growing up in a traditional Middle Eastern community. She talked about the community’s “old fashioned values” and how her substance use and sexual activity led to “the whole community just viewed me as the black sheep.” In her interview, Leigh was passionate about the importance of combating stigma and judgment, based on her experiences in her community. She described how these generational differences and cultural beliefs affect her relationship with her mother:

Like her life is about honor, my mom. Without your honor, you are nothing, you know, and for her if you have sex, that ruins your honor, like before marriage. If you do drugs, she’s very like super old fashioned. She says I can’t date anybody until I’m ready to get married. And I can’t explain to her that I need to date before I start looking for a potential husband, because I need to know what qualities I like and I don’t like.... But she doesn’t even understand that, but like we butt heads so much because she’s so old fashioned and I’m more modern. But I am, it’s how she was raised, so I just respect it.

Lola describes a similar familial preoccupation with honor, and notes that her closest friends also grew up in traditional, religious families with differing expectations for sons and daughters. She describes her father being very concerned about her spending time with male friends: “my dad isn’t necessarily strict, but he’s very like, oh, who you

hanging out with?” In her interview, she told a story about meeting a male friend on a bus and getting an angry call from her father on her cell phone:

He’s like, oh, you’re probably having sex with him, like how dare you, I’m going to call his mother. I’m like, we’re on a bus right now. Like this is really ridiculous, this is a really terrible accusation. Like if you had a son, you wouldn’t be treating him this way. And I relayed that back to [friend], and she said, my brothers can go out until like 2 in the morning and that’s fine, but say I come home at like 8 o’clock with like a reason it’s already like a shit storm at my house. And that I totally got and like, mm, I totally understood.

In reflecting on the generational differences in their relationship, Lola astutely notes that while her father disapproves of her own aesthetic choices, he himself is no stranger to rebellion:

Like the way I dress is not really his forte. The way I do my makeup is not really his forte. You know, I dye my hair a lot, like it was pink for a minute, like bright pink, like it was white. And I do a lot of that kind of stuff, and he doesn’t necessarily like it, he doesn’t hate it. But it’s just like the off-hand things he says is just that you can see it’s two different generations, even though he has like 16 tattoos, but, you know, whatever. [*Interviewer laughs*] That’s not hypocritical!

Another participant, Flower, talked passionately, if somewhat obliquely, about the differences she perceives between herself and her own family. She described herself as not close with anyone in her family and did not include any family members anywhere on her social network map. She references a number of differences between her family members and herself, including emotional reactivity, flexibility in worldview, and attitude towards academic achievement, that she attributes to generational and cultural differences:

I was the first one to be born here. Everybody else is from there. But even like the, not the recent ones, like the, like the last, last few generations you know, even though they moved from there to here, they somewhat understand but also they don’t, so it’s just, I don’t know.

Yeah, very, like it’s, I don’t know, it’s not a [Eastern European] thing, I know it’s other like cultures and all that, but they’re very hardheaded and I’m more like

free, I'm always like I, there's, I'm always down for like other options, I'm not you have to do this because this is how everybody told you to, you know.

Oh, yeah. And that's one thing I hate about... I mean like it's not even just [Eastern Europeans] but I hate it. They're like you need a 90 average, this and that, like I don't know. I'm not saying I'm a dumb student but I don't know.

I mean, they assume that, I mean they don't assume, they like try to like be sympathetic and I'm just like there's no need for that, I'm okay and I'm not like in denial over anything... You know, I went through whatever I needed to go through and that's it, you know. They just like, they react, like I'm telling you it's like, not react, but they deal with things differently from me.

Flower was open in her interview about the fact that she was intentionally vague in her speech because she does not like to elaborate on sensitive topics: "I'm not that opened up, so that's why I kept saying 'situations' or whatever, because I don't want to go in depth with it." However, she repeatedly returned to the theme that her family cannot understand her because they are stuck in a different generational and cultural perspective than she is. Like the other participants, Flower felt unseen by her family and disappointed in the chronic disconnections in her relationships with them.

Difficult Family Relationships

The vast majority of interview participants described problems in their relationships with their families of origin, and parents in particular. I identified three patterns of difficult family relationships, and many participants described their relationships using two or three of these forms. The first pattern, "family as limited," applied to relationships that were characterized by participants as emotionally limited, strained, or distant. The second, "family is complicated," referred to characterizations by participants of relationships that contained a mix of both loving and hurt feelings. The third pattern, "family conflict," was applied to those descriptions of serious, frequent, and intense family fights.

Family as limited. Just like those Cornerstone participants who included family members on their social network maps and then described those relationships as “not close”, a number of interview participants referenced their relationships with their families as limited in terms of their ability to offer support. Thefa explained that she is much more inclined to seek out friends than family for any kind of help or assistance:

I think it has a lot to do with the fact that I’m not particularly close with a lot of people in my family.... Like beyond my relationship with my parents, that’s really it. I don’t see a lot of people often enough. My siblings I very rarely see. They’re all busy doing their own things, because I’m the young one.

Similarly, Rosie chooses to rely on her friends, rather than her parents, based on her experiences with them that have been consistently frustrating:

So there are definitely supports that I want from my parents, but I just can’t get them. I’ve asked for them. I’ve continuously explained to them why I need them, and it doesn’t really change anything. And then it’ll change something for two days, and then it’ll go right back to them yelling at me. I’m like, “Didn’t we just talk about this?” and it’s very pointless... So I try and avoid any kind of support because it hurts more when they take it away.

Flower also feels much closer to her best friend, Tatiana, than to anyone in her biological family, and she is similarly not interested in relying on them for any kind of support:

- Beth: So, one, one thing that I am curious to understand is sort of the difference between going to people in your family for help with stuff as opposed to people outside. Okay, so you’re shaking your head “no”...
- Flower: Like I won’t go, it’s not, I mean obviously you know, I talked to Tatiana about almost everything, but she is that person that I don’t, you know, I never, it’s not even about trust but my family and I were never really close to begin with and...
- Beth: Okay.
- Flower: You know, especially me and my mom or anybody else. We just never had that relationship and, I don’t know, I just feel like I have my blood family and then I have Tatiana who is like my other family and that’s it.
- Beth: Okay. So it doesn’t sound like there’s, there’s any kind of support that you prefer to get from them.

Flower: I mean, I can definitely get support but it's not the support I need because I mean obviously I know I'm still young and everything but I know what I want in my life and I know that this way that my family was giving me is not the way I wanna do it, you know. Obviously there's always gonna you know, there's things you should always try out and take risks but I'd like to take risks on my own, not, not with support.

Later in the interview, she describes the extent of the distance in her relationships with family members in a characteristically emotionally detached tone:

I mean, I'll still get invited to like birthdays, but everybody, I won't get a call saying you know, hey come over, whatever, I have to do it. And like you know, just like it's kind of crazy like me and my nephew, he's older than me, like I'll call him, me and him are very close but like I don't even talk to my sister, I don't talk to anybody else honestly...In a way it upsets me, but you know, I know at the end of the day if I really need them, they'll be there.

In both of her interviews, Flower hints at some of the emotions that she has surrounding these relationships but chooses "not to go into depth" with them. Unlike Flower, Ocean included her biological family members in her inner circle on her social network map, explaining, "They are very close to me, my family, and I love them." However, in her second interview, she insisted that she does not talk to either of her parents that much:

I guess I kinda listen to my dad much more about like school stuff. I don't necessarily always go with like his advice and in general I don't think I do. But yeah, I mean I pretty much like, like my mom and I like, we don't like talk that much, I guess.

When I asked Ocean about the most common areas of disagreement in her family, she answered, "Oh, with my mom, it's a lot." She admitted that they argue frequently over politics, life choices, and other topics. She also feels like her mother's ability to be available to her is limited – "I feel like I'm like her fucking mom sometimes."

Some of the participants who described their family relationships in this limited way talked about them in a rather emotionally detached way. Other participants,

however, acknowledged strong feelings of love and caring for their parents, while at the same time recognizing that their parents were unable to emotionally support them in the way they wished. Lola talked about how her father “never really paid attention to me enough to notice any changes,” including her struggles with mental illness. Angela expressed disappointment that her family members were not able to reliably be there for her to help her with her emotional struggles:

That’s why I don’t like to consider, like oh, I have people that’s there for me and stuff. I have people in my life, everybody has people in their life. But when it comes down to something, when I feel like I’m, say I’m down and I’m crying or something, I’m literally just going through my contacts and looking at them like I don’t have nobody here to call.

Similarly, Franchesca feels that although her mother is very loving, she is limited in her ability to be emotionally available for Franchesca:

I feel like I definitely know people that also have like a similar problem is like I’ll go to her about something and I’ll just feel like pretty ignored about it or like, or like she’s not like really there to listen to me. And like ‘cause she’s also doing something else, like she’ll just be like doing other things and be like “Okay, whatever” and like I’ll be like, okay, like I don’t really get much support from you but whatever.

Franchesca’s mother also lives with mental illness, a factor which Franchesca feels limits her own ability to be emotionally honest with her mother. She describes these interactions with her mother and the ways that she is unable to feel comforted by them:

Like so I can’t really like be, yeah I can’t be genuinely angry or genuinely sad, which I think hurts more, because if I’m sad with my mom, like she gets so angry at me or like disappointed or like she tries to like say that I, like she tries to label with me with like mental illnesses and like it’s like always just like messy and like never comforting. [*laughs*]

Jessica also talked about family members who are less available to her, but more due to practical, competing obligations and less as a result of being emotionally unavailable. She

contrasted her best friend, who is reliably available to her, with her older sisters, who are all married with their own family obligations:

And then I would call like my older sister who's really close with me, but she's like, oh, I have to go now. I'm saying something, she's like oh, I have to go, and then like okay. So, you know, so like they're not like really there 24 hour, like not 24 hours. They're just not like there when I call them.

For these participants, their relationships with family, while meaningful, are limited in their potential for consistent support and emotional engagement.

Family is complicated. For some participants, their relationships with their families of origin were complicated in the sense that they were simultaneously cherished and strained. These youth described their relationships with their families with a mixture of affection, obligation, and disappointment. For example, one group member in a small group session I observed explained that she argues frequently with her father, and told others that she knew people who had gone through “bad things” and were couch-surfing. She asked her father if he would ever kick her out of the house after she turned 18, and reported that he told her that he would never do this and would always be there for her.

Franchesca provided perhaps the clearest example of this dynamic. She talked a lot in her interviews about her challenging relationship with her mother, who lives with mental illness. At the same time, Franchesca took pains to emphasize how funny and loving her mother can be as well as exasperating:

My mom, my mom is like a, like a different case I think than most people 'cause she's like, I feel like pretty severely depressed and like also just like funny and, like, says things out of turn sometimes, like, kinda inappropriately. But she, like, loves a lot....Like she has a lot of love for everybody in her life, like so much, and I know that she loves me so much.

However, Franchesca was able to acknowledge the complications and limitations of their relationship as a result of her mother's confusion over their family roles. In her social

network map, she described her mother as “loving but not good at responsibilities. That sums her up.” In her second interview, she elaborated:

She constantly wants me in her life as her best friend. I do not want to be her best friend. I want a mom.... that’s the source of like all arguments. It doesn’t even matter what the topic is. It’s just her like clinging to me for something that I cannot provide for her.

Angela expressed a similar combination of love and frustration when she talked about her mother. At the beginning of our interview, she identified her mother as an important, if complicated, person in her life: “I have my mom though. She’s like, even though me and her relationship was not the best....That’s somebody I know that I have in my life and she’s like always gonna be there for me.” Later on, she expounded on what made this relationship so complicated for her:

Angela: My mom’s is the best even though she’s the worst. I don’t know how you can be such a great combination.
 Beth: Moms.
 Angela: But some, she likes to argue, like that’s one thing she likes to do. And I hate when she likes to argue with me so I just be like Mom, I’m not trying to argue wit you, I don’t wanna get you upset, like I make sure I approach the situation as calmly. Sometimes with her, I just don’t know

Angela admits that although she and her mother frequently argue, their arguments are always verbal and never physical – “I would never put my hands on my mother, I love her way too much.” At the same time, she describes her feelings of disappointment that her mother was not able to be present and advocate for her throughout her childhood in the ways Angela needed her to:

One, that’s my mother, and I feel like we should be thinking about it, thinking about your daughter, like harder, she should be there for me. You should go harder for your kid and I feel like she’s never gonna ever, even through my whole childhood... And it just doesn’t make no sense and I feel like that’s my moms and when I really, really, really need her, she’s not there.

Other participants described their ties to their families out of more of a sense of obligation. Yasmine's description of her relationship with her family is complicated due to her desire to live her life free of the traditional religious restrictions that govern the rest of her family's and community's daily choices. She describes feeling exasperated by them ("so my parents are driving me crazy all the time") but at the same time not wanting to hurt them ("I know this is going to be a source of pain for them if I'm not religious"). Leigh expressed a similar frustration with the traditional community that she was raised in, and in which her mother is still an active member: "But it's, it is what it is you know, I'm just a part of it for my mom." Ocean described a conflicted relationship with her younger sister, who is a teenager, but admitted that she still tries to fulfill her role of older sister on occasion:

Not much, like once in a while maybe we'll get along and like I'll like try my hardest like I'll like take her out or something and like, like see like what's going on with her life and you know, 'cause she's still like my little sister and like my mom doesn't really like talk to her about like I don't know, like fun stuff, like how to deal with certain things...

These participants' stories reveal that their relationships with family are frequently nuanced and complex, both valued and aggravating in equal measure.

Chronic disconnection. For some participants in this study, the empathic failures they experienced in their families were part of a larger pattern of chronic disconnection.

Jordan (2009) offers the following definition of chronic disconnection:

An escalating and ongoing dynamic in which the less powerful person in a relationship is prevented from representing the hurt or disconnection to the more powerful person and learns that she or her cannot bring this aspect of her experience into relationship. The less powerful person begins to twist herself to fit into the relationship by becoming more inauthentic and by splitting herself off from these feelings and thoughts. A spiral of disconnection often occurs, and the relationship becomes less mutual, less a place of growth and possibility. (Jordan, 2009, p. 102)

For these participants, their conflicted relationships with parents reflected this dynamic of feeling unable to represent their feelings of hurt or disconnection in a way that their parents could integrate. Ashley described how her mother “is just stressed out a lot. And she doesn’t know how to express it, so I don’t even have to like do anything that major for her to get upset over it.” Ashley admitted that she and her mother used to argue frequently, but now she tries to avoid arguments:

Well, now, I just like, it still upsets me sometimes, but I’ve just come to a point where I’m like, “Okay, whatever.” ... I’ll just go in my room... But before, like sometimes I would say something back and like it would become a big thing, like an argument... But I’m just over arguing, and I just don’t pay any attention to it.

Francesca told me that a major focus of her therapy is helping her find ways to cope with her mother (“I had a lot of problems with my mom, like so many problems with my mom.”). She described ongoing conflicts with her mother, which sometimes result in her needing to sleep at a friend’s house. Similarly, she feels unable to represent her feelings successfully to her mother during these conflicts:

Yeah, I can’t really be genuinely angry with my mom, ‘cause I know it will like cause something that for like three weeks is a problem. And like last time I got very angry with her, like I literally had to go sleep over at my best friend’s house because it was like just too much and like too much yelling. Also because like my mom will yell at me all night, like while I’m sleeping, like she will continue to yell like which is not, can’t sleep.

Angela described a dynamic in which she tries hard to be attuned to her mother’s emotional states, but does not feel that her mother shows her the same sensitivity in return, reflecting a persistent lack of mutuality in their relationship:

When she comes in the house at 8, 8 whatever, whatever time she comes in the house after this long day, oh I’m tired and stuff, well okay, I understand you tired and all so I don’t say nothing. But then I’m like, I’m like Ma, I got a question for you but I’m kinda scared to ask you. She was like, go ahead, ask me. And I literally sat there for like two minutes in silence, like wait, like how am I gonna

ask this question, right. So there goes the, the whole process of thought that I put into her feelings.

Like Franchesca, Angela described feeling exhausted and aggravated by her arguments with her mother:

Sit there and think about it before 'cause I know how she feels about something. And she, I was like "Mom", she was like, "I'm tired" and I'm like, "okay" and she was like "so I'm gonna go to sleep" and I'm like, "So when the, when can you do those dishes in the kitchen, you know?" And she was like, she was like, she just got upset and just snapped at me. And she was like "Oh, okay, Mother, you always told me how you don't do nothing." I'm just like, I'm like, "How was that today, I don't do nothing?" So I just had to start shooting it out. Like I cleaned this, I cleaned that, I do this, I do this, I do this and it just turns to an argument that it turned into, but it was short you know, a short argument or whatever but it just didn't have to get that far

I argue with my mom, that's the only person I argue with.... Literally the only person and she's like oh, but you target me, you always wanna target me into arguing, something, something. I'm just like no, you're just the only person that is capable and then does it and get me upset. You feel me? Like you, it's like she tests my patience, like she knows what she's doing.

Other participants also described family relationships characterized by conflict and unhappiness. Yasmine's relationship with her family became so strained over their religious differences that she tried running away: "last year I had tried leaving my house for a country because I felt suffocated but like I didn't want to upset people by being the way I was." She described her growing feelings of frustration and despondency that her parents seemed unable to accept her desire to live a different lifestyle than theirs:

Because they, not only did they get hurt, but they were trying to force more things onto me and then I was just like, okay, that's not working. So then I was becoming more and more reclusive... You know, I didn't wanna do anything with people... And that's what you call depression.

This quote shows clear evidence of her efforts to stay in relationship by becoming more inauthentic, a typical pattern of chronic disconnection. In one of the small group sessions I observed with two members present, both members acknowledged having conflicted

relationships with their parents. One participant said of her father, “He don’t know how to talk - he yells, and then we argue.”

More than any other participant, Rosie characterized her relationship with her parents as hostile, unsupportive, and deeply painful. She stated in her interview that her parents treat her as though she is a “horrible person” with no redeeming positive qualities:

treating me and telling me that I’m a horrible child and horrible person with really, really bad views who doesn’t have their own personal thoughts and beliefs, that I’m just copying other people, that, like trying to take away my own personality away from me, like I like stretch my ears, my ear, and my dad was like you’re just doing that to jump on the bandwagon. I’m like you didn’t even ask like, you didn’t even ask why I did it.

And it’s just constantly like you’re just doing that to copy this person or be like this person, like you’re not even your own human being. I’m like I am. You’re just not listening.

Rosie repeatedly emphasized in her interview that her parents do not “get” her and fail to understand her personality. When I asked her about the parts of her they don’t get, she answered, “They don’t listen. And when they ask, they don’t ask to help. They ask for their own personal gain and their own personal benefit, and use the information I give them to use against me and to villainize me.” She also described a pattern in which her parents assume that she is using drugs, which she denies:

my dad knocked on the door and said, “Rosie, what the hell are you doing?” And he was like, “Are you on speed?” And wouldn’t believe me, he’s like “I hear you sniffing, I hear you coughing”, and he’s just like always asking me like, “What are you doing?” Like assuming that I’m on like crazy drugs, and I’m not.

Like other participants, Rosie has also run away from home to escape family conflict:

And constantly like “You’re just like this huge drug addict.” I’m like, “What the fuck? Like why do you think I’m on crack cocaine?” Like I tried leaving the house and running away when I was 17. My dad stopped me, emptied out my bag, and was looking for opiate needles. And I was like, “What are you doing?”

Like you should be like I'm sorry that you feel this way that you need to leave the house, instead of being like I bet you're [on] fucking opium." Like what? It's just very difficult, and I can't like do anything without them like looking at me funny, like "Is she on drugs?"

Rosie's relationship with her parents was the most extreme case of chronic disconnection in this study; however, her story shares much in common with those of other participants, including feeling chronically misunderstood and unseen by her parents; being the victim of hurtful statements; and feeling that she cannot represent herself fairly in the relationship with her more powerful parents. Like other participants, Rosie sought support for this painful situation from counselors, friends, and extended family.

Chapter Summary

This chapter described the findings from the thematic analysis of in-depth interviews that focused on participants' relationships with their families. It first described supportive family relationships that participants referenced with siblings, aunts, and parents. It then described the more common pattern of challenges in family relationships, including relationships in which participants felt misunderstood based on their sexual or gender identity, their struggles with mood or anxiety, or differences in generation, nationality, or ethnic identity from their parents. Finally, difficult family relationships were described, beginning with relationships characterized as limited, followed by those that were complicated, and ending with those characterized by family conflict and chronic disconnection.

Chapter Seven: Relationships with Helping Professionals

Introduction and Plan for the Chapter

In this chapter, I describe findings from the thematic analysis of in-depth interviews about the relationships that transition-age youth living with mental illness have with the helpful adults in their lives. Findings presented in this chapter address all three research questions of this dissertation, exploring how transition-age youth experience trust, mutuality, and disconnection in their relationships with helping professionals. I interviewed 13 young women living with mood or anxiety disorders about an adult who plays a formal, helpful role for them. Ten participants talked about a current or former therapist or social worker; two discussed educators (teachers and a guidance counselor); and one talked about her mother. I also interviewed the five staff employed by Cornerstone, three therapists and two peer mentors, about their work building relationships with transition-age youth. In order to protect the privacy of these staff, they will all be referred to anonymously as female “providers” in this dissertation, while all youth are referred to by pseudonyms. In this chapter, I first discuss recurring themes that relate to the development of trust in these relationships. I then describe themes connected to mutuality in the helping relationship. Finally, I discuss themes related to disconnections in helping relationships.

Trust in Helping Relationships

Interviewees agreed that for most youth, the establishment of trust is a process that develops gradually over time. I identified a number of themes in the interviews of relational elements that facilitated trust, as well as some that inhibited trust, both of which factored into assessments of trustworthiness.

Factors Facilitating Trust

I identified a number of traits that helped participants trust therapists and other supportive adults in their lives. These traits included genuine caring, empathy, lack of judgment, confidentiality, and a respect for the young person's agency and autonomy. Although most of these traits coexisted in these helping relationships, I present them separately for the purpose of this study. Each of these traits will be described in turn.

Genuine caring. The presence of genuine caring in helping professionals was very important to these young people. Participants described how they evaluated whether adults truly cared about them as people or were just “doing their job.” Flower describes an upsetting experience in which she was being evaluated by someone whom she experienced as uncaring:

Flower: For example, when I came here, like before [*previous therapist*] had to get like an evaluation or something, and that's when she was asking me how are you feeling, what's this. And I would actually go through something. Like I wasn't in the right state of mind to even talk to anybody, and she just was so like cold hearted and didn't react, and I'm just like – I literally got up and I left, because I didn't want to be here. I was like and this is how it's going to be I might as well just deal with my emotions on my own.

Beth: Yeah. That sounds so impersonal.

Flower: Exactly. Like I get it, you're doing your job. Do it better, you know?

In contrast to this experience, Flower found her previous therapist to be very caring:

“Yeah, she really did care. Like I said, it wasn't just like basic questions. It was more like not intimate, but, you know, I felt the emotion.”

Yasmine described how when she first started working with her current therapist, she looked to see whether her therapist would respond to her with genuine emotion:

Well, when we started talking about my boyfriend and then like when I got, 'cause when you see a therapist, like you wanna see first like if, what they're reacting when you're saying things about stress and how they're reacting to things

that are good... And when I was talking about stressful things, she was just like concerned and trying to be helpful and when it was happy things, she has this really happy look on her face and I'm like yep, she cares. That's what's important.

Other participants echoed this theme. Panado said of her therapist, "I feel like she genuinely like cares about my best interests." Franchesca said of her therapist, "I think that she does care about me." Angela mimed a broad smile when she talked about her therapist: "Oh yeah! She loves to see me! When I come into her office, the cheese is so huge!"

For Lola, her school social worker's genuine caring was very important. Lola described feeling initially reluctant to speak to a counselor, but feeling comforted by her social worker's caring presence: "So I felt very comfortable... With her and speaking to her about everything that I was going through because it felt like she genuinely cares about children's well-being." She added that this caring presence "didn't feel like ingenuine, like it felt like she honestly cared about what I was going through and she wanted me to do better for myself."

Both Lola and Leigh were surprised to discover that their therapists turned out to exceed their (admittedly low) initial expectations. Lola described how seeing her therapist as a mother helped her see her own experiences with her own mother in a different light:

So when I felt like she was a mother and she cared about children, it kind of like clicked for me that you know, she does care and she was going to help me because my own mother didn't really stick around to find if I needed the help or not.

Leigh described how she began her most recent therapeutic relationship by lying to her therapist. Her previous experiences in therapy had left her feeling disillusioned: "I've

seen a handful of therapists before that and I never felt like anybody was genuinely interested in helping me, like it was just, I was just going there and it was just their job to listen to me.” She found her therapist’s directness and insistence on her honesty to be an expression of genuine caring and desire to help:

‘Cause she called me out, like she said it, she told me I could just sit there and not say anything, or I could say the truth, but to not lie to her. And that, when she said that I was like yeah, she doesn’t wanna hear bullshit. She wants to help or there’s no point of me lying.

Leigh describes internalizing this realization during the years of their work together, reflecting that her therapist was, “just a caring person, so like she wasn’t overly caring but I knew that it wasn’t bullshit. So it just, it made me so much more comfortable and it made me want to better myself because she saw, like, potential in me.”

Although the relationship with a teacher or guidance counselor is different than a relationship with a therapist, both Ashley and Rosie mentioned the genuine caring they saw in the educators at their respective schools. Ashley described her teacher as “a caring person” who makes an effort to reach out to her with personalized interest in both her schoolwork and her family:

he always like asks me like how I’m doing and like we always talk about like things that we have in common and catch up on things and like one time at parent teacher conference night, like he was like telling my mom like how smart I am and how he wants me to get out of the school and, and like stuff like that

Rosie described her guidance counselor as someone who makes students feel cared for even in the context of a large public high school:

He, he has a lot of kids every year, he has a ton and he gets new ones every single year and he has like all these people that filter through and he has like photos of like, like some of his students that you know, he’s worked with a lot like smiling, like being like this on his wall. So like I’m like one in a million. But because of how much like personalized effort he puts into each individual student, I don’t like feel lost in the midst of people

She also talked about a teacher who similarly demonstrated caring, personalized attention to his students:

And he really like does something for each of his students and he like, oh, he's a friendly guy, he takes care of you, makes sure that you're okay all the time and he teaches you and he makes fun of you too, you know, like this, it's great

Genuine caring: provider perspective. The providers I interviewed also recognized the importance of youth feeling cared for in these relationships. One talked about how she sees her role as being a consistent presence in the lives of young people: "Just to show them that I, like hey, even if you think I'm not there, I'm here for you, even if not you're going to show up, I still care." Another reflected that in the course of her work, "I have learned that with most people, they will open up to you if they feel like you care." Another provider acknowledged towards the end of our interview that she enjoyed reflecting on her work, because she cares very deeply about the young people she works with:

Provider: I enjoy talking about my relationship with my clients. You know, I really, I feel really close to them and like you know, it's interesting because you're asking me to like think back about how our relationships were formed and how they evolved and...

Beth: Yeah.

Provider: So it's really nice actually to think about. I don't know, they're not my kids, but...

Beth: Right.

Provider: But still there's like, like certain things that I'm like proud of or...

Beth: Right.

Provider: You know, like think about or yeah.

Beth: There's like affection there, right.

Provider: Definitely, definitely. I feel, yeah, very, I, I think it's something that you know, is, that's natural, right, to feel connected to your clients?

[*Interviewer laughs*] Even the ones that make you crazy, especially the ones that you know, are more problematic 'cause you worry about them and...

Beth: Yeah.

Provider: I have gone on vacation and thought about them and worried about them which I think is also like my issue that I need to deal with [*laughs*], but you know, like you worry about them...

Beth: Yeah.

Provider: And you care about them and you develop this relationship.

Both youth and providers recognize the importance of genuine caring for fostering trust in a helping relationship.

Empathy. Most participants described the importance of feeling understood and having their experiences validated when speaking with a therapist or educator. Some participants specifically referenced their appreciation that professionals understood the extent of their struggles with mood and anxiety, or their particular personal and family histories. Panado described how important it is to her to be able to talk with her therapist about her mood disorder:

I don't really have anybody else to talk to about certain things like that go on in my head or how I'm feeling when I do express those things to like people who don't understand. Like for example, my boyfriend, like, I have bipolar disorder and he doesn't... So he doesn't understand like how I feel when I run out of medication and I'm feeling like really on edge or whatever. Or even other things like things that are stressing me out, I can talk to her about that.

Thefa shared similar sentiments about being able to talk about her personal experiences in therapy and feel understood:

And you know, I was able to talk to her about things and it was at a time where I really thought you know, nobody really understood and nobody was able to listen. And it was really nice to be able to you know, talk to somebody and you know, get validated...

Franchesca talked at length about how much she loves her therapist and how she experiences her therapist as understanding, comforting, and relatable. She described in her interview how realizing the extent of her therapist's understanding of her situation helped deepen her trust in her therapist:

But then towards the summer I realized I could tell her – like I got into this really bad fight with my mom and I was telling her about it. And I was like – she understands, like she respects the relationship that me and my mom have and she’s not going to force it to be different, and she’s not going to like send me away. She’s not going to call social services on us for this one fight. And I guess like through just like our sessions and me revealing more to her and seeing how just understanding she was that all not family relationships are like the nuclear family – it’s like just seeing how understanding she was with our odd structure like I got to see that I could trust her with more intimate details of my life.

Similarly, Rosie appreciated that her guidance counselor was understanding about her particular struggles: “he knows that I have like to deal with some, I’ve had to deal with some really bad things the past few years.” She also emphasized that this counselor is conscientious about checking that his understanding of a student’s needs continues to be accurate:

But also like when he talks to the student, it’s very like clear that he really wants to do the helpful thing, be like, he listens and asks questions and sits there and like makes sure he gets like the whole situation correctly and then he like checks with you before he does any actions, which is a really nice thing that he does. He like is like, “Is this okay for you?” He like double checks it all to make sure like in case you have any last things you need to say, and like it’s like he’s like doing his job in a way that actually helps the student and not just what the job requires, which is technically to help the student but like if they have any specific requirements, you know.

Leigh described working with a social worker who understood that she was often overwhelmed by the content of their sessions:

And it was, she did everything at my own pace and like if I ever felt overwhelmed, ‘cause in the beginning I had a problem with when I was too, when I felt like I was too emotional, I would just walk out of the therapy sessions.

Leigh explained that she appreciated her therapist’s acceptance of her reaction:

‘Cause she understood like I was just too overwhelmed in that moment. And then the next session we had, she’d be like, “I hope you don’t walk out this time!” You know, and I’m like, “I hope I don’t either, so don’t push me too much!”

Finally, two participants described how their relationships with professionals helped them feel more understood and less alone in their struggles. Lola described her social worker as “very understanding” and explained, “she kinda gave me the speech like you know you’re not alone.” Similarly, Ashley explained that she is more inclined to trust people and feel comfortable around them “when they, like, do things to reassure me that, that like I’m not the only one and like, it’s okay, and stuff like that.”

Empathy: provider perspective. Perhaps not surprisingly, the providers I interviewed also emphasized the importance of empathy for building trusting relationships with youth. One provider emphasized that she makes sure to remind the youth she works with that “their needs are valid” and that she tells them: “Just I think you’re great and I’m just gonna keep telling you that and you deserve to be treated better with other people, especially by yourself.” Another explained how she continues to check in with her clients throughout the course of their work together to ensure that trust is present:

And if they feel like you actually understand them. And don’t feel judged by you. And when I have asked my clients, I usually check in with my clients every once in a while to say, you know, “How’s therapy for you?” And what I’ve heard back from them is that “You know, I feel like you get me.” And that keeps them, I guess, encourages them to be open and honest in treatment, so you know.

Another provider echoed this sentiment:

But really just communicating to them that you hear what they’re saying, you know. That, that you get it, not necessarily that you get it from, like, ‘cause you’ve been in their shoes but you hear, you hear them. You hear what they’re saying. You understand what they’re saying.

Both providers and youth recognized the important role of empathy in building trust in helping relationships.

Lack of judgment. In addition to feeling understood by professionals, these youth appreciated feeling accepted and not judged in their relationships with therapists. Many referenced this trait explicitly as something that helped them trust their therapists. When I asked Flower how her therapist supported her, she answered, “She never judged, you know, because I’ve been through a lot.” She explained that she was initially very reluctant to participate in therapy, but her therapist’s nonjudgmental stance helped her gradually open up:

In the beginning, like I said, I’m not the type of person who will open up. So it was very hard for me to do that, because, I mean, you know, I only started going to her at 14. And I know a lot of people my age in general did a lot of the like similar things that I did. But for me I was always embarrassed to talk about it. But like I said, after a while I kind of opened up and I started telling her. And I know it was like a judge free zone, so I didn’t really mind telling her the things that I was going through or anything like that.

A number of other participants also shared how important it was for them to know that therapy was a safe and nonjudgmental space. Z explained that she can talk about things with her therapist that she can’t share with anyone else:

Well because I could talk about things that I normally can’t talk about with other people with her, even like really close people, like my mom or like my close friend. I just, I don’t feel like I would be judged if I said anything to [my therapist].

Yasmine appreciates that her therapist is nonjudgmental and uncritical of her choice to move away from her traditional religious upbringing. She explains, “I’ll just complain about anything and she will not judge me... Which is part of her job, but it feels good.” Similarly, Ashley talked about a former therapist who communicated a similar nonjudgmental stance: “once I got comfortable with her, I, I just felt like, like I knew that she wouldn’t make me feel like weird or like bad for, for certain things that I’ve, that I’ve told her.” Angela appreciated that her therapist did not blame her for issues she brought

up in therapy: “when I would talk about my mom – it’s not that she takes my side, but she helps me see that it’s less my fault than I thought it was. So it’s not that everyone’s attacking me. It eases my anxiety.” Leigh talked extensively in her interview about how much she learned about the importance of validation and a non-judgmental stance in therapy. She described how meaningful it was for her to have her therapist validate her feelings:

She was very understanding to everything that I was saying and she was very validating to my feelings. She never made me feel like what I was feeling was inadequate or wrong. She said you could react to anything however you wanna react to it in that moment, but you just have to know what you’re feeling and why it is you’re feeling the way that you’re feeling, which helped me a lot.

She described an incident during the course of her work with this therapist in which she resumed recreational substance use, and was afraid to tell her therapist out of fear of judgment:

So she brought it up and then I told her about it and at that time I was using it like very recreationally, like a couple times a month maybe and she was very validating to me and the fact that she was like you don’t have to feel, you don’t have to feel like you have to hide anything from me ‘cause it’s not my place to judge you.

For Leigh, this nonjudgmental stance was what helped her decide to trust her therapist:

I guess as like the time continued and I saw that she didn’t change, like, the way she acted towards me was always the same, the interest she showed in me was always the same, she never made me feel bad about myself, like all that told me you could trust her because she hasn’t given you one reason to show that you couldn’t trust her.

Lack of judgment: provider perspective. Like the youth participants, the staff I interviewed also recognized the importance of a nonjudgmental stance in their work. One provider talked about how she communicates acceptance in her work: “I feel like I’ll be reflecting in the session... What they’re saying, me asking open ended questions and just

allowing them to be who they are and not tell them who they need to be.” Another echoed this theme of acceptance:

And you accept what they’re saying... You know. That it’s like this judgment-free space. Yeah, like this combination of that I think allows them, like they need to feel safe. They need to feel that who you are, like that you’re who you’re presenting yourself as.

Lack of judgment was an important factor contributing to trust for these young people.

Confidentiality. A few participants specifically referenced the confidentiality of the treatment relationship as an important facilitator of trust. For example, when I asked Z how she knew that she could trust her therapist, she explained: “I kind of automatically trust social workers, because I know there are certain like rules that they cannot like break like confidentiality... But she is like very like easy to talk to and relatable.” Flower, who was admittedly slow to open up to her therapist, also referenced confidentiality: “I mean, I knew everything that I spoke to her about was confidential. Obviously, if there was something, you know, very serious she’ll get my mom involved.” As someone over 18, Yasmine was almost giddy about the confidentiality of her relationship with her therapist. When I asked her how she decides what to share with her therapist, she answered, “Oh man, I talk to her about anything... There’s a whole confidentiality thing that wraps around this place.” She added later in the interview, “HIPAA is awesome.” Franchesca also emphasized the importance of young people understanding how confidentiality in therapy works:

Like you just have to kind of work through it or at least – also, because I think it’s good that you guys – in the beginning you guys really talk about what therapy really is and what you will get, what you have to tell someone about and what you don’t. It’s all very confidential, which I think is like important, because even if you talk to someone that’s had experiences with therapists, but not really.

Confidentiality: provider perspective. One of the providers I interviewed recognized confidentiality as a factor that facilitates trust, even as she sees trust build organically during the course of her work with young people:

I mean as far as the trust I think me letting them know about our confidentiality policy, that always helps, right? ... But yeah, I think it's natural, and then me mentioning to them that it's confidential and talking about that piece of what is not confidential and what is, that helps as well.

Respect for youth agency. The final trait that came up in interviews as a facilitator of trust in helping relationships was the perception that professionals were respectfully aware of the power differential in the helping relationship. This meant that they made an effort to affirm the right of young people to make their own decisions wherever possible. This theme manifested in a few forms. For some participants, they appreciated having therapists who allowed them to direct the flow of the session and did not impose their own agenda. Z described a previous therapist who took this approach:

He was like more personal with people, like more like a friend as in we sometimes like listened to music together during his sessions. We like talked about – he didn't like push you to like say what's troubling you or like how are you feeling. I mean you could just talk about anything from movies to whatever.

Similarly, Flower appreciated that in her therapy sessions, she did not feel peppered with questions about her feelings:

Flower: So with [*previous therapist*] it was a lot easier, because like I'll talk to her about a lot of things, a lot of personal things, but I wouldn't – she wouldn't ask me, "So how are you, like how's your day, what did you do?" and all of this. And just like I'll bring up the conversation, it was easy for me.

Beth: Okay. So it didn't feel like, I don't know, like clichéd?

Flower: Exactly, exactly. Like I didn't have to sit here and just, you know, answer everything. It was just more easier. I don't know. Like it didn't make me feel like I was crazy, you know...

Angela also appreciated her therapist's emphasis on making the session about her. She explained, "She's so nice! She makes the session about me, she doesn't cut off any of my sentences. She lets me finish my sentences and then waits a full 3 seconds before she says, 'So what I'm hearing is...'"

Other participants emphasized the importance of their therapists working collaboratively with them – seeking out their input, respecting their ability to make decisions, and avoiding patronizing language. Thefa explained in our interview how much she appreciates her therapist helping her with decision-making, while feeling that she ultimately retains control over her own decisions. She described how whenever she and her therapist disagree on something, their conversation consists of

debating on you know, options and stuff. She gives me a bunch of options and it's like let's lay out the pros and cons and then you pick one... 'Cause she never feels the need to force me into doing one thing or the other. I feel very much that I have a lot of control with her, which is really important to me.

Lola similarly talked about how she never felt pushed into a decision by her social worker:

She would never try to push me to do anything I didn't want to unless I really needed help, like when she had to call my family about the self-harm. But she said even then it's like I never wanna break someone's trust

Lola also talked about how she experienced her social worker as a respectful communicator: "she didn't have to like harp on me and like try to get in my head or anything like that." Lola knew that her social worker was also a mother, and this knowledge helped her develop trust in her worker: "Because she had kids so she obviously knew how to like talk to them and wouldn't talk down to them because that's not what a mother would do."

Like these participants, Rosie also valued her guidance counselor for his ability to focus on “what the student actually wants and what would be beneficial for the student.” She explained how he took her concerns seriously when she went to him with a complaint about a teacher: “Like he wasn’t just like, you know, ‘I’m sure she’s just trying to do this’ and like he took my complaint seriously.” Consequently, she felt comfortable going to him when she was having serious conflict with her parents because she knew him to be respectful of students’ perspectives:

I was like, I feel like I should ask a serious like school figure like what my rights are in this kind of situation as well. Like, can I leave my house if I want to, if I’m under 18? And like stuff like that. And like I trusted to go to [guidance counselor] ‘cause he like knows that you know, like he’s gonna make situations worse sometimes by talking to the parents and sometimes he can like fix it through the child, like and that you don’t have to go to parents and that’s not always like the best option.

Since she turned 18, he continued to demonstrate respect for her agency as a young person:

And he like respects my boundaries as well. So recently he’s been like, oh, you turned 18 recently so you know, I’m not gonna call home ‘cause I know that like, you know, you’re your own adult so you can like take care of it and I won’t unless I feel like I need to

For these participants, the experience of having their autonomy and right to make decisions respected in a helping relationship was a major factor in building trust.

Respect for youth agency: provider perspective. The importance of working collaboratively with clients came up in some of the interviews with providers as well. For example, one provider described her work with clients as “always collaborative” and client-centered, and cited this as a reason that she has not had many disagreements with clients:

I don't decide anything for my client. Now, there may have been times that I disagree with their decision, but it did not cause a disagreement between us because at the end of the day, it's their life... And while I may share with them my concerns about their decision making... The ultimate decision is always theirs. I always say to my clients – and say to myself – they are the expert on their life, I am not the expert on their life. So, I may have my opinion on what I think is best, but they also have to go through their life and either figure out that what they were thinking is best or make a mistake, which is all part of growing up, all part of their transition into adulthood.

Another affirmed this approach when she works with young people in the community, explaining, “I let them kind of lead where they want to go, how much time they wanna spend with me.” Another provider explained how she makes an effort to find out if youth have any preferred nicknames and then is conscientious to call them by their preferred names:

You know, so to say a person's name is, is one of the most beautiful sounds they hear and so that also is, builds trust and rapport, because it goes to show that this person has enough wits about them to find out what matters to me.

These providers grasped the importance for transition-age youth of feeling respected in the helping relationship as a prerequisite for trust. They also under the value of shared decision-making wherever possible. At the same time, one of the providers talked about her role in a way that seemed like it had the potential to reinforce the hierarchical dynamics of the helping relationship. This provider described her role at Cornerstone as “being a wise and experienced guide” for youth, and talked about drawing on lived experiences to “impart those knowledge and struggles you know, to, to, to the young people that I work with so they won't necessarily fall into those challenges.” This provider referred several times in the interview to sharing wisdom, being a guide, and conversations with young people as “an opportunity to interject some, some life's, you know, lesson.” This approach to working with young people is more likely to echo a

teacher-student or mentor-mentee relationship and one that may be less compatible with a shared decision-making approach. I also witnessed this approach in one group session, in which a Cornerstone participant had expressed that she did not want to continue attending groups, neither did she want to meet with her mentor as part of her continued participation in Cornerstone. Both group leaders made a concerted effort in response to this critique to explain why both groups and having a peer mentor can be valuable and worthwhile; in response, the participant remained firm in her assertion that she was not interested in either attending group or having a peer mentor. In the debrief after this group session, both leaders acknowledged the challenges of feeling personally rejected when clients choose not to engage with services. As an observer, I witnessed the tension between the wish to respect the young person's choices and the wish to encourage her to stay open to services that could be beneficial.

These five factors – genuine caring, empathy, lack of judgment, confidentiality, and respect for youth agency – served to facilitate trust in relationships between transition-age youth and professionals. The next section will describe factors that youth identified as barriers to trust in these relationships.

Factors Impeding Trust

In analyzing the interviews, I identified a number of factors that serve as obstacles to the development of trust in their relationships between young people and helping professionals. Participants expressed concern about being judged in these relationships or seen through the lenses of stereotypes. Many also came to these relationships with negative expectations of helping professionals, some informed by stereotypes and others by negative past experiences. Each of these will be described in turn.

Concerns about judgment. A number of participants referenced a concern about encountering judgment in the treatment relationship. For some, it was expressed as a worry that the professional would see them through the restrictive lens of a stereotype based on their age, their sexuality, or their status as a client in need of services. Thefa talked at length about how much she appreciated her therapist and how much she had grown as a result of their work together. However, she was careful to point out that she was initially concerned to work with an older therapist whom she worried might stereotype her as a young person:

But that didn't necessarily mean I trusted her at first, so like I was a little wary about certain things, wary about how she would react 'cause she's kind of like you know, she was an older therapist so I wasn't sure you know, how open to things she would be and you know, when, when you're like LGBT, millennial, and you know, you know a lot of people think oh, you're just a kid, you're stupid, you don't know anything and you have all these bizarre ideas that no one else believes in, it's like you know, worrying when you meet someone who's older.

Like Thefa, Franchesca also felt very close to her therapist, but admitted that her stereotypes of older people meant that she would have difficulties trusting a therapist who was considerably older than her with certain details of her life out of concern for judgment:

If she was an old person, no. If she was an old person then like I definitely wouldn't tell her like, I definitely wouldn't tell her – like, I have very liberal views. I wouldn't tell her anything about it like my sexuality or like how I'm feeling. I don't know, just because – I just feel like – I don't know, it's wrong, I feel like old people they're more often – I feel like in my experiences at least old people are more often like conservative than not and then that makes me very uncomfortable, so yeah.

In addition to judgment about age, Franchesca also acknowledged sensitivity to judgment around social class and appearance. While she affirmed her own therapist as very

relatable and nonjudgmental, she explained how a therapist's presentation could affect her willingness to trust her, as a result of her own stereotypes:

I think if she was like snobby like I wouldn't – like, honestly, I hate to be like that person, but I don't want to be like a reverse classist, but probably if I could like see on her that she was a snobby or if she was dressed very nice, and I'd probably be a little bit insecure. I wouldn't want to come wearing like more raggedy things, because I've come to her in like a mess, as a mess. And I would be a little bit more – just because I'd like have a premediated fear of judgment. Do you know what I'm saying?... Like if she came in in like, I don't know, a long, mink coat or something, I don't know, I would just be like ah, yeah.

Other participants referenced the stigma surrounding mental illness and the stereotypes associated with receiving mental health or substance abuse services as impediments to trust in the helping relationship. Flower talked at length about how she valued her therapist who did not “act like a therapist” and explained that she did not want to see another therapist or participate in a group that was more like traditional therapy:

It's like they look at all the clients or patients, whatever, the same, you know. She's someone who went through this or this happened, you know. I have more to my life than being this little like a lab rat that you're testing.

Leigh also reiterated this theme, talking about the stigma surrounding substance abuse treatment and how the fear of judgment can serve as an impediment to the development of a trusting relationship. She explained, “A lot of people who go into, who go to these clinics already feel so stigmatized and like that nobody wants to help them because they feel like they're viewed so negatively.” She described how she emphasizes this point to her classmates who are in class with her to become substance abuse counselors:

sometimes I'm in class for substance abuse and I, some of the things that the people say in my class are so judgmental towards people, addicts, and I just look at these people and I'm just like if you think that way, please don't be a substance abuse counselor because you're gonna really affect these people in their like road to recovery, because if you judge them, they're gonna close off.

She describes how it took her time to learn to trust her therapist, but that she continued to worry that her therapist would judge her around her substance use:

Well in the beginning, yeah, of course, like I felt like I couldn't discuss anything with her but as we became more open, I just felt like I couldn't discuss if I used the drug, I was like, I didn't wanna tell her because I felt like she would look down at me and be disappointed in me.

After a relapse, Leigh and her therapist were able to discuss this concern openly:

I told her that I didn't wanna tell her because I was afraid that she was gonna judge me and she was just, she was just like, "That's not, I'm not here to judge you," like she told me like I've heard such things from people and like I've, so what could, it's nothing to judge you about.

Lola admitted that she was initially wary about trusting her school social worker because of her own family stigma around mental illness: "Yeah, my family's really Hispanic, like talking about feelings and like mental issues and depression and self-harm isn't something that like you do very often." In the course of working with this social worker, Lola was able to challenge this internalized stigma associated with mental illness:

And she made me realize that having a mental illness doesn't make you a different person, it doesn't make you, like the people you see on TV where they're like having stereotypes being crazy, quote unquote. And she wanted me to realize that I'm more than just my mental illness.

These quotes demonstrate that participants entered into relationships with professionals very aware of the ways that they could be judged or misunderstood through stereotypes based on their youth, their sexuality, or their need for mental health or substance abuse services.

Concerns about judgment: provider perspective. Some of the providers I interviewed also recognized the potential for these stereotypes or concerns about judgment to serve as a barrier to trust. One provider acknowledged that while she holds different beliefs about substance use than her clients, she recognizes that she will need to

keep her opinions about what is “proper” to herself, at least until a stronger relationship is established:

He’s saying to me, you know, “I enjoy using substances. I have no desire to stop using substances.” I don’t agree with that as a therapist. I don’t agree with that as an adult person. But I know that I have to meet him where he’s at. I know that if I scold him, that’s gonna chase him away... So at this point, I am still at the building of rapport, getting to understand his perspective and hopefully with due time, I can help him to explore his thought process and make some proper or different decisions for himself.

Another provider explained that she does try to address stigma in her work with young people as part of developing trust in the helping relationship, but tries not to use the word which she feels is a “heavy word”:

Beth: So, so you can sort of normalize it and like address...
 Provider: Normalize it, yeah.
 Beth: The, the stigma that you know is a big issue for them.
 Provider: I know the stigma is, we never directly address stigma, I never use the word.
 Beth: Okay.
 Provider: But we do talk about it. I mean, not never but rarely you know, you can get it across and I think the word “stigma” is frightening...
 Beth: Okay.
 Provider: To a lot of people. ‘Cause they may not have thought, stigma sounds like a, like a disorder or something, right?
 Beth: Sounds like a disease, yeah.

In addition to these more general fears of encountering judgment in relationships with professionals, participants also discussed specific concerns that familiar or anticipated harmful patterns would recur in their relationships with therapists and other helping professionals.

Negative expectations. Many participants acknowledged that they began relationships with professionals expecting them to be limited in their usefulness. For some, this was an example of a relational image they held from a previous relationship. In relational cultural theory, relational images refer to both conscious and unconscious

expectations of relationships established by early relational experiences (Jordan, 2009). Participants who had negative experiences in a previous helping relationship were less inclined to trust professionals going forward. Others had more generalized expectations of professionals as unhelpful at best or harmful at worst.

Several participants referred to previous negative experiences with therapists that influenced their approach to a new therapist. When discussing her current therapist, Angela mentioned that she likes her “surprisingly” because she has had bad experiences in the past with therapists. When I asked her to elaborate, she talked about a previous therapist who tried to focus their sessions on what he believed to be the source of her problems, such as her father or her boyfriend. Similarly, Lola had a previous therapist whom she experienced as overly directive:

But I had a therapist previously – I’ve had a lot of therapists – and she pretty much, every time I said how I didn’t wanna have a relation with my mom, she would shove it down my throat that I should and that I’m just being stupid and I need to change my mind.

Another participant, Leigh, came to her most recent therapist with a history of poor experiences. She told me, “I’ve seen a handful of therapists before that and I never felt like anybody was genuinely interested in helping me, like it was just, I was just going there and it was just their job to listen to me.” Speaking about her previous therapists, she said, “I just felt like they just didn’t understand me or where I was coming from or anything.” She explained that she experienced most of her previous therapists as judgmental and unhelpful:

Before her I had three therapists. The first one was some lady that my mom found when I was younger, she was like this Turkish lady, old and I definitely felt judged by her about like anything that I told her and I felt like I just couldn’t be myself to her...I definitely felt like she was only interested in me because she was getting paid.

Leigh added that she was expecting her most recent therapist to be the same, and so she started out by lying to this therapist. When the therapist called her out on her lying and encouraged her to be honest so she could make use of the therapy, she was “shocked.”

Ashley also talked about a previous therapist whose style was too harsh for her:

she was just like, my therapist that I didn't really get along with...kind of more like a friend than a therapist.... Like the friends that just tell you how it is and like, don't like, really try to comfort you in certain things, but just tell you, tell you like, oh, you just have to do this and that, you know?

Ashley admitted that she was withholding judgment on her current, new therapist: “I was waiting to see but I was hoping that she was better than my last.” Similarly, Thefa referenced past unhelpful therapists, saying, “I've definitely had therapists that you know, I've seen and they've done absolutely nothing for me period.”

Other participants referenced general stereotypical beliefs they had heard about professionals who are unhelpful, insincere, or harmful. For example, Rosie especially appreciated the conscientious attention and effort of her guidance counselor, which she contrasted with other teachers who to her seemed more lackadaisical in their efforts to help students:

There are other teachers who are just like, I'm sorry, I can't do that for you because I don't know, like they don't have to or whatever it is... they're like I'm sorry, I can't do that for you or because you know, they don't feel like it and it's just, like, taking extra time out of their day. And they also, like don't, like, give the student any power; it's just like whether I feel like doing it or not for you.

In a similar vein, Lola expressed surprise to discover how much her social worker genuinely cared about her and all the students she worked with: “I guess social workers do care, but sometimes you know, they have so many kids that they're looking after that sometimes it just feels kind of rushed.” Leigh had a similarly uninspiring impression of

the therapists to whom she had been lying: “I was just like I thought that you guys just shook your heads to everything that I said and then I just went on my day.”

For Flower, it was vital that her therapist did not ask her questions like a “typical” therapist, adding, “I don’t want to feel like I’m in an actual therapist’s office.” She explained, “when you think of therapists you think of them asking you how do you feel or how’s this, you know.” She felt that her sessions with her therapist felt “natural” and that her interest was genuine, which was very important to her:

She didn’t give that like fake vibe where it was just like. . . . You know how like some therapists are like, “Oh, so how are you today?” Like I don’t know how to explain it, there’s just those people who just give you that like weird vibe. Like you know it’s not real, like you know they don’t care, they just have to do their jobs. So they’re like, “Oh, it’s okay, don’t worry.” You know what I’m saying?

Beyond therapists who are uninterested or unwilling to really get to know clients, some participants had images of therapists as both powerful and dangerous. Franchesca explained that she was familiar with these stereotypes, even as she recognized them to be untrue. She described how her mother had negative experiences with therapists in the past and that these messages affected her own feelings of mistrust at the early stages of her own therapy:

Basically she told me, “Never trust therapists, because they are terrible people and they will like hurt you and blah.” . . . And I was like, “Oh, that’s a really unhealthy mentality that I don’t think is true.” But like I still went in kind of like closed off I guess. I don’t think I was open with her. I don’t even think I even let myself do it, but like looking back now I definitely tell [therapist] more things now. I don’t know, so I think I went and I was just a little bit more reserved.

She also referenced a belief that disclosure to therapists can be risky, as a result of mandated reporting obligations:

But I was taught also by my mom and then other, like I don’t know, just in general I feel like there’s a lot of fear of therapists and psychiatrists, and like you

say this and this will hurt your life forever. And like, I don't know, but that's not real. So it's like that's why I had that mentality.

Francesca also knows peers at school who have had negative experiences with therapists and share this belief that therapists are unhelpful, harmful, or both:

Some friends at school, for example, "Oh, I hate my therapist, like I hate them. I'm not going to tell them anything." And they'll just be – like there's a lot of fear about it. Do you know what I'm saying? When really it's like you probably, like, you do need the help. They're there to help you. They're not going to be there to hurt you. There's a lot of distrust that needs to be worked through for younger people.

Reflecting on these beliefs, Francesca commented that "there needs to be way more education that you guys are like here to help and not here to hurt us."

Negative expectations: provider perspective. Some of the providers I interviewed took Francesca's advice, and told me how they make an effort in their work with young people to talk about how therapy works and how to best make use of the therapeutic relationship. None specifically mentioned addressing negative expectations, but one provider described how she makes sure to let young people know that they can speak up if they feel that therapy is not helping them:

I really like provide a lot of information around this, to my transition age youth and especially if they haven't really engaged in therapy before or they're meeting with me for the first time, we just talk about the fact of like you know, reviewing like what therapy is, how it helps and, and at the end of the day it's just like you know what, you can have a therapist and you may not click with them... it might just be a personality thing, you know, and letting them know that and I think that that actually has also helped build trust as well too.

Another provider explained that she emphasizes the importance of honesty, especially to young people whom she knows have a history of being dishonest in therapy:

Because in any therapeutic client therapist relationship, if you're not being honest with me then there's no point in being here, really.... There's no point to therapy if you're just gonna either you know, make things up or hide your feelings or censor yourself you know, filter yourself. When people filter themselves, I think

they tend to be in therapy for you know, years and years and years because if you're not gonna be honest, then you're not doing the work right, so that's a big problem I find.

This provider's observation reflects another major theme from interviews with both youth and staff – the process of assessing trust and making decisions around disclosure in a helping relationship.

Trust As A Process

Both participants and providers acknowledged that the development of trust in a helping relationship was a process that took time. Youth participants referenced the significance for them of identifying points of shared identity with their helping professionals, while a few expressed concerns about relating across difference. Providers had a different take on the meanings of these similarities and differences in the helping relationship.

Some youth identified themselves as people who were generally inclined to trust professionals; others admitted that they were slow to trust either professionals or people in general. However, most discussed their process for assessing a provider's trustworthiness and making their own decisions about when and what to disclose in a relationship with a professional. These decisions revealed a "both/and" tension in most participants – a desire to be both honest and open with professionals alongside wariness and guardedness in these relationships. In this section, I first discuss how youth and providers navigated areas of similarity and difference in their relationships; then, I discuss the process of assessing trustworthiness in a helping relationship and making decisions around disclosure. Finally, I describe how the central relational paradox

manifested in these descriptions of relationships, with a desire for openness and sharing coexisting alongside wariness and guardedness.

Navigating similarities and differences. A number of youth participants mentioned in their interviews life experiences or traits that they had discovered having in common with their helping professionals. For most youth, these similarities were meaningful as they developed their relationships with these adults. As an example, Yasmine appreciated that her therapist was familiar with her family's religious observance, since "she understands most of the laws that I had to go through when I was religious." Ocean also found this similarity helpful, explaining that having a therapist who is a co-religionist is valuable, because "he understands like if I talk about [religion], at least he like understands what I'm saying." Ashley appreciated that her teacher shared her interests in music: "he's like the one teacher that, that like has similar interests as me and like he always like asks me like how I'm doing and like we always talk about like things that we have in common." Angela appreciated having a female therapist, explaining, "Well, I can relate to her, I find it easier to relate to other women. Like if I have issues with my boyfriend, or issues with my mom – she is a daughter, she knows what it's like."

For a few participants, their identification with shared lived experiences with their therapists went even deeper. Lola described how she was moved to learn about her own social worker's experiences growing up in poverty:

she talked about how when she was growing up, she grew up very underprivileged...And she felt that that that really molded the way she was today... and so she explained that growing up, when she went through a hard time, it's just like you sucked it up and you kept going. And she said that's what you're doing and I don't want you to be like me when I was younger...

Similarly, Flower described a strong connection with her former therapist, based on their many similarities. Flower told me that she felt like her therapist “was an older version of me in a way,” explaining that they had similar backgrounds and similar ways of approaching problems:

But like I said, me and her kind of go through similar situations. So she would never say anything about like her family like to say anything bad about them, but, you know, her childhood is similar to mine, for example, or whatever, it’s just in general.

Flower also told me that she could relate to her therapist because they came from similar immigrant family backgrounds: “me and her are more like American in a way, more like modernized.” These shared experiences were very important for Flower’s sense of being able to relate to her therapist.

In addition to reflecting on the significance of these similarities, participants also spoke about the meaning of various kinds of differences in the helping relationship, including age and gender. Both Thefa and Franchesca expressed concern that an older therapist might be judgmental or unable to understand their experiences as millennials who identify as LGBT and politically liberal. Panado told me that she was glad to have a female therapist: “I’m glad that she’s like a woman...And not some like guy that like it would just be awkward talking to.” In contrast, Ocean was glad to have a male therapist because she felt like having a therapist with what she associated with a stereotypically “masculine” perspective suited her own personality better:

And I hate to sound like I’m like gender stereotyping right now, but I’m gonna gender stereotype...Like women, I feel like, tend to be more like the soft side and stuff like that, and like more accepting of, like, issues. Whereas like, men it’s like, you know, it’s like straight to the point. Like, this is the issue. We need to do this, you know...I’m like, when I think about myself, like I think I should be a guy sometimes, because I’m very like, you know, like there’s no crying, you

know what I mean? Like I'm very, I mean, that's mainly because also like, how I am, I'm like very hard on myself.

Although counterintuitive, this and other examples suggest that finding points of similarity or shared outlook with a therapist was important for many of these young women.

Navigating similarities and differences: provider perspectives. In my interviews with providers, I asked them about how their professional relationships with youth are affected by either similarities or differences in terms of gender, race, or cultural background. These helping professionals took a range of different approaches to conceptualizing the significance of similarities and differences in the helping relationship. Most recognized that similarities in background or experience helped forge the relationship, both for the young person and for the professional. One provider explained how working with clients from a similar background to hers facilitated her understanding of their experience:

So if I have somebody else who's from the [region] I can say, "Yeah, I know, you know, this is how my family is as well."...So I can relate to that. And you know, I think that when clients can relate to you, it also helps them to open up. Right?

Another provider reflected that one of her clients shares her experience of participating in a youth group, which also facilitates her understanding of her experience:

she knows like that I went to a youth movement, like I understand that and like so she can throw terms in and, you know, I'm not gonna ask a question... Yeah. I mean, I guess it can be a benefit. It, it hasn't played enough of a part to, you know.

Another provider recognized that some young women might prefer to work with females if they have had negative experiences with males: "I think maybe it might be easier with

female, with female, female things...If, especially if there's an inherent distrust of males."

While most providers recognized the value in finding these similarities with young people, they had different perspectives on the value of addressing differences in background or lived experience. Some felt that it was rarely an issue that needed to be addressed explicitly in the work. One provider, in response to my question about whether differences with clients ever come up in her work, responded,

No, and it feels weird saying that. Like I don't mean it like in the like oh it's not impacting the work or anything like that. But it hasn't like come up like where, like something that we've had to address.

Another provider echoed this, saying, "I don't know, I guess I'm not thinking about it unless I feel like it's really an issue for them, you know. I haven't found it to be like a plus or a minus actually." She went on to elaborate that she was sure that culture played a "subtle" role in the work, but that "I've never found in my experience so far that, that being culturally different than someone has been a roadblock."

Another provider emphasized repeatedly in her interview that shared humanity was more important than any difference in gender, race, or background, explaining, "So, so I come from the aspect of 'Tell me about yourself' or 'What brought you here?' Because at the end of the day we are all humans and that our humanity connects us." The provider elaborated on this approach to building rapport with youth:

And so it's, and it's in that vein that when they speak about themselves, it creates fertile ground to start to elicit things that they may have challenging, to start to see similarities...and then that lessens whatever defense mechanisms because you, you start to see that okay, this person may be an African American male and I may be a, a white female, but our life experiences, you know, are similar and that's a connecting rod, you know, that you can easily identify with, especially if this [person] is in a place where I'm striving to get to.

This provider also emphasized the importance of finding out what matters the most to a young person, arguing that providing thoughtful, personalized attention in a professional relationship is the most important element in building rapport: “what matters to me goes a long way if you can see that in a person, irregardless of whether they’re black, brown, blue, purple, or green.”

Other providers interviewed for this study took a different tack, believing that racial or cultural differences are important to acknowledge in a helping relationship. One provider told me that cultural differences in the helping relationship are “something that I am aware of. And I’m sure it affects the relationship in the sense that I might not always be aware of what their cultural norms are.” She went on to explain how she has had clients educate her on cultural norms in their families:

And I’ve had a lot of clients who have had to educate me on their cultural norms and that’s been okay, I’m always open to talking about that, you know, what’s normal in, amongst your family or in your religion or in your culture when it comes down to, for example, sex...or drugs or disciplining a child.

Another provider reflected on a recently terminated relationship with a young person in which she regretted not addressing their differences in race and social class: “at the end of the day we had did great work, but if I would change one aspect of what I did, I would have talked about that.” She elaborated:

what I realized is that I could have prohibited some kind of, and potentially unconsciously oppressed some of my clients by not addressing our socioeconomic differences, our ethnic differences, and I probably should have owned my white privilege, my higher socioeconomic status and asked them what their experience is like and how they felt about me in that way, because I just chose not to address it because I didn’t think it was important.

For these providers, openly addressing differences and exploring their meaning was an important and evolving part of their work in building relationships with transition-age

youth. For youth, recognizing similarities and differences with helping professionals was one component of a larger process of assessing the trustworthiness of those professionals.

Assessing trustworthiness. Interviews with youth participants explored how they make decisions around trust in relationships. A few participants acknowledged that it was relatively easy for them to trust their therapists. Panado said of herself, “if I don’t have a reason to be uncomfortable, then I won’t be uncomfortable.” She quickly became comfortable with her therapist:

Like the first time we met, I was like you know, like it was a different vibe the first time we met, but after like the second visit I was just like okay you know, I’m comfortable telling her everything.

Similarly, both Z and Yasmine took comfort in the confidentiality and professional boundaries of the therapeutic relationship. Z said that she “kind of automatically trust[s] social workers.” Yasmine trusted her therapist after a few sessions of seeing her react genuinely to her disclosures in session. When I asked Yasmine how she decided that she could trust her therapist, she answered, “Well, she’s a professional.”

Most participants, however, acknowledged that they take time to establish trust in a relationship with a professional. Thefa conceded that she was worried her new therapist would not be able to relate to her as an LGBT millennial, but found that “she definitely like reaffirmed everything” in terms of being understanding and knowledgeable. Consequently, Thefa reported, “over like, I would say it didn’t even take me a month, I was able to trust her.” I asked Thefa if she was looking for something specific to help her make her decision around trust and disclosure, and she described herself as both “very open” and “very afraid”:

Well, I mean, I'm fairly open even though you know, I'm afraid, like I'll just be like yeah, I'm gay. And I'll either get a "Oh, okay!" or a "Oh, okay...". And that sort of you know, shows me where the person stands...

Franchesca had a similar experience of going to her therapist about a bad fight with her mother and being reassured to find out that her therapist would not "call social services on us for this one fight." She described this realization as something that strengthened her trust in her therapist:

Beth: Okay. So it sounds like you sort of were waiting to see?
Franchesca: Felt my way in, yeah.

Other participants assessed trust gradually over time. Angela reported that she trusted her therapist, but admitted "although if I'm being honest it took me until our last session for it to really hit home." Leigh told me that she did not trust her therapist when she first met her. She explained:

Leigh: At the end of it, I definitely trusted her. But in the beginning, no.
Beth: Okay. And do you remember that process, like how did you come to decide that she was someone you could trust?
Leigh: I guess as like the time continued and I saw that she didn't change, like, the way she acted towards me was always the same, the interest she showed in me was always the same, she never made me feel bad about myself, like all that told me you could trust her because she hasn't given you one reason to show that you couldn't trust her.

Rosie's trust in her guidance counselor also evolved through her own experience. She first learned that he was helpful and understanding when she went to him about problems in school:

I had to figure it out, but like it didn't take very long...It was like, but to trust him with that kind of thing, it took much longer, I would say. Like in the beginning, it was more just like, like whether I felt like it was even worth, like, speaking up about like a really bad teacher to him.

She explained that "having him like be supportive from the beginning makes it much easier for me to like open up to him later on":

So like when I was having a really rough time at home, I was like, I felt comfortable enough to go to him and be like I'm having this really bad time at home, I don't know what I should do. And like, well now I would say it sounds like, so like, picture-book-esque but it was like, I like trusted him because of all the past times he's fought for me to get what is good for me...

Ashley described a previous therapist whom she found "motherly" and "comfortable" but admitted, "I had to warm up her." She explained that she was really shy when she first met this therapist, and so "I guess it took me a while to like get to that point, but when I did it was fine." At our first interview, Ashley had been working with a new therapist for just over a month. I asked her if she felt that she could trust this new therapist: "Um, I think I, I think I can trust her. I just, I'm not 100% comfortable with her yet....Just 'cause it's new, not because there's anything wrong with her." Like Ashley, Ocean admitted that she trusted her therapist but that it took some time:

I think it like took me a little bit, like maybe 2, 3 sessions, because like I have to like get a feel for a person, you know. I'm not just going to like go in there and tell him my whole life story, like hey, I trust you.... You know, like I have to like get a feel for a person or whatever.... I can tell, you know, okay, this person's trustworthy or this person is gonna like, compromise, like my bad experience, it was like my therapist was just like, she like, I told her something and, you know, I thought I trusted her, and then she went on and did stuff she wasn't supposed to.

I asked Ocean if she was looking for anything in particular to help her make her decisions around trust. She didn't have specific criteria for trustworthiness but rather trusted her instinct:

No, not necessarily. I can generally, like I usually, it's really weird, but like I get vibes, you know, from people, like just if I speak to you once, like I can like get a feel, like a vibe, of like what kind of person you are.

Other participants described themselves as being slow to trust. Lola talked about this when she described her initial hesitation to open up to her school social worker:

it really takes a while for me to trust somebody because I just felt like I've been burned so many times by people. So willingly going in with like open arms and telling about my feelings just wasn't something that I did but willingly

Flower defined herself in this way: "I'm not someone who trusts, like I don't talk to a lot of people and I don't trust a lot of people." For her, it was especially unusual that she was able to open up to her therapist and she found it hard in the interview to articulate her process:

I mean, I knew everything that I spoke to her about was confidential. Obviously, if there was something, you know, very serious she'll get my mom involved. But I don't know, I guess with her it was – I don't know. It just felt easy. I don't know how to explain it.

Assessing trustworthiness: provider perspective. My interviews with providers also explored the role of trust in their relationships with young people, and all five identified it as an important part of the helping relationship that they attend to and in some cases consciously cultivate. One provider explained that with a client who seemed especially resistant, she chose to use strategic self-disclosure about her own personal history and that she believed her client. This provider told me of this particular client, "At termination, she told me that that's what made me, her trust me." Another provider used the metaphor of planting seeds to describe the process of nurturing trust in a relationship:

And being able to communicate, okay, well hey listen, I was here, missed you, let's reschedule. All that plants a seed, all that is fertilizer... That, that continues to plant that seed to nourish and just like any fertilizer will do to nourish the soil, sooner or later with sunshine and rain you know, you have that plant starts to sprout you know, and that's the essence of how that trust starts to build with, with young folks that they insist on making, rescheduling appointments.

Providers had different ways of assessing the development of trust in their relationships with youth. Some talked about youth who started out being very passive in the relationship showing greater engagement and more active participation in their

relationship with the provider. One provider asserted, “the trust is really key there for them to engage in any capacity.” Speaking about transition-age youth, she explained:

they’re clients that just if they don’t feel, that they don’t feel that this is safe, that they don’t trust that you are actually able to help them and be some kind of a resource to them, they’re not going to come. They’re just not, you know?

Another described a noticeable shift in engagement with a young woman:

And when she, she would go off the radar for a long time and I would like have to track her down and she would always have some kind of excuse like my phone broke, whatever and then she started reaching out to me and apologizing for not showing up. And like there was a major shift where she would come to me and say I have this problem, can you help me with it?

Another provider observed the development of trust in a relationship to “when they start to ask you things.”

Providers also measured the development of trust in their relationships by the willingness of clients to disclose more details about themselves. One provider explained, “And so it manifests itself where you have trust in just the level of disclosure that people have with you and what they’re willing to do to just share.” Two other providers echoed this sentiment. One observed that she can tell if a client trusts her

I think by the things they’re willing to share during treatment. . . . That says a lot. You know, I have definitely had clients open up and share things with me as we progressed in treatment that they did not share in the first session. You know, usually during first session or if I had the opportunity to do the intake, clients share a little bit and it gives you a vague open picture of who they are. And as they get to know you, they fill in a lot of blanks. But that happens with trust, so.

Another pointed out that assessing trust with teenage clients is not different from any other interpersonal relationship:

Provider: I think it’s the same way you can tell if anyone trusts you.
 Beth: Okay.
 Provider: Right? It’s about body language, it’s how responsive they are, it’s how they feel when they enter the room and sit down. You can feel that, you can feel their energy, you can see how by their body

language and how much they're willing to share, you know. And it's interesting when you have someone very resistant in the beginning and then you slowly see that. Where hopefully that's what happens.

The question of assessing trustworthiness came up in a group session as well. After one participant said that she does not trust people, I asked the group members how they know if someone is trustworthy. Another group member explained that she will test them, by meeting with Provider #1 and sharing something, and then if Provider #2 comments to her on something she heard from Provider #1, she will know that she cannot trust Provider #1 to keep their communication confidential. One of the group leaders added that she believes decisions about trust come from “the gut.” This group leader encouraged all group members to remember that they are blessed with intuition and can trust the “vibes” or energy they get from another person, even if they are feeling anxious. She added, “I always go with vibes.” The observations of these providers and this group discussion both reflect the next important component of assessing trustworthiness for young people – decisions around disclosure.

Decisions around disclosure. When I asked participants how they decide what to share with professionals, their responses revealed both willingness and reticence to share information about themselves with therapists and other helping professionals. Some participants described themselves as very candid with their therapists. In response to my question about deciding what to share with her therapist, Yasmine said, “Oh man, I talk to her about anything.” She added later on, “whenever I talk to someone professional, I try to be as accurate as I can.” On the other end of the spectrum, Flower admitted that “even with like from you know, [therapist], I never really told her much.” In between,

most participants admitted to me that there were certain topics that were off-limits in therapy.

One topic that was a major factor in participants' decisions around disclosure was concerns about mandated reporting. Three participants mentioned this as playing a role in their decisions what to share with professionals. Thefa told me that she can tell her therapist "just about anything," but admitted to feeling nervous talking about past experiences of abuse, even though she was no longer a minor:

I'm a little afraid to tell her in regards to like you know, some of the abuse I've gone through and stuff... I do worry at times that you know, if I tell her something, it may prompt her to like you know, tell somebody because I've always had that kind of hanging over my head through the school system and stuff, like you know... You can tell us anything, but if you tell us a certain thing, we have to tell somebody about it and you know, it's hard to get used to that not being as much of a thing.

In a similar vein, Ocean told me that she chooses to focus on her own individual concerns in her therapy sessions, and reflected that she is "very careful" to avoid speaking about her family because she had a previous bad experience with a therapist violating her confidentiality:

Beth: Okay. Are there any topics that you feel like you can't talk about with him?

Ocean: I guess my family, sometimes I notice I don't really speak about, I'm actually scared to speak to [therapist] about my family sometimes.

Beth: Do you have any hunches why?

Ocean: Do I what?

Beth: Do you have any guesses why that might be?

Ocean: Because my bad experience had to do with my family.

Beth: Oh, okay.

Ocean: Now that I think about it, yeah.

Beth: Okay.

Ocean: And I'm scared of that being repeated.

Beth: Gotcha.

Ocean: Yeah. So I don't really bring up my family as much.

Rosie explained that she decides whether or not to share personal information based on whether she thinks the person can be helpful to her with that information.

What I think would be helpful to, like, like if there's something to gain from telling him, then tell him... If there's something to gain from it, you know, whether it be calming down or whatever and it's but like...or prepping for problems kind of thing, like stuff like that.

When I asked Rosie if she felt like she could be honest with her guidance counselor, she answered, "I think to an extent. It's still like a school." She was candid about the fact that she is selective in what personal information she shares with her guidance counselor for this reason:

I mean like, yeah, there are things that you're just not allowed to talk about between students and like teachers, just like random like stupid things because of we are people in the world. Which is fine and also like self-harm or like that kind of thing, it's not really something that he's equipped to deal with and it's also like, like there are a lot of things that can happen through it, even if it's like a random comment.... So, I yeah... Tend to stay away from that kind of thing. Because it also puts him in a difficult place because he's like, what do I do with this information, you know? Whatever it is, whatever it may be. So, if it's like really, really bad and I don't really think there's as much to gain from it, I wouldn't put him in that situation, because what's the point?

Other participants also admitted to making decisions around disclosure. Franchesca admitted that while she is generally open with her therapist, "there probably are things that I'm more reserved on, but like I would tell her if I needed to." Ashley admitted that she takes a while to feel comfortable with others, but that once she does feel comfortable, she is more willing to share information about herself. I asked her how she knows when she feels this greater level of comfort:

I know when I am comfortable with someone, when I'm able to get more, like, deeper into personal things. And I'm comfortable around someone when they, when they don't make me feel like, like an outcast, you know?

Z also said that she chooses to talk with her therapist about “whatever is on my mind at the moment or like something that I see that is very important that I want to work on.”

However, she also makes decisions about what to share with her therapist, although she chose not to share the nature of those decisions with me:

Beth: Okay. Are there topics that you feel like you can't talk about with her?

Z: Um, yes.

Beth: Okay.

Z: Or at least I haven't talked with her about them yet.

This combination of honesty and guardedness was present in nearly all of the young people I interviewed for this study.

The Central Relational Paradox in Helping Relationships

Nearly all participants I interviewed expressed both a desire to disclose and thus benefit from their relationships with professionals, alongside wariness about the potential risks of disclosure. This tension is referred to in relational-cultural theory as the central relational paradox, and it reflects the simultaneous appeal and peril of vulnerability in relationships, especially relationships characterized by power differentials such as those with professionals. For most participants, this tension was not easily resolved – it continued to manifest in the ways they talked about relating to professionals, opening up, and holding back.

Honesty and openness. Many participants described in their interviews a feeling of comfort or relief that accompanied being able to share openly with a therapist. When I asked Francesca how she decides what information to share with her therapist, she explained to me that it is rarely a predetermined decision:

Francesca: Okay. Hold on, let me think this through first. I usually don't decide. I'm there and I'm angry. (*laughter*)

Beth: Okay.

- Franchesca: I just start speaking.
 Beth: And it just comes out?
 Franchesca: Yeah. I don't think I premeditate a lot. Usually I'm on the train coming here I'm like, oh my God, na na na na na, and I just get – she like shuts the door. I'm like, okay, so this is what's going on. Yeah, I don't really think it through. I've gotten comfortable enough. And I also have enough security and my stability that I don't need to watch what I say. But if I was feeling unstable I think I still would probably to talk to her the same way just because I have no filter and also because it's important to share.

Similarly, Yasmine was happy to be honest with her therapist about everything going on in her life. She told me, “I come here and I complain about my work, I tell her all about how my boyfriend is, I complain about my family and sometimes I'm happy about my family, we talk about a lot of stuff.” She also expressed a belief that it is important to have at least one person, or preferably more than one, in her life to whom she can talk on a regular basis:

Cause you know if you have one person and my boyfriend, I talk to him about anything and everything... But he's the one person and I'm pretty sure you're supposed to have more than one person.... So she's another one.

Ashley had a former therapist who helped her feel comfortable talking honestly about herself: “I was really comfortable with like confiding into her and like being honest about everything and not like being scared to hold things back.” Similarly, Angela believed in the importance of being honest with her therapist:

No, I don't think there's anything that I shouldn't tell her. Like, if I was feeling really angry over the weekend and felt like I wanted to stab someone because they punched me in the face, and I had to work really hard not to act on that feeling because I was so mad that I was ready to go to jail for this person, no, that's exactly what I should be telling her. Therapists are exactly the people that you should tell those thoughts to.

Ocean described herself as “a very honest person” and “a very like open person in general.” She explained that with certain topics, such as addiction, she prefers to speak

about them with her therapist, whom she believes will understand her better than a friend might: “So it’s something more like I can share with him, especially because it’s something I think about a lot, and like I can actually share my thoughts and like be a little bit more like open.”

Other participants described a gradual process in which they came to be more open in therapy. Although Leigh described herself in our interview as “an open person,” she admitted that she was not honest when she first met with her last therapist:

- Leigh: Well it started by me, in our first couple of sessions, everything she asked me I was just lying to her and then she called me out on my lies and she’s like I know you’re lying to me and I was so, like, I was just caught so off guard by that, I was like, “What do you mean you know I’m lying to you?” Like, she’s like, “You’re lying to me” and she’s like I can’t help you if you’re lying to me, like I’m not here to judge you, I’m not here to do anything but help you, but if you lie to me then don’t even say anything because there’s no point, and then when she said that, I was like all right, maybe I’ll just tell you the truth, ‘cause...
- Beth: Wow.
- Leigh: Yeah, ‘cause it was me avoiding telling the truth and she’s like, and then we figured that avoidance was like my main issue, so.

Reflecting on her work with this therapist, Leigh said, “she showed me how good, like how helpful being honest with her and to myself could be.”

Lola had a similar realization in therapy, when she was initially avoiding discussing sensitive topics with her therapist and then decided to disclose when her therapist asked her what her father “didn’t notice” about her:

I just like, it felt like work, I’m like everything was coming out. He didn’t notice like when I tried to feel good about myself, he didn’t notice this, he didn’t notice the cuts or anything, and that’s kind of when I realized that you know, this is what’s gonna happen, you just have to be honest with somebody because you’re not being honest with yourself and you’re not being honest with anybody else and that’s gonna do you no good in life.

By the time of our interview, Lola described herself as someone who had grown more comfortable being honest and open about things that bothered her:

And I feel that because I was always the nice one, I was always like oh well you know, uh, like sugarcoating it and I feel like if I wanna talk about something, I'll talk about it, and if it does me good, then I'll talk about it till I get blue in the face.

Thefa quite eloquently captured the central relational paradox when she described her attitude towards disclosure: “Yeah, I mean like in regards to you know, telling people things. I'm very, very open.... And I'm also very afraid, and that doesn't mesh well.”

With regards to her therapist, she said, “I'm pretty open, I can tell her just about anything and not really be too worried about it.”

Wariness and guardedness. At the same time, most participants also acknowledged a sense of wariness around opening up to a helping professional. This theme coexisted for most of the participants alongside their desire to be honest and open in therapy. For some, they identified it as a personality trait; they described themselves as generally reserved around others. Lola said of herself, “it's hard for me to open up to people.” She said of herself, “I'm really good at masking when I am going through something.” Even now, Lola admits that she still struggles between talking about her feelings openly and being “closed off” to others:

Like I wanted help and it took me a while to realize I wanted help, but I didn't know how to get that help because I felt like I was being so closed off. But she had like such great patience, like I didn't realize it up until I was talking to my friend and he was saying to me you know, you were very closed off for a really long time from people, like all of your friends were very concerned. And I still do that now where I'll go through periods of being very like closed off from people.

Flower described herself as similarly guarded: “Honestly, I'm not the type of person who will open up to anybody that quick.” She returned to this theme of not being “opened up” several times during the first interview, and expanded it on it later on: “And in general

like, just me, I don't do relationships. I don't do any of that. Like I said, I don't open up, and I don't believe in love or like labels." Another participant, Ashley, described her younger teenage self as "really shy." For these participants, being guarded with others felt like part of their temperament.

For a few participants, their reluctance to open up to a new provider was connected to past feelings of loss. For example, Z admitted to me that she had a hard time opening up to her new therapist "because I had a really great therapist before and I just like had him for a long time. So I'm just basing my experience with him and comparing her to him that's why." She went on to explain that although she and this former therapist had a strong bond, that in itself was a kind of limitation:

Z: But that kind of has its drawbacks too.

Beth: Yeah?

Z: Yeah, because I had to move on because I aged out of the age group that he sees and then I was too attached, so it was really hard to start with a different person.

Flower also had a strong bond with her therapist, who left her position after they had worked together for 3 years. She acknowledged that it was sad for her to have to say goodbye, and alluded to other losses in her life:

But it's not – I don't know, a lot of people like – I don't want to get too deep into it, but like a lot of people leave and like I have a huge problem with, you know, people getting out of my life. But with her it's a little different. I didn't really take it to heart, because I know it's not a bad thing.

Her therapist encouraged her to continue working with another therapist: "she tried convincing me to talk to one, but I kept refusing. I didn't want to." She explained to me that even though she knew that her case would be transferred with all of the case notes from their three years of work, she did not feel that the therapeutic relationship could be replaced: "Even though you have notes you don't know who I am. You're just reading

words. You don't know anything that went on, that's it." Jessica explained to me that she was currently on her fourth therapist at the clinic: "I was always switching...Because they were like leaving, so." She described how painful it was for her to say goodbye to her first therapist, with whom she felt a strong connection:

It was very hard. I was actually crying because she, she knew me from the very first day and that's why I came here and ever since I came to the [clinic] I was very, I was used to her.

She went on to explain that after this therapist left, it was not always easy for her to form a connection with her subsequent therapists. She described not feeling very connected to a therapist, and then, "Although we started to have one slowly, but then sadly when we have some kind of a connection, they have to leave." For these participants, their reluctance to open up to professionals seemed connected to their past experiences of attachment and loss.

For other participants, the wariness and guardedness to open up and be vulnerable in session was attributed to feelings of fear, shame, or embarrassment. Speaking about other teens she knows who have negative attitudes towards therapist, Franchesca speculated that "you're probably already feeling bad about yourself, and it's hard to open up to begin with, so if you fear that person at all, then it's like even more discouraging." Although Franchesca had a strong and valued relationship with her own therapist, she admitted to me "I don't know if I could connect that way to like someone else." She also admitted that as open as she is with her therapist, "there are things that I probably haven't said to her yet or maybe never will that I just like don't bring up because maybe I don't want to talk about them." When I asked her if she could elaborate, she said,

I guess like maybe stuff about gender. Because also, it's not like pressing, but like that stuff is just a little uncomfortable and also because I'm not sure about it. So it's like weird to speak about. Do you know what I'm saying?

For Franchesca, gender and sexuality was a source of confusion and uncertainty at the time of our interview, and so it was a topic that she was less inclined to address with her therapist. For Lola, the topic that triggered feelings of shame was her mother. She admitted that she was not open about it in her therapy – “I couldn't be honest about my mom” – and that she still struggled to talk about it openly:

It's something I'm still not very honest about today. Like I talk about minor details and things like that, but I just don't want people to feel bad for me because of the person she is because I spent so long feeling bad about myself and being embarrassed and being ashamed and just being angry inside about it. And it's something I'm still kind of working with today because you have someone very important in your life and then they go do something...it was something that we never really got to talk about because I felt like, it was probably something that was really, really like bothering me and that kinda stuff like my mom's like leaving and her problems and everything like that inside because I just didn't wanna deal with it.

Another participant also avoided certain topics because of fear of disappointing her therapist. Leigh, who started out lying to her therapist, admitted that she came to be more open because her therapist “asked questions. She asked, if she didn't ask any questions, I wouldn't have said anything.” She was also guarded about her drug use and struggled with worries about how her therapist would perceive her if and when she relapsed:

Well in the beginning, yeah, of course, like I felt like I couldn't discuss anything with her but as we became more open, I just felt like I couldn't discuss if I used the drug, I was like, I didn't wanna tell her because I felt like she would look down at me and be disappointed in me.

Perhaps more than any other participant, Flower was very candid with me about how guarded she was in therapy and in general. She reflected on her attitude when she first met her therapist:

And I guess in the beginning when I first started coming to her I always had this weird, I don't know how to explain it, like not a vibe, but I wasn't nasty to her, but I just didn't want to talk to her.

Although Flower went on to develop a strong relationship with her therapist that lasted three years, she continued to maintain an extremely skeptical stance towards the value of sharing feelings with others. She told me how she was not interested in participating in groups where everyone was expected to share about their experiences:

But there are like programs where she said, "Oh, like you can go to this program and talk to like a group of kids and they talk about why they're not doing good in school" or this, and like domestic violence or whatever it is. And I'm just like I don't want – like I love hearing all these stories, but I don't want to sit there and, you know, share my turn talking about what happened with me. I don't know, I'm more of a listener than a talker.

Even in the interview itself, Flower demonstrated a remarkable ability to be honest and guarded at the same time:

I come from a very like, screwed-up situation, like life story or whatever. So it was just like I'm not going to go in depth with it, but, you know, I'm completely judge free. You know, I always try to put myself in other people's shoes. So it could be the tiniest things, you know. I just never judge, because it can happen to anybody.

Wariness and guardedness: provider perspective. In my interviews with providers, a recurring theme was the challenge of engaging young people who present as guarded, resistant, or uninterested in engaging in the relationship. Many talked about issues with attendance, a common challenge with this population. I asked one provider what she felt was the hardest part of building relationships with transition-age youth:

- Provider: Getting them to show up.
 Beth: Getting them to show up.
 Provider: You know, I, I was a teenager once myself with really bad trust issues, but the one thing I did was I always showed up, so it's, it was hard for me to relate to that.
 Beth: Yeah. Do you, do you have a sense like what are the things that get in the way of them showing up?

Provider: I'm thinking fear, shame, stigma. I believe there's a lot of attachment issues.

Another provider echoed this theme, explaining that she has had clients who were worried about being able to cope with the emotional experience of talking about their trauma histories:

I feel like with this age group, a lot of times they don't necessarily want to come to therapy. They don't necessarily want to talk about the hard things that need to be addressed. Unfortunately a lot of the teenagers that I work with happen to be teenagers that are dealing with PTSD.

Several providers recognized that guardedness existed in clients to varying degrees. One provider explained, "For some clients, that trust is really like guarded and it's something that they're having to like learn." Another explained it this way:

Provider: And I should say this, there's clients who are, who are guarded but they're open, they just need, just like it's just gonna take a little bit longer...

Beth: Right.

Provider: They just need you to prove yourself.

Beth: Okay.

Provider: But it's like you can be guarded and open.

With these clients, providers recognized that building a relationship was possible but that it needed to move slowly and take more time. However, the provider contrasted these clients who are "guarded and open" with those who are less open to connection:

And it's like okay, that, that still like is, like it's like okay I'm gonna go slower with this, this engagement process is gonna go slower, but it's still we're engaging, we're able to develop a relationship, like I've had those clients. But then there's folks who are guarded and then they've very like, it's, it's, they're guarded and they're, and like they're not as open, then that's when it's, that's what I find for myself difficult because it's like I feel, it's almost feeling like pulling teeth.

Another provider reflected that there can be a number of reasons why a young person might stay guarded and a relationship might not form. Speaking about a client who left before they were able to build trust, she said,

I think she never felt that with me. I don't know if she felt it with people overall. I think she, it was also a transfer and she had already opened up and trusted this one person and then they left after a lot of work and I don't think that that bond was established. I don't know that it, it could be a rapport, sometimes you meet people and you just don't click.

One “group” session I observed with a single Cornerstone participant present involved the participant candidly discussing her lack of interest in either attending subsequent group sessions or meeting with a peer mentor. Both group leaders acknowledged afterwards in the debriefing session how difficult it is when clients reject services, and how much it feels like a personal rejection. All the providers I interviewed admitted that finding ways to engage and encourage consistent attendance in these young people was among the most challenging parts of their work.

Mutuality in Helping Relationships

In relational cultural theory, the concept of mutuality in a helping relationship refers to a relationship in which both parties feel impacted by and moved as a result of the relationship. It does not imply reciprocity or sameness, but it does mean that the therapist allows herself to be vulnerable and open to change in the relationship (Jordan, 2009). I identified a few separate, but related themes connected to the idea of mutuality in relationships with helping professionals. I will first describe examples of mutuality, as identified by youth and staff. Then, I will discuss the role of therapist authenticity, self-disclosure, and professional boundaries as perceived by both youth and providers.

Experiences of Mutuality

Some of the youth participants who described especially strong therapeutic relationships were able to identify examples of times when they could see that they had impacted their therapists. Lola talked in her interview about her relationship with her school social worker, who helped her with issues of self-harm. I asked her if she felt that she had an impact on her social worker:

I think so because I was one of the first people that she really established something in the school and she ended up leaving in the beginning of my tenth grade year which really was terrible for me... And when she visited, she was crying and she was like, "Can I see your arm?" And she saw there was nothing there and she looked like she was gonna cry and it just felt so good that I made her proud. And she said you know, I was telling my daughter about this special girl named Lola and how she really made me love my job and see that I could help people and it was just a really important moment because I felt like I actually mattered to somebody because I had like a long time in my life where I just feel like I wasn't important to anyone.

Lola's narrative shows how beneficial it can be for young people to see that they matter to adults and that adults are impacted as well through being in relationship with them.

Similarly, Franchesca identified evidence of mutuality in her relationship with her therapist. She noted that, "she laughs a lot. Like when I say certain things I think that she thinks I'm funny." She explained that she does believe she has an impact on her therapist:

But I think that, at least in session, I do think that I affect her and I do think that she cares and I think it's impacted her in that sense that she like – like my life and how my life is going affects her... Like, I think If something bad happened to me, like I think she would feel bad, like I think that I've connected to her.

Flower also talked about having a strong relationship with her therapist. She described how she could see her therapist being genuinely moved in session – "And with her, like I said, you can see the emotions in her eyes." She described a memory of a session in

which her therapist was moved to tears by listening to Flower talk about her life experiences:

sometimes I would say something that was just like crazy. Like she'll literally start tearing up, and I'm like, "Did I say something wrong?" I don't know what I did, you know. But like she would sit there and like cry, and I'm just like, "I don't know what I did to you." This is me, you know. I don't know, she's just like, "I can't believe like you go through this," you know. And it makes me feel bad, because it's just like, you know, she's crying because she feels bad. But in my head I'm just like, wow, like, you know, I'm going through this, and I'm dealing with it like normal. And then she's crying for me, and it was just so sad, you know. I don't know how I'm dealing with this normally and she's not, you know. So I guess like it's a good-slash-bad thing. You know, if I can deal with this and not react to it in a bad way and like move on whatever that was a good thing for me... Like I said, it wasn't just like basic questions. It was more like not intimate, but, you know, I felt the emotion.

This story is a particularly strong example of mutuality, especially for someone like Flower who dislikes talking about her feelings or sharing them with others. Another participant, Ocean, also wondered if she had an intellectual impact on her therapist, by giving him another (political) perspective from which to consider things.

Experiences of mutuality: provider perspective. Most of the providers I interviewed described experiences with their youth clients that moved them or changed them in a meaningful way. One provider described feeling empowered by witnessing a client demonstrate assertiveness:

I had one client that she, I witnessed her standing up to someone and telling them to do their job properly... And I will never forget her doing that because it was empowering for me to see her do that... And I was just like I wouldn't have done that. It's just, it's like, it's just beautiful to see

This provider acknowledged that her relationships with young people reflected mutuality in this way. Another provider described a young person who was initially hard to engage because of her strong bond with a previous clinician. This experience forced the provider

to reflect on her own approach to engagement and shift towards a less formal, more authentic style, which was ultimately more successful:

- Provider: And that, you know, she told me, I said why was it so effective? Why was he so important to you and why did you feel so close to him? And she said because it was just like talking, it was just like hanging out and I didn't feel like I'm being questioned and you know, and interviewed and, and that was actually, I think that experience with her is what allowed me to say you know what, that's how I work anyway, like that's how I function best as a therapist.
- Beth: Okay.
- Provider: Is getting the human connection and it's when I try to interview them and be like so you know, how do you, how does that make you feel or like what you know, when I, it alienated her. And it's not me anyway. So I allowed myself to actually go with that. It was almost like she gave me permission to do my natural thing.
- Beth: Yeah.
- Provider: And now we're very connected.
- Beth: Oh, okay.
- Provider: It just took a very long time for her to get you know, it took a couple of months, I think, till she really felt like she, we can, we're connected. But that's why, she actually gave me permission to be me.
- Beth: Yeah.
- Provider: As the therapist, which was really good.
- Beth: That's very powerful.
- Provider: Hm hmm. I learned a lot from her, for sure.

Another provider described an experience in which she was challenged by a young person to consider a perspective that was foreign to her. This provider chose to hear out the young person and allow room for both views: "And so it was a thing that if pushing back or finger wagging or it's this-is-how-it-should-be-because-I-say-so would have damaged the rapport that we had developed." The provider recognized that this experience had broadened her horizons on this particular issue. She and I considered whether this was a kind of a test from the young person:

- Beth: So in this case, do you think you passed the test?
- Provider: I think if it was a test, I think I did.

Beth: Okay.
 Provider: Because at the end of the day I heard her...
 Beth: Yeah.
 Provider: I, and I didn't try to take away her power.
 Beth: Yeah.
 Provider: And we continued to get along.

For these providers, their work relationships with youth were a source of growth for them as well as for the young people.

Professional Authenticity and Self-Disclosure

Authenticity is defined as “the capacity to bring one’s real experience, feelings, and thoughts into relationship, with sensitivity and awareness to the possible impact on others of one’s actions” (Jordan, 2009, p. 101). Youth and providers understood this concept and the related concept of self-disclosure in slightly different ways. For the young people I interviewed, most were delighted if their therapists chose to share something about themselves with them in session. At the same time, most were very aware of the professional boundaries of the therapeutic relationship. Providers understood being authentic with young people more generally in terms of a genuine and unforced presence. They all described themselves as very thoughtful and intentional in their decisions to self-disclose with young people, and were very aware of the potential impacts of such disclosures.

In each interview with youth participants, I asked young people if the helping professional they had identified had ever shared anything from their own life experiences with them. Thefa explained that her therapist shared with her

Occasionally. Very, very little stuff. Like I know a couple things about her, like she used to work in Hawaii and she lived there for a long time... She’s an animal lover. She’s a big advocate in me trying to get a service dog actually, and she like has worked for like you know, volunteered for shelters and stuff. She likes herbal like you know, scent stuff in her home and stuff to like relax and stuff. But I

mean, in regards to like super-duper personal stuff, like you know, about like her life and stuff, she keeps it very professional... But she does tell me like little tidbits of life, fun fact kind of stuff, which is nice. So you know, it still keeps the relationship feeling kind of intimate without you know, branching off from being professional.

For Thefa, learning minor details about her therapist helped her feel closer to her without feeling like the relationship was unprofessional. Similarly, Lola was also moved by a strategic disclosure from her social worker, whom she described as “the type of person where she never let it to get personal.” However, this social worker acknowledged growing up “underprivileged” and not having access to some of the services that Lola and her classmates had in their school:

she felt that that that really molded the way she was today because where she grew up, nobody really asked or cared about how she was feeling and she said that she grew up in the projects...so she explained that growing up, when she went through a hard time, it’s just like you sucked it up and you kept going. And she said that’s what you’re doing and I don’t want you to be like me when I was younger because she said when she was younger like that she just felt angry and she felt alone and she pretty much cast away so many people from her life that could have done her good, so she really like explicitly stated that to me all the time that you’re losing out on people who really care about you.

I asked Lola what it was like for her to hear this from her social worker and she explained:

I didn’t expect it because when you see the social workers you know, they’re told not to really share much about themselves with other people.... But I felt like she kinda threw that away even if it’s like she wasn’t giving me details and everything, it just felt like she made a connection with me and she wanted me to be better than she went through.

For Lola, this information about her social worker’s background helped her feel closer to her and strengthened their connection.

Like Lola, other participants were aware of the expectations for therapists not to share personal information with clients. Those whose therapists did felt that it strengthened their bond. Flower talked at length about her bond with her therapist:

So, I don't know, I feel like we got along – I mean, not got along. I mean, she would never tell me anything about her love life or whatever it is. It wouldn't be like that, but, you know, she'll give me the basics and it just feels like she opened up to me. That's pretty big for a therapist or anybody to do, you know.

Flower repeatedly emphasized that while her therapist “opened up” to her, she did not share any information about her love life (she told me, “obviously, we don't talk about her personal life”). However, she did share that they came from similar immigrant backgrounds and seemed to have many similarities in their approaches to relationships and handling challenges:

I mean, obviously I didn't know enough about her. I don't know anything that goes on with, like I said, her love life or family or anything. But like I said, me and her kind of go through similar situations. So she would never say anything about like her family like to say anything bad about them, but, you know, her childhood is similar to mine, for example, or whatever, it's just in general.

Flower told me that part of what made their bond so unique was the similarities in outlook that they shared. She told me, “she would give me like some stories from her younger ages... her past relationships or whatever, and I was just like, wow, that's crazy. I would do the same thing or whatever.” This shared identification was very meaningful for her.

Another participant who appreciated being able to identify with her therapist in this way was Franchesca. She enjoyed learning about her therapist's hobbies and personal quirks, because she felt more able to relate to her as a result:

Because people are weird. And like if you're going to therapy there's probably times when you felt weird. So somebody that is a little quirky is better and you feel connected to them and happier then, yeah.

She explained that learning these details about her therapist

they definitely make me like her more. It shows that she's a real person, you know, and I connect to that. And that's good rather than if she was just like robotic and not having a soul. You know what I'm saying?

However, when I first asked Franchesca if her therapist shared anything personal with her, her initial response was protective:

Beth: Well I know I've been asking you a bunch of questions about like what personal information you do share with her. Does she share any of her like personal stories with you?

Franchesca : Is she supposed to?

Beth: It's one of those things that like therapists sort of differ. Like sometimes they –

Franchesca : Okay, because I just don't want to get her in trouble.

Similarly, when I asked Yasmine if her therapist shared anything about her personal life with her, she replied “I don't think so... I don't think she's supposed to.” Ocean also alluded to her vague knowledge of the professional boundaries around the therapeutic relationship: “Like I know therapy has so many like rights, like, you know, teachers can't like hang out with students outside, obviously... So these boundaries, I don't know what the boundaries are so much for therapy, obviously.” For these participants, the knowledge of the professional boundaries of the therapeutic relationship seemed to make these occasional disclosures particularly significant, because they felt that the professionals were choosing to relate to them in a way that was especially authentic and less formal.

Professional authenticity and self-disclosure: provider perspective. The providers I interviewed understood authenticity and self-disclosure as distinct components of their professional relationships with young people. For example, one provider explained to me how she tries to be genuinely herself when engaging transition-age youth:

You know, and I don't necessarily like look for, like, "Oh yeah, I like that too!" But I think just like really just being yourself, you know, professionally so, but just being yourself is almost like, I feel like when you, when they said that, like the transitional age youth can sense when you're just being authentic and when you're coming from a place of like authenticity and empathy, it really creates room for them to trust you.

Another provider echoed this idea and explained that she has learned that she feels more comfortable when she does not use formal, clinical language with young people:

Often ironically it came in the beginning of my social work career when I was trying to be very clinical and I felt that I didn't have the best results that you know, either it's because it's not naturally how I am and it's not naturally how I get people to engage. And I was really trying to do like the right you know, clinically what I learned, but that, that wasn't working that well for me.

This provider learned that authenticity, for her, was both more comfortable and yielded better results in terms of engagement:

I'm much better at engaging them in, and they respond to it because it's genuine, you know. They sniff it out, they sniff out if you are not comfortable or if you're yeah, if you're just not, they know.... They just know and the point is to make them feel comfortable, 'cause then they feel comfortable they're open.... You know, if you're authentic, they're authentic.

When it came to self-disclosure by professionals, all of the providers I interviewed recognized the importance of considering the impact of the disclosure on the young person. One provider explained, "Well, I always know that whatever you disclose is supposed to be in service to the client... And it should be an issue that you've resolved so that you're not burdening the client with it." Another provider told me, "I have to be mindful on how that experience may impact you know, that person." A third provider explained to me how she thinks about disclosure:

Because what, like I could have two clients who are both going through the same thing and if I share something, one client it may be able to be done in a way that really keeps the focus on them. The other client it may not, for whatever reason it may be, maybe something that shifts the focus on me... So I have to be really like

clear about that distinction and like okay, is this disclosure in the best interest of my client?

The providers I interviewed had specific examples of times when they chose to share particular experiences with particular clients; most examples related to their efforts to manage their own physical or mental health and well-being. Some felt that strategic self-disclosure enhanced their credibility or made them more relatable as professionals:

But with this other client, for some reason I knew that she needed to know that I had been through some really, really bad stuff and people didn't believe me because she told me that no one believed her, so I was like okay, she needs to hear something really powerful from me about that.

Another explained that what she shares about herself is "very limited" but that

when it is relevant I do share and I have found it to be beneficial to the clients because I think that people have this idea that because you're a therapist, you have it all together and that's why you became a therapist, not that you have had your own struggles and then decided to become a therapist... So when I share a little bit about myself with my client, I think it also helps to normalize what they go through and helps them, makes me relatable.

Another provider echoed the idea that sharing relevant aspects of her own experience can help normalize the experiences that some of her transition-age youth clients are navigating. She told me, "I do share, you know, if I feel like it could help them and it's like relevant, I'll never just throw it out there, but yes." For all of these providers, the decision to share their own experiences with young people was done with the intention of strengthening the relationship.

I observed a number of examples of this kind of intentional professional self-disclosure in group sessions. In one group on stress, the group leaders each shared examples of something that had made them feel stressed in the past week; following these disclosures, one group member who had been quieter in group spoke up and shared her own experience of feeling stress. In another group session focused on the transition to

adulthood, group leaders shared examples from their own young adulthoods that were relevant to the topics arising in the group discussion. For example, in a conversation on making mistakes as part of the process of becoming an adult, one group leader shared a story about ruining her credit as a college student when she did not understand how to use credit cards. In another discussion about finding work, two group leaders shared their experiences of being persistent and following up in efforts to obtain desired jobs. Finally, in a discussion about stereotypes and judging people based on physical appearances, one group leader shared an experience in which someone falsely assumed she did not know what it was like to have any problems because her disabilities were invisible. As an observer, I found these discussions to be particularly moving, as the group leaders were able to model vulnerability in their personal reflections about the challenges of becoming an adult. These examples demonstrate how effective professional self-disclosure can be when it is thoughtful and done in the service of the client.

Disconnections in Helping Relationships

In relational-cultural theory, an acute disconnection in a relationship refers to a failure to understand or a sense that the other is not present in a responsive way (Jordan, 2009). These occur frequently in all relationships, and when addressed can lead to growth and change. In my interviews with both young people and providers, I asked them about moments in their relationships when they felt disconnected or misunderstood.

Interestingly, most of the providers I interviewed could not identify moments of disconnection in their relationships with transition-age youth. Many of the youth participants described cherished relationships with professionals and were able to identify times when they felt disconnected from these professionals. In this section, I first provide

the context of these valued relationships with providers. I then provide examples from youth interviews of disconnections with helping professionals, as well as recalled efforts at repair. Finally, I include comments from providers about their experiences of disconnections.

Cherished Relationships

To understand how young people experienced disconnections with professionals, it is helpful to understand first how valued these relationships were to these participants. The majority of interview participants described cherished relationships with social workers or educators in their lives. For example, Rosie told me about the close “personal conversations” she had with a former teacher, whom she described as like “a surrogate father.” Lola was similarly enchanted with the wisdom of her school social worker: “She was too much, she was like the owl, the elephant, the mother goose, everything.” Flower also recalled her former therapist fondly, saying, “she did really good. She impacted me a lot. She helped me out a lot.” Leigh told me that she was happy to be able to reflect on her work with her therapist in our interview, since “I didn’t even realize how much she’s helped me until right now.” Yasmine said of her therapist “I really like her” and “I need her... ‘cause I don’t know what I’d be doing. It’s very, it’s very helpful to have a therapist.”

Other participants were even more effusive. Thefa described her therapist as “perfect” and “absolutely lovely.” She added, “overall she’s just like a wonderful therapist, like I’ve had many therapists in my life, but she is by far the best I’ve had.” Angela said that she loves her therapist and wondered if her therapist knew how much she appreciated her. She told me, “I don’t think I’ve ever appreciated a stranger so much

in my life.” Franchesca also told me that she loves her therapist and that she respects and appreciates her for all of her help. She elaborated:

Well, yeah, I love [therapist]. Like she really helps me through, like, so many issues and she’s very understanding. And she always makes me feel like – I mean, I know it’s her job, but she makes me feel like very welcome when I see her. And like I will never dread like coming to her and I feel very comfortable with her and like she’s just good, yeah. Like I like that she’s very supportive of me.

These participants all clearly felt very connected to the professionals in their lives (or people who had been important to them in the past). However, many of them could also identify experiences when they felt misunderstood by professionals – sometimes with these cherished relationships and sometimes in relationships that felt less strong.

Disconnections in Helping Relationships

I asked participants to tell me about a time when they did not see eye to eye with a helping professional. The disconnections that participants described experiencing with helping professionals took a few different forms. For some, it was in the form of unwanted or unexpected comments from therapists. Lola explained how an unexpected comment from her school social worker reminded her of previous therapists:

I was talking about my dad and how I don’t really like to share things with my dad and she was saying, “Well, maybe in the future you’ll change your mind.” But I had a therapist previously – I’ve had a lot of therapists – and she pretty much, every time I said how I didn’t wanna have a relation with my mom, she would shove it down my throat that I should and that I’m just being stupid and I need to change my mind. And it wasn’t her saying that, that like hurt me, it was just that, the feeling of her thinking she knew best even though she didn’t know the situation I had with my own father.

For Lola, the disconnection was in feeling that her therapist assumed she knew better than she did how to manage her own family relationships. Thefa also disagreed with her therapist in a discussion about family relationships, although she did not report feeling angry; she told me that with her therapist, “emotions never run high if we disagree.” She

explained that she and her therapist disagreed on whether it would be better for her to come out to her parents sooner rather than later:

I was always asking her, you know, “Should I come out to them and how should I do it?” And you know, she was always like, “You know, I think it’s not necessary right now, I don’t think you need to do it, I think it’s just gonna give you a lot more anxiety” and it’s like in my mind I felt like, you know, not telling them was giving me more anxiety ‘cause it was that constant worry of what would they say. I would rather know that they disapprove for sure than, you know, be like you know, what if they potentially support me? And it turned out that my mother actually did support me. My father not so much, but so I mean like in regards to you know, me telling other people things and you know, asking her advice sometimes. Sometimes we don’t really click on that front.

Another participant, Ocean, also described receiving advice from her therapist that she felt was ill-suited to the particulars of her daily life. She told me about a discussion she had with her therapist about what was reasonable for her to incorporate into her routine in terms of physical exercise:

And he’s like oh, why don’t you like do, you know, like three times a day or something like, I don’t know, like some sort of easy exercise for 10 minutes. And I looked at him like, do you know how much discipline, like it’s a lot of discipline, you know... And I was like, you know, maybe I’ll try like once a day. And he’s like no, maybe try twice. I’m like, I’m at school and work. I mean, I can go to the bathroom maybe, but like, you know, I can’t do that, because I told him how I was like trying to do that every day, but it was just like not enough hours in the day.

She admitted that even though she was skeptical (“Yeah, he was being really optimistic, three times a day, very optimistic”), they were able to talk about it in session.

Finally, Panado admitted that she and her therapist disagreed over her recreational drug use: “She’s not really fond of me smoking marijuana.” However, she went on to explain:

But I don’t, I don’t see any problems with that, like that’s something that’s, it’s not like she’s saying “No, don’t do that,” it’s more like, you know, she’s trying to nudge me in her direction but I’m like, eh. So not really.

For these participants, their therapists' unexpected comments or suggestions turned into moments of disconnection in which they felt temporarily unseen or unheard. Other disconnections involved disagreements between young people and therapists over the expectations therapists had for their behavior. Leigh explained that at the beginning of her work with her therapist, she was taken aback by her therapist's insistence that she open up in therapy:

Sometimes she was a little, like she just, she wanted so much for me to, especially in the beginning, like for me to open up, and I saw that it was kind of bothering her that I was so closed off. So she came off like a bit aggressive to me in the beginning, but then I realized that's just her personality and the fact that she's passionate about her job. But in the, in the beginning it bothered me and by the time it finished, like it was, I welcomed it, I liked that about her.

Another participant, Flower, described feeling a disconnection with her therapist around her grades. Flower's therapist of three years, who had been her main encouragement around trying to improve her grades in school, had told her that she would be leaving:

Towards the end, it was around like my last few sessions, I kind of, like, how do I say – like I was doing pretty bad in school. And, you know, she was pretty much the only person who actually believed me and knew that I would do well... there was a whole thing where I was just very upset, and I just didn't want to be around anybody or anything. And I told her I would do well, but I didn't, you know. After everybody who didn't believe in me and did believe in me she did and I kind of – you know, I feel bad for even saying that, you know, but like she actually did have this huge hope for me and kind of turned it down... I mean, it really changed our relationship. It was just more like I can tell she's very upset with me and that's it.

Flower acknowledged that she felt her therapist's disappointment in her towards the end of their work together. Finally, Panado described a disconnection with her therapist when she "went MIA." She stated, "She was about to discharge me 'cause I hadn't shown up for weeks." She observed to me:

Yeah, I did feel a little bit of disconnection, especially when I called her to make an appointment, she sounded very like cold, I was like oh man. *[laughs]* But yeah,

she was a little upset about that and like my main reason for that was mostly not feeling too great, you know, I was off my meds so I wasn't really great at organizing my time.

For these participants, the mismatch between theirs and their therapist's expectations led to moments of disconnection in the relationship. Some of these participants, however, were able to address the disconnection directly and repair it.

Repair

Participants negotiated disconnections with helping professionals in various ways. Some, like Ocean, whose therapist made suggestions she considered unreasonable, responded in session both verbally and nonverbally: "He was like oh, you should try. I'm like, uh, so yeah." Panado told me that when she reconnected with her therapist, they had a conversation about her attendance and the expectations going forward:

I told her, I told her why, I was like 'cause I didn't feel too great and blah, blah, blah and she's like oh, the best time to come in is those times and right now we're currently on contract.

While Panado seemed relatively unconcerned in our interview by this experience of disconnection, Lola admitted that she had a very strong reaction to her social worker suggesting that she does not know what might happen in the future with her relationship with her father. Lola told her social worker about her negative reaction to previous therapists giving her a similar message, and she and her social worker were able to talk through the disconnection in the session:

She looked at me, she was like, "Why would I ever say that?" and it was just something like I felt so senseless because she was being so sensible like which was like contrasting how I was and she was like, "Of course I would never say something like that, I'm just saying that you can't, mindsets change and that you can't rely on the same mindset to keep you going for the rest of your life." She's like people and ideas switch so much as time progresses and you never know what can happen and she was saying "Do I say you need to do the X, Y, and Z? No of course not. But never rule out an option that could be good for you." And

of course I understood. I said, “Okay, I guess you’re right.” ‘Cause she was like “No,” and I was like, “All right, I’m sorry,” she was like, “There we go.”

Not all participants had examples of directly addressing and working through a disconnection with their therapists. Some talked more generally about how they would respond if their therapist said something in session that rubbed them the wrong way. Angela, for example, said, “So yeah, if she said something, I’d bring it up with her.” Yasmine, on the other hand, had no direct experiences of disconnections with her therapist, but identified feeling judged (what she called a therapist being “subjective as opposed to objective”) as a potential source of disconnection for her. When I asked her what she might do if a therapist were to be subjective instead of objective, she replied,

Hmm, well I’d find another therapist. I don’t know if I would tell them because I, I’m not sure how a person would react if they have their own opinions about stuff, but then they might react badly to me telling them about that.

Disconnections and repair: provider perspective. This reluctance to directly address disconnections with a professional is interesting, especially in light of the fact that several of the providers I interviewed could not identify an example of a disconnection with a client. One provider mentioned an example in which a young person erroneously understood their in-vivo outings in the community to mean that the provider “would just buy her whatever she wanted.” I asked this provider how she addressed this mismatch of expectations, and she explained that she consulted with her supervisor and then explained to the young person the nature of their work together:

She was upset at first but then she, she was okay. I thought she was gonna get really angry, but you know, we just, I said you know, I’m still gonna be here, we can still talk, we can still do whatever, it was, I can’t do that for you, that’s not what I’m here for.

Another provider talked about how important it is for professionals to acknowledge when they make mistakes. She gave as one example a provider who does not follow up with a client after saying she will:

Like there's been times where I was just like, oh shoot, I didn't call this person back to confirm this, you know, and I said I would. Or maybe it was a busy week and, and like I didn't, it's like, okay, they didn't call me back but I also didn't follow up with them... Or if I mis-scheduled or made a, like, like being able to say, "Hey you know what, I'm sorry." Actually like and call it my mistake and acknowledge that. You know, and like I think that's part of just being able to again like just organically build that trust.

She also shared an example of a time when she noticed her own irritation manifesting in the way that she was speaking to a young person. This client was juggling a number of commitments and had not yet addressed an issue with her insurance, which affected her ability to pay for therapy:

I'm just like let's talk about priorities, right. And so I found myself having to like on the phone with her make sure 'cause I was like, I heard myself and I was like okay, now I think I'm slipping into lecturing out of my own frustration with her as opposed to like and I'm like that's not gonna do any good for, for any of us, right... And so having to step back from that and, and I guess at that point I acknowledged it and I was like, "You know what, it probably feels like I'm lecturing you right now and I'm sorry, I don't wanna be doing that." But then having to switch it, I just encourage you though to you know, and we talked about like the priorities piece.

This provider believed that her acknowledgement in this case helped the young person be more responsive to her in the moment, reflecting the value of being able to recognize and rework disconnections in the helping relationship.

Chapter Summary

This chapter presented findings from the in-depth interviews on helping relationships. It explored factors identified as facilitating trust, including genuine caring, empathy, lack of judgment, confidentiality, and professionals demonstrating respect for

youth agency. It also discussed factors that serve to impede the development of trust, including youth concerns about judgment and negative expectations they have for treatment. It then discussed the process of navigating similarities and differences in these relationships, assessing trust, and making decisions around disclosure, followed by an exploration of the central relational paradox as it manifested in these descriptions of helping relationships, with simultaneous desires to be open and guarded in these relationships. It then described themes connected to mutuality in the helping relationship, including experiences of mutuality and professional self-disclosure. Finally, themes related to disconnection and repair in helping relationships were discussed.

Chapter Eight: Relationships with Peers

Introduction and Plan for the Chapter

Findings presented in this chapter draw on the thematic analysis of in-depth interviews to address all three research questions on how transition-age youth experience trust, mutuality, and disconnection in their relationships with peers. As in previous chapters, all youth are here referred to using pseudonyms and not their real names. The findings on the relationships that interview participants had with their peers were more varied than the findings on relationships with helping professionals. There were some patterns that held true across the majority of participants. These were traits that participants mentioned as facilitating trust in their relationships, such as the importance of having friends who were understanding, reliably available, and in some cases had shared lived experience. The friendships that participants described served a range of functions for the participants, including emotional support, practical support, companionship, support with artistic pursuits, and support with navigating various forms of challenge. These peer relationships were for the most part described as mutually supportive, and many participants offered examples of ways that they had grown as a result of being in these relationships.

However, participants also differed in terms of how they spoke about experiencing their friendships. I describe these differences as points on a continuum of authenticity in peer relationships. At one end of the continuum are behaviors that reflect authentic presence, supported vulnerability, and a willingness to repair disconnections in peer relationships. At the other end are peer relationships with fewer or no examples of

authentic relating or supported vulnerability. These relationships were more likely to contain examples of inauthentic relating to peers, using strategies of disconnection.

Facilitating Trust: Valued Friendship Traits

The majority of interview participants described having at least one close friend or intimate partner who knew them well and was in regular, current contact with them. Participants emphasized a number of important aspects of these relationships that made them cherished and trusted. These included feeling understood or validated; having a friend who was reliably available to the participant; and having friends with shared lived experience.

Understanding

For many participants, especially those who felt misunderstood by their families, having peers who understood them was very important. Many participants mentioned this when I asked them about how they felt supported by their friends. For example, Ashley said of her best friend, “She’s just very understanding. Like she’s been through a lot, so she like gets things.” Similarly, Z said of her best friend, who also lives with mental illness, “She is much more understanding, because she knows how it feels.” Jessica also has a best friend who lives with mental illness, which she finds very comforting: “So she’ll totally understand where I’m coming from.” Flower described her best friend as “always understanding.” Yasmine described how she and her boyfriend “just get each other” and how she works hard to express herself to him so that he understands: “And I’m usually pretty accurate. If I’m not, he’ll sort of like be like, ‘Wait, it’s this?’ and I’m like, ‘Oh yes, that’s it!’ So he understands it better than I do sometimes.”

For many participants, there was an unstated but implied question in their closest peer relationships: *Do you get me?* Jessica said of her best friend, “I’m just comfortable in saying anything, how I feel, and she’ll get me.” Rosie emphasized the importance for her of feeling understood by her peers: “But also like at the same time understanding me, like I don’t have to say a word, but if you understand me, it’s very important.” She described her ex-girlfriend as someone who is not necessarily able to help her practically, “but her support is really nice, just to have someone who understands me is the big thing.” Even though Rosie and her ex-girlfriend are no longer dating, their friendship continues to be important to her:

Like really having somebody who just understands me and like it doesn’t matter that we broke up. It doesn’t matter if we see other people. She will forever understand me and like respect that understanding and always like know where I’m at, like even if we have a fight, like she knows me, you know. It’s fine, because she knows me. She knows where I’m coming from. She knows all the stuff.

A few participants admitted that it was surprising for them to find a friend who understood them as well as they did. Franchesca reflected on the unique connection she has with her best friend:

So it’s like, and just generally it’s like, I guess like hard for me to like find people that I truly, truly connect to, like that like, like I can be around for a long time and like not necessarily like get sick of and like just like it sounds bad, but like, I guess like I don’t know, someone that also understands me, like I know they’ll understand me and I understand her and like, like that in itself like means a lot.

Similarly, Lola described her delight at meeting a friend who was so accepting of her “weird” sense of humor:

She was like it was so weird, I’ve never met someone who was that, like, out there and honest about how weird they were. I was like, “Thanks.” So it’s like, when you are a weird individual and someone else accepts your weirdness as an individual, you immediately have some kind of kinship that other people won’t understand.

For some participants, it was particularly important that their friends understood and accepted their sexual and gender identities. Lola described how her friends were much more supportive of her coming out than were members of her family:

And like they didn't care, like I didn't expect them to care. They were just so accepting about it. And it's just like, I don't think I felt love like that being like who I am. Like my older sister, she knew, my other sister I told her, but like they were just like ready to welcome me with open arms, and that's something you don't see very often.

Thefa told me that an openness to understand and learn was an important prerequisite for her friendships:

And then from there, like, you know, they have to be open, understanding. You know, I really don't like when my friends are like homophobic or they're like transphobic or, you know, they don't try to learn new things about like, you know, they don't adapt to things that change, and they try to fight like, you know, change and stuff. That's not something I like in a friend.

Another participant, Ocean, underscored the importance of being understood by explaining how she expected certain people whose priorities differed from hers not to be able to understand her:

And like yeah, like I said it's probably judgmental, but like I go off basis of like what people are doing with themselves. So, 'cause I feel like if we're kind of not like doing, not exactly the same things, but if we're not like let's say going to school, things like that, like they won't understand.

For most of the interview participants, feeling truly understood was a crucial aspect of their closest peer relationships.

Reliability

If the first unstated question in these friendships was "*Do you get me?*" the next was, "*Are you there for me?*" Participants emphasized the importance of having friends who were reliable available to them. Lola described how her friends were reliably patient

and supportive of her when she was navigating challenges as part of her college application process:

And like they were there with me the whole way. We'd go to my counselor's office they'd be there, they'd be waiting like – if I went past after school they'd be like at Dunkin Donuts, like holding donuts for me like they were ready to be there for me, and it was just... My family was helpful, but they're kind of really quick to like anger and they get frustrated easily. But they're more patient than them, so that was helpful to have patience.

Many participants described their best friends as “always there” for them. Jessica said of her best friend, “she's always there.” Franchesca also appreciated her best friend's reliability: “I always know that like she's there for me.” Z described her boyfriend's availability to her in a similar way: “We rely on each other in some ways to like, comfort, and, yeah.” Flower described the consistency of her relationship with her best friend, who is four years older than her, in this way:

she's like an older sister to me and I grew up with her and we still see each other every day. I mean, not every day but like we'll see each other maybe either once a week or every other day or it doesn't even matter, like every time I talk to her it's always gonna be the same relationship, there's nothing that's like gonna cause any like tension or whatever.

For some participants, reliability was measured by a friend's willingness to pick up the phone when they called. Ashley talked about how much she appreciated her best friend's availability to her: “she's always there when I like call her, even though, even if I call her like five times a week because I'm upset, she always answers.” Angela described a friend from middle school, who she described as not close but as someone who reliably answers the phone:

If I call her, she definitely, like she picks up, that's one thing I love. I don't know how I, how I, why I appreciate that so much, maybe because nobody answers my phone calls. When I call her and she picks up, I be like yes, a voice, that's all I, and it's the voice I wanna hear, like that nice, “Hi!”

Thefa explained how although she has had experiences of relying on others and having them fail to follow through, with her oldest friends, she trusts them to be available for her when she needs them to be:

Once you've known me for a long time, you've proved yourself. I'm very, you know, able to fall back, though I do have an issue of like, you know, trying to fall back on people and them not being good supports... So, I mean, like there's a reliability curve depending on who you trust. But specifically those friends that I've known forever I can definitely, you know, say I know I can rely on you for this.

This idea of feeling confident in a friend's availability was also very relevant for Rosie. Rosie described a number of peer relationships in which she questioned her friends' reliability. She mentioned a relationship with a friend of four years, of whom she says "we have spent so much time together, we're like siblings now." Rosie expressed doubt about her ability to continue to rely on this friend:

But they're not, they're like consistently there to like give a hand, but then like I feel bad when I go to them too often because they've been dealing with it for years, and it's just like, it's not fair for them to like always have to be dealing with that, and they haven't been as supportive recently, just kind of silent. And very just like on for the ride, but not that helpful.

Similarly, she talked about her relationship with her ex-girlfriend, "who's very, very lovely. She knows me very, very well, and she has continuous like forever support. Like I know that she will always be there if I need her." Yet, at the end of our interview, I asked Rosie if there were any questions that I should have asked her but didn't. She volunteered one question that revealed the importance of someone being there for her with everyday struggles as well as major crises:

I wouldn't know how to answer this question, but does it matter if somebody isn't there for you for small things, but is forever there for you for the big things... Like if someone's like, you know, I'm here for you, like you know when you really need me, like I'll be there for you. Like if I was in a hospital bed, you'd be there for me. Of course you'd be there for me. But I'm not in a hospital

bed...And how that affects how somebody's there for you day to day, versus just like when you need them, like somebody shouldn't be there for you because you need them to be. They should just be there for you, you know.

For these participants, having a friend or intimate partner be reliably available was another crucial element of their trusted peer relationships.

Shared Lived Experience

For some participants, their trust in their friends was strengthened by the knowledge that their friends understood their struggles from personal experience. This shared lived experience could be relevant to a variety of domains: family history, intimate relationships, or living with mental illness.

Lola described to me how her closeness with her best friends comes, in part, from their shared experience of growing up in traditional, religious families: "I guess it's because we come from very similar, like very strict backgrounds, very like religious backgrounds." When I asked her how this shared knowledge helps, she explained, "They understand that, hey, being a girl sucks when your family is really religious." In addition to understanding the challenges of living within the confines of a traditional family, Lola also has friends who have shared the experience of enduring loss:

And she was talking about, like as we got closer she talked about like her friend's suicide and like how that really like shaped her. And I wasn't like trying to be like, oh, well, you know, like my mom left, like we both were talking about how we lost really important people in our lives.

Similarly, Thefa described to me how she feels comfortable talking with friends she has met online about her family history, "because I know a lot of my friends who I've met online have pretty bad father figures, and we kind of share that." Thefa also has friends who have also survived trauma, and she appreciates being able to talk with them about her trauma history:

Like there are certain friends I know I can talk to about stuff that, you know, you usually don't talk to about, with people. Like traumatic stuff. Like if I want to get into like the actual like, this is exactly what happened to me, and I need to talk about the exact details, I have certain friends I can go to for that because they also have, you know, similar traumas, and they're not triggered by it the same way others are.

For these participants, having friends who knew something about their family histories based on their own lived experience was invaluable. Other participants described a similar value placed on having friends who knew firsthand about being in unhealthy intimate relationships. Ashley explained to me why she feels comfortable talking with her best friend about her ex-boyfriend: "I know what she's been through in relationships, so it makes me more comfortable to know that she has been through similar things or like she's just more understanding when it comes to that." Similarly, Flower told me that she and her best friend would often have conversations about Flower's relationship with her then-boyfriend:

She understood 'cause she kinda went through something similar... She's been in that situation with her ex obviously... And she knows, so that's one of the reasons you know, she's like I've been through it, why, like why do you have to go through it?

The third category of shared lived experience that came up in the interviews related to living with mental illness. Several participants described how they felt a kinship with friends once they discovered that they were also living with a mood or anxiety disorder. Both Jessica and her best friend, for example, live with anxiety, a similarity which helps Jessica feel understood: "Well, she told me that she has anxiety. So I felt like I could share that, because I go through the exact same thing. So she'll totally understand where I'm coming from." When I asked Jessica what about having a friend with anxiety was meaningful for her, she explained:

Because I want to know that I'm not like the only one that's going through it... And, you know, I mean, I know there are so many people out there that goes through it, but like I don't know them. I don't get to speak to them. But I found like a friend who does connect to me and I can call about and be like hey, I'm having anxiety. I totally know how you're feeling. I can help you out.

For Jessica, this shared lived experience strengthened the intimacy in her relationship with her best friend and countered potential feelings of isolation associated with having anxiety. Z told me about two important peer relationships, her best friend and her boyfriend, both of whom live with mental illness. When I asked Z about what things she and her best friend have in common, she explained that in addition to having shared interests in dark humor and Harry Potter, "we both live with like mental issues, basically, but I have anxiety and depression and she has anxiety, depression, and a lot of other things." Z explained how she and her best friend are compassionate towards each other's struggles:

Because we haven't spoken really frequently on the phone, because she gets really nervous on the phone. I used to do that. She has Asperger's so it's very hard for her to like talk to unfamiliar people.

Like Z, Yasmine has a close friend and her boyfriend who also live with mental illness. She described meeting her friend in a guitar class when she was feeling down and her friend self-disclosed about her own depression:

at one point she noticed that I was very sad one day, so she literally came up to me and she's like why do you have (inaudible) and I'm like I don't know, I'm just stressed, I don't feel like, like doing anything right now. And then she sat and she talked to me about like her past and like her depression that she had to deal with, and we just clicked from then.

For Yasmine, this shared lived experience strengthened her relationships with her boyfriend and her friend: "I think it helps that all of us have to deal with mental health problems." When I asked her to elaborate, she explained,

Because I feel like people who haven't gone through like a depression or something like that, it's like they won't really get what it feels like to be through that and they can't really tell you no, I know what's going on in your head, just fight it like this.

The importance of having friends with shared lived experience was underscored by another participant, Ocean, who explained that she was hesitant to speak about her struggles with addiction with her friends, out of concern that they would not understand or respect her experience:

Yeah, like my addiction I like never really like, I know I've told [*friend*] before, but I feel like, like I'll still like, if you don't know much about like how addiction works, like you're not gonna like take it as serious.

Shared lived experience, for these participants, was a third component of fostering trusted, close relationships with friends and intimate partners.

Functions of Friendships

The peer relationships participants described served a variety of functions for them. These functions included having someone with whom participants could enjoy spending time, collaborate on creative pursuits, receive practical assistance, and benefit from emotional support in a range of domains. I describe each of these functions in turn.

Companionship

Most participants described enjoying spending relaxing, unstructured, fun time with their friends. In some cases, the time spent together also served to help participants manage their own mental health or avoid stressful interactions with family. Often, they seemed to relish seeing themselves as “regular” teenagers hanging out with their friends. Jessica explained to me that she and her best friend grew close by hanging out together every day: “if it's like a chilled out day, then like we'll go to a movie. And like, if it's, if

we want to like have fun and go shopping, we'll go to the city." Lola affectionately described a recent afternoon spent with her best friends:

And so after mock trial, we all head back to my house. And we just pop bottles of champagne, it wasn't champagne, it was sparkling pink lemonade, but, you know, we're cool! And we just like sit there and we're watching movies and we're eating things back and forth. And we're all lying down like on the bed together, and we're just like Snap Chatting and being like losers

As sophisticated urban dwellers, Lola and her friends enjoy exploring the city:

I don't know, we try to broaden our horizons, like we try new food places. We went to this place that serves like specialty waffles. And like we went and we got Thai food, because I'm a vegetarian and Thai food has a lot of tofu, so like I'm getting all these like different foods and we're trying out new stuff, because we're very like open-minded individuals.

Thefa also described how she and her friends will go out and explore new places, which she reflects is helpful for both her and her friends who sometimes struggle with depression or low self-confidence:

[Friend] is the kind of person who makes us for our birthdays go on a 10-mile walk all the way around the city just to stop in strange food places for things like shaved ice and stuff. Like she's that friend that is like "Let's do things!" You know. Some of my other friends, I have to push to, you know, have fun and, you know, I don't mind doing that. I think it's good for them, and it's good for me too because it gives me like a confidence that I don't have on my own.

Similarly, Flower talked about her best friend who, like her late father, enjoyed going out and finding adventure:

Always like she loves, like my dad loved going out and being like, not adventure, but she never, like me, like her and my dad, they never liked to stay home, there's always something, even if it's like really crappy outside there's always something to do and you know, you don't have to spend money. You can just go the park and walk, you know. So I really enjoy that. It's not like, whatever, we go out, there's always, she always does like how do I say it? Like even if we don't go out, she'll always make, she'll always find a way to do something fun, you know.

Rosie talked in her interview about how she prefers friends to spend time with her rather than offer emotional support: "What I need, and it's not emotional support really, I don't

need somebody to tell me like, ‘Oh, I love you.’ Like I want, I just want somebody to like hang out, like just make me feel better.” Yasmine explained how she and her boyfriend go for long walks to relieve stress:

He is like the person I go to when I have to complain, if I have to relieve some stress, if I’m like, “I need out of my house! I need out! I need out!” And he’s like, okay, come over... He’s like we’ll go for a walk across the bridge, we’ll go walk around for two hours. We do that a lot, we walk for hours... ‘Cause we have a lot to talk about when I’m stressed out or when he’s stressed out. And, and you know, therapists always say walking is a good thing to do.

Although not everyone made the explicit connection, many of these participants who struggled with mood and anxiety disorders appreciated having friends with whom they could relax and have fun. For these participants, the companionship of their friends served both as a way to help them have fun, feel like “normal” teenagers, and manage difficult moods and home environments.

Artistic Pursuits

A number of participants mentioned friends as partners in creative pursuits. For example, Yasmine met one of her close friends in her guitar class. Ashley and her best friend like the same music and attend concerts together. Lola said of her group of best friends, “And then there’s some days where we go to museums and like we go painting outside together.” Franchesca described a myriad of artistic pursuits she shares with her best friend:

But like I guess like we do like a lot of artistic things, like we’re both into acting, like a lot, and like she wants to be a rapper, so like she does like a lot of writing. I, I like also write. But we like write individually, we just like talk about it sometimes. But like acting we do a lot of stuff together, we do a lot of improv because we’re both in the same improv club at our school as well.

Thefa also described one of her best friends from elementary school as a creative partner:

“we do a lot of creative projects together... a lot of creative writing and, you know, bouncing ideas off of one another.” In addition to creative writing with this friend, Thefa also told me about the writing that she does as part of playing online role-player games:

So one thing I really like to do is I'm a role player, which is basically I'll write and then send it to somebody, and then somebody responds with another half, and then we'll go back and forth like that... So it's like call and response writing. It's really interesting. And I wind up meeting a lot of people online like that who are really nice. And those peers sometimes, just because I know that they're nowhere near me and, you know, they really don't have a lot of influence over my life, sometimes I feel like it's easy to tell them things. So like, you know, a lot of them know about, not in explicit detail, but they know about like, you know, my past trauma with my father and with, you know, other significant others that I've had in the past that were, you know, rocky and not great.

For Thefa, her pursuit of creative writing helped her foster friendships with friends both online and offline. Z also met her best friend online in a role-player game, and they bonded over their shared love of Harry Potter:

So in this game, players are allowed to make little groups. So I made a group called the Death Eaters. It was like a Harry Potter thing. And then I was looking for members to join the group and she noticed the name of my group and we started talking about Harry Potter and how much we liked it.

For these participants, their artistic pursuits served to bolster their friendships, and vice versa, again helping to counter feelings of isolation.

Instrumental Support

Participants described their friends providing practical support including financial assistance, food, and shelter. Rosie, whose relationship with her parents was very strained, described how her friends have offered her both food and shelter in the past:

Every kind of support, but I won't ask for like the things like food and shelter a lot because that's just what my parents legally have had to do... I am not living here by choice. It's only because I won't, I refuse to take, you know, I'm not going to live for free somewhere really. And my friends share support by eating, they can sometimes, I'll just get them back later, but yeah.

Similarly, Thefa described being able to stay over with one of her closest friends during a time of heightened family tension:

if I really, really needed to go somewhere, I have peers that I could go to. Like, for example, my grandmother had a meltdown recently over a cat. It's a long story... And she threatened to evict us, and I had a severe panic attack. I couldn't be in the house. So I called my friend... And I said, "Hey, man, would your mom care if I came over for a few days just to like cool off while this is going on?" And he's like, "My mom loves you. You're like her second kid. Come over!" And so I was able to stay over for a few days while things cooled down.

Similarly, Franchesca appreciated being able to sleep over at her best friend's house: "We have a lot of sleepovers just 'cause her mom's like really chill and like I don't like to be in my house [*laughs*] and so we watch a lot of movies and like we just hang out."

Franchesca added that she is grateful for support not just from her best friend, but also from her best friend's mother:

And like, also like her mom's really cool, like, like chill with having me over like when things are happen at home so like I can sleep over her house and like no questions are really asked about it, but like just like a lot of support. Like not just from her even, but like her family. So it's like good.

Ashley also valued having a friend who recently moved into her own apartment, which served as a similar kind of haven for her:

If things aren't like going great at home, or if I'm just like annoyed at someone or like not in the best mood, she like recently moved out, maybe like a month ago, she so has like her own little place, so I'm over there like all the time.

In addition to opening up her home, Ashley's best friend also helped her when she was too shy to order for herself in a restaurant:

I was a lot more shy than I am now. Like I'm not nearly as shy as I was before, but she was the type of person that would go out with me and like if we were at a restaurant or anywhere that serves food, she would order for me and stuff like that.

When I asked Ashley what this was like for her, she explained that she used to really dread ordering as a result of her shyness, “So having someone that was willing to do it for me, like even without me asking, was nice.” Lola described how she and her friends support each other in very practical ways:

And then like one time my friend _____ was going through a hard time and like her mom was really sick, and I just handed her like thirty bucks, I was like just take it, man. And it’s like, they will do things like that for me too. Like when we were going through a really bad financial time, I went to my friend’s house, she brought me food home, like things like that.

Flower also talked about how her best friend, who has a copy of her house key, supports her in practical ways:

But she’ll, like yesterday I was hanging, like I was chilling at home, I’m studying, whatever and then out of nowhere just like she brings, she brings food, like not even food, like she brings like a shopping bag with like ingredients I guess and she’s like oh, hey. I’m like what are you doing here? You didn’t even tell me. Like she’ll just show up randomly, she’ll always call you or like to check up on you, like she’s kinda like an over, she’s like a mom, a friend and a sister at the same time honestly.

In addition to food and shelter, some talked about friends as being a source of academic support. Ocean has two good friends in college with whom she regularly studies – “We’re like very on top of each other about school.” These participants’ friendships were instrumentally valuable to them as well as often being sources of other kinds of support.

Emotional Support

Participants described a wide range of ways that they felt emotionally supported by their friends. Many participants explicitly labeled the emotional support they received from their friends as providing valuable assistance for living with mental illness. Others spoke more generally about having friends who were supportive and understanding of their difficulties with their families or the pain of breaking up with a boyfriend.

Support for recovery. Participants mentioned a number of ways that their friends help them cope with the symptoms of their mood or anxiety disorder. Some described friends who were very skillful at using humor or other strategies to help elevate their moods. For example, Flower described how her best friend could always help her feel better:

I love that about her in general, like she, she won't ever, like if you're going through something bad, she won't ever just like start asking questions, like she'll just be there, but she'll always brighten, like you know, change the mood. She knows how to all the time, it's just crazy, I don't know how, like there's never a time where I can just sit there and like you know, if I'm alone and I sit there, I'll be upset and she'll, if she's there, she's always like changing the mood

Rosie also described a relatively new friend whose ability to elevate her mood she appreciated:

it's really nice to just have somebody that puts me in a good mood. It's really nice. Like it just changes my mood, so he can't help me not panic. But if I'm in a very terrible mood, if I talk to him, my whole spirits lift and that's quite nice...they'll just like try and like make jokes and like put you in a good mood instead of like being like, you know, "Everything will be fine. It's just your outlook on life right now."

Francesca also talked about her best friend's ability to make jokes in this way:

It also makes me feel better 'cause like you know when you're really sad and like something like just I don't know, like random happens...It might just be my sense of humor, but like it's like, then I'm just like, okay. That's good, it's like very lighthearted, like she keeps me like light, I don't know, which is good.

Yasmine shared that both she and her boyfriend have struggled with depression. She admitted to me that even though sometimes when she is feeling sad, she doesn't want to see him, she knows that he is able to help her feel better:

Yeah, I don't wanna tell him that I'm feeling sad. I don't wanna tell him that I'm feeling like, I don't wanna see him for a day. I'm like, you know what, I'm gonna go see him and I'll tell him I wasn't really in the mood today and he'll, then he'll cheer me up and then I'm like, I definitely wanted to see you today!

Lola described how one of her best friends paid her a surprise visit to help lift her out of a depressive mood on her 17th birthday:

When it was my birthday, like I was having a really hard time with my depression. She comes into my house – I turned 17 – she’s playing ABBA’s Dancing Queen, because you know there’s a line where it’s like “only 17.” So she’s walking upstairs in the little like – her phone has like a speaker thing, and she has Bluetooth, she’s like, “only 17!” And it’s like I was crying, because I was so alone, like I felt so lonely in myself. And she’s there with her little balloons and like the little music, and I didn’t know she was coming. I thought she was just like dropping by, because my birthday isn’t like something special, you know. And I really felt like it was, because I never really had parties, and when I did my parents always fought and they ruined them. So like someone actually trying to make me feel like worthy was really touching, man.

In addition to providing support with elevating mood, participants’ friends also offered support around anxiety. Jessica told me about how her best friend helps her cope with her anxiety:

Yeah. So like, I mean, like any time that I have like a problem or like if my mom isn’t there or like if a family member is like busy, I’ll just go to her, and she’s always there to talk to me and to help me like calm down. She’ll talk with me through like my situation and how to like, you know, how to like help. She’s sort of like a second therapist to me.

Z told me about her boyfriend, who is very understanding and supportive. She described a recent evening when she had “really bad anxiety” from school and her efforts to celebrate her boyfriend’s birthday got derailed:

And we got there when it was kind of late, and the place was closing up. And then that just triggered like a breakdown for me because of all the stress piling up and then that. I was crying, and he was just so comforting. He made sure that I felt better and that I was gonna be okay, and yeah.

Thefa told me about how her friends support her with her anxiety:

I’m very hard to distract because I have very, my thoughts fixate and sort of ruminate and spin around in my head and totally drive me nuts because I have real bad anxiety... And often my friends find it’s easiest to just like, you know, let me talk about it until I start to seem like I’m calming down. You can usually tell I’m

calming down when I start throwing around like, you know, jokes about the situation and stuff.

Thefa also told me about a friend who gave her a gift for her birthday to help her “stim”, or self-regulate her anxiety:

She also gave me a little stuffed animal that was only partially stuffed with beads... basically to stim with so I could like, you know, roll the beads around and stuff to calm down, which is really cool.

Flower’s best friend also helped her manage her anxiety:

Yeah, so I mean I used to have very low self-esteem and I was never really social and all that and you know, when I’m around her obviously I’m me, but when, in the beginning when me and her started becoming friends, I was very antisocial, I didn’t do anything and you know, the more, I mean not the more we would hang out but like, like after a while, just like she kinda you know, started introducing me to people, I mean, I met my own friends separately but...She kinda taught me in a way like how to manage like the social anxiety or whatever it is, so.

Other participants described how their friends offered coping strategies. Thefa, for example, appreciates her best friend who can offer her a “neutral perspective” on problems, in a similar way to her therapist. She described how her friends are supportive when she is troubled by “bizarre” thoughts:

Yeah, they’ve definitely been there for me. Sometimes like I’ll think I’m going crazy and, you know, have these really bizarre wild thoughts that come out of nowhere, and I’ll tell my friends about them, and I’m met with a mix of reaction, but they’re almost always supportive. It’s almost always like, “You can get that checked out. Don’t worry about. I’m sure everybody thinks like that once in a while.” And, you know, it’s just supportive, that’s like the word for it.

Rosie described for me how she often finds herself stuck in a negative place:

And it was more just like because I’m in a bit where I’m like very stuck on I have to go do this, and I have to go do this, and then I have to go do this. And then I’m like, or I’m like I can’t do it, I can’t do it, and I can’t do it in that moment. But I, but I feel like I can’t ever.

She explained that she appreciates friends who can help her interrupt these patterns and get unstuck – “Yeah, it’s something that breaks my patterns is what I need.”

Finally, participants also talked about the value of friends who are encouraging, supportive and understanding when they feel in the midst of an emotional crisis. Yasmine explained to me how her boyfriend and her close friend are able to offer support around depression because they know what it feels like:

Yeah, and it's like oh, we know what you're going through right now... You know you're gonna get over it, because we know, you know, you always do and you know... you're gonna get over this, just like wait, come on... and then it's like okay, okay.

Similarly, Z's best friend was an important support for her when she was dealing with a mental health crisis:

When like I really need someone to talk to and I feel sad, I could just talk to her and like she's very supportive. And when I was hospitalized, the first person that I told was her as I was going there. And she made me feel like things were going to be okay and that I shouldn't be so scared.

Lola described a moment, about a year ago, when she had a bad panic attack and opened up to her best friends about the challenges of living with mental illness. One of her friends admitted that she only knew one other person who lived with mental illness and so she asked her, "What can I do to understand?"

So I was telling her, I was like, you know what, you can just listen. My family has a problem where they don't listen, you know? And I was like you don't have to be an expert, you don't have to understand me, but if you're there for me, then that's perfectly fine. And after my panic attack she would call me, she's be like, hey, you want me to come over? And she lives like an hour away... she's like, I can come tomorrow if that makes you feel better.

For these participants, their friends provided a crucial source of support in their efforts to live well with mental illness.

Support with life stressors. In addition to providing support specifically around coping with symptoms of anxiety and depression, participants' friends also offered support around common sources of stress for adolescents, such as family conflict,

breaking up with a boyfriend, and applying to college. Z said that she and her best friend, for example, “talk about a lot of like personal things and just help each other out.”

Yasmine’s boyfriend was a consistent source of support for her whenever she felt frustrated with her family:

Well now, first thing he’s like, “Again? What’s wrong with them? Why don’t they try to understand things?” And then it’s like we go through a whole discussion of like why parents cannot understand thing sometimes and then when he, when I’m like a little bit calmer and thinking straight, he’s like, “Okay, do you wanna get out of your house and walk?” I’m like, “Definitely.”

Similarly, Franchesca appreciated being able to go to her best friend for support when she felt unsupported by her mother:

But then I can go to her for example, like my best friend and then we’ll like have like a long conversation and like be able to talk, so I guess it’s like also just like getting, like having a place to get that support ‘cause it’s not provided for me at home.

Flower’s best friend was understanding when Flower struggled after breaking up with her boyfriend: “she knew that it like bugged me in a way, but she, like I said she always like manages to you know, turn that around and think about something else, you know.” As someone who dislikes both clichés and talking about her feelings, Flower appreciated her best friend’s straightforward approach:

I hate that cliché stuff like, oh you’ll find another person and all that. Like she, she knows I’m not into hearing... All of that. She’s like, but she like straight said, said it straight up, she’s like this shit, like this sucks and you know, you’re gonna feel this way for a while and then it’ll just go away and I was like you’re totally right and whatever.

Finally, Lola’s best friends were encouraging and supportive when she got into a college that was not her first choice, in contrast to Lola’s sister who asked her, “When are you actually going to get into the good schools?” Lola explained the difference this way:

When I told my friend group, they were very accepting. They're like, hey, it's not your first choice but that's great. That just shows that you have so many opportunities in different places than you thought. And it's just the way that they phrased it, rather than she did, that makes a whole bunch of a difference.... Like they're not going to bring me down for that. Why would you bring someone down? Even if like it's not their first choice, who cares? Congratulate them. Like when they got into colleges, we would post on Snap Chat, we would congratulate them in every way we could. That's just the way we are.

For most of the participants in this study, their relationships with friends and intimate partners were an invaluable source of emotional support, as well as practical assistance, creative partnering, and companionship.

Reciprocity in Peer Relationships

Originally, the second research question for this dissertation focused on how transition-age youth experience mutuality in their relationships. In relational cultural theory, mutuality refers to a relationship in which both people feel that they have an impact on the other and both are open to being changed as a result of being in the relationship (Jordan, 2009). This is distinct from reciprocity, since mutuality can take place in a relationship such as a therapeutic relationship that is clearly not reciprocal. However, in studying peer relationships that are more egalitarian, mutuality can assume a variety of forms: both parties feeling equally impacted by the relationship; a willingness to both give and receive support; and a sense that both parties are fully engaged in the relationship. Relationships characterized by mutuality are more likely to lead to growth (Jordan, 2009). In this section, I describe how the majority of these participants described peer relationships that were reciprocal, mutually supportive, and growth-promoting.

Most participants had examples of ways that they both provided and received support in their friendships (reciprocity), as well as a sense that both they and their friends were equally affected by and committed to their friendships. Lola gave me several

examples of how she and her group of close friends support each other emotionally and practically – by offering encouragement around college applications; sharing food and money; and being accepting and understanding of each other. Lola told a story of how a friend stayed with her for a few days when she was having problems at home:

Yeah, like my friend went through a really hard time where her family wasn't being understanding, and she told me right away, and she was like I don't know what to do, I don't know what's going on. So I said we'll go and get you, come over here right now. She comes the next day and she just stayed with us for a day or two. And I just felt that that really like made us closer, because, sure, we were close before, but it's like when you stay with someone when they're going through a hard time, when they open their home to you, and she was crying. She was like no one's ever done that for me before. Like no one ever wanted to do that for me before.

In this case, the opportunity for Lola to offer support to her friend in this way strengthened the friendship for both of them.

Yasmine described mutually supportive relationships with both her boyfriend and her close friend. She said of her boyfriend, “We have [*laughing*] so much emotion between the two of us.” She described how they serve as each other's confidant and emotional support:

every other thing that upsets me, if I call him about it, he'll just get angry for me. And I'm just like it's okay eventually, he'll be like, “[*sigh*] These people!” and I'm like, yeah, yeah, we get it. And then when he's stressed out, I'm just like very worried because I don't like him stressed out.

Yasmine told me that she believed she had an impact on her boyfriend as well:

Yasmine: Well when we started out, he was having a lot of trouble with his family also.
 Beth: Okay.
 Yasmine: Right. And he was looking for a job program, like everything stressed him out.
 Beth: Okay.
 Yasmine: His school was stressful, looking for a job was stressful, his mother is always screaming, so...
 Beth: Okay.

Yasmine: It's like with him, I'm always like your mom, okay, then let's get you out of your house and so, too, and he's like, okay. He's like, you're in a bad mood too? I'm like yeah, we're all in a bad mood, let's go!

Beth: Okay. So you can really play that role for each other.

Yasmine: Yeah, and like sometimes I talk to him, he's just like, like he'll like, after an hour, he'll be like I'm so glad that you talked because [*audible exhale*]... we just breathe out a very strong breath and we're like stress is gone.

In a similar way, her friend from her guitar class offered her support around living with depression, and Yasmine explained how she was able to return the favor when the friend came to her with a question about a boy: "She had boyfriends before. But now she has like this one problem with this one guy, so she's like coming to me and she's like, 'Is he a jerk? I don't know.'" Yasmine told me that she was very happy to be able to both give and receive support with this friend – "we talked to each other and we gave each other advice." Yasmine believed that her mutually supportive relationships with her friends empowered her to cope with her stressful family relationships, and that "I'm stronger because of that."

Thefa described mutuality in several of her closest peer relationships. She gave examples of friends who have told her how grateful they are to be friends with her or who give thoughtful presents that show how well they know her. Thefa described herself as someone who takes pride in being able to be there for her friends in the same ways they are there for her – by helping them manage distressing thoughts or feelings, or by offering a place to stay:

I'm definitely one of those friends that if something is wrong, you come to me, and I'll do whatever I can. Like it's never gotten to this point, but I have had friends come to me and say, hey, if something gets bad, can I come to your house, and I'm like of course... Same thing with like, you know, if they're in a real bad spot, I, you know, try to help them out. I'll stay up with them if they're like, you know, having a really rough night or something or if they're having like, you

know, real depressive thoughts or intrusive thoughts, destructive behaviors, you know. I try to make sure they're okay before I go to sleep.

Flower told me that she thinks her best friend learned how to be more honest and straightforward from her: "I think I taught her how to be like that honestly. She was never like that." Z told me that she believes her relationship with her best friend is as meaningful for her friend as it is for her, "because she doesn't speak to a lot of people. It's very hard for her to leave the house." Ashley said that her relationship with her best friend "goes both ways": "Like I'll also always be there if she needed someone. If she calls me, I'll pick up, you know, stuff like that."

Jessica described how she and her best friend support each other and feel equally connected and invested in the relationship: "I felt like really close, and then I'm like, you know what, I'm not going to lose her, and she doesn't want to lose me too because she feels like so connected, and like we're really close." She explained that she and her best friend are able to provide emotional support for each other:

Sometimes she'll call me, and she'll be like oh, I need to talk to you. I'm having this, I'm having that. And I do help her, and it's like oh, I'm so happy that I called you, now I feel much better, and, you know, so like we help each other out.

Similarly, Franchesca reflected that her best friend, like her, struggles to open up to others, and so the connection they share is as valuable to her as it is to Franchesca:

Yeah, definitely, actually. Like right, like I'm, 'cause I'm just thinking about it like both ways. I think we've just been there for each other through a lot like and also 'cause like she's very, like it's very hard for her to open up so I know that like, I'm not trying to like gas myself or anything but like I know that it's like she, it's easier for, for her to open up to me than like other people.

Angela acknowledged that she struggled to maintain relationships with peers, but did describe one relationship with a friend from middle school that she valued for her willingness to listen: "Like when she say stuff and I say something back to her, she's

dead ass listening to me, like she's really listening and taking advice that I got for her." Angela told me how much she appreciates that this friend answers the phone when she calls, and in return Angela described herself as willing to be available for her friend in return: "So whenever, I don't care, like I could be cryin, and if she call my phone cryin, whoops, your problems need to just chill, Angela, because your sis is going through something." In spite of this mutual support, Angela admitted that they are not close right now:

I mean we're not the closest right now, because it's been so long since we've been really close...But we've all, like we've always have that connection, like I don't know, maybe it's gonna build into something more being that we just started you know, hopefully, but that's a bond I appreciate, you know.

Rosie described how she and her ex-girlfriend support each other in their struggles with mental illness. When Rosie struggled with unpredictable mood fluctuations, her ex would respond with empathy and understanding: "She would be like, 'I know that you're not in control of this' and like getting to the root of the issue." In return, Rosie tries to help her ex whom she describes as "very in her own head. She doesn't talk about stuff. She is very introverted. She suppresses stuff." She provided an example:

Yeah. It's not like she's just not telling me. I don't know. It's just like she can't because she's just like, "I'm not thinking about anything", and then she's like freaking out. She's like, "Why am I freaking out? I don't even know why I'm freaking out." I'm like, "Okay, you think you're not thinking about anything, but really..." and she's like "Ah."

The one participant who provided no examples of either mutuality or reciprocity in her peer relationships was Ocean. Although Ocean told me that she and her friends talk often about family, friends, and school concerns, she demurred when I asked her if she felt supported by her friends. She preferred to offer her friends advice and was selective about the information she shared with them.

Five Good Things

In relational-cultural theory, growth-promoting relationships are theorized to lead to “five good things,” which are increases in zest or energy, empowerment, self-worth, clarity, and a desire for greater connection among both parties (Jordan, 2009). I found evidence of each of these “five good things” in participants’ descriptions of their close peer relationships.

Franchesca described how her best friend’s jokes give her a boost of energy (zest) and help keep her “light” when she feels overwhelmed by stress: “It might just be my sense of humor, but like it’s like, then I’m just like, okay. That’s good, it’s like very lighthearted, like she keeps me like light, I don’t know, which is good.”

Lola described how her relationships with her friends increased her ability to understand herself and the people around her (clarity). She talked about feeling like she never fit into to any “mold” when she was growing up in her family, but among her friends, “they made me see that I can fit in my own kind of mold, if that makes sense?” She also was able to better understand the impact of her own traditional family upbringing by talking with friends who had a similar experience:

Her parents were so strict that she didn’t really get to hang out, like she didn’t have sleepovers, things like that. So it was like, okay, you feel the same way I do. You’ve been through that too where you can’t really like have the quote-unquote “normal” friendships.

Thefa described how having friends who struggle with low energy helped her feel more confident in her own abilities (self-worth):

Some of my other friends, I have to push to, you know, have fun and, you know, I don’t mind doing that. I think it’s good for them, and it’s good for me too because it gives me like a confidence that I don’t have on my own.

Ashley told me that her relationship with her best friend helped her feel more able to do things on her own (empowerment), something she had struggled to do when she was involved in an unhealthy dating relationship:

It means like finally being able to go out and do things on my own, and like before when I was dependent in this relationship, I got like really like tense and anxious when I had to go out and like do something by myself, and I wasn't able to like go out and get the things that I want, you know, to get a job and to look into schools on my own and go to schools on my own, and stuff like that that I've learned to do now that I'm on that journey of becoming independent.

Finally, Yasmine explained to me that she learned from opening up to her friends that “you can only gain a support system” (connection). She described how her relationships with her friends gave her strength to challenge her parents’ expectations for her: “you can’t tell me be home at 10:30, you can’t tell me not to hang out with my friends. I have friends. And they are more important to me than anything else.” These examples provide evidence of the ways that close peer relationships are growth-promoting for these young women.

Experiences in Friendships: A Continuum of Authenticity

One of the challenges of talking about relationships in an interview is that relationships are dynamic and ever-evolving, and so capturing the experience of them at a single point in time is necessarily limited. The ways that participants described themselves was also varied and frequently contradictory – for example, Lola described herself as both someone who can be “closed off” and someone who is “kind of an outgoing person”; Z told me that “I don’t really have a filter” and that “it’s still hard for me to talk to people at my college.” These contradictions, of course, are expected, not only because these participants are older adolescents in the midst of identity exploration, but also because it is a given that people talk about complex topics in polyvocal and

conflicting ways (Brinkmann, 2018; Gilligan, 2015). However, even with this recognition, both my co-analyst and I identified broad patterns in the interviews suggesting that participants varied in the ways they experienced their relationships with peers. These patterns can be understood on a continuum of authenticity, from those who saw their friendships as essential to their well-being, with authentic presence a necessary component of these relationships, to those who saw friendships as limited in their potential to contribute to their well-being and with correspondingly less authentic presence. In between were participants who were cautiously moving into greater connection, generally with one trusted best friend.

In this section, I present each of these patterns less as hard-and-fast rules and more as examples of the different ways participants engaged with connection and disconnection in their relationships with peers. First, I describe how participants experienced supported vulnerability in their friendships and made decisions around disclosure with friends. Then, I discuss how participants varied in the ways they experienced and resolved disconnection in their relationships with peers.

Supported Vulnerability and Trust in Friendships

In relational-cultural theory, the concept of “supported vulnerability” refers to the need to assess the risk of being vulnerable, based on our evaluation of the other’s trustworthiness (Jordan, 2004). Relationships in which people can be vulnerable (that is, acknowledge a need for support) and authentic (meaning that they can be present in a genuine way) while feeling supported are more likely to lead to greater intimacy and growth.

Embracing vulnerability with friends. At one end of the continuum of authenticity were those participants who described their peer relationships as essential to their well being (Lola, Yasmine, and Thefa). They also emphasized the importance of being authentic with their friends. They were less likely to describe a process of assessing their friends' trustworthiness and more likely to discuss the value of being vulnerable with friends. These participants all had examples of supported vulnerability in their peer relationships. Lola described how when she was first becoming close with a good friend, they each talked about a major loss they had endured in their lives. The decision to be open with her friends about her struggles with mental illness came later in the friendship:

I had a hard time opening up them about my mental illness. Originally like they knew I was very sad and they just assumed I had depression, but they didn't know like I had a mood disorder and they didn't understand why I had like PTSD and why there are days where I can go outside and I can be okay. But like, there are days when I can't go outside without someone being next to me or just can't go outside at all. And I think it happened where I had a really bad panic attack a couple – I think it was a year ago or so. And I was just really open with them. I was like this shit really sucks.

Lola admitted to me in her first interview that it has historically not been easy for her to open up to others and trust people. Describing her decision to talk with a school social worker, she said:

it really takes a while for me to trust somebody because I just felt like I've been burned so many times by people. So willingly going in with like open arms and telling about my feelings just wasn't something that I did but willingly.

However, her close-knit relationships with her small group of friends have shown her the value of being open, even about difficult subjects. She explained to me that there are no "off limits" topics amongst her and her friends:

We're, I feel that we are a generation, like me and my friends, that are so, like, open about everything. Like we talk about sexuality, we talk about sex, we talk about politics. And there are people in our friend group that don't necessarily

agree with the same things and we can get into arguments. But it's like it's such a powerful thing to be able to disagree with someone in a way that usually ends friendships... And it's things like that that make you really understand each other, because we talk about race, we talk about racism, we talk about like body issues. I feel like there's not really anything that's taboo with us, you know.

Like Lola, Yasmine also believes in the value of being honest and authentic with her close friends. She told me about how she and her boyfriend maintain a policy about honesty:

we have a policy and that is straight up honest. You know how people say honesty is the best policy? No, we straight up, if you're feeling not okay for a minute and you know it's gonna go away later telling people that you felt like that and you know, we just have to, we tell each other everything.

When I asked her what she talks about with him, she answered, "Everything... If I have bathroom problems, if I have work problems, if I have family problems, if I, if I, if I got my tax return." She explained that she trusts him because they have been open with each other about their emotions from the beginning of their relationship:

I realized like if I can tell him anything like personally, like emotionally, I can tell him anything, you know... I'm already the most vulnerable when I'm talking about my emotions and things in my life like that, so.

In addition to her boyfriend, Yasmine has another friend with whom she is equally open and honest. She is a strong believer in the value of talking openly: "Cause like between the therapist and [boyfriend] and [friend], I'm just like I'll talk to anybody, I'll talk as long as I don't think I'm gonna hurt your feelings, I'll talk to you." Yasmine explained that she is not indiscriminate with her disclosures; for example, she does not talk about her depression with colleagues:

You know, I go to work. And I don't tell them I'm depressed because I know they're judgy people. And if I tell them I'm depressed, they're not gonna understand, they're not gonna think I'm stupid, they're just not gonna understand... And they're gonna be like, what do we do with the information? There's no point in pressuring people.

But with friends, Yasmine believes fervently that “you can only gain a support system” by opening up to them:

Yeah, and most people are understanding, you know, there’s a, there’s a, there’s a brilliant human creation that’s called the brain and it understands people and there’s the heart, which understands on a deeper level, you know, and then people, people will get things. People aren’t really mean, people are not mean.

Thefa described herself as someone who used to make friends very easily: “I used to be very, very trusting. I would meet somebody, and they could know everything about me in a second if they wanted. I was very, very open and unapologetically myself.” She explained that she feels more wary and hypervigilant now around others as a result of a recent traumatic experience, but that still, “usually, you know, once I get to know the person, I can like let everything spill rather easily.” Thefa explained to me that she deeply values her relationships with her close friends: “when I form a friendship with somebody, that’s really important to me, and I’ll fight to keep it.” With her closest friends, “I mean, for the most part, though, I can share pretty much anything.” She explained to me the connection for her between trust and honesty:

If I can’t be honest with you, it’s really difficult to be your friend because I’m a very, you know, open and honest person and I, you know, say what I feel. I express my thoughts, and while I usually do it in like a kind way, like I never say to someone’s face like “I hate you” or anything like that, I’d be like “Hey, this thing you did made me uncomfortable, but it’s okay, just try not to do it again.” You know, it’s just, I feel like if there’s no trust, there’s no relationship. And that goes for like all relationships... And I think that’s why I’m able to make relationships so easily. It’s ‘cause my trust of, my ability to trust is very lax despite like, you know, the trauma and all the craziness that I’ve been through.

For these three participants, their willingness to be vulnerable with their close peers was associated with a lack of shame around their experiences and past difficulties. Lola

explained how she and her friends work hard to combat the stigma associated with mental illness:

Yeah, like my friend will say everyone has problems. Your problem doesn't make you any weirder – like, you're weird on your own – but it's like the problem doesn't make me. I make me.

Similarly, Yasmine told me that she does not feel ashamed of having depression:

And you know, like depression and like I've talked to different people who have depression, like my friends, so when I describe my depression to [my boyfriend], he's like oh, this sounds like this thing that I have, and it's just like, oh, this is like this thing that I had, which is like, it's kind of like a part of you. Like depression like, people say like it's (inaudible), you gotta get rid of it, I'm like it's something you deal with, if like people are angry, they deal with it. You're sad, you deal with it, you know, you have to learn parts of yourself. And it's like people who are afraid to say, "I am depressed", "I am sad", "I am angry" and things like that, then it's just like you're afraid to tell people who you are.

Towards the end of my interview with Yasmine, I asked her if there was anything I should have asked her but didn't. She told me, "I don't know if you were supposed to ask this, but like I'm just gonna tell you...something. Is that friends, when you talk to them, you, you get more confidence in yourself." She went on to explain how she learned from being in therapy and opening up to her friends to feel more confident in herself. She then referenced one of the survey questions in the Cornerstone assessment that measures perceptions of stigma to expand on her point:

Yasmine: Yeah. And I hang out with different people because like I think, like I saw one of the questions there like, do you think that if you open up to people then like they'll think you're stupid or whatever and I'm like no, because there's nothing wrong with what, like with being either depressed or like mentally ill or something, there's nothing wrong with that.

Beth: Okay.

Yasmine: It's not a weakness.

Beth: It's not a weakness.

Yasmine: No, if you open up to people, then they just understand you better.

The participants in this first group felt comfortable with their close friends to be honest and vulnerable with them, and perceived this experience of supported vulnerability to be an essential component of their closest peer relationships.

Tentative vulnerability with friends. In the middle of the continuum of authenticity were participants who also valued their ability to be honest and vulnerable with their best friends; at the same time, they expressed a considerable amount of wariness and hesitation in the process of assessing trustworthiness and making decisions about what and when to disclose.

Franchesca described a very close relationship with her best friend. She explained that one thing that sets this relationship apart from her other close friendships is her comfort with expressing strong emotions to her best friend. She explained that with other close friends, she often prioritizes understanding their feelings over expressing her own:

Like when I get into arguments with them, I still like try to remain, like, collected, like I'm very like da-da-da-da-da and like try to hear everything out... Even when I feel like they're not like listening to me as much. Like I'll like okay, but da-da-da. But then when I'm with her for example, like, like I'll be like, "No! This doesn't make sense! I don't understand!" and like I'm just very like, 'cause I guess I'm not like afraid to be angry around her, like I know it won't ruin our relationship, so like that's one thing. And I guess I'm also like not afraid to like just generally have like loud emotions, like really sad or really happy or like, or angry and like that's something.

Franchesca's willingness to be authentic in this friendship reflects the presence of trust and supported vulnerability. When I asked her if she knew right away that her best friend was trustworthy, she explained:

I think, whenever I go into a friendship I'm always like cautious, like that's just something about me. But like I guess like as I became more so like closer and closer with her, like I realized like this is someone that's trustworthy. Yeah, I just felt it and then, yeah.

I asked her if anything helped her come to this realization about her friend's trustworthiness:

I guess we were really friends for like two months and like I had this crush on like one of our very close friends and I was like, "oh my God, isn't he so cute!" But she was like best friends with him at the time and like she didn't tell him that and I think even after that it was just, it was like a small door opening... But it opened up to like bigger and bigger things and I told her more personal things and like as we went, it just like collected, it all accumulated... I guess like I tested the waters first, something kind of small.

When I asked Franchesca if this relationship was one in which she felt she could be honest about her thoughts and feelings, she told me

I think it's like hard for me in general like to 100% be open with my thoughts and feelings. But also like I feel like nobody will ever like truly know someone just because like there's no way to like get someone's internal monologue, but like I do think that she knows like, like a lot of layers of me which is like good, which is like I guess more so than like, like people that I'm not as close to now.

In this way, Franchesca's relationship with her best friend includes both supported vulnerability and wariness. This wariness was also present for a number of participants who admitted that they had few or no friendships apart from their relationship with their best friend. Flower, for example, told me:

I don't have any friends my age... I mean I do know people my age but I never really socialize with them. Like I'll probably have like a few classmates and that's it, but I don't really like talk to anybody my age ever.

Flower's closest friend is four years older than her, and she describes her as like "an older version" of herself. I asked her if she trusts her, and she said yes and explained:

So me, like I said I'm not someone who trusts, like I don't talk to a lot of people and I don't trust a lot of people. There are some things where I always hesitate to tell her but I always end, like with her it's always like I'm comfortable, I literally just say my thoughts and I'd never done that before, even with like from you know, [therapist], I never really told her much so I think it's a huge impact. And regardless, like even you know, if anything happens, I always, I know there's always gonna be an option of people leaving or your life or whatever, like I know she won't ever use it against me or like that.

Like Flower, Z also does not have a lot of friends, but unlike Flower, it is not for lack of interest – she explained to me, “It’s just I have a little bit of social anxiety, so it’s hard for me to meet people.” Z met her best friend online, and after they had been chatting online for two years, they gradually moved from chatting about the role-playing game to sharing details of their lives with each other in email, text, and occasional phone calls. She told me that “the reason why I made such a connection with her is because it’s through the Internet, so we weren’t like in person, so it was easier.” I asked her about the evolution of trust and disclosure in their relationship, and she said, “Well, we started telling each other about like our personal lives. Like, not really like, there wasn’t really any trust issue...It just kind of happened.” The connection Z has with her best friend is especially significant for her, given that it is not easy for her to make friends with others in general.

Jessica met her best friend in high school. She admitted that “I had to get to a certain point to trust her” and that it took spending time with her friend to decide that she was “very sweet” and trustworthy. Their friendship deepened when her best friend disclosed about her own anxiety:

And then she was telling me that she has anxiety and like oh my gosh, like I could connect to you because I also have anxiety. And she also has like, not depression, but like sometimes she’ll get like some situations, like oh my gosh, that sort of happens to me. Like I really felt like she was like my second sister.

Jessica told me, “now I’m just comfortable in saying anything, how I feel, and she’ll get me.” Although Jessica’s main supports are in her family, her friend provides a unique source of support from her shared lived experience with anxiety.

Ashley also met her best friend in high school. She described herself at that time as “really shy. Like when I started going to that school, I like didn’t talk to anyone. I

was just that girl that sat and read her books, like I was that person in school.” Her now best friend initiated their friendship:

- Ashley: And she’s obviously the one that like initiated conversation. It took me maybe like a week or two to actually like start talking back as much as she was.
- Beth: Oh, okay.
- Ashley: Yeah. And it takes me a while to get comfortable around people. Like maybe half a year to a year where I’m fully comfortable.

Ashley explained to me that it took her a while to feel comfortable sharing personal information about herself with her friend:

It took me a while to like get to that point of comfort with her...Not because I wasn’t close with her or I wasn’t comfortable around her. That’s just how I am, like I don’t share everything with people.

Ashley explained that this friendship is especially meaningful because it has lasted several years:

Mostly the fact that we’ve known each other for so long, because I haven’t had a friend that like stuck with me for this long... Or I’ve stuck with them for this long. So it’s like it’s new and it’s important.

All of these participants described relationships with close friends characterized by supported vulnerability. However, for these participants, developing close, trusted relationships with peers was a gradual and often effortful process. Most of them described making conscious decisions about when and whether to be vulnerable with their closest friends.

While both Z and Jessica described feeling comfortable talking to their best friends about everything, Flower told me that she talked to her best friend “about almost everything.” She elaborated, “it’s not like oh my God, this happened, I don’t know what to do, it’s never gonna be like I tell her every specific detail.” She also emphasized that she was not inclined to talk about her feelings with either her best friend or anyone else:

“Like me, I’m never gonna like let my feelings out on someone else. I never do that, like I don’t care who it is, if it, whatever.”

Both Franchesca and Ashley, however, struggled with decisions about sharing their feelings with their best friends. Ashley described her slow process to feel comfortable around her best friend, and how she made a conscious decision to reach out to her best friend when she was feeling vulnerable after breaking up with her boyfriend:

- Ashley: So I was vulnerable, and I needed someone, and I knew that she would understand, so I shared everything with her.
- Beth: What was that like?
- Ashley: Sometimes I’m like, “Maybe I shouldn’t have shared everything,” just because, again, that’s just how I am, like I’m a very secluded person, but not because she made me regret it or anything.
- Beth: Okay.
- Ashley: But it was also freeing to finally like let some of my anger and frustration out.

Ashley explained what helped her make the decision to share at a more personal level:

I think it was just mostly had to do with like how vulnerable I was and how upset I was about the relationship and that even before like I told her everything, she was always there for me like when I needed something or when I was upset about it. So, yeah, I don’t know. She just made me feel like really comfortable and like reassured me that like it was okay, that like it’s not my fault and stuff like that.

Ashley admits that even with this increased comfort and knowledge of her friend’s support, she is sometimes reluctant to tell her that she still misses her ex:

Well, one thing that I don’t really share with anyone is, this is all going back to my last relationship...like the fact that sometimes I still like think about him or like I still miss him, and like sometimes I wish that we were friends and stuff like that that I don’t want to share with her because there was a lot of things that went wrong in that relationship that she probably wouldn’t be so supportive about me being friends with him.

Franchesca told me about a similar dilemma she experienced of deciding whether or not to confide her distress in her best friend. I asked her how she decides what personal information to share with her best friend, and she answered:

So there's always like this fine line because I never really like wanna worry her, like too much because I just, I don't know, like there is something in me still that like even though I'm so open with her, like probably more so than other people, like you just like get this feeling of like, "I'll probably get over this." And like, "I don't want to hurt them" or like worry them and then like that is sometimes not healthy, because then I do end up like feeling worse and then I tell her about it and she's like, "Franchesca, why didn't you just talk to me about this two weeks ago, why did you wait?"

She told me about a time when she was feeling increasingly upset about her home situation, and struggling with the decision about whether or not to talk to her best friend about it:

But I was like, this happens all the time... like I talked about it a lot before, like I, like I shouldn't like talk about it anymore... I was like why am I telling her, like it just makes everyone upset, it makes me upset, it makes her upset, she's gonna worry. And I'm like, and then I like, I didn't like tell her about it for a while, and like each day like I got like worse and like worse and like just more upset and like because the impact of like everything going on at home was like really starting to affect me. And like eventually she could like see it and like then it was like time and like I was like bursting already and like I had to address it.

She admitted that it is a combination of shame and not wanting to hurt her friend that kept her from talking about this sooner:

No, I guess it's like in myself, like maybe I'll be like embarrassed of something that like, no I shouldn't feel a certain way or like, and I'm like, that kinda like, yeah that's probably the driving one. After that it would probably be like upsetting her. But first it's always like, like I guess more so, like of the times that I don't tell her things or like, I'll just feel upset about it myself or like ashamed about it and then I'll be like oh, I don't really wanna talk about that.

In our conversation, Franchesca wondered, "maybe it's like a human nature thing, like it's just like hard for people to like trust." Her experience of trust and supported vulnerability in her friendship was hard-won and tinged with feelings of wariness and shame.

Limited vulnerability with friends. At the other end of the continuum were those participants who experienced only limited supported vulnerability in their relationships

with peers, if at all. Past negative experiences led them to approach peer relationships with a fair amount of suspicion or anticipation of the potential for hurt or betrayal.

Angela explained in her interview that she does not really have peer relationships aside from her boyfriend, because her boyfriend doesn't like when she has male friends and she does not like being friends with females: "I don't like girls. Girls like drama. Girls like to fight me. Every single friend I've had that was female has turned on me or has become something else, somebody that's not my friend." Angela did appreciate having her boyfriend in her life, but felt that he was not able to be responsive to her in the ways that she needed him to be:

He's sweet though. I like him, he's there for me, it's just when I feel like I'm going through whatever I'm going through, he's just like in this awkward silence when he should be saying something to me or being supportive of me. But he's physically there, like I just feel like sometimes he just doesn't know what to do in the situation.

The lack of any relationships that offered a supportive space for her to be vulnerable was very painful for Angela, and made her wonder why sustained relationships seemed so elusive:

That's why I just don't understand how it's so hard for me to have friends or have a good happy relationship with somebody, but I think I just need to meet somebody that's more like me, and that's hard.

Angela freely acknowledged her need for help, but expressed frustration with her existing relationships with both family and peers: "sometimes people need help and I don't feel like going to strangers for help but I just feel like who I have in my life is not helping me right now." In the absence of supportive peer relationships, Angela described sometimes opening up selectively to strangers on the street.

Like I don't feel uncomfortable talking to strangers either, because I know I probably won't see them again... So I don't know, if a stranger is on the street and

they see me crying or whatever, if I'm on a bus and a stranger approached me and they see me crying, I'm not gonna tell them my whole life. I'm gonna be like oh, I'm just having this real hard day, I just wish I had somebody to talk to, you know.

In contrast to Angela, Ocean was not inclined to share her vulnerability with others.

When I asked her to tell me how she felt supported by her friends, she said, "I don't know, I never like really thought of anyone like supporting me." She went on to say that they study together and are there for each other about "guy stuff" and then concluded, "So yeah. Like I guess that's how we kind of like support each other."

In making decisions around trust, Ocean told me that she goes by instinct: "I mean I've always, I don't know, when it came to like being friends with people or like who to trust, I've always kind of just like, it's all about like the vibe I got." She admits that it took her some time to trust one of her friends who "didn't have a great reputation before" and "like some of the people she like hangs out, I just don't really like." She described how she trusted an instinctive feeling about a co-worker who seemed "sneaky":

It's just like I, I don't know, I just get this like feeling, then that's when I stay away, you know.... like I said, like I observe a lot so I like also watch a lot how people act and like react to things and then I like go off of it.

Ocean told me about two of her close friends, and said "I share a lot of things with my close friends, like a lot, you know." At the same time, she admitted that she was very conscious of what she decided to share with them:

I just necessarily like, I'm kind of like also very like private, like personal person in some ways. Maybe it's like being secretive, but like there are certain things I just like don't tell anyone in general. So like there are certain things, yeah, like Tom and Kate don't know. Like it's not necessarily like I don't trust them. It's just I don't like feel like there's a need for me to tell them. I don't like feel like they need to know this about me or stuff like that, so.

I asked Ocean how she decides what personal information to share with her friends. She answered, “I think about how it’s gonna play out.” She elaborated:

So like if they knew this piece of information, like it’s kind of messed up how I think about it maybe. But like I always tell myself like okay, if they know this piece, piece of information of me, like what are the consequences from it, what are like, how would they react to it?

She admitted that “it’s always like my biggest fear... Of like telling someone something, then having it backfire on me somehow.” I was curious about how she imagined a disclosure backfiring, and so I asked her:

Beth: What do you, what do you imagine could happen? ‘Cause I know sometimes people think like oh, this person might want to, I don’t know, stop being friends with me or...

Ocean: Yeah.

Beth: They could use this information against me or maybe it’s...

Ocean: Well that, I mean mostly it’s not, it’s not really even like not being friends, just like ‘cause that, that like I could deal with.

Beth: Okay.

Ocean: But like, like using that against me and stuff like that.

Beth: Okay.

Ocean: Is like my biggest fear.

Later in our conversation, Ocean admitted that “there are certain things, like my addiction like you know, I don’t really talk about it... If there’s like just something really private, like I won’t like say that.” She explained that she did not think that someone who did not know about addiction would be able to understand its significance:

Yeah, like my addiction I like never really like, I know I’ve told [friend] before, but I feel like, like I’ll still like, if you don’t know much about like how addiction works, like you’re not gonna like take it as serious.

She also acknowledged that her friends know some details about her family, but “they don’t know all the like... I have like a very big family and there’s just been like a lot of shit that’s happened, so like they don’t know all of that.” Ocean described her

relationships with her friends as close, but was also very intentionally circumscribed in sharing vulnerability with them.

Rosie presented yet another version of this limited experience of trust and supported vulnerability in relationships. She told me, “I can be very honest with many people. I don’t have an issue with telling like people how I feel.” However, she explained that before she decides to share something, she will evaluate whether the disclosure will be worthwhile based on whether or not the listener is likely to understand her:

It’s just like, like sometimes you’ll share something, and the person will hear it wrong because they were brought up a certain way and understood different words in a different way or whatever it is, and then it’s just like it’ll make them understand a lot less. So I’m like, “Not worth it.”...It’s not about whether I can share it. It’s about whether it’s going to be worth sharing, if they’re going to understand it.

Similar to Angela’s strategy of opening up to strangers, Rosie told me that she feels more energized when she meets new people as opposed to spending time with people she has known for a long time:

I thrive on new people... my friend, for example, who I’ve been friends with, they, I’ve been with them for so long, my brain doesn’t have anything really new to come up with or whatever. But I very, very much thrive on speaking to new people and almost having them really get to know me and hearing somebody just like, be like getting to know a random stranger and then just being like wow, like you are incredible, or like you are really intelligent. You’re somebody I’ve never met before. It’s really validating and nice.

Rosie described to me how she often feels stuck and immobilized, “but when I meet new people, like I get an energy. I don’t know why I get an energy. I don’t know. Maybe showing off. Maybe because they’re not quite sick of me yet.” Something about Rosie’s experiences in peer relationships suggested she sees them as having a short shelf life.

When I asked Rosie if she could identify a supportive peer, she clarified, “Do they have to be a certain kind of support?” She explained, “I have a friend who’s been around

a lot that I talk to...But I don't know how necessarily great of a support they are." She mentioned a number of different peer relationships, ranging from her ex-girlfriend who is still a close friend, to a range of newer and older friends. She described these most of these relationships as having both strengths and limitations. For example, she told me that her ex-girlfriend is

very, very lovely. She knows me very, very well, and she has continuous like forever support. Like I know that she will always be there if I need her. She won't usually really have the answers, but, and that's really frustrating for me

Rosie emphasized how much she values her ex's support and understanding, especially around Rosie's sometimes-unpredictable moods. She told me that she is grateful to "have just such a good friendship, where I can be like, look, I'm very, very mad right now, and I am uncontrollably very upset with you" and have her ex respond with understanding. At the same time, she did not always experience this relationship as one in which she could feel supported in her vulnerability:

She really hurt me, and she did something that hurt me a lot, and she wasn't honest about it right away, but when she told me, it broke my heart. And then I had to take care of her because she looked at my eyes with a broken heart, and saw that and felt terrible, and I am more steady than she is and in control of myself, whereas she will, I think, just completely be in her head. And I'm in my head about what I do, but she's in her head about who she is. And so her understanding of herself is very wrong. *[laughs]* She's a lovely human being. But it was terrible having to take care of her when I'm feeling terrible.

In addition, her unanswered question about "does it matter if somebody isn't there for you for small things, but is forever there for you for the big things?" reflects a sense that the support she experiences in her relationships feels at least somewhat tenuous or inconsistent. These three participants all had very different approaches to peer relationships, but they all seemed to experience their relationships with friends as either limited or fraught in major ways.

Difficulties trusting peers was a topic that also came up in some of the group sessions I observed. In one group discussion about roommates, one group member talked about how she does not want to depend on anyone once she moves out of her parents' home, adding, "I want to be to myself, not depending on no one." Another group session involved a Cornerstone participant acknowledging that he had difficulties trusting people as a result of past abusive relationships. In a third group, one group member shared that he found it harder to make friends as a young adult in the workforce than when he was a student in school. Another group member disagreed, saying that she had lots of friends, but that at the same time, "these people are really fake and I don't trust nobody."

Disconnection in Peer Relationships

Disconnections happen in all relationships. All participants in this study described examples of disconnections in their peer relationships – times when they disagreed with a friend and felt unseen in a significant way. However, participants varied in their responses to these disconnections. Those participants who felt able to represent themselves authentically were able to talk openly and repair the disconnection, thereby moving back into connection and in many cases strengthening the relationship. Other participants were less able to present themselves authentically in their peer relationships. These participants were more likely to describe themselves using "strategies of disconnection," or ways of inauthentic relating that are grounded in survival strategies. These patterns of behavior represent opposite ends of the spectrum of authenticity, with most participants describing both authentic and inauthentic patterns of relating in their interviews.

Moving back into connection. A number of participants described having arguments or disagreements with peers that they were subsequently able to repair. These repair efforts required a willingness to talk honestly about their hurt feelings and find ways to move back into connection. For example, two participants described disconnections with their best friends caused by their intimate relationships. Flower described how her best friend was trying to help her extricate herself from an unhealthy relationship:

When like my ex and I were dating, I wasn't really, I wasn't in a good relationship, it was pretty bad and she kept telling me for like almost all the time like, "you have to stop" and there was a point where she was just like you know what, like and she didn't say like, "Don't talk to me about it," but she said, "I'm tired of hearing this, like it's the same thing going on and you know, you're complaining about the same thing and you're not doing anything about it, you know?" Like that was one thing like you know, like I knew, I kinda stopped talking about that topic because I'm like, she's right but I don't know what to do, like I'm confused in my own feelings so it's just, I don't know. But like I still spoke to her but just kinda toned it down, in a way.

Flower told me that they were eventually able to talk about it in a straightforward way and repair the breach:

Oh yeah, we, I mean, like at the time obviously it's a little hard, but...it's not like we wait a long time, we're always straightforward with each other and we don't make things awkward. Yeah, there's topics like you don't wanna talk about but you gotta bring it up and like you can't avoid anything, so we'd just rather get it over with and that's it.

Ashley described a similar disconnection, in which she and her best friend drifted apart when she was dating her ex-boyfriend:

when I get like that attached to someone and that involved in someone, I sometimes shut everyone else out...I like spend most of my time fixated on this one person that I don't, I can't handle any other relationship.

Ashley explained that once they broke up, she realized that her relationship with her best friend was strained but wasn't sure how to address it: "Because like I knew why it ended,

but I didn't want to face it or like open up about it on my own because I felt so like ashamed of it, and I felt so bad." However, her best friend was honest with her about her experiences during this period of their friendship:

But she was just like yeah, like you get way too dependent in relationships, like you completely shut me out, and like I just was tired of it, and I just let it be for the time being. So yeah. I guess we didn't really like go in depth about it, but we did start talking about ways that we feel now that I'm not like that, I guess?

Ashley described being very grateful to her friend for her directness and willingness to repair the friendship – "She's very forgiving, and I don't deserve it, but I'll take it." She also described learning more about herself as a result:

I think it was just my realization of the fact that that isn't something that I should do, and I shouldn't be so dependent on anyone else, you know... And me learning to finally become independent and kind of get out of my comfort zone and push my boundaries has helped us become closer because I'm not dependent on anyone else, and I'm learning to appreciate friendships over relationships.

Yasmine also described how she and her boyfriend move back into connection after an argument. She claims they are likely to have a disagreement "if we feel something and we can't really express it the way we want to, it'll come off wrong and then we'll upset each other that way." She described how their arguments will escalate to a point "and then it'll be like, pause, 'cause this is painful, we're both obviously in pain, so let's take a step back and figure out what is wrong here." She described to me their process for taking a step back and reflecting:

Well usually we'll get up to the point where like we're like, it's like we need to take a step, okay, either we need a break or something and then neither of us can like let go of each other though... like we need to fix something, something's wrong 'cause if we're hurting, then something's wrong... So let's, let's, let's backtrack and what did you say and what did I hear?

According to Yasmine, these conversations help her and her boyfriend reflect on the cause of the disagreement and move back into connection – “It actually brings us closer usually.”

Rosie described how she and her ex work to repair the disconnections in their relationship. She gave an example of one that happened shortly after their breakup:

Also when we weren't communicating honestly for a little bit right after the breakup, on our terms of how we wanted the breakup to be, and then I went and I was traveling, and I stopped talking to her as a friend for a bit because I thought, you know, we both thought the other person wanted space, and neither of us [*laughs*] really needed the space.

She explained that they are able to resolve these kinds of disagreements through talking:

“They get resolved usually, then we just talk about it, and then it's like oh, that's what was going on on your side? I thought this was going on on my side.”

Thefa told me that she rarely gets into serious fights with friends. The only major argument she could recall was with a childhood friend, which she experienced as very distressing:

And that was horrible. I tried everything to, you know, patch up that relationship. I was apologizing for stuff I didn't do. I was just, you know, I wanted to fix that bond. And very recently, we've reconciled and become close friends again, which is really nice.

Finally, Lola told me that she and her close friends will “squabble” over certain things, but she finds resolving conflicts with them easier than conflicts with members of her family:

Like I will argue with my friends, but it'll never be to the, like, where my family takes it because – but it's like I will argue with my friends, but we'll be able to talk about it, like they'll apologize. My family has a problem with not apologizing and I hate it.

Lola provided several examples of disagreements she had with friends over various topics, but emphasized that they can always talk about them in a way that does not end their friendship:

We're very, like, honest with people. Like she made a joke once, and that kind of like really hurt, and I explained that to her, and she thought it was nothing. And like she said something about like skin, and I had eczema and I had really bad acne, and I was like, man, you know, that's not cool. She was like, I don't get it. And she's like, oh, it's not a big deal. And I showed her what my eczema looks like, and she was like, oh, I get why you got upset about that. I'm like, yeah, it's not you, but it's people used to make fun of me for it. And you know what, you just have to be aware with people. And like we learn things from each other like that.

For these participants, disconnections in peer relationships led to repair, reconnecting, and often stronger relationships as a result.

Strategies of disconnection. At the other end of the spectrum of authenticity are strategies of disconnection. These are survival strategies used in an effort to ward off further experiences of hurt, betrayal, or violation (Miller & Stiver, 1997). These strategies can be understood as reactions to experiences of shame or humiliation, but they also preclude authentic participation in relationships and can often lead to further disconnection (Hartling et al., 2004). Relational-cultural theorists have identified three broad categories of strategies of disconnection, which are not exhaustive, but are drawn from Karen Horney's concepts of moving away, moving toward, and moving against.

Moving away strategies reflect individuals' efforts to separate themselves from relationships by withdrawing, withholding, or emotionally disengaging in some way. A number of participants described behaviors that fit this description. For example, Lola described how she can be very "closed off" from others:

I was talking to my friend and he was saying to me you know, you were very closed off for a really long time from people, like all of your friends were very

concerned. And I still do that now where I'll go through periods of being very like closed off from people.

Angela described one response to the disappointing actions of others was to try to keep to herself: "So I don't know, I just keep my thoughts to myself, I try to just stay to myself." She also described herself as quick to end friendships that seemed likely to disappoint her: "When it's like friends and stuff, people I'm not related to, I really don't care." This attitude of staying connected while maintaining a degree of emotional disengagement also extended to her family and her boyfriend:

So I have, I love these people but they're just not the relationships that, that I'm looking for right now. It's not like I'll kick 'em out of my life or whatever or I ignore them or I just disregard them, it's just their relationship stands where it does and I know how to handle these people, they don't know how to handle me and I'm aware of that

Franchesca described how she avoids expressing anger in most of her close friendships in an effort to preserve the relationship; she told me the "I'm-really-angry part's usually what I drop and like try to be calm and meditate" in disagreements with most of her friends. Rosie said that she has "struggled a lot with feeling things in general," both in her relationship with her ex-girlfriend and in other relationships. She was tearful for parts of her second interview with me, but told me, "I cry, but I don't have emotions, like I don't feel them. So it's really weird that when I talk about things, that I cry, because I'm like, man, I'm not even sad right now."

Flower described herself as someone who would never "let my feelings out on someone else." Speaking about her relationship with her best friend after she broke up with her ex, she said, "you know, she's like me, everybody leaves your life, you kinda get used to it so it's not like a huge impact if he left you know, it wasn't, I don't know." She talked in both interviews about how she doesn't believe in relationships: "in general like,

just me, I don't do relationships. I don't do any of that. Like I said, I don't open up, and I don't believe in love or like labels." Towards the end of our second interview, I asked her if she saw herself as selective in the way she related to people and she clarified:

I'll always talk to everybody, I was never like oh, I don't wanna talk to this person, I won't, but it's just if you don't catch, like I just don't wanna get close, I don't wanna start a connection or a relationship you know, I'm very mutual with everybody and that's it.... You know, like if I see you a lot, but that's only if it's with friends, like I know that's just a mutual thing. If you, I don't know, I just don't wanna have a lot of people in my life. I'm very like closed up, I guess and that's it.

Finally, Ocean also demonstrated the strategy of moving away in her peer relationships. Speaking of her close friends, she told me, "Yeah, I mean we share pretty personal things. I mean, I, you know, like I'm sure they don't know like what I'm hiding, so I'm sure like they're hiding stuff too." She was deliberate about not sharing details of her addiction or family history with her friends. When I asked her if she was concerned that they might not want to be friends with her if they knew some of these details, she corrected me, saying, "it's not really even like not being friends, just like 'cause that, that like I could deal with." She emphasized that she was worried they would use personal information that she shared with them against her, and as a result, "If there's like just something really private, like I won't like say that." This is a clear example of a strategy that seeks to preserve the relationship while keeping important parts of the self out of connection.

Moving toward strategies describe efforts to play a role in a relationship with the intention of hoping to please, placate, control, or gain the attention of the other (Miller & Stiver, 1997). These patterns of behavior often involve individuals who offer services to others without expecting anything in return, thereby keeping a part of themselves out of

relationship. As an example, Ocean mentioned several times when she had offered unsolicited advice to others. Ocean described herself as someone who likes to analyze and observe people (“I just like analyze a lot”) and likes to share her observations with others. She observed some patterns in a friend’s behavior that concerned her, and tried to point them out to her: “I always like try to explain to [friend] like and like, like hope that like she sees like what’s wrong with that.” But this kind of support is not mutual in her friendships; when I asked her how her friends support her, she answered, “I never like really thought of anyone like supporting me.”

Rosie described herself as playing a caretaker role with her ex-girlfriend: “she doesn’t take control very well, and that’s what’s been very difficult because I have to take care of her. I have to take care of her a lot more than she took care of me.” She admitted that “it was terrible having to take care of her when I’m feeling terrible”, explaining how she felt the need to set aside her own hurt feelings to care for her girlfriend:

it sucks because then she’s just sitting there being like, “You’re taking care of me, and that’s not fair! Stop taking care of me!” I’m like but I can’t stop taking care of you because you’re going to hurt yourself if I stop taking care of you, and I’m not.

In this case, Rosie’s efforts to care for her partner precluded her own emotional needs being met.

Angela was another participant who sometimes played the role of the caretaker.

She described herself in this way:

I care so much and I try to make everybody happy and it just makes me not happy. And my friend called me a people pleaser the other day and I said don’t call me that. She’s like, but that’s what you are. Because I’m always trying to make somebody else happy and at the end of the day I’m always the one that’s sad and nobody’s ever there for me.

This role played out in a number of her relationships. She expressed frustration that she shared her money with her boyfriend, when he did not do the same with her: “it’s days I’m broke and they’ve all broke and all I do is split my money straight down the middle, like give him.” She expressed similar frustration with a friend, who Angela feels does not always treat her with respect or consideration: “her issues are so dumb and small and I’m still there for her all the time and I go through what I go through and I don’t ask her for shit.” In each of these examples, the participants kept important parts of themselves out of connection by performing a role that kept them relating inauthentically.

Moving against strategies often involve expressions of anger, rage, or resentment against people experienced as the sources of the feelings of shame or humiliation (Hartling et al., 2004). These reactions can often involve replication of traumatic patterns of interaction. Rosie described this kind of replication of patterns in her relationships, explaining that she often finds herself feeling “stuck” in negative feelings associated with long-term relationships:

I just like lose energy with people that I’ve known for a while. It’s like, because I also go to the same places with them and the same environments and the same environments in which I’ve sat there and felt terrible. Again, I’m sitting there, the same place, again and it’s just, so I’ll do the same thing, which is nothing.

She explained to me that she prefers to meet new people, because she finds these encounters energizing – “Maybe because they’re not quite sick of me yet.” When I asked her to elaborate, she used a metaphor of “mud” to explain how she experiences relationships as becoming increasingly laden and contaminated over time:

I think when you talk to people, you have all these, and you keep talking to them, you have lots of memories, you have feelings, you have a lot of things that will, you know, affect the way you say things and affect the way you do things with them and all these things, and I feel like it muddies up a lot of stuff because you’re almost like treading on eggshells, even when you’re not it’s still like

there's so much affecting that and you're not, it's not a clear thing. It's got all this stuff on it. Whereas if you meet somebody new, there's no mud in between you.

Angela was another participant who described behavior that matched a moving against strategy. She described how she is quick to end friendships with people who disappoint her: "I'm really quick to just not make people my friends." She talked in her interview about her history of being bullied in school, and how she has opted to "bully the bully" as a response:

And then it just results in somebody else saying something small that they know for, disrespecting me where I feel like it's a threat. Don't threaten me, I'ma beat that ass. 'Cause I've been bullied, I've been bullied so much that now I don't take none of that, like I just get aggressive and just angry and just, you know, just all that. And I don't wanna say I have a short temper 'cause it's very, very, very, very, very long. Like I can't, like I have so much patience and I'm gonna let you rock with the shit for so long until I shouldn't have let it last that long, 'cause now it's bubbling, boiling inside of me. Now, now it's I'm gonna be in the wrong if I attack you for saying something, from doing something that's very small because it's just been building up, building up, building up. And you feel me?

Angela decided that she cannot be friends with females because they inevitably come to wrong conclusions about her:

They wanna be like oh, they probably jump me or something over some bullshit, but it's usually my friendships end because somebody thinks that something, I'm a way but I'm honestly, it's like they clearly don't know me, know well enough to know that I'm not the person that's gonna do something like that to them.

She elaborated that her history of feeling mistreated by females has led her to be aggressive in her efforts to defend herself from threat:

Because if you, if I feel like my life is in jeopardy, that's how much I'm willing to go to defend myself because I just have like anxiety or whatever the case may be. Like I'm so defensive and I don't, that's why I don't like people, I don't like females. I've always had issues with females...

These participants describe themselves as trapped in patterns of relating that feel deeply unsatisfying, but at the same time seem connected to efforts to protect themselves from

further hurt and betrayal. They also reflect an unwillingness to relate authentically to peers, connected to a history of relational violations.

Chapter Summary

This chapter presented the study's findings from the thematic analysis of participants' peer relationships. It reviewed the traits that served to facilitate trust in these relationships, including understanding and validation, reliability, and shared lived experience. It then described the various functions that friendships served for participants, including companionship, artistic pursuits, instrumental support, and emotional support in navigating both everyday life stressors and those related to living with mental illness. Then, patterns of mutuality and reciprocity in these friendships were described. Differences in experiences of peer relationships were characterized along a continuum of authenticity, from participants who were fully able to represent themselves authentically in relationships to those whose authenticity was limited in various ways. Differences in experiences of supported vulnerability and disconnection were also discussed.

Chapter Nine: The Listening Guide Analysis

Introduction and Plan for the Chapter

This chapter includes the results of my Listening Guide analysis of Angela, a pseudonym for one of the young women I interviewed for this dissertation. The chapter begins with an overview of Angela's relational world to orient the reader to the Listening Guide analysis that follows. I first offer a detailed summary of Angela's descriptions of the important relationships in her life, using quotes wherever possible to ensure that the narrative is anchored in her own words. Then, I share my own reaction to these interviews, which form one component of the evidence I draw on for my analysis of Angela's relational strategies. Finally, I share my Listening Guide analysis of Angela's second interview, detailing the evidence I collected in multiple listenings to arrive at this interpretation. Findings presented in this chapter address this dissertation's third research question on how one transition-age youth navigates disconnection in her relationships, using a case study approach to illustrate one individual's complex relational experiences.

Listening for the Plot: Angela's Relational World

Angela is an African American late adolescent young woman who was a participant in the Cornerstone study. I interviewed Angela twice, separated by three months. During our first interview, my audio recorder was not working, so I took notes during the interview but lack a full transcript. When I asked Angela to tell me about someone who had been helpful to her in a formal capacity, she talked about her new therapist at the clinic. She explained that she likes her "surprisingly" because she usually does not get along with therapists and has had bad experiences in the past. She claimed that her liking and feeling comfortable with her current therapist was a "huge milestone."

When I asked Angela what she didn't like about her previous therapists, she talked about a previous therapist who "would just press you on one issue," such as her father, which he thought was the root of her problems and which Angela did not appreciate: "Life is not like that." Her current therapist, in contrast, allowed her to speak about what is most important to her and to direct the flow of the session. She claimed, "She makes the session about me, she doesn't cut off any of my sentences." She also admitted that she preferred having a female therapist and that she found it easier to relate to other women.

I asked Angela to give me an example of how her therapist supported her. She described the ways that her therapist helps her make "rational decisions." She also described how her therapist helps her with her anger, especially when she has felt wronged by others. In my notes from the interview, I wrote, "She helps me a lot with my anger. I'll come in talking about a situation and she'll help me see that it's not all my fault, it's not just me, I don't have to see myself as the victim." When I asked Angela if she considered this relationship to be a significant one for her, she agreed enthusiastically: "Oh yeah! I hope I can work with her forever and ever and ever. Besties." She described feeling that she and her therapist have a strong connection, that her therapist smiles whenever she sees her in her office ("the cheese is so huge!"), and that she feels badly when she forgets or misses appointments. I asked Angela if she felt like she could trust her therapist. She answered, "Yes, absolutely. Although if I'm being honest it took me until our last session for it to really hit home" when her therapist gave her helpful advice about remembering that other people's opinions are just their opinions. Part of deciding that she could trust her new therapist was evaluating the feedback Angela received from her about her relationship with her mother: "she helps me see that

it's less my fault than I thought it was. Everyone's not attacking me. It eases my anxiety.”

Angela used vivid, poetic language to describe the physical feeling of relief she

experiences in being able to talk with her therapist:

- A: Yes, the other week I came inside with a really heavy load on my shoulders, and I came out with relief.
- B: That's such a beautiful description! It's like you could physically feel how helpful she was.
- A: Yes, my body was yearning, crying out to speak to someone, to vent.

I asked Angela if there was anything she felt like she couldn't talk about with her therapist. She couldn't think of anything initially, explaining that she knew it was important for her to share her feelings of anger with her therapist. In reflecting on how much she appreciated her therapist, Angela said, “I don't think I've ever appreciated a stranger so much in my life.” When I asked Angela if she could tell me about a moment of disconnection with her therapist, she said that sometimes she would initially disagree with her therapist, especially “when I am focused on justice on my behalf but not justice for the world.” When I asked for a specific example, she couldn't identify one but insisted that if she was bothered about something, she would speak up in session because her therapist is teaching her how to “be more confrontational.” She emphasized at the end of her interview that her therapist has helped her increase her confidence, make better choices, and help her cope with her anger. She also spoke admiringly of her therapist's physical appearance (“she looks like a model!”) and spoke positively about her feelings about the clinic as a whole (“every person I've met here is a pleasure”).

Three months later, I met with Angela a second time for our second interview. Our interview took place on the third time that we had scheduled it. In previous weeks, when the research coordinator called to confirm, Angela cancelled on the day of because

either it was raining or because she was not feeling well. On the day of our interview, Angela arrived with her boyfriend, who waited for her in the waiting room the entire time.

I began our second interview by showing Angela a summary from our first interview, and asked her to check it for accuracy. She confirmed its accuracy and then told me that she was no longer working with her therapist and had her case closed due to attendance issues. Angela explained that it takes her over an hour to get to the clinic by bus, and so she is hoping to save money to buy a car so that it will be easier for her to attend her appointments. She talked about how she does not like to use public transportation because she is “lazy”: “I know myself well enough, some things you just, you just can’t change that about yourself. If you’re a lazy person, you’re gonna be lazy your whole life. That’s how it ended up bums end up sleeping on the street, being lazy their whole life all day.” As a result, she has not been keeping appointments for both her mental and physical health, including physical therapy. She criticized herself for this, saying, “no, Angela, you just need to get your life together because you can’t be like, acting like the depressed little person that you acting like.” She described this tension as “like real life versus like my feelings.”

I asked Angela to tell me about a relationship with someone who was important to her. She talked about her relationships with her boyfriend (“We go through what we go through and whatever, but I know I have him. He’s there when I’m talking.”), her mother (“My mom’s is the best even though she’s the worst”), and her brother (“I look up to him... I don’t wanna be like him, I wanna be better than him”). Despite these relationships, Angela talked about how she does not feel that she has people in her life

that she can call in a time of need: “say I’m down and I’m crying or something, I’m literally just going through my contacts and looking at them like I don’t have nobody here to call.” She talked about wishing that she had a sister, and then explained that she will sometimes open up to strangers on the street when she feels upset: “if I’m on a bus and a stranger approached me and they see me crying, I’m not gonna tell them my whole life. I’m gonna be like oh, I’m just having this real hard day, I just wish I had somebody to talk to, you know.”

Angela describes her boyfriend as “sweet”, “clingy”, but disappointing in his responses to her distress (“when I feel like I’m going through whatever I’m going through, he’s just like in this awkward silence when he should be saying something to me or being supportive of me.”). She says that she doesn’t “blame” him for these “imperfections” but admits that she is not sure if “that’s who I want to be with.” She questions to herself in the interview whether or not he is “controlling”, given that he does not like her to be friends with other males out of concern that she is cheating on him. Also, he has access to her financial information on her phone but she does not have the same access to his bank account. She claims that her boyfriend is always with her and “he’s always in my face ‘cause he don’t trust me.”

Angela claims that her mother “like to argue.” She describes a recent fight over cleaning their shared apartment, and explained in detail how she tries to anticipate her mother’s emotions to avoid escalating conflict. “I literally sat there for like two minutes in silence, like wait, like how am I gonna ask this question, right. So there goes the, the whole process of thought that I put into her feelings.” They end up having an argument, and Angela says to me about her mother, “if I’m able to put in so much consideration for

your feelings, why can't you do the same thing for me? And I feel that way about everybody." She claims this is a pattern in all her relationships with people – that she is a "people pleaser" who tries to anticipate the emotions of others but no one is there for her when she is sad.

Angela reports that her brother "doesn't listen, but he tries to." She talked about her brother trying to reach her through phone calls and texts after hearing about her argument with her mother; Angela experienced these efforts as "hostile" and inconsiderate to her feelings: "he's still going back and forth about how like I hung up the phone or whatever the case may be. And I was like you don't know what I'm going through right now though." She described feeling upset with her brother but not arguing with him, because

I'm just so easygoing and I don't really like to argue. So if, if you is with not arguing, then so am I. You feel me? If you wanna argue, trust me, by all means we could go at it because I'm not gonna let nobody disrespect me at the end of the day, but I'm such a nice person, like I just be feeling like I just have this split personality.

She expressed again that "every member of my family, I can't go to them for nothing 'cause they're not gonna help me back, it's gonna be pointless." She talked about needing a therapist but not having time for one, and how her mother tells her she is a "crazy person" and that "I need the pills when I get upset." She returned to the theme that the relationships with people in her life are disappointing, but she has learned to live with them: "it's just their relationship stands where it does and I know how to handle these people, they don't know how to handle me and I'm aware of that."

Angela speaks often in the interview about not having friends, especially female friends: "I don't like girls. Girls like drama. Girls like to fight me. Every single friend

I've had that was female has turned on me." She describes struggling to figure out how to make herself happy: "I don't wanna have to be selfish, but I feel like that's what I have to do to make myself happy." Midway through the interview, Angela had mentioned several times that she felt unhappy, unsupported, and wished that she could be back in therapy. I asked her if she would like to stop the research so that we can explore getting her reconnected to a therapist:

- A: Like it is so hard. I don't know, maybe I just need a new therapist and just go today. I just need to hurry up and get my schedule together.
- B: Okay. Well, if that's something that you wanna explore more, we can, we can stop the research and, and see if there's someone that you can get connected to here.
- A: You know, we can definitely talk about it, 'cause my schedule is dumb, like I said. Soon as I balance the PT and all of that stuff, I can make all my appointments, it's just whenever like you see it's always something up that was coming up, like something that was just coming up that I felt like was more of a priority to me. You feel me? So it's not like I'm learning how to like you need to learn what your priorities are. It's just I need to learn how to like manage my time.
- B: Okay.
- A: That's all.
- B: So it's a time management thing.
- A: Like I need to learn how to, it's people who schedule me full and they don't go home and they leave time to sleep. Go home, sleep, wake up, eat, go to work, have their whole day planned out to do list. The whole thing going you know, for hours of the day, 3 PM, I'm gonna go. You feel me?
- B: Yeah.
- A: So I just need to get it together, you know. But I'm here now, mind you. I was just at the doctor and I'm here. And I have work. I don't know, what day is it, Wednesday? That's, that's all that matters.
- B: Okay. So if you want, we can continue and finish the interview and then see if there's someone that I can connect you with here about sort of getting things set up again or if you feel like that's the most important thing and you wanna stop the interview, we can do that first.
- A: It's whatever. We can finish...
- B: It's your, it's your choice, it's totally your choice.
- A: We can definitely finish so you know, your job can be done. Then I need to, then we're gonna go see [Cornerstone research coordinator], right?
- B: So you and I can do everything here today and then I can call, 'cause I know there's one person here who's in charge of, of like connecting therapists and clients, so I can give her a call and say like you know, I think you're, you

were interested maybe in finding out what would be involved in getting restarted and what would that look like. So while you're here, right, 'cause I know it was such an ordeal with the bus.

A: I just wanna, I just, I just don't know simply because I don't know when work starts for me, like what that schedule is looking like and I just wanna be fully prepared and ready to take on something else...

After our interview, I contacted the clinic supervisor who explained the process for Angela to re-enroll in therapy at this location, and she left with the intake number.

I asked Angela to tell me about a disagreement or moment of disconnection with her boyfriend. She insisted that they do not argue, and told me about one time early in their relationship when he cheated on her and she "smacked the shit out of him." She insisted that the only person she argues with is her mother, and described how disappointed she feels that "that's my moms and when I really, really, really need her, she's not there." She described her mother as being "petty" when it came to Angela having trouble in school:

I haven't been in school for so long 'cause she thought it was me and now she could clearly see that it's the school and it's the system, but she didn't believe me when I was telling her and I feel like I could have finished my education if she would have been there for me when I needed her to.

Angela described an exception to her pattern of disappointing or unsatisfying relationships – an old friend from junior high, who is both a person with positive energy and someone who is reliably available to her. Although she stated that they are "not the closest right now", she appreciated that "If I call her, she definitely, like she picks up, that's one thing I love. I don't know how I, how I, why I appreciate that so much, maybe because nobody answers my phone calls." She talked about feeling judged by others: "I don't like judgment, so I don't wanna judge people." She added that she is "tired of walking away from people."

Angela reported that “I don’t trust nobody” and that she is “really quick to just not make people my friends.” She described several conflicts with friends; one in which she felt that her friend was acting fake or not listening to her, and another in which she felt that her friend was questioning Angela’s words or integrity. She talked about how she doesn’t like females because they don’t like her and has had “people turn on me so many times.”

I asked Angela if this was connected to what she was telling me about in our first interview, that her therapist was helping her not see herself as a victim in relationships. Angela said “I don’t know” and then told me about a meeting with a school official in which she had to explain her record of suspensions. She explained, “usually I’m getting in trouble because I’m trying to justify something. You feel me? For, for myself.” She referenced her long history of bullying, beginning in elementary school: “I’ve been bullied so much that now I don’t take none of that, like I just get aggressive and just angry.” She described how threatening and anxiety-inducing verbal provocations from peers are for her: “usually I got in trouble because somebody said something to me and I said something to somebody and I was like, “Do you wanna fight?” She describes a recent altercation in which a classmate, who happened to be pregnant, came over to her locker to harass her, and Angela took her combination lock and swung at her. Angela described being only vaguely aware of the crowd of students gathering and her principal telling her, “Angela, that’s unnecessary”; she said, “I’m forgetting, I don’t, I’m not aware of everybody that’s approaching me or trying to talk to me or none of that because I’m focused on this dumb bitch that’s right in front of me talking mad shit.” Towards the end

of the interview, Angela connected her experiences being bullied to her dislike of females:

I will stab you, I don't care. Because if you, if I feel like my life is in jeopardy, that's how much I'm willing to go to defend myself because I just have like anxiety or whatever the case may be. Like I'm so defensive and I don't, that's why I don't like people, I don't like females.

At the end of our interview, I asked Angela to share with me what it felt like for her to tell me about her relationships. She said, "It's different" because she reported not often having the experience of talking to someone who listened to her. "At least when I speak to you, you literally speak back, like and you're, you're saying things that you just observed that I just said to you." She also said that she got to "vent a lot" and that it helped her reflect on why "I act the way that I do." She connected this to her experiences growing up, stating, "I feel like my mom had me at a point where she couldn't be there for me 100%." She described both school and home as unhappy places for her growing up: "at school, I'm miserable, and then I go home and I'm, I'm miserable, so I literally felt like I have nowhere."

Because the Listening Guide method requires a full interview transcript for the analysis, I was not able to conduct a LG analysis on my first interview with Angela. Thus, the majority of my analysis here will focus on the second interview, with references and reactions from the first included where appropriate.

As part of Listening for Plot, I made a list of all of the words and phrases in the interview that could potentially be significant, and then I grouped them into broad categories of "people", "feelings", "labels", and "actions." This was a shorthand way for me to track who and what I noticed on Angela's landscape:

People: Angela; her mother; her boyfriend; her brother; her former therapists; me, the interviewer; “lazy” people, nobody to call, strangers, friends S, F and Q, females, people, dudes, bullies, boys, this baby

Feelings: attitude, hate, love, like, mad, calm, upset, tired, overwhelmed, happy, sad, pressure, done, miserable, crying, angry, stuck, anxiety. Feelings she doesn’t explicitly name but I hear include disappointment, loneliness, and joy/delight in her friend S.

Labels: depressed, clingy, sweet, awkward, hard, controlling, fake, liar, selfish, broke, bad daughter, bad kid, petty, pure, aggressive, hood, crazy, defensive, easygoing, split personality, people-pleaser, motivating preacher.

Actions: argue, being right, being there, having an attitude, aware, be with, approach, claps, cleaning, sit, think, shooting it out, care, try to make somebody happy, give off clear signals, doesn’t listen, handle, kick out, ignore, disregard, need, fight, trust, smoke, can’t sleep, disagreement, violated, smack, tests my patience, motivating, picks up, judge, walk away, disrespect, bullied, beat, control, swing, square up, hit, defend, forgetting, focused, venting, blame, attack.

What else is here? A lock, the truth, a phone, money, school, the system, instinct, home, pills, weed, a threat, life in jeopardy, consideration, trust, judgment, thoughts, being grown as hell, longing, and unmet needs in relationships.

In addition to mapping the psychological landscape of the interview, I also identified the cultural context and multiple forms of systemic and institutional oppression that were present in the background of this interview. I considered how these various and intersecting forms of systemic oppression may have contributed to the intersubjective dynamic of the interview.

Sexism/Patriarchy

Angela and I are both heterosexual women. However, she depicted her relationship with her boyfriend as complex and not always emotionally satisfying. She described him as not always able to relate to her in the ways she would like, and identified behaviors of his that she considered “controlling” (such as his not wanting her to be friends with other young men, and his having access to her bank account while she does not have access to his.) She arrived at the clinic with her boyfriend, who sat in the waiting room and waited for her to finish the interview, a reflection of his frequent presence in her life.

Angela described complicated relationships with other women in her life. While in her first interview, she expressed delight that her therapist was “a girl” because she found it easier to relate to other women, in her second interview she repeatedly referenced difficulties relating to other women. She claimed that her mother is “the best, even though she’s the worst” and she also mentioned several times that she has difficulty maintaining friendships with her female peers (“I don’t like females. I’ve always had issues with females”). These comments suggest that Angela does not see her female friends as important resources or sources of support for her in helping her navigate multiple difficulties.

Racism

In her interview, Angela referred to a number of systems that have failed to support her in the ways that she needs. She described repeatedly seeking out school officials for assistance in dealing with bullies, as well as meetings with school officials to discuss her record of frequent suspensions. As a young African American woman who

has experienced frequent suspensions, Angela's experience of schools as punitive and unsupportive is part of a long history of institutions that have worked to reinforce social inequalities for Black women (A. C. Brown, Brody, & Stoneman, 2000; Few, 2007).

Another form of institutional oppression is evident in the rigid attendance policies of the clinic where Angela has received therapy in the past. Her difficulties keeping appointments consistently, a product of the intersection of poverty, mood difficulties, and public transportation challenges, led the agency to close her case. This is also part of a larger history of institutional failure to provide appropriate services to Black women and their families struggling with poverty and multiple forms of oppression (A. C. Brown et al., 2000).

I know that as a low-income African American young woman with emotional and behavioral difficulties, Angela can be very easily seen through distorting cultural discourses that objectify her and disempower her, by depicting her as victimized, deviant, or pathological. These negative stereotypical representations of Black women are what Patricia Hill Collins refers to as "cultural controlling images" and part of their insidiousness is their implication that subordination is natural and change is impossible (Jordan, 2009). As a White scholar, I know that I need to be especially attuned to these damaging cultural discourses in order to avoid unintentionally contributing to them.

Poverty

Angela's financial insecurity was also present throughout the interview. She spoke repeatedly in the interview about the need for her to get money to move forward with her goals. She also talked about feeling pressure to be "grown" now that she is 18, a pressure she might not feel if her family had the material resources to support an

extended transition to adulthood. In addition to poverty functioning as a stressor on Angela's mental health, it also functioned as a barrier to her accessing needed services. Her difficulties navigating public transit and juggling work and school obligations contributed to gaps in service and reinforce the connection between structural inequality and emotional distress (Krumer-Nevo, Weiss-Gal, & Monnickendam, 2009). Finally, poverty also serves as an additional potential source of Othering. Like all of us, Angela is aware of the demeaning stereotypes of the poor as pathological or deficient ("lazy") and referenced these stereotypes early in the interview. Krumer-Nevo (2002) notes that the poor often seek to defend themselves against these stereotypes of them as inferior. While Angela was sometimes critical of herself, at other points in the interview she attributed her difficulties in school to "the system."

Mental Illness

This interview was framed by the definitions of diagnosis and treatment in a mental health setting, even as Angela was not currently receiving services there. The stigma of mental illness was also present in this interview. Angela herself encountered this stigma in her own family, saying, "And my mom, she tried to say I'm a crazy person and all this extra stuff and how I need the pills when I get upset." She also described herself using terms that reflect a self-perception as someone who struggles with emotion regulation. Occasionally, she used clinical language ("I just have like anxiety... I'm so defensive"). More often, she used her own lay terms for referencing her emotional distress:

"all that weight on my head, my mental just can't handle that"

"I'm probably going through what I'm going through in my brain"

“When I’m going through something ‘cause my life is hard, I understand your life is hard, everybody’s life is hard”

She addressed her own difficulties to get to appointments at the beginning of our interview: “I just be like no, Angela, you just need to get your life together because you can’t be like, acting like the depressed little person that you acting like.” In addition, she reminisced about a former therapist, explaining, “he would let me call him ‘cause he knew what type of case that I had, he knew I was just a angry, angry individual.” These comments made me wonder how Angela saw herself through the stereotypes of the mentally ill, and how she felt about being interviewed as part of a research study on the relational experiences of young people struggling with emotional difficulties. I also wonder how she saw herself through my eyes, and how she saw me – as another professional who could judge her, fail to understand her, or potentially as someone who could listen.

Researcher Reaction

After identifying all of these components of the plot, I also identified my own subjective reactions before, during, and after the interview, reflecting on my emotional response, social location, and intersubjective experience of the interview. Similar to the identification of countertransference in a clinical relationship, the identification of researcher response here is intended to avoid as much as possible projecting the researcher’s own thoughts, feelings, and beliefs onto the participant (Gilligan, 2015). I include these responses here, as they form an additional source of data for my questions about relationships.

Prior to the Interview

Both of my interviews with Angela included scheduling difficulties. On the day of our first interview, she had arrived early, due to confusion about the appointment time, and by the time I arrived at the clinic for our interview, she had been waiting for some time in the waiting room. I remember seeing her in the waiting room and getting the impression that she was annoyed to have been waiting so long. Even though she had arrived at the clinic early and I had arrived on time for our appointment, I still felt nervous that she seemed irritated about having to wait longer than expected. I made sure to thank her profusely for waiting, even though it was her mistake. Then, once we were settled in the interview room, I discovered that my audio recorder was not working, and so I ended up taking notes by hand for the first interview. These experiences combined left me feeling somewhat frazzled and pressured to keep the interview moving, rather than prolong it unnecessarily. There were certainly times in the first interview where I could have probed further but did not.

Our second interview took place on the third time we had scheduled it. The first two times that we had scheduled an interview for Angela, she canceled on the day of the interview. I remember feeling annoyed about having to travel over an hour to get to the clinic only to not have an interview, even as I fully recognized that these challenges are part and parcel of what it means to conduct research with this population of young people. It also meant that on the day our second interview actually took place, I was feeling impatient for her to show up and concerned that she might not. I suspect this also made me identify more with a social worker whose client does not show up for an appointment.

This dynamic is similar to one described by Krumer-Nevo (2002), who describes the research she conducted with low-income mothers in Israel. She notes that while she began her research aware of the power differential between the researcher and the researched, she was surprised to discover the ways that the power dynamics changed constantly throughout the process of data collection. She describes how a participant who did not show for an agreed appointment left her, the researcher, waiting, frustrated, and newly aware of her dependence on the participant for her data. These exchanges bring the power dynamic of the research relationship into stark relief by considering who sets the terms of the research meeting, and who needs the Other more? (Krumer-Nevo, 2002).

At the beginning of our second interview, Angela talked about how long she had to wait for the bus, and how it took her over an hour to get to the clinic from her home by bus. She also told me that she was no longer seeing her beloved therapist, whom we had discussed in our first interview, as her case at the clinic had been closed due to issues with attendance. This brought issues of structural inequality and barriers to accessing care to the forefront for me.

Angela arrived for her interview with her boyfriend in tow. He waited for her in the waiting room until she was done. Afterwards, I felt somewhat unsettled by this fact, as she had spent part of our interview reflecting on the ways that she loves him and finds his behavior controlling at the same time.

During the Interview

During the interview I noticed a number of reactions in myself, which I include here as part of my data on my time-limited research relationship with Angela.

In both interviews, I found myself feeling charmed and moved by the poetry of her speech. I enjoyed her turns of phrase, such as the way that she described her struggle to get herself to appointments as a battle between “real life versus like my feelings.” When she said this, I responded by saying, “Real life versus my feelings. That’s an eternal battle if I ever heard one.” To which she laughed and said, “Like forever. Oh man.” In our first interview, we talked about how it is not always easy to talk about relationships because we usually just “do” them or are in them. She tapped her hand to her chest and said, “It’s like trying to define the word love!” In our second interview, she was reflecting on how she has grown and developed as a young woman, compared to being a child: “here’s me now, I have my own mentality, I’m a whole person now, I’ve developed a whole personality and thoughts that I, that. You feel me? Come from this transmission right here, this engine, right.” She has wisdom, and I felt grateful and honored at these moments to have the opportunity to interview her. I admired her use of language to describe feelings and experiences that are hard to put into words, and found that it enchanted me and drew me in. In a different but parallel way, I felt awed by her description of how her brain shuts down other functions when she feels threatened and overwhelmed, and the ways that she lashes out in anger when she doesn’t have words to articulate her feelings. Her description is so vivid and powerful that I almost wish I could use it as an example when I teach students about how our bodies respond when we feel under threat.

I also felt strongly connected with Angela when she talked about feeling that she has no one in her life to be there for her. In our first interview, I was struck by how much she described struggling in relationships, and how being in a caring relationship with her

therapist felt so new and unfamiliar for her. In the second interview, I felt moved and sad when she talked about scrolling through her contacts and not having anybody to call. Every time she returned to this theme, I felt pained. I tried to communicate this to her with my words and facial expressions.

I felt puzzled by the way Angela talked about her boyfriend. She sounded so resigned when she talked about him (“he’s there when I’m talking”) that it was hard for me to appreciate how much she loves and values him. It is possible these feelings were there but I didn’t hear them. During the interview, she reflected on this relationship, considering whether or not she found him controlling, and why it felt unbalanced to her: “I don’t know why I allow him to be that way, but if I feel like, I feel like now I wanna change that vibe and I don’t like that, he’s gonna feel like something is suspicious.” I felt sad and concerned when she described her relationship in this way, and there was a part of me that wanted to encourage her to find someone better (even though that was obviously not my role).

At other times in the interviews, I felt a lot of confusion and difficulty staying connected to her words. There were times in the interview when I didn’t know exactly what she meant. I think the fact that I felt rushed and unnerved in our first interview by my recorder failing meant that I didn’t clarify some of the terms she used, such as when she is focused on “justice for myself but not justice for the world” and when she feels like a victim in relationships. Similarly, in the second interview she used the phrases “When I’m going through what I’m going through” or “thinking about what I’m thinking about” to describe her emotional distress, but I don’t know exactly what she meant by this. I know that I should have asked her. I probably didn’t because I felt at the time that it

seemed like she wanted to vent and so I wanted to listen. I chose not to interrupt and to allow her to speak, but in doing so I missed some opportunities to seek clarification and ensure that I understood her words in the ways she intended them. I think these phrases that feel obscure to me are also an interesting contrast to her vivid use of metaphor elsewhere.

In our first interview, I observed that I struggled to stay empathically connected to Angela when I experienced her as either emotionally intense or very needy. I experienced this reaction in the second interview as well. When Angela spoke about her relationship with her mother, she described an argument they had after Angela had cleaned most of their shared apartment and asked her mother to wash the dishes. As she described feeling treated inconsiderately by her mother, her speech picked up in speed and volume, and I noticed that I started to feel taken aback and experience sensory overload. I empathized with her feeling of injustice and felt startled by the intensity of her feelings at the same time.

I noticed a similar reaction towards the end of our interview. Angela reported being bullied at school her entire life, and despite her efforts to engage both her mother and school officials, she felt that no one had taken her concerns seriously. She described the pressure she feels when she is bullied at school, and how she has decided to “bully the bully” in response. At this point in the interview, I felt empathy with her situation as well as sadness and concern. Again, I noticed feeling taken aback and less connected with her at this moment, perhaps because she narrated a response very different from one I might have chosen, and perhaps because I was aware that the consequence of her efforts to defend herself from bullies is that she has been suspended multiple times and is frustrated

that she has not yet completed her high school education. There was not a point in this entire interview in which I feared that her anger would be directed towards me. But I was startled and put off by her descriptions of aggression, which is my usual response to aggression by others. Reviewing the transcript, I noticed that our exchange has activated a familiar relational template of mine, which is to withdraw in the face of aggression. At the same time, her description of her response was very familiar to me as a social worker, as many former clients have described to me feeling threatened and responding automatically in a fight-or-flight form of self-protection. While I was less verbal during this part of the interview, I did say to her, “You couldn’t hear any of it, right?” to communicate my understanding that feeling under threat left her with a laser focus on the source of that threat.

Goldstein (2017) observes that some of the most informative and meaningful moments in her interviews were those times when she felt most vulnerable. Early on in writing up this case, I found myself feeling self-conscious about this reaction and wondering what it revealed about me. Did the fact that I get intimidated in the presence of loud anger or that I am unsettled by descriptions of violence call my credibility as a researcher and a social worker into question? The psychiatrist Jonathan Shay (1994), in working with Vietnam veterans, describes encountering their “indignant wrath” in response to betrayal by people in authority, and I wonder if this is part of what he meant. However, I chose to use these vulnerable moments as an opportunity to learn about how relationships are co-created “when subjectivities meet” (Goldstein, 2017, p. 157).

Throughout the interview, Angela became increasingly impassioned in describing the failure of others to understand and support her. Given my knowledge that her case

was closed at the clinic, I was aware during the interview that she often feels distressed and unsupported, and was not currently connected with a therapist who could help her address these feelings. In both interviews, she also made abstract reference to being so angry that she wanted to stab someone. There was a part of me that could not take off my “assessment hat” because if her expressions of distress had turned into expressions of wanting to harm herself or someone else, then I was obligated to stop the interview and call a supervisor. This did not happen, but the particular arrangements of this research study in this particular setting meant remaining alert to the possibility. I know this limits listening.

Finally, I noticed both during the second interview and afterwards in reviewing it that I struggled to make a space for myself in this interview, and that I had trouble at times following her narrative or train of thought. Angela switched topics frequently and I felt like she was driving the conversation, rather than me. I felt less like we were two people having a conversation and more like someone bearing witness to another person’s story. Again, this was likely my own tendency to hold back rather than push forward in conversations, as well as my sense that Angela had a lot to say and that it was my job to listen to her. Angela was such a voluble speaker that we did not cover all of the questions on my interview schedule. I worried about what it might mean for my dissertation if this interview did not address all the topics that I said I would address. By the end of the interview, I realized that she told me a tremendous amount about her experiences with relationships, so I no longer had this worry, but it was present during the interview itself.

I also felt a bit of sensory overload during this interview, as she frequently raised her voice or clapped her hands to emphasize a point when she was animated during the

interview. I noted after the interview that I felt exhausted from trying to follow her. In my memo that I wrote immediately after the interview, I reflected: “I found this interview a bit exhausting, but poignant at the same time. I am not sure how it will affect my analysis that it veered so much from the interview protocol.” Later on, it occurs to me that my own feelings of relative powerlessness in the interview may have given me a unique window into Angela’s own feelings of powerlessness in many of her existing relationships.

Intersubjective Dynamics

After identifying these factors, I considered how my own and Angela’s various subjectivities may have intersected in the dynamic relational context of the interview. It is entirely possible that there are feelings and experiences Angela chooses not to share with me out of concern that I will not be able to hear them. However, she does present as someone who is comfortable and willing to be honest about herself, even with strangers. She also has positive feelings about the clinic that houses this study, and seemed to value both interview experiences. In our first interview, Angela told me that she has warm feelings for the agency hosting the Cornerstone research study, and that her positive experiences with clinicians at the clinic extend to those of us on the research staff. She told me, “I love talking to people here, because every person I’ve met here is a pleasure.” At the end of the first interview, I thanked her for her willingness to participate and she said, “I love y’all. Y’all are sweet like sugar.” In our second interview, Angela told me that she does not feel that most people in her life listen to her, and so appreciated being able to participate in an interview in which she felt heard: “Like at least when I speak to

you, you literally speak back, like and you're, you're saying things that you just observed that I just said to you.”

Findings: Listening Guide Analysis

My research questions for this dissertation focus on how transition-age youth experience trust, mutuality, and disconnection in their relationships. After completing the Listening Guide analysis several times, I modified this general research question for this particular case and analytic method to better reflect what Angela taught me in this interview. My revised question is: What can I learn from Angela about how a young woman survives in a relational context of people who have been unable to meet her needs?

In listening to Angela, I learned that she employs at least four different strategies for surviving her relational context. In listening for the plot, I noted the people, feelings, actions, and descriptive labels that are present on this landscape. Angela discussed her relationships with her mother, her boyfriend, her brother, and various current and former friends, and shared with me the ways that these relationships have been emotionally unfulfilling for her. She described herself as feeling relationally “stuck”: “I lost a lot of friends, so I’m just stuck where I can’t make no new friends and I done lost a lot of people.” She said in the interview at one point, “I had a lock in my hand.” While she was referring to the combination lock on her locker, I also see this as a metaphor that reflects how stuck she felt in her current relational context.

Through the Listening Guide, I discovered both her resilience and her resistance to the idea that she should not expect too much from others. While she described herself (and I initially experienced her) as “stuck” in unsatisfying relationships, her lack of

movement in relationships is not for lack of trying. Indeed, I hear her in this interview employing a number of different strategies for surviving this frustrating relational context, which seem to pull her in different directions. I discovered these strategies through three distinct sources of evidence: listening to the I-me poem (Appendix E), listening for contrapuntal voices, and paying attention to my own subjective reaction during the interview.

First Strategy: Minimizing Feelings

The first strategy Angela uses to survive an unsatisfying relational context is an individualistic approach that often minimizes her own feelings. When she utilizes this strategy, I hear Angela engaging with a dominant, separation-oriented cultural discourse that emphasizes individual responsibility and devalues emotions and relationships. I hear this strategy in Angela's efforts to minimize her own feelings of disappointment in her relationships by emphasizing what she knows, understands, and can do on her own, rather than on what she needs from others.

I observe this strategy in a number of ways. The first time I noticed this was when I was listening for the "I". In creating the I poems, I chose to include the "me" as well, since I am interested in both how Angela experiences herself as an actor in relationships ("I") and as the recipient of others' actions (the subjective "me"). When I tracked how the "I" moved across the landscape, I heard two distinct "I" voices: an I that knows, tries to understand, and doesn't want to blame; and an "I" that feels, that doesn't know, that is more uncertain. I have indicated the first "I" in bold and the second "I" in italics below.

I-me poem selection #1:

I just need
I'm
I was
I'm here

I have
I don't know

I need to
I just wanna

I just
I just don't know
I don't know

I just wanna
I'm

I don't like
I don't like
I'm feeling
squeezing me

I try
I can
I smoke

I can't
I'm just up thinking

I-me poem selection #2:

I feel
I really, really, really need

I haven't
thought it was me
didn't believe me

I was telling
I feel
I could have finished
there for me

I needed
I'm
I don't wanna blame

could have helped me

I always take the blame

I don't blame

I just don't understand

hard for me

I think

I just need

more like me

In these I-me poems, I hear the first “I” moving confidently across the landscape of this interview. I was; I’m here; I try; I can; I smoke; I just need. This “I” is aware and able to act on the knowledge she has. There are two patterns of speech in this “I” that struck me as notable. One is how Angela often uses the phrase “I just” in the interview, which when listened to in repetition (I just have, I just feel, I just be feeling), sounds like she is trying to either follow a mandate, meet some expectation, or justify her behavior to herself. The second pattern of speech that I observe is Angela’s recurring use of the phrase “always.” This “I” is “always trying”, “always saying”, and will “always take the blame.” This pattern of speech also sounds like she is trying to fit her behavior to an expectation.

As a listener, when I hear her say “I don’t wanna blame” about the people in her life who have let her down, it makes me wonder if she indeed does blame them for this, but feels at some level that perhaps she shouldn’t blame them and should instead accept them for who they are. This idea matches the sense that she is working hard to match her feelings and behavior to some kind of perceived expectation that she alone is responsible for herself.

I also heard this strategy of minimizing feelings when I listened to the interview for contrapuntal voices. I tracked the different contrapuntal voices by highlighting the

text using bold, italics, underline, or a different color. The voice of “I’m grown”, shown here in underline, is the first voice I hear in the interview. This name comes from Angela’s words towards the end of the interview, when she reminisced about a former therapist who gave her his cell phone number so that she could call him whenever she felt upset. She then added:

I weaned myself off of that because it’s just unrealistic to be that way. That’s ‘cause I’m, I’m grown as hell now. I’m 18. I’m old enough to know what the fuck is dumb and what’s not to be

When Angela speaks in this voice, her speech is quiet, calm, reflective and often resigned. This voice is an observing voice and sometimes sounds rather matter-of-fact in describing a situation. Often, it sounds quite dull, flat or bored.

I hear in this voice echoes of the cultural value placed on independence and self-sufficiency. Being independent and self-sufficient means not needing others. When I hear Angela speaking in this voice, I hear her minimizing her own feelings of wanting more from others in an effort to try to understand and stay in relationship with the people in her life. Some of these are people, like her boyfriend, who tell her to “just relax” when she feels upset, or her school principal who says “Angela, that’s unnecessary” when Angela lashes out at a peer who has been harassing her. She repeats that she does not want to blame others. As I noted above, she often sounds like she is trying to follow a rule or meet an expectation. Sometimes, when she speaks in this voice, it sounds like she is chastising or judging herself for not being able to follow these rules – these ideas about what it means to be an independent and self-sufficient adult. I hear this voice as a survival strategy for surviving in a Western culture that does not value feelings and relationships.

I know myself well enough, some things you just, you just can't change that about yourself. If you're a lazy person, you're gonna be lazy your whole life.

I just be like no, Angela, you just need to get your life together because you can't be like, acting like the depressed little person that you acting like.

I have my boyfriend. You know. We go through what we go through and whatever, but I know I have him. He's there when I'm talking.

But he's physically there, like I just feel like sometimes he just doesn't know what to do in the situation.

it's just you know everybody has, you know, whatever they have, imperfections.

So I'm like okay, I understand what you're saying, you feel me? I understand what you're saying.

And I know they're pushing me to be like this grown up or this individual and I gotta learn how to do stuff by myself

As an interviewer and researcher, when I listen to this voice, I notice myself feeling somewhat less connected to Angela. When she uses this strategy, I feel confused and distanced by the disconnect between her experiences and her response to them. I feel badly for her when I hear her being critical of herself. I feel confused when she speaks so unenthusiastically about her boyfriend. She sounds so resigned when she talks about him (“he’s there when I’m talking”) that it is hard for me to appreciate how much she loves and values him. I can hear her grappling with this dilemma of how much to accept in her current situation. When she says “I understand” or “I don’t wanna blame,” I wonder if there is a part of her that doesn’t understand and doesn’t accept, but is trying hard to understand.

I also notice that Angela uses this strategy of minimizing her own feelings and needs with me in our interview. At the beginning of our interview, Angela tells me that it has taken her an hour and a half to get to the clinic by bus, and also that she is no longer

seeing her beloved therapist, since her case was closed due to attendance issues (a problem of bureaucracy and structural inequality). Over the course of the interview, she became increasingly agitated, and I noticed myself feeling sad and worried when she talked about how much she wishes she could see her therapist. When I offer her to stop the interview so that we can address her wish to re-engage in therapy, she declines this offer, citing time management, and then says, “We can definitely finish so you know, your job can be done.” In the unequal power dynamics of the interview setting, she is demonstrating for me her pattern of putting her needs second to the needs of others.

Second Strategy: Asserting Feelings

The second strategy I discovered by listening to Angela is her protest of the idea that she should not need other people, not make demands of them, and not have expectations of others. In this strategy, Angela asserts her feelings of disappointment, and expresses her urgent need to feel understood by others. Once again, I observed this strategy in the I-me poems, the contrapuntal voices, and in my own reactions.

In the I-me poems, I heard a questioning, feeling I that alternates with the more confident, aware, observing I of the “I’m grown” voice. This “feeling I” alternates with the more knowing, “I don’t want to blame” I in selection #2. This “I” serves as a counterpoint to the “I” that tries to understand and “doesn’t wanna blame.” This “I” feels, needs, and doesn’t know. When I listen to this “I” move across the landscape, I hear it affirming her right to be heard, listened to, and treated with respect in her most important relationships. I hear the “I don’t know” as an implicit challenge to the “I understand” of the first strategy.

I also hear Angela's feelings regarding her treatment by others when I listen to the "me" in the I-me poem. She speaks about whether or not someone was "there for me" or able to "relate to me." The "me" is pushed, not helped, seen, approached, attached, called things, not happy, not trusted, overwhelmed, turned on (betrayed), jumped, squeezed, cheated on, yelled at, disrespected and bullied. This recalls something Angela talked about in her first interview, about how her therapist was helping her see that she didn't have to see herself as a victim in relationships. When I listen to this "me", I hear a "me" that feels besieged. Here is one example of a section of the I-me poem in which the "me" is prominent:

I poem selection #3:

I'm going	
I'm going	
	going off on me
	yelling at me
	disrespecting me
I be like	
	disrespect me
	treat me
	treat me
	see me now
	friend me up
I don't know	
I don't remember	
I remember	
	disrespecting me
	cutting me off
I just don't	
I don't like	
	don't like me
I don't know	
	don't like me
I don't like	
	don't like me

When I track the interplay of the “I” and the “me” in this poem, I hear the “me” recurring as a constant reminder to Angela of her history of being mistreated. It acts as a kind of counterpoint to the active “I.” I see the I as exploring in this interview various ways of being in relationship: being aware, trying, feeling. I hear the “me” in this poem as a kind of refrain, perhaps to challenge the “I” strategy of acceptance or to warn the “I” not to place too much hope or faith in other people. And yet she still seeks understanding and connection from others - including me, the interviewer. One of Angela’s recurring phrases in this interview is “You feel me?” It is both a figure of speech from slang, but it also communicates her urgent need to feel understood and heard by another person.

I also hear this strategy of asserting feelings when I listen to the contrapuntal voices in this interview. In contrast to the slow and measured speech of the voice of “I’m grown”, the voice of “*Why you doing this?*”, presented here in italics, is much faster and sounds pressured. When she speaks in this voice, Angela’s speech speeds up in a way that communicates urgency. She often uses threefold repetition of words or phrases in this voice to communicate her feelings of being threatened or under attack:

And I hate when she likes to argue with me

I’m just like, I’m like how was that today, I don’t do nothing so I just had to start shooting it out. Like I cleaned this, I cleaned that, I do this, I do this, I do this and it just turns to an argument that it didn’t have to turn into

listen, this student is bothering me. Listen, this is what’s going on. Listen, I need some help with this because you need to control the situation

it’s just been building up, building up, building up. And you feel me?

I had a lock in my hand, like I was at my locker and my combination lock, I was unaware that I had this lock in my hand because I just got my lock in my hand, I’m doing what I’m doing.

But people confront me, that's why I say I can't speak very good English when people confront me or when I'm angry and shit like that. Because my mind is just, just thinking like why you doing this, why you doing this, why you doing this, why you doing this? It's either you're gonna stop or you're not gonna stop.

I hear this voice as a voice of resistance to the voice that tries to minimize the significance of her feelings or need for relationships. I hear this voice as a voice that asserts her right to be treated with respect in relationships. This voice resists the messages and people telling her to “just relax.”

When I listen to Angela speak in this voice, I feel deeply connected to her. She is extremely effective at helping me feel her feelings when she speaks in this voice. I am with her in wanting to stand up to unjust treatment by others. When I hear Angela speaking in this voice, I am incredibly moved. I wish so much that she had someone in her life who could listen to her and give her what she needs. I notice myself feeling what she describes herself feeling at these times: sad, worried, and frustrated at others.

Third Strategy: Seeking Connection

Angela's third strategy involves reaching out to others for connection and understanding, drawing on her emotional honesty and her vivid use of language. I observed this strategy in a number of ways: when she describes her relationship with her friend from middle school; when she describes seeking comfort from strangers in public; and in the way she relates to me at times during our interview. I also hear this strategy when I listen to the contrapuntal voices and identify a third voice – the voice of “I need,” presented here in dotted underline.

This third voice sounds pained; often, when Angela speaks in this vulnerable “I need” voice, she sounds on the brink of tears. Other times, she sounds plaintive, expressing her wish for a relationship where she feels listened to and shown

consideration. She also speaks in this voice when she fearfully makes a request of her mother to wash the dishes once Angela has cleaned the majority of their shared apartment. This voice is alternately sad and hopeful, but always affirming her need for others and seeking connection. It is higher pitched and has more energy than the matter of fact voice of “I’m grown.”

But I look up to him, like I wanna be, I don’t wanna be like him, I wanna be better than him. And he’s already like this great influence, so.

sometimes people need help and I don’t feel like going to strangers for help but I just feel like who I have in my life is not helping me right now.

That’s why I don’t like to consider, like oh, I have people that’s there for me and stuff. I have people in my life, everybody has people in their life. But when it comes down to something, when I feel like I’m, say I’m down and I’m crying or something, I’m literally just going through my contacts and looking at them like I don’t have nobody here to call.

You know. It’s hard that somebody could be a stranger and they more willing to listen to you.

so when the, when can you do those dishes in the kitchen, you know?

And my mom, she tried to say I’m a crazy person and all this extra stuff and how I need the pills when I get upset and I just be like it’s just a bunch of stuff overwhelming me and I literally have nobody to talk to about it.

It’s just growing up like that though, I literally, it’s literally been that way my whole life.

A classmate drew my attention to Angela’s use of the word “literally.” I think this is another turn of speech that has tremendous meaning for her. These feelings for her are literal, true, real – another challenge to her efforts to minimize their significance in the “I’m grown” voice.

Listening to this voice helped me develop appreciation for Angela’s resilient ability to continue to seek connection with others, in spite of the many disappointments

she has experienced with people in her life. Her friendship with her friend from middle school is a small, bright spot of joy on her otherwise bleak relational landscape:

If I call her, she definitely, like she picks up, that's one thing I love. I don't know how I, how I, why I appreciate that so much, maybe because nobody answers my phone calls. When I call her and she picks up, I be like yes, a voice, that's all I, and it's the voice I wanna hear, like that nice, "Hi!" 'Cause she's so, her voice is so just, she's just so unique, like I love her.

While her longstanding relationships with others are frequently disappointing, Angela is able to seek out and engage strangers in listening to her and offering comfort and understanding.

So I don't know, if a stranger is on the street and they see me crying or whatever, if I'm on a bus and a stranger approached me and they see me crying, I'm not gonna tell them my whole life. I'm gonna be like oh, I'm just having this real hard day, I just wish I had somebody to talk to, you know.

She employs this strategy with me as well, in our interview. She has a masterful command of simile and metaphor, and I find myself during both interviews with her being both charmed and moved by her speech. For example, she describes her struggle to get herself to appointments as a battle between “real life versus like my feelings.” When she says this, I respond by saying, “Real life versus my feelings. That’s an eternal battle if I ever heard one.” To which she laughs and says “Like forever. Oh man.” When she poignantly talks about scrolling through her contacts and not having anybody to call, I feel moved and sad. As an interviewer, I admire her use of language to describe feelings and experiences that are hard to put into words; it enchants me and draws me in.

Angela’s vivid command of metaphor helps me understand the intensity of her feelings. When I observe her using this strategy of seeking connection with others, I understand it as a refusal to accept that she should be self-sufficient and not need other people. In this way, her expressions of pain and need are another form of resistance to the

cultural proscription for independence and self-sufficiency. When she speaks in this voice, I feel acutely the pain she feels in relationships in which she is not heard, or else labeled as “crazy” because of her desire to have another person understand her emotional experience. I also see her resilience in her continuing efforts to seek out connection with others, in spite of the pain and disappointment she has experienced, which I admire tremendously. I feel intensely connected to her at these times.

Fourth Strategy: Attack

Angela’s fourth strategy for surviving in an unsatisfying relational context involves lashing out in self-protection when she feels threatened by another person. She narrates in rich detail her own reaction to feeling threatened by a classmate at school who verbally harasses her:

So she talking her shit or whatever and I’m just listening and I’m just like all right, so you wanna fight? And she like word, she like I bet, hit me. So quick to hit this bitch and I’m not even aware that mad people are swarming around in front of me trying to tell me I need to relax. There’s people on this side, people on this side, people right here, right in between us, but they short, short bitches and I’m tall, they short. She tall too, she big as shit, I don’t care, I don’t care, I will fight an obese person, I don’t care. I will stab you, I don’t care. Because if you, if I feel like my life is in jeopardy, that’s how much I’m willing to go to defend myself because I just have like anxiety or whatever the case may be.

I observe this fourth strategy again in the I-me poem, the contrapuntal voices, and my own reaction in the interview. In the I-me poem selection taken from the later part of the interview, I pay attention to the interaction of the “I” and the “me” as Angela describes how her long history of bullying has led her to “bully the bully.” Towards the end of the interview, the active, confident, knowing I increasingly alternates with the tentative I and the victimized me. The I is going and then not: “I don’t ask, I don’t understand.” The me is yelled at, disrespected. The I gets more tentative: “I don’t know”, “I don’t remember.”

I try, I want, I don't want, I come, I don't come; the me gets played, turned on. I don't need, I don't got. The I explains, tries. The tension builds towards the end. She alternates between assertion "I've been", "I feel" and then "I don't take", "I can't", "I'm gonna let", "I shouldn't have let." It culminates with "I attack."

I-me poem selection #4:

I had
I was
I was unaware

I had
I just got
I'm doing
I'm doing
I realize
I don't give a fuck
I don't give a fuck
I don't
I don't
I don't

I'm gonna come
I had

test me
bully me

I will beat you up
I will beat you up
I will attack

I had
I'm
bother me

I square up
I swing
I had
inside of me

I swear
I hit

I'm forgetting

I don't

I'm not aware

approaching me
talk to me

I'm focused

in front of me

I'm just listening

I'm just like all right

I'm not even aware

in front of me
trying to tell me

I need

I'm tall

I don't care

I don't care

I will fight

I don't care

I will stab

I don't care

There are a few things about this I-me poem that I find striking. The recurring phrases “I was unaware”, “I'm not aware”, “I'm not even aware”, are notable in contrast to the earlier part of the interview. At the beginning of the interview the “I” knows and is aware; by the end, it is “I was unaware”, “I'm not aware.” Whereas earlier she was trying hard to remember, now it is “I'm forgetting.” The “I understand” and “I appreciate” are replaced by “I don't care.” There is no more “I feel” or “I understand” at this point. Instead it is “I don't give a fuck” and “I will beat you up.” “I'm just gonna.” “Ima make you.” The “me” is increasingly present towards the end, offering a recurring reminder of the pattern of victimization: fight me, bully me, said something crazy to me. The I is “just

when she feels threatened, the words “Do you wanna fight?” are the only ones that come to her; she says, “those is dead the only words I know in a situation like that.” When she feels threatened, her skillful ability to express herself and connect with others disappears.

The “**Do you wanna fight?**” voice is slow and loud, and expresses Angela’s feelings of frustration and anger in response to mistreatment. Writing about Vietnam veterans who experienced betrayal and moral injury by authority figures, Jonathan Shay (1994) describes a common response among veterans of “wrathful indignation.” He notes that the word “indignation” hints at the injury to a person’s dignity inherent in such a betrayal. I hear Angela speak in a similar tone when she is fed up with people who cannot offer her the support or understanding she needs and wants from them. She describes feeling betrayed by a number of authority figures in this interview: first her mother, and then school officials who do not take her concerns seriously and fail to act effectively on her complaints of bullying at school. She also describes feeling betrayed by friends, her boyfriend, and others who do not show her the consideration she wants and needs. Her response to this betrayal is to lash out at others, often in the service of self-protection. Here are a few other examples of the “**Do you wanna fight?**” voice:

if I’m able to put in so much consideration for your feelings, why can’t you do the same thing for me? And I feel that way about everybody.

I just give off such clear signals you know, and nobody just takes time to just stop and hear me out or think about how I feel or anything like that.

Like I’ve been on the phone at times where I’m venting and I don’t get nothing out of it, and I just be like what the fuck I just spoke to you for? What’s the point? Why I spoke to you? You didn’t help me or you made it worse.

Because you don’t trust me, after I trusted you to share this information with you, after I trusted you to be this honest with you, but you don’t trust me back, then you not my friend.

Angela also lashes out when angry, and admits that she is quick to cut off friendships at the first sign of disrespect (“I’m just really quick to make people not my friends”).

When I listen to Angela speak in this fourth voice, I pay attention to my own reaction as well. I realize that I am feeling a combination of sadness, concern, and distance from Angela at these points in the interview. I notice that this is the voice in which I have the hardest time staying connected with Angela. I feel sad and worried that she feels the need to defend herself in this way, in part because I am aware that the consequence of her efforts to defend herself from bullies is that she has been suspended multiple times and that she reports feeling frustrated that she has not yet completed her high school education. I am sure that, as a young Black woman who has been failed by the school system, there are likely many aspects of her life that make her angry.

I also notice that I feel overwhelmed in the interview by her vivid description of aggression. I start to feel taken aback when her speech picks up in speed and volume as she describes the argument with her mother. This may well be my own limitation as a listener in this interview. However, I feel startled and my instinct is to withdraw, my usual response to aggression. Later on, when she describes her experiences at school when she has chosen to “bully the bully,” our interview feels less like we are two people having a conversation and more like I am bearing witness to her story. As a result, I am less verbal during this part of the interview.

Based on my own reaction, I wonder if our shared experience in the interview provides me with additional insight into Angela’s experiences with relationships. When I find myself feeling taken aback and less connected to her at these moments, I wonder if perhaps her strategy of self-protection may sometimes have the unintended effect of

pushing away people who could potentially continue to be with her in relationship. If this is true, then her fourth survival strategy may be taking her further away from the one thing she wants more than anything else, which is connection with others. It also, unfairly and infuriatingly, adds onto her existing experiences of marginalization within her family and school system, in a society that has, for centuries, perceived and depicted African American young women as pathological.

Conclusion

In this analysis, I wanted to explore how a young woman who endures both psychological and sociological challenges survives in a relational context of people who have been unable to meet her needs. Through listening to Angela, I learned that she employs a number of strategies to help her navigate this landscape of poverty, racism, emotional challenges, cultural expectations of independence, and disappointing relationships. She displays both resilience and resistance in her efforts to reconcile the tension between what she longs for, what she is currently unable to experience, and what she has experienced in the past. The patterns of the observing I, the feeling I, and the besieged me; the contrapuntal voices of “I’m grown”, “I need,” “*Why you doing this?*” and “**Do you wanna fight?**”; and my own subjective reactions to Angela in the interview lead me to conclude that she is struggling with conflicting tensions about when to engage with cultural ideas about individualism and when to resist them; when to care about others and when not to care; when to act assertively with awareness, and when to act reflexively out of self-protective instinct.

This struggle is vividly apparent in the interview when I track the interplay of Angela’s contrapuntal voices. The voice of “I’m grown” is present throughout the

interview, but the other three voices (the voices of *Why you doing this?*, *I need*, and **Do you wanna fight?**) interweave throughout, communicating the feelings that are minimized in the first voice:

And I know they're pushing me to be like this grown up or this individual and I gotta learn how to do stuff by myself, but sometimes people need help and I don't feel like going to strangers for help but I just feel like who I have in my life is not helping me right now.

And I don't blame him for that. But it's not something that I can change about him and that's also something that I feel like I need in a person that's gonna be my companion, like it's not like I don't like him or anything, like I love him but it's just you know everybody has, you know, whatever they have, imperfections.

she likes to argue, like that's one thing she likes to do. And I hate when she likes to argue with me so I just be like Mom, I'm not trying to argue wit you, I don't wanna get you upset, like I make sure I approach the situation as calmly. Sometimes with her, I just don't know.

I have my brother too. He doesn't listen, but he tries to, but he doesn't, but he tries, so I appreciate that. And the fact that I can analyze something like that, I be wondering why people can't read me, 'cause I just give off such clear signals you know, and nobody just takes time to just stop and hear me out or think about how I feel or anything like that

But so then I can't have friends because I affiliate with a bunch of dudes and he knows some of them. 'Cause the ones he don't know in my phone he think I'm cheating on him or something like that. That also makes me just wanna just be like you don't trust me but I know that what I'm doing is not wrong. Like you the one who, who lost my trust, I don't know how I lost yours, like that doesn't make sense, so there's that.

In thinking about Angela's use of strategies, I am reminded of Robinson & Ward's (1991) article about resistance for survival and resistance for liberation among young African American women. These authors describe the various strategies that young African American women may employ to survive in a culture that denigrates both womanhood and blackness (Robinson & Ward, 1991). Resistance for survival strategies are short-term strategies, employed by young African American women, that are intended

to respond to oppressive situations but that “frequently result in abetting their subjugation over time” (p. 97); in contrast, resistance for liberation strategies are oriented towards Afrocentric values of empowerment, collective responsibility, and creativity, among others. When I listen to Angela, I see her resilient insistence on affirming her right to share her feelings with others in a safe relationship as a form of resistance for liberation, a strategy that helps bring her closer to her wish for connection with others. Her efforts to minimize her feelings, as well as her tendency to lash out in self-protection, seem to me more of resistance for survival strategy. She is protected from vulnerability in the short-term, but they have the effect of pulling her further away from others. This is the same push-pull dynamic that I experienced in the interview with her, of feeling intensely connected with her at times and then feeling pushed away at other times. Perhaps this is the “lock” that she holds in her hand – conflicting strategies, pulling her in opposite directions, which leave her feeling as if she is locked out of the potential for connection.

Chapter Summary

This chapter presented the results of the Listening Guide analysis on a single case. It included a summary of the two interviews that informed the analysis, as well as an overview of Angela’s relational world. It then discussed my subjective reaction before, during, and after the interviews. Finally, the chapter presents the Listening Guide analysis of four relational strategies identified in this interview, with the evidence for each strategy.

Chapter Ten: Discussion

“Few studies have delineated the complex factors involved in those relationships that not only protect us from stress but promote positive and creative growth. Thus many of the studies have simply counted the number of “social supports” that exist for an individual undergoing adversity but have ignored the quality of connectedness; more especially, few have looked at...what hampers our capacity to transform potentially disconnecting experiences into movement toward greater connection and mutual growth” (Jordan, 2004, p. 32).

Introduction and Plan for the Chapter

This chapter summarizes the findings of the study and discusses its contributions to the literature on the relational experiences of transition-age youth living with mental health difficulties. Following the presentation of findings by research method in chapters 5-9, this chapter integrates the findings across various methods of data collection and analysis. This chapter also reviews the unique strengths and limitations of the research, the implications of these findings for practice, and directions for future research.

Summary of Findings

This study explored how transition-age youth experience trust, mutuality, and disconnection in their relationships with others, drawing on a combination of data sources (brief interviews, in-depth interviews, and limited group observations) as well as analytical methods (thematic analysis and the Listening Guide). I will first briefly summarize the findings for each of the three research questions, and then identify a number of primary themes that emerged from the exploration of the overlapping constructs of trust, mutuality, and disconnection.

Trust

The development of trust was important, if complicated, in the relationships transition-age youth had with their families, peers, and helping professionals. The brief qualitative interviews showed that some youth reported trusting relationships with both immediate and extended family members. These trusted family members provided emotional support, advice, and instrumental assistance, and the development of trust was facilitated in relationships perceived as confidential, reliable, lasting, and in some cases characterized by shared experiences. At the same time, many other youth reported not feeling able to trust members of their family who were emotionally unavailable for them.

Although professionals did not feature prominently on the social network maps, the in-depth interviews revealed that many youth valued their relationships with cherished therapists and educators. Factors identified as facilitating trust in these relationships included perceptions of genuine caring, empathy, lack of judgment, confidentiality, and professionals demonstrating respect for youth agency. Factors that serve to impede the development of trust included youth concerns about being judged and negative beliefs held about helping professionals. Decisions about trust in these relationships often involved the evaluation of the professional's behavior in the relationship, similarities and differences between the youth and the adult, and personal decisions made by youth about disclosure. The central relational paradox was evident in descriptions of these relationships, as many youth were simultaneously open and guarded in their relationships with these adults.

Analysis of both brief and in-depth qualitative interviews revealed that peers are important and trusted members of these young people's social networks. Factors that

facilitated the development of trust in peer relationships included confidentiality, reliability, understanding, and in some cases shared lived experience.

Mutuality

This study shows that mutuality in helping relationships and reciprocity in peer relationships are for the most part strongly valued by transition-age youth. In particular, data analysis revealed that for transition-age youth, seeing that professionals were genuinely moved as of result of being in a relationship with them was very meaningful, and that strategic self-disclosure by these professionals can be valuable for building relationships. Analysis of both brief and in-depth interviews revealed that many of these youth describe themselves as providing as well as receiving various kinds of support from friends, including companionship, shared creative activities, practical support, and emotional support with both mental illness and other life stressors. Youth who described their peer relationships as mutually supportive also described them as growth-promoting, by fostering their sense of self-worth, feelings of empowerment, energy level, and abilities to understand and relate to both themselves and others.

Disconnection

Experiences of both acute and chronic disconnection were common in the interviews with transition-age youth. Relationships with family were both important and complicated, and many youth felt unseen or misunderstood by their families, especially around their experiences of sexual and gender identity, living with mood or anxiety difficulties, or generational and cultural differences. Most youth could identify moments of disconnection from professionals, triggered by unexpected comments or suggestions or other empathic failures. In certain cases, these disconnections were repaired. Not all

providers interviewed for this study could identify similar moments of disconnection in their professional relationships with youth. Those who did recognized the value of acknowledging mistakes and talking through disconnections directly. Thematic analysis of the in-depth interviews showed that some youth were able to move through disconnections with peers into greater connection, while others seemed to rely more on strategies of disconnection that maintained an inauthentic relational presence. The Listening Guide analysis of a single interview revealed four different strategic responses to chronic disconnection in relationships, including minimizing feelings, asserting feelings, seeking connection, and lashing out. This analysis was able to connect one person's experiences of disappointing relationships to a broader context of poverty, racism, sexism, emotional challenges, and cultural expectations of independence. Analysis revealed one young woman's struggle with engaging and resisting dominant cultural messages, as well as conflicting approaches to relating to others.

Overall Themes

A number of common themes are present in the findings from the diverse methods used to explore the relationships of transition-age youth with family, friends, and helping professionals. I present them briefly here:

- 1) *Understanding*. A recurring theme in this study was the importance for youth living with mental illness of feeling seen and heard by others. Especially for those youth who felt that their families did not understand them, understanding was an especially important dimension of their relationships with peers and with helping professionals.

- 2) *Reliability*. Relationships in which the other was consistently emotionally available for the young person were also important for these youth. Once again, when family proved to be unreliable, having reliable friends took on added significance. Friends' consistent emotional availability was valued both for help in managing daily stressors as well as navigating major crises.
- 3) *Judgment*. The threat of judgment loomed large over many of these relationships. Youth reported painful experiences of feeling judged by family members and worried about encountering judgment and stereotypes in their relationships with helping professionals. Youth encountered stigma in various relationships and reflected on the meaning of relating across difference with both professionals and peers. For many marginalized youth, having nonjudgmental relationships grounded in acceptance was very important.
- 4) *Authenticity*. Many of the young people in this study found it harder to be authentic with their families. Consequently, authenticity was important in their relationships with helping professionals – both for professionals to communicate a genuine presence and for youth to feel comfortable being themselves. Peer relationships reflected a continuum of authenticity, in which some friendships supported vulnerability and authentic presence, while others were more likely to reflect inauthentic patterns of relating.
- 5) *The central relational paradox*. Young people's descriptions of their most important relationships revealed a desire for connection that coexisted with wariness around connection. Relationships with helping professionals were seen as both cherished and potentially risky; friendships were valued for their honesty

and openness, in some cases, while others were more characterized by guardedness.

Significance of Findings

Findings from this study make a number of contributions to the literature on the relational experiences of transition-age youth living with mental illness. In some cases, findings corroborate existing research on connectedness and recovery; in other cases, the results are novel contributions to the literature on how these young people experience their relationships with both helping professionals and peers.

Trust

This study's findings on trust support the existing literature on interpersonal trust. All three elements of Rotenberg's (1994) framework on interpersonal trust were evident in young people's descriptions of their trusted relationships with family, friends, and helping professionals: reliability (fulfillment of word or promise), emotional trust (reliance on others to avoid causing emotional harm), and honesty (reliance on others to be genuine and maintain benign intent). The friendship patterns of one of the in-depth interview participants (Ocean) reflected the pattern of compartmentalized trust identified by Burton et al. (2009), in which extensive efforts to assess partners' trustworthiness was combined with a transactional emphasis on practical needs rather than emotional ones. Although the study by Burton et al. (2009) focused on intimate relationships as opposed to friendships, it is worthwhile to note that patterns of compartmentalized trust were more likely to be found in their study among women with histories of physical and sexual abuse. This study's findings also echo the literature on youth-adult mentoring relationships, which has identified consistency, reliability, authenticity, empathy, and a

genuine relationship as important for building trust, particularly for young people with histories of relational violations (Ahrens et al., 2011; Deutsch & Spencer, 2009; Liang et al., 2010; Munson et al., 2015; Munson et al., 2010; Spencer, 2006).

Mutuality and Reciprocity

This study's findings also reinforce the literature on mutuality, reciprocity, and recovery. In particular, findings echo studies that demonstrate the importance for clients of feeling that they are able to have an impact on their helping professionals, participate in a genuine relationship, and be seen as an individual and not just a patient (Angell & Mahoney, 2007; Eriksen et al., 2012; Topor et al., 2011). These findings from transition-age youth also support those of Boydell et al. (2002) who found that reciprocity was an important dimension of the friendships of adults living with serious mental illness.

Mood and Anxiety Disorders

Many of these young people described mood fluctuations, panic attacks, and other symptoms of anxiety and mood disorders that affected their willingness and ability to socialize. In this study, having friends who could be knowledgeable, understanding, and sensitive about mental illness made a big difference for these young people. In particular, those youth who felt supported in being vulnerable with friends and intimate partners seemed to derive particular benefit from those relationships. Research has demonstrated that youth living with mental illness value relationships with mentors who have shared lived experience (Delman & Jones, 2002; Jivanjee & Kruzich, 2011; Munson et al., 2015; Munson et al., 2010). Munson et al. (2015) found that former system youth appreciated having natural mentors who could model being productive adults living with mental

health difficulties. This study builds on these findings to demonstrate the value for youth of shared lived experience in friendships.

Relational Images

Findings also support the literature on the impact of relational images and cultural controlling images (Jordan, 2009) on the relationships youth form with helping professionals. Several participants referenced a mistrust of helping professionals, either informed by past negative experiences with providers (Scott Jr et al., 2011) or cultural norms that discouraged seeking help outside the family (Kranke et al., 2012; Lindsey et al., 2010; Munson et al., 2009). While some of these earlier studies focused on mistrust of providers among young men with histories of system involvement, this study explores how guardedness and mistrust manifested among a group of young women living with mental health difficulties. In addition, previous literature has demonstrated that the American cultural association of adulthood with independence and self-sufficiency can create tension for system-involved youth navigating the transition to adulthood (Goodkind et al., 2011; Munson et al., 2012; Munson & Lox, 2012). This study builds on these findings, and demonstrates through the Listening Guide analysis how an individual can both engage with and resist cultural beliefs about adulthood and independence.

Stigma

The recurring theme of nonjudgmental acceptance across relationships reveals the pernicious influence of stigma in this study. Some youth expressed concern about the ability of others to understand and accept their emotional difficulties, which led them to be guarded in their disclosures with others. These findings echo research previously conducted with youth with mental health difficulties (Jivanjee et al., 2008; Kranke et al.,

2010), which found that concerns about stigma led youth to limit their interactions with others. In particular, the decisions youth made around self-disclosure with peers echo those of Kranke et al. (2010), who found that adolescents seeking to manage stigma in their peer relationships chose options along a continuum, ranging from limiting interactions to trusted peers, associating only with others who also took medication, limiting interactions with less-trusted peers, or withdrawing completely from peer interaction. However, in this study, the symbolic power of stigma (Link & Phelan, 2014) was internalized by some participants and rejected by others, who instead chose to openly embrace living with mental health difficulties, like Yasmine, who insisted that having a mental illness is “not a weakness... No, if you open up to people, then they just understand you better.” Findings from this study also corroborate recent research on the intersectionality of stigma for women living with mental illness (Mizock & Kaschak, 2015; Mizock & Russinova, 2015). In this study, the stigma of mental illness often intersected with other forms of oppression, including age-based discrimination, homophobia, classism, sexism, and racism. In particular, the Listening Guide analysis reveals how mental illness intersects with structural inequality in the form of poverty, racism, and sexism to create barriers to accessing services and maintaining supportive relationships.

Shame

The literature on shame suggests that shame functions as a barrier to connection, when individuals experience themselves as flawed and unworthy of connection and belonging (B. Brown, 2006; Hartling et al., 2004). Strategies of disconnection are one reaction to the feelings of shame generated by frequent, unresolved disconnections in

relationships (Hartling et al., 2004). Similar to the adolescents interviewed by Kranke et al. (2010), some of the youth in this study utilized strategies of disconnection to relate inauthentically to peers. Others, in contrast, reported feeling less shame about their experiences and challenges, and consequently were better able to represent themselves honestly and authentically with peers.

Trauma

In-depth interview participants, as a group, reported a relatively high level of maltreatment. Findings on young people's desire to be open in relationships as well as their wariness around being hurt support the existing literature on trauma, which identifies a tension between a desire for intimacy and a desire for isolation as the central dialectic of trauma (Herman, 1992; Sorsoli & Tolman, 2010). While most of the literature focuses on adult survivors of trauma, these findings contribute to a small literature documenting the presence of the central relational paradox among young women with histories of relational violations (Sparks, 2004). Findings also support the attachment literature in demonstrating the pain experienced by youth whose parents they described as poorly attuned (Bretherton & Munholland, 2008; George, 1996). However, findings also provide evidence of resilience, which will be described in greater detail in a subsequent section.

Dynamics of Relationships with Helping Professionals

Findings from this study augment the existing literature on helping relationships in mental health settings. The young people in this study cherished their relationships with helping professionals and appreciated relationships that represented a genuine connection. These findings reaffirm earlier studies, which emphasized the importance of

adult clients ascertaining a real relationship with their providers (Eriksen et al., 2014; Eriksen et al., 2012; Longhofer et al., 2010; Stanhope, 2012). At the same time, many participants could identify relationships with professionals that lacked a strong connection, similar to the continuum of connectedness identified by Eriksen et al. (2014).

A unique contribution of this study is the finding that identifying similarities with professionals and deciding how to navigate differences is important for some transition age youth. This finding is particularly significant in light of the fact that the providers interviewed were divided about whether or not it is meaningful to focus on differences in the process of building a relationship with a young person. Prior research suggests that shared social identity or lived experiences can facilitate the development of a supportive relationship (Haslam et al., 2012; Munson et al., 2015). This study suggests that both similarities and differences can be meaningful to youth and are worthy of exploration in a helping relationship.

While previous research has documented examples of the central relationship paradox in studies with foster care alumni (Goodkind et al., 2011; Kools, 1999; Samuels & Pryce, 2008), young women in a juvenile detention facility (Sparks, 2004) and low-income mothers with histories of abuse (Burton et al., 2009), this study builds on previous research to demonstrate how young women living with mood and anxiety disorders experience a similar tension in their relationships with helping professionals. This study also goes further by documenting how youth make decisions around trust and experience disconnections and repairs in helping relationships.

A significant finding from this study on youth's relationships with helping professionals involves their feeling that their autonomy and agency is respected by adults.

Past literature has documented the importance of providers affirming the dignity of clients and seeing them as full, complex people and not just as patients (Eriksen et al., 2014; Eriksen et al., 2012). Previous studies have also highlighted the power imbalance and vulnerabilities inherent in helping relationships (Coatsworth-Puspoky et al., 2006; Eriksen et al., 2012; Longhofer et al., 2010; Stanhope & Solomon, 2008). These authors have also noted that contemporary mental health treatment includes elements of coercion, social control, and a bureaucracy that often neglects the significance of relationships (Longhofer et al., 2010; Stanhope & Solomon, 2008). While these studies focused on adults, this study demonstrates the importance for transition-age youth of adults respecting their abilities to make decisions. These findings are particularly significant in light of the fact that providers differed in how they saw their role in working with youth, some as a collaborative partner in the helping process and others as a “wise guide” imparting life lessons.

Dynamics of Relationships with Peers

This study demonstrated that friendships are an important component of recovery for many transition-age youth living with mood and anxiety difficulties. Previous literature has affirmed the importance of reciprocal interpersonal relationships for recovery, in particular the value of friendships that offer companionship and resources for adults living with mental illness (Angell, 2003; Boydell et al., 2002; Ware et al., 2007). These studies found that the pervasiveness of stigma and the difficulties of managing relationships while symptomatic made relationships a risky and difficult prospect (Angell, 2003; Boydell et al., 2002). This study builds on these findings to illustrate the many functions friendships can serve for young women living with mood and anxiety

disorders. In this study, peer relationships supported recovery in a number of ways: more directly, by providing emotional and practical support around the challenges of living with a mood or anxiety disorder, and less directly, by providing companionship for outings and creative pursuits.

Results from this study also reinforce the findings of the systematic review by Tew et al. (2012), which identified three distinct ways that social factors enhance recovery. The first is in terms of empowerment and enhancement of personal control, particularly in the relationships provided among peers in mutual support and consumer advocacy groups. The second refers to ways that people work to rebuild social identities in the context of oppression and discrimination, in terms of stigma around mental health as well as racial prejudice and gender stereotypes. The authors note that remarkably little research has been conducted in this area and that more is sorely needed (Tew et al., 2012). The third area of unique relevance for social relationships is connectedness, which includes both interpersonal relationships as they are experienced over time, and social capital and social inclusion, referring to active citizenship, a sense of belonging in society, and the resources gained through interpersonal relationships (Tew et al., 2012). In my study, young women who described their peer relationships as mutually supportive were also likely to describe them as growth-promoting. In particular, those youth who had friends with shared lived experience of mental illness did not find this to be stigmatizing or burdensome, as did some of the participants interviewed by Boydell et al. (2002) and Angell (2003), but rather found it to be a source of mutual support and empowerment for combating shame and living well with mental illness. These findings suggest that peer relationships are an important resource for fostering adolescent mental

health and well-being. Additionally, a number of young women mentioned supportive relationships not just with friends, but also with the parents or families of close friends. These findings suggest that extended support networks of non-kin (or “fictive kin”) are also a valuable resource for these youth and worthy of further study.

The research on interpersonal trauma and relationships suggests that trauma survivors are likely to encounter difficulties with trust, intimacy, and fears of abandonment (Herman, 1992; Kulkarni, 2009). The majority of young women who participated in in-depth interviews were trauma survivors. However, they demonstrated a wide range of approaches to being in relationships with others. Some, like Rosie and Angela, seemed to prefer new or fleeting relationships to existing ones; they found talking with strangers easier and less painful than trying to relate to people they had known for a long time. While these encounters are indeed a form of relationships, perhaps not dissimilar from the “disposable ties” described by Desmond (2012), their fleeting nature makes them less likely to provide enduring and mutual support over time. Other participants (such as Thefa, Lola, and Yasmine) described strong, positive, and lasting relationships with peers, characterized by mutual support and mutual empowerment. The ability of these young people to establish and maintain growth-promoting relationships with peers is evidence of relational resilience (Hauser & Allen, 2006; Jordan, 2004). Hauser and Allen (2006) identified a stronger relational orientation among resilient youth with histories of psychiatric hospitalizations, including a sense of personal agency, an ability to reflect on their own and others’ thoughts and feelings, and an ability to actively seek out and sustain relationships with others. Findings from this

dissertation suggest that a strong relational orientation is a valuable component of living well with mental health difficulties.

Finally, this study provides evidence of the use of strategies of disconnection in peer relationships by transition age youth living with mood and anxiety disorders, including moving away (withholding or emotional disengagement), moving toward (role playing) and moving against (replicating patterns). Relatively few existing studies have documented use of these strategies in vulnerable young people, including young women in a juvenile detention facility (Sparks, 2004) and adolescents taking psychotropic medications (Kranke et al., 2010). These findings suggest that authenticity and supported vulnerability are valuable in peer relationships, but in their absence, strategies of disconnection are likely to be present.

Dynamics of Relationship with the Researcher

Comments by both youth and staff participants in interviews (such as the young woman who said she felt “like a guinea pig”) serve as a reminder of the complex power dynamics of the research interview. If the researcher’s need to obtain data and establish the terms of the interview are not properly acknowledged, an interview about important and emotionally-sensitive topics can feel transactional at best or exploitative at worst. Goldstein (2017) recognizes the dilemma of the researcher to adhere to both the participant’s need to have a good experience and the researcher’s need to follow her agenda. The Listening Guide analysis, in particular, provides valuable insight into the intersubjective dynamics of the research interview.

Krumer-Nevo (2002) refers to the research relationship as the “arena of Othering.” This term acknowledges that in research conducted with marginalized

populations, both the researcher and the researched work to define Self and Other, and both may be inclined to perceive the Other in a way that is superficial, stereotypical or one-dimensional (Krumer-Nevo, 2002). Researchers possess the power to define, interpret, and write about data; research participants who are members of marginalized groups (such as racial and ethnic minorities, the poor, and people who have received a psychiatric diagnosis) are aware of existing stereotypes of them and work to defend themselves against both popular and professional definitions of them as inferior (Krumer-Nevo, 2002). In this case, as a young African American woman living with both poverty and mental illness, Angela has numerous intersecting forms of oppression to negotiate on a daily basis (Few, 2007).

In our interviews, Angela and I met across several dimensions of difference, including race, social class, age, and diagnosis. We both carried stereotypes of the Other and thus met in the “arena of Othering.” Angela and I each came to the interview with needs that we hoped would be met. I had a need for Angela to answer my questions in a way that would help me better understand my research question. In this way, I was dependent on her. I also had a need to present myself as a sensitive and understanding interviewer. Angela had an expressed need to be heard and have others listen to other, and demonstrated her ability to engage strangers in listening to her when intimates are unable to do so.

I grasped Angela’s need to feel heard and listened to, and made a conscious effort during the interview to paraphrase her words and demonstrate active listening. However, at the same time, I am aware that there are points in the interview during which I was less active. As someone who is sensitive to expressions of anger and descriptions of

aggression, I know that Angela's efforts to defend herself in unsupportive environments intersected with my own relational templates. I felt intimidated by Angela's powerful feelings of pain, frustration, and disappointment, and I see in the transcript that I was less verbal – adding “Yeah” or “Okay” in between her increasingly long speaking turns, rather than asking probing questions or seeking clarification. I am left wondering if Angela felt that I was less present for her at these times.

I am aware that acknowledging feeling intimidated during parts of my interview with Angela risks painting her as a stereotype of an angry and aggressive young Black woman. I also know that my own emotional reactions in this interview may inhibit my own and others' abilities to hear and see the fullness of Angela's experiences of relationships with others. Given my awareness of how painful and damaging these cultural controlling images are (Collins, 2000), I am conscientious about representing her in her full, messy complexity, even as the act of representing another person's life experience is inevitably partial (Probst & Berenson, 2014).

Limitations

This study is subject to a number of limitations. First, the data collected in the social network maps and brief qualitative interviews were limited in detail. Having brief interviews take place at the end of a very long assessment meant that many answers were likely truncated due to participant fatigue. Additionally, while I was extremely fortunate to have assistance with collecting this data, not collecting the data myself meant that I could not seek clarification or ask follow up questions. As a result, many of the answers as they are written in the interviews are quite general, such as this example: “If they need anything I will do whatever I can to help them out and give them my advice.”

Second, the difficulties in establishing regular group sessions as part of Cornerstone limited the potential for observational data, so that this study was largely unable to compare what people said in interviews with observations about how they behaved in group settings. The groups I did observe were mostly very small meetings of one or two participants with group leaders, providing minimal opportunity for group dynamics to emerge in the session. As a result, the methodology of the study was changed to include more in-depth interviews with youth.

Third, the in-depth interviews, while yielding a remarkable amount of rich data, also had several limitations. Interviews are subject to the limitations of self-reports, since people's verbal descriptions of their relationships can suffer from biases in recall and concerns about social desirability, as well as difficulties in describing and articulating interpersonal processes. Indeed, a number of participants referenced the idea that relationships are hard to talk about (e.g. Flower: "You know what I'm saying? I don't know how to explain it.") Additionally, these interviews are limited by the extent to which participants were willing to share personal information with the researcher, a relative stranger. While all research participants make choices about what to share with an interviewer, and for youth, this is an important source of power and control (Raby, 2007), several participants seemed intentionally vague in their interviews with me. In some cases, respondents spoke freely about certain areas of their life experiences (such as their mental health histories) and were circumspect about other areas (most often family history). This combination of openness and withholding responses is of course a source of data in itself, another form of the central relational paradox manifesting in the research setting. The study attempted to address the expected reticence of participants by

conducting two interviews with each youth participant. In general, participants were more engaged and more forthcoming during the second interview. Another limitation of conducting interviews focusing on relationships is that relationships are dynamic and ever-evolving, meaning that any interview is a snapshot of a relationship in time from one person's perspective.

The choice to focus on specific supportive relationships in the interview had advantages by directing the attention of participants to particular examples, but it also may not have provided a complete relational picture for many of these young people. In fact, several participants mentioned additional people in their lives that they wanted to discuss, and explained that they had important people in their lives who were not necessarily supportive. Using interview questions focused on support meant that interviews were less likely to explore other relationships that were unhelpful, unhealthy, neutral, or complicated.

Fourth, there were a number of limitations in my efforts to apply the Listening Guide method to this data. A true Listening Guide interview starts off with the researcher acknowledging why she is coming with a particular question and why the participant has knowledge and experience that can help answer this question. In this study, I did not foreground these interviews in my own subjective curiosity and lack of knowledge about this topic. The unique opportunity to conduct these interviews as part of the Cornerstone study also meant that both the research hierarchy and the medical model that framed the study were untroubled. Interviews also could have been strengthened by asking more probing questions (such as "What does that mean?" or "Do you always feel that way?")

to encourage participants to step outside the cultural framework that so often guides research interviews to predictable responses.

Finally, the situating of data collection within the larger Cornerstone study and in the physical environs of a mental health clinic was both a strength and a limitation for this study. One consequence of conducting research in a clinic was that, for better or worse, researchers became associated with clinic staff. Thus, if participants had good experiences at the clinic, their good will was transferred to the research staff; if they had negative experiences, that guardedness also transferred to the research. The project also benefitted by having access to clinic supervisors in case of a clinical emergency during a research interview. Finally, and perhaps most significantly, this study is limited by its focus on transition-age youth who have been engaged in outpatient mental health services. Consequently, the findings may be less applicable to the two-thirds of American young adults who struggle with mental illness without receiving treatment (IOM and NRC, 2014).

Implications for Practice

Findings from this study have several implications for social work practice, from direct practice to community-level work.

Emphasize Relationships in Practice

This study demonstrates the centrality of relationships for transition-age youth living with mental health difficulties. A number of participants mentioned that they often think about their peer relationships and enjoyed reflecting in the interviews on how significant their friendships are for them. Additionally, many participants described ways that their peers help them manage their symptoms of anxiety or mood disorders and

provide various kinds of essential support. These findings suggest that while practitioners are important, they are only one piece of the puzzle when it comes to social factors that promote recovery (Tew et al., 2012). Social workers who work with transition-age youth would do well to go beyond the individual (and beyond the therapeutic dyad) in treatment planning and focus on relationships with immediate and extended family, peers, teachers, friends' families, and other community members. Findings from this study suggest that supportive relationships and a sense of belonging and mattering are inextricable from individual mental health.

To that end, social workers can help transition-age youth reflect more critically on the role of relationships in their lives. The findings on the value of relationships that support vulnerability and reflect shared lived experience suggest that peer relationships should be an important focus of treatment with this population. Social workers can help young people assess the safety of their relationships and make informed decisions about whether and when they choose to share details of their lives with others. Similarly, social workers can encourage youth to reflect on how they experience their relationships with important people in their lives – what do they gain from these relationships, and in what ways might they feel limited by those relationships? Supportive relationships can also be nurtured by encouraging youth to see themselves as contributing to and sustaining relationships that are important to them.

These findings also have important implications for organizational policy. Social work institutions sometimes treat social workers and clients as interchangeable parts, transferring clients abruptly to new workers without appropriate regard for the meaning associated with these relationships and the feelings of pain and loss that accompany

unplanned termination. While many terminations of helping relationships are unavoidable, due to life circumstances or employment changes, others may be more a function of bureaucratic process. Some participants mentioned having to end cherished working relationships with therapists due to bureaucratic requirements around age and caseload, like Z, who had to change therapists once she turned 18, or Angela, whose case was closed due to inconsistent attendance. Finding institutional ways to preserve continuity in valued helping relationships could be an important source of stability during the transition to adulthood for these young people.

Build Connection and Expect Disconnection

Many participants spoke about how much they valued therapy; how beneficial therapy has been for them; and how they have learned to distinguish between helpful and unhelpful practitioners. At the same time, they were able to describe experiences in which they felt unseen or misunderstood by therapists, even those with whom they had close relationships. These findings have valuable implications for practitioners working with transition-age youth. Many of the providers recognized that it is common for young people to present initially with guardedness or reluctance around engaging in therapy. Findings from this study suggest that it is wise for practitioners to honor the central relational paradox in therapy (Miller & Stiver, 1997), and recognize that desire to connect and fear around connection are present for all of us. Practitioners can do this by acknowledging the importance for clients of feeling seen and heard. They can also address clients' negative expectations about the helping relationship directly, by asking about previous negative experiences or concerns that young people may have about judgment, violations of confidentiality, or expectations of disclosure around painful

subjects. Similarly, practitioners should expect disconnections and empathic failures to take place in their work with young people, and encourage open discussion when they occur.

Acknowledge Differences Alongside Similarities

Many of the providers recognized the advantage of identifying similarities or shared experiences with clients, and youth confirmed that it is meaningful for them to learn that their social worker has a shared social identity with them. However, some youth also expressed trepidation about the potential meaning of differences in age, gender, or sexual identity between youth and helping professionals. Practitioners could address these concerns explicitly by facilitating conversations about relating across difference. For example, social workers who work with LGBTQ youth could address the value of using a gay-affirmative approach to therapy and discuss the impact of minority stress with youth (Craig et al., 2013). These conversations could also address the impact of cultural controlling images in both dyadic relationships, including the therapeutic relationship, and broader social arrangements (Jordan, 2009).

Talk About Cultural Expectations

The cultural equation of adulthood with independence in the United States has many deleterious consequences for young people who are navigating the transition to adulthood and in need of assistance and guidance from others. Social workers who encounter transition-age youth in any setting can acknowledge the problems with this cultural assumption, and encourage youth to think critically about the politicized (and racialized) associations of words like “independence” and “dependency,” as well as the value of being connected to others throughout the life span. Social workers can also

encourage transition-age youth to think critically about relational expectations associated with gender, and the ways those expectations serve to limit people's ability to bring their full selves into relationships with others. Additionally, given the findings from this study about the benefits of strategic self-disclosure for this age group, practitioners can judiciously model vulnerability with transition-age youth by sharing some of their own struggles in the transition to adulthood.

Respect Youth Agency

In this study, youth emphasized the significance of adults who respected their abilities to make their own decisions. Especially for youth with histories of maltreatment by adults or those who had their confidentiality or right to privacy be violated, the value of respecting youth agency cannot be underestimated. Modeling a respect for youth agency can take a variety of forms: being careful not to talk down to youth or use patronizing language; affirming their right to make decisions wherever possible; maintaining a collaborative approach to the work; and being transparent about the process of treatment. In addition to recognizing the salience of issues of power, agency, and voice for this age group, these practices also reflect ethical social work practice that respects the client's right to self-determination.

Focus on Empowerment

The Listening Guide analysis is a reminder that individual relational struggles are never separate from larger issues of structural inequality, including poverty, racism, and sexism, all of which intersect with the challenges of living with a mood or anxiety disorder (Mizock & Kaschak, 2015). Opportunities to connect with others in similar situations have the potential to be both personally and interpersonally empowering, by

exploring the ways that individual and relational difficulties are connected to broader structural issues of poverty, racism, sexism, and stigma surrounding mental illness. Group work, as well as opportunities to combine advocacy with direct practice, can be ways of combating the kind of isolation Angela described. Citing a workshop taught by K. Laing, Jordan (2009) notes, “Isolation is the glue that holds oppression in place” (p. 29). The importance of connecting with others is as valuable for challenging oppressive discourses as it is for personal affirmation and emotional well-being (Collins, 2000; Jordan, 2009). These findings suggest both the merit and the challenge of creating group and community activities that provide a space for marginalized youth to come together for the purposes of support, empowerment, and social action. These kinds of group spaces can be a place to explore shared difficulties and develop group efforts to address them, whether it is the stigma of mental illness, the pernicious impact of racial and gender stereotypes, or the challenges of reaching out to others in a culture that devalues connection. The results of the Cornerstone pilot reveal how challenging it is to successfully operate a weekly group in an outpatient mental health clinic, suggesting a need to think more creatively about ways for people to come together to address these challenges. Having groups in other settings, such as schools or arts-based centers, could be an option; creating an online forum for discussion is another. Programs that include an emphasis on collective empowerment in addition to treatment recognize the power, resources, and agency of marginalized youth. They are also a way of moving from group shame to group pride, a form of resistance for liberation (Jordan, 2009; Robinson & Ward, 1991).

Prevention Programs

In addition to implications for direct practice, these findings also have implications for prevention programs that can support relational skills development and mental health promotion among adolescents and transition-age youth. The findings on supported vulnerability in peer relationships suggests the benefits of peer relationships that provide safety and understanding for young people living with mood and anxiety disorders. These friendships are also important for countering the loneliness and stigma associated with mental illness. Thus, it stands to reason that transition-age youth living with mental illness would have valuable input about developing prevention programs to encourage youth to challenge stigma and talk about their struggles to trusted others. A community board of these youth could be enlisted to help develop public health messages that emphasize the high incidence rate of mood and anxiety disorders among transition-age youth, and encourage the formation of supportive ties with both professionals and peers. In New York City, for example, the ThriveNYC campaign has created posters that encourage seeking treatment for mental health and substance abuse disorders; this campaign has also facilitated access to services through a 24-hour hotline, a texting service, and outreach to community members and leaders, including clergy. Soliciting the input of transition-age youth to these kinds of initiatives could help make them more developmentally and culturally appropriate for marginalized youth navigating the transition to adulthood.

Directions for Future Research

This study presents a number of directions for future research to expand on these findings. First, with the data collected for this dissertation, there is an opportunity to

conduct further analyses of the remaining interviews with youth using the Listening Guide to identify other contradictory or complementary approaches to relationships within each individual narrative, and to compare those voices across interviews and identify similarities. Additionally, there is an opportunity to conduct mixed method analyses with the data from the brief qualitative interviews, in order to see if there are differences in terms of psychosocial functioning for youth who include, for example, people in each level of their circle, or people who include friends and family in the inner circle as opposed to one or the other.

Building on the findings of the varied ways that young women experienced their relationships with peers, future studies should explore the role of relationships in promoting both risk and resilience for transition-age youth. How do some relationships work to promote recovery, while others may undermine it? In what ways are relationships experienced as unsupportive or harmful to transition-age youth? In particular, this study suggests that intimate relationships are a worthwhile topic of study, as a number of participants referenced either current or past significant others, some of whom were instrumental to their emotional wellbeing, and others who were described as deleterious. This research would also provide qualitative richness and nuance to the data that shows that youth with histories of maltreatment may be more likely to experience dating violence in adolescence (Kulkarni, 2009; Wolfe et al., 2006).

Future studies could also explore the experiences of young men with histories of system involvement, and how they experience vulnerability and intimacy in relationships. This research could investigate the impact of gender stereotypes on young men's experiences of both connection and disconnection in relationships with peers and

significant others. Additionally, subsequent studies can build on these findings with longer and more in-depth interviews that ask more direct questions about race and socioeconomic status, as these factors are known to affect relationships but did not come up explicitly in most of the interviews.

Many of the findings from this dissertation are unique to transition-age youth who are connected to outpatient mental health services. It would be worthwhile to expand on this research to study the relational experiences of transition-age youth with other kinds of system involvement. While some research has been conducted to date with former foster youth, there is more to learn about the role of relationships for marginalized youth navigating the transition to adulthood. For example, what role do family, friends, and professionals play for youth with histories of involvement in the juvenile justice system, or the residential mental health system?

Two participants in this study mentioned the unique appeal of meeting friends online as a way to reduce in-person pressure around vulnerability and disclosure. This suggests that it would be valuable for researchers to learn more about the functions of role-playing games (RPG) and the ways they are relevant in particular for young people living with mental illness. Such research could explore the benefits and disadvantages of both online and in-person interactions for these youth. This research could also be useful in developing online prevention or intervention programs that supplement in-person activities.

This dissertation was initially developed with the assumption that family relationships were less relevant for transition-age youth, especially those that had reached the age of majority. Preliminary analysis of the data revealed that family continued to

play a very significant, if complex, role for many of these young people. This suggests that future research could explore the nature of family relationships for transition-age youth, in terms of their role and considerations about how and whether to involve the families of transition-age youth who are engaged in services.

Conclusion

This study sought to explore the ways that marginalized youth living with mental health difficulties experience trust, mutuality, and disconnection in their relationships. By drawing on multiple methods of data collection (brief and in-depth interviews) and data analysis (thematic analysis and the Listening Guide), this study offers a fuller picture of the relational experiences of transition-age youth living with mental illness. The use of multiple methods provides breadth as well as depth in the description of young people's relational experiences. Data from the social network maps present the roles of kin, non-kin and professionals, and serve as a reminder of the important but complicated role of family for these transition-age youth. Thematic analysis of in-depth interviews with both youth and staff revealed recurring themes of trust and wariness in relationships with helping professionals, varied approaches to authenticity and disconnection in peer relationships, and multiple ways that peers support mental health and challenge stigma. Analysis also revealed differences in how youth and providers experience their relationships with each other. As a counterweight to these themes identified across the sample, the Listening Guide case analysis of a single participant revealed the complexity and inherent contradictions in one young woman's approach to relationships. More dynamic than thematic analysis, the Listening Guide highlights the multiple conflicting or complementary voices in a single narrative, with the recognition that cultural and

contextual factors affect what is said and what remains unspoken. This method of analysis also focuses the researcher on the words of the participant, drawing attention to patterns of speech, especially as they are used with the first-person pronouns (such as “I just” or “I always”). The Listening Guide is also unique in highlighting the social locations of both interviewee and interviewer. Demanding the researcher to listen as a “resisting listener” (Sorsoli & Tolman, 2010) recognizes the social and political context in which participants are acting and reacting. In this study, I worked to listen underneath a dominant cultural narrative that too easily labels trauma survivors as damaged, young adults as needing to be independent, and people living in poverty as lazy. This approach to research can identify patterns of resistance or resilience that might be less apparent initially. In this case, the analysis revealed four distinct strategies of surviving in an unforgiving relational landscape, by minimizing feelings, asserting feelings, seeking connection, and lashing out at others.

Finally, by explicitly utilizing the researcher’s reaction as a source of data, the Listening Guide draws attention to the power dynamics of the interview, and what they can teach us about intersecting oppressions and vulnerabilities in an interpersonal encounter. In this way, the interviewer’s experience provides useful insight into the relational experiences of the research participant. Taken together, these methods of analysis reveal that relationships are highly significant but frequently fraught for marginalized youth, who are attuned to the potential for relationships to disappoint or result in betrayal. At the same time, for young people living with mood and anxiety disorders, relationships with both peers and helping professionals are a valued resource for recovery and growth for navigating the transition to adulthood.

Chapter Summary

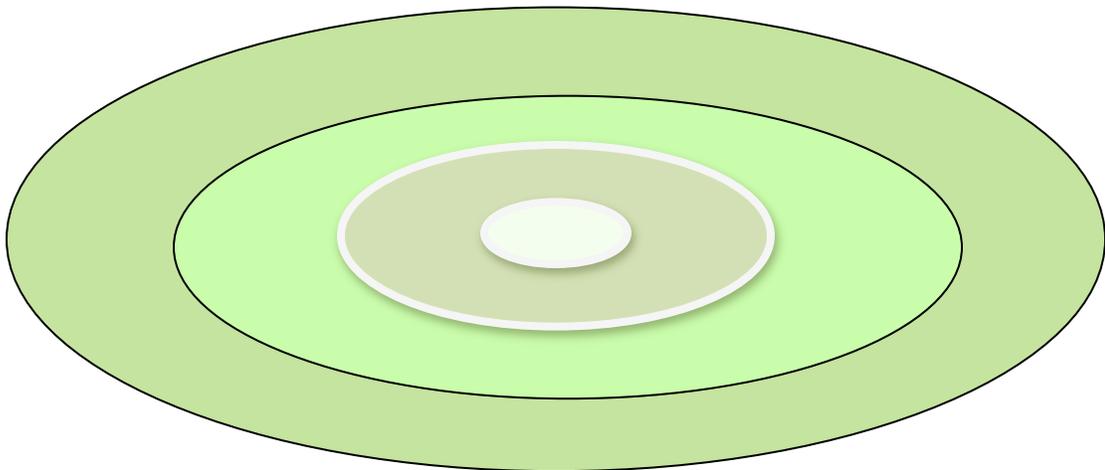
This chapter summarized the study's findings and discussed their significance in light of existing literature. It reviewed the study's unique strengths and limitations, and considered implications for practice as well as research on the relational experiences of marginalized youth.

Chapter Eleven: Appendices

Appendix A: Social Network Map and Brief Qualitative Interview

Introduce brief hierarchical mapping exercise:

- a. Choose a fake name and write that in the center. This refers to you.
- b. These circles refer to your personal network: people who are important to you, but not necessarily close in the same way.
- c. Inner circle: List those people to whom you feel so close that it is hard to imagine life without them.
- d. Middle circle: List those people to whom you may not feel quite that close, but who are still important to you.
- e. Outer circle: List people whom you haven't already mentioned, but who are close enough and important enough in your life that they should be placed in your personal network.
- f. In a few sentences, please describe why you chose to put people in particular circles.



NETWORK MAP (Adapted from Antonucci, 1986)

The next few questions will refer to the people in your network. If you realize that you forgot someone that you would like to include, feel free to add them at any time.

1. From the people you listed in your social network, who are the people who really listen to you when you talk?

Probe: How do they show it? (or, How do you know?)

2. Who are the people in your life that you can trust? How do you know that you can trust them?

Probe for authenticity: With whom do you feel you can truly be yourself?

3. Of these significant individuals, can you recall a time recently when you had a disagreement with someone important to you? What happened?

4. Who are the people in your life who support you when you're having a hard time with something?

Probe: How do they help?

5. Who are the people in your life who rely on you for support?

Probe: How do you support them?

Appendix B: Group Observation Form

Date: _____ Topic for Today's Group Meeting:

Members and leaders present (initials only):

Members: Behavior Observed in Group	#1	#2	#3	#4	#5	#6	#7	#8
Makes a statement								
Asks a question								
Silence								
Expresses concern/support towards another								
Encouragement								
Self-disclosure								
Acknowledgement of shared experience								
Agreement								
Disagreement								
Arguing/conflict								
Sub-grouping								
Ignoring								
Belittling								
Criticizing								
Domination/monopolization								

Leaders: Behavior Observed in Group	Social Worker	Recovery Role Model
Facilitating discussion		
Encouraging participation		
Self-disclosure		
Addressing conflict		
Co-leadership		

- Is trust mentioned?
 - By whom? In what context?
 - Link between trust and other factors (personal history, socioeconomic/cultural background)
- Any mention of: trauma; stigma/illness disclosure; shame; gender; race/ethnicity/culture; SES?

Main themes of group discussion:

Notes about body language/nonverbal communication observed:

Notes about leaders' responses:

Personal Reactions

- How did I feel in group today?
- My main cognitive & emotional reactions:

Appendix C: Interview Schedule for In-Depth Interviews with Youth

First Interview: Relationship with Helping Professional

Thank you so much for agreeing to participate in this interview. The goal of this study is to better understand how young people, like you, experience relationships with others during the transition to adulthood. Today, I would like to hear about your relationship with a helping professional – someone like a social worker, a peer mentor, or another adult who has helped you in a more formal capacity. Can you think of a person who fits this description with whom you feel you have an especially good relationship?

1. The nature of the relationship – degree of intimacy, support, etc.
 - Tell me about your relationship with _____.
 - How did it start? How long have you known one another?
 - Can you give me an example of a way that _____ supports you?
2. Significance of the relationship
 - What makes this a significant or meaningful relationship for you?
 - Do you think your relationship is significant for _____?
 - Do you think you have had an impact on _____? In what way?
3. Trust and how it evolved
 - Do you feel like you can trust _____?
 - *If no:* Why not? What would have to change for you to feel like you could trust him/her?
 - *If yes:* How did you come to decide that you could trust him/her? How long did it take?

4. Mutuality: degree of mutual self-disclosure; shared power in the relationship regarding decision-making
 - Explore where this person is placed on social network map (inner/middle/outer circle).
 - How do you decide what personal information to share with this person? Does ____ share details about his/her personal life with you?
 - In your relationship with _____, do you feel like you can be honest about your thoughts and feelings? Are there topics you feel you cannot discuss with him/her?
 - Are there things you wish were different in your relationship with _____?
5. Disconnection: experiences of conflict, attempts at repair
 - I'd like to hear about a period of conflict, disconnection, or distance in your relationship with this person.
 - When you had this disagreement with _____, what happened?
 - How was this disagreement addressed or resolved?
6. As we move towards the end of the interview for today, I'm curious to hear from you how you experienced our interview. What was it like for you to talk about this with me?
7. Are there any other questions that I should have asked you today but didn't?

Second Interview: Relationship with Peers and Family

Last time we met, we talked about your relationship with a helping professional – someone who is helpful in more of a formal way. Today, I am interested in hearing about people in your life who might be helpful in a less formal way – both friends and family. I know that these relationships can be complicated, and I am interested in hearing about both the supportive aspects and the more challenging aspects, but it is completely up to you what you feel comfortable sharing with me.

To start, I would like to hear about your relationship with a peer – a friend, a boyfriend/girlfriend, or another person around your age who is important to you. Can you think of a person who fits this description with whom you feel you have an especially good relationship?

1) The nature of the relationship – degree of intimacy, support, etc.

- Do you have a close or best friend? Tell me about your relationship with _____.
- How did it start? How long have you known one another?
- Can you give me an example of a way that _____ supports you?

2) Significance of the relationship

- What makes this a significant or meaningful relationship for you?
- Do you think your relationship is significant for _____? In what way?
- Do you feel you have had an impact on _____? In what way?

3) Trust and its evolution

- Do you feel like you can trust _____?

- *If no*: Why not? What would have to change for you to feel like you could trust him/her?
 - *If yes*: How did you come to decide that you could trust him/her? How long did it take?
- 4) Mutuality – degree of mutual self-disclosure; shared power in the relationship regarding decision-making
- How do you spend time together? Who decides how you spend time together?
 - How do you decide what personal information to share with this person? Does _____ share details about his/her personal life with you?
 - In your relationship with _____, do you feel like you can be honest about your thoughts and feelings? Are there topics you feel you cannot discuss with him/her?
 - Are there things you wish were different in your relationship with _____?
- 5) Disconnection: experiences of conflict, attempts at repair
- I'd like to hear about a period of conflict, disconnection, or distance in your relationship with _____.
 - When you had a disagreement with _____, what happened? Was it resolved?
- 6) What is the significance for you of relying on people within your family, versus people outside the family?
- Are there specific kinds of assistance or support that you would prefer to get from your family as opposed to a friend? Whom specifically and how come? (probe to explore if the significance of this tie is based on age, family relation, authority, etc.)

- How is the support you get from your friends **similar to** the support you get from the people you define as your family?
 - How is the support you get from your friends **different from** the support you get from the people you define as your family?
- 7) What are the most common sources of conflict or disagreement between you and people in your family?
- How, if at all, do they get resolved?
- 8) Do you think that any of your experiences with your family influenced how you relate to people outside your family? (especially with regards to trust)
- Probe for both explicit messaging (e.g. trusting people outside the family) as well as implicit lessons learned from family experiences.
- 9) As we move towards the end of the interview for today, I'm curious to hear from you how you experienced our interview. What was it like for you to talk about this with me?
- 10) Are there any other questions that I should have asked you today but didn't?

Appendix D: Interview Schedule for In-Depth Interviews with Helping Professionals

Thank you so much for taking time to participate in this interview with me today. The goal of this study is to understand how young people who are dealing with mental health difficulties experience relationships with others during the process of becoming an adult. Since they are receiving services at this clinic, some of the people they see on a regular basis are service providers like you. I'd like to ask you some questions about how you build relationships with these young adults in the course of your work. For this interview, I'd like you to think about two young adults with whom you have worked, one whom you have an especially strong working relationship, and one who you would describe as more difficult than average in terms of building a good working relationship.

1. Tell me about your role here.
 - a. How do you describe your job to others?
 - b. What does a typical day look like for you?
2. How do you go about forming relationships with clients?
3. I have a few questions about trust in your relationships with transition-age youth:
 - a. How can you tell if a young person trusts you?
 - b. What role does trust play for you in your relationship with youth?
 - c. How, if at all, does trust evolve over the course of your relationship with a young person?
4. What aspects of forming relationships with youth do you enjoy the most?
5. What aspects of forming relationships with youth do you find challenging or difficult?
6. How do you normally spend time with youth in your work together?

7. How much of your own experience do you share with clients?
 - a. How do you decide what to share?
8. Have either of these relationships experienced any turning points or significant experiences in terms of the relationship?
 - a. What were they and why did you feel they were significant for the relationship?
9. What are the most common sources of tension or disagreement in your work with young people?
10. Can you describe a recent example of tension or disagreement in your work with a client?
 - a. What happened?
 - b. How did you and the client work to resolve it, if at all?
 - c. Are these kinds of disagreements or disconnections handled differently with clients with whom you have a stronger or weaker working relationship? How so?
11. When you work with a client who comes from a background different from your own, how does that affect the relationship?
 - a. What feels different when working with a client who comes from a similar background?
12. As we move towards the end of the interview for today, I'm curious to hear from you how you experienced our interview. What was it like for you to talk about this with me?
13. Are there any other questions that I should have asked you today but didn't?

Demographics:

Sex:	Time in field:
Race/ethnicity:	Length of employment at current agency:
Education:	

I'm not gonna tell
 I'm gonna be like
 I'm just having
 I just wish
 I had

[you,
 you gonna be okay
 you know]

I don't wanna

[You know
 you just so willing to speak to somebody that's willing to
 speak to you
 You know
 willing to listen to you]

I'm gonna
 I've probably known
 I've been
 I met
 I came
 I was sitting

attached to me

I'm not
 I'm
 I like
 I feel
 I'm going
 I'm going

saying something to me
 supportive of me

I just feel
 I don't blame
 I can change
 I feel
 I need
 I don't like
 I love
 I should say

I'm going

I'm going
I'm going
I'm going

I just be
I understand
I just feel
I just be
I don't wanna
I'm mad

I need
I think
I'm
I didn't
I wasn't aware
 hid that stuff from me

I just don't know
I want

I have
I don't know

I hate
 argue with me

I just be like
I'm not
I don't wanna
I make sure
I approach
I just don't know

I asked
I don't like
I do
I'm old enough
I do
I be scared

I left
I cleaned
I'm just gonna leave
I walk
I'm looking
I don't know

I just leave
 I clean
 I've had
 I had
 I had
 I came
 I've been
 I have
 I had
 I understand
 I don't say

I'm like
 I'm like
 I got
 I'm kinda scared

I literally sat
 I put
 I know
 I was like
 I'm like
 I'm like

snapped at me

I'm just like
 I'm like
 I don't do
 I just had to start shooting it out

I cleaned
 I cleaned
 I do
 I do
 I do
 I just felt like
 I'm able

for me

I feel

I care
 I try

makes me not happy
 called me a people pleaser

I said

don't call me that
 I'm always trying
 I'm always
 there for me

 I'm like
 I understand
 I understand

 I have
 I appreciate
 I can analyze
 can't read me
 I just give
 hear me out
 I feel
 you feel me

 I'm like
 I'm like
 I don't know

 I guess
 I can understand
 I was like
 I don't wanna
 I hung up
 I was like
 I'm going

 call me back
 let me have
 I want

 I told
 I'm gonna call
 called me
 pushing it on me

 I just feel
 I
 I didn't
 I probably didn't see
 I'm probably going
 I'm going
 I'm not
 I'm like

on me
 I'm still in the midst of feeling
 I was feeling
 texting me
 made me like
 I'm feeling
 made me more upset
 I'm gonna
 I'm
 I don't really like
 I
 You feel me?
 Trust me
 I'm not gonna
 disrespect me
 I'm
 I just be feeling
 I just have
 I just feel
 I have
 care about me
 You feel me?
 I need
 I'm going
 I understand
 I'm
 need me
 I feel
 I have
 I can't
 help me back
 I've
 I'm venting
 I don't get
 I just be like
 I just spoke
 I spoke
 didn't help me
 I don't know

I just keep
 I try
 I feel
 I need
 I don't have

I need
 I never denied
 I needed
 I'm
 I need

overwhelming me

I get
 I just be like
 I literally have

I have
 I love
 I'm looking
 I'll
 I ignore
 I just disregard
 I know

handle me

I'm aware
 I have
 I still feel
 I don't wanna say

I don't know
 I love
 I just don't need

I
 I feel
 I need

makes me

I have
 I don't have
 I don't like
 I've had

turned on me
 jump me

I'm
I'm
don't know me

I'm
I'm
knows me

I'm
I'm
I'm not
I don't
I can't
I literally am incapable

I start
I'm trying
gets me in trouble

I can't
I can't

I affiliate
I'm cheating
makes me
don't trust me

I know
I'm doing
I don't know

I lost
I do trust
doesn't trust me
don't trust me
live with me
he lives with me

I just got
I go
I just got
I still don't like
I still feel like

I do
I am
I've been around
let me socialize

You feel me?

I just be like

I got

I tell

I don't think

talking to me

You feel me?

I just don't even bother

You feel me?

I lost

I'm just stuck

I can't

I done lost

I'm forced

I can go

I'm just tired

I just feel

I just cut

I just be

I don't wanna

I feel like

I have

I don't wanna

I'm broke

I do

I've never seen

I don't know

I don't

I don't know

I got money

You feel me?

You feel me?

I don't know

I allow

I feel like

I feel like

I wanna

I don't like

I don't know

I just need
 I just need
 I said
 I balance
 I can make
 I felt like

priority to me
 You feel me?

I'm learning

schedule me full

I need
 I need
 I'm gonna

You feel me?

I just need
 I'm
 I was
 I'm here
 I have
 I don't know

I need to
 I just wanna
 I just
 I just don't know
 I don't know

I just wanna
 I'm
 I don't like
 I don't like
 I'm feeling

squeezing me

I try
 I can
 I smoke
 I can't
 I'm just up thinking

I've never

cheated on me

I got
 I was

I was
 I should
 I smacked
 I'm
 see me
 get me
 Ima beat you up
 violated me

 I argue
 I argue
 I'm just like
 get me upset
 You feel me?

 I feel
 there for me
 I feel
 I understand
 You feel me?

 I was
 me now

 I have
 I'm
 I've developed
 I
 You feel me?

 I feel
 I really, really, really need
 I haven't
 thought it was me
 didn't believe me

 I was telling
 I feel
 I could have finished
 there for me

 I needed
 I'm
 I don't wanna blame
 could have helped me

 I always take the blame
 I don't blame
 I just don't understand
 hard for me

I think
 I just need
 more like me

I have
 I invited
 I call
 I like
 I like
 look at me

I look
 I never met
 I say
 listening to me

I got
 I don't wanna say
 I'm
 I see
 I'm gonna try
 I give
 You feel me?

I spoke
 I was being like
 you know me
 you know me

I'm talking
 I talk
 I don't wanna
 I don't wanna
 I got
 I don't
 me to move forward

I don't care
 I could be cryin
 You feel me?

I call
 I love
 I don't know

I
 I
 I appreciate
 I call
 I be like

I
 I wanna
 I love
 I mean
 I don't know

I appreciate
 I really think
 I judge

I don't
 I don't
 I don't like

I go judge me
 judge me

I don't like
 I don't wanna

I wanna
 judge me
 still with me
 seen me

I done kick
 letting me know

I relax
 not helping me

I'm
 I'm gonna leave
 You feel me?

I'm
 I'm
 I wish
 I had
 I can't

I do
 I take
 I have to come back
 I didn't walk away

I'm not
 I really don't care

I have
 I have
 I got
 I'm like
 talking to me
 listening to me
 I'm like
 expect me
 I supposed to advise
 talking right over me
 I be like
 know me

 I'm
 I say
 I'm bad
 I don't even remember
 I have to remember
 I be thinking
 I be like
 I'm bad
 I'm bad
 I don't even know

 I be like
 You feel me?

 I don't know
 you know me
 you know me

 I'm not
 I call
 I hit her up
 I was like
 I remembered
 I haven't seen
 didn't text me back
 didn't call me

 I was like
 I was like
 I'm like
 me not texting or calling you

 I'm like
 text me
 call me

	You feel me? raised her voice at me
I'm like timeout	
I'm not	
I'm not	talking over me Maybe me
I understand	
I don't	
I don't	You feel me? don't think twice about me
I'm definitely not	
I will	trust me
I'm showing	is me
I'm open	
I'm doubting	don't trust me
I trusted you	
I trusted you	don't trust me back You feel me?
I'm just	
I'm sorry	You feel me?
I don't	
I don't	
I'm	
I know	
I'm	You feel me?
I've done	ain't really love me showed me his face don't normally show that to me show it to me
I just be like	You feel me?
I was	

I try	
I want	
I be like	
I don't want	
I don't want	
I support	
I come	
I don't come	
I've had	
	turn on me
	play me
I'm willing	
I be like	
I don't need	
I don't got	
I doing	
I'ma be doing	
	You feel me?
I don't know	
I went	
I was talking	
I explain	
	asking me
I've been	
I said	
I'm getting	
I'm trying	
	You feel me?
	For, for myself
I've been	
I'm going	
	bothering me
I need	
	disrespecting me
I feel	
	threaten me
I'ma	
I've been	
I've been	
I don't take	
I just get	
I don't wanna say	

I have
 I can't
 I have
 I'm gonna let
 I shouldn't have let
 bubbling, boiling inside of me

I'm gonna
 I attack
 you feel me?

I don't get
 I got
 said something to me

I said
 I was like
 I look like
 I'm
 you feel me

 That's me

I don't do
 I've been
 I can't take
 I can't even like articulate
 I'm
 I can't even say
 I'm stuttering
 I'm mad retarded
 I just be like
 I know
 I even say
 I be like okay
 you wanna hit me
 hit me

I'm
 I never got
 I wouldn't do
 I would never
 I love
 I say
 fight me
 fight me

I was just done
 bullying me

I've
 believe me
 I just be like
 I'm just gonna
 bully me
 I'ma make you
 bully me
 said something crazy to me
 I was just like
 I'm like
 I am not gonna fight
 starting with me?
 bully me
 You feel me?
 whooped up on me
 fight me

 I had
 I was
 I was unaware
 I had
 I just got
 I'm doing
 I'm doing
 I realize
 I don't give a fuck
 I don't give a fuck
 I don't
 I don't
 I don't
 I'm gonna come
 I had
 test me
 bully me
 I will beat you up
 I will beat you up
 I will attack

 I had
 I'm
 bother me
 I square up
 I swing
 I had
 inside of me
 I swear

I hit
 I'm forgetting
 I don't
 I'm not aware
 approaching me
 talk to me
 I'm focused
 in front of me
 I'm just listening
 I'm just like all right
 I'm not even aware
 in front of me
 trying to tell me
 I need
 I'm tall
 I don't care
 I don't care
 I will fight
 I don't care
 I will stab
 I don't care

 I feel
 I'm willing
 defend myself
 I just have
 I'm so defensive

 I don't
 I don't like
 I don't like
 I've always had
 I almost had
 bully me
 I was just like
 I saw
 I was like
 fight me?

 I've never brought
 I've never approached
 I'm not
 confront me
 I say
 I can't speak
 confront me

I don't wanna blame

I have

raised me

I feel like

I don't know

I'd have

I don't know

I don't wanna say

I've ever had

I was

I'm

I go

I'm

I'm

I literally felt

I have

I still don't have

I'm going

I'm going

I wish

I could call

I'm going

I had

would let me call

I had

I was

I weaned myself

I'm

I'm grown

I'm 18

I'm old enough

You feel me?

I don't know

Chapter Twelve: References

- Ahrens, K. R., DuBois, D. L., Garrison, M., Spencer, R., Richardson, L. P., & Lozano, P. (2011). Qualitative exploration of relationships with important non-parental adults in the lives of youth in foster care. *Children & Youth Services Review, 33*(6), 1012-1023.
- Ainsworth, M. D. (1985). Patterns of infant-mother attachments: antecedents and effects on development. *Bulletin of the New York Academy of Medicine, 61*(9), 771-791.
- Alessi, E. J., Sapiro, B., Kahn, S., & Craig, S. L. (2017). The first-year university experience for sexual minority students: A grounded theory exploration. *Journal of LGBT Youth, 14*(1), 71-92. doi:10.1080/19361653.2016.1256013
- Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence, 38*(7), 1001-1014.
- Angell, B. (2003). Contexts of social relationship development among assertive community treatment clients. *Mental Health Services Research, 5*(1), 13-25.
- Angell, B., & Mahoney, C. (2007). Reconceptualizing the case management relationship in intensive treatment: A study of staff perceptions and experiences. *Administration and Policy in Mental Health and Mental Health Services Research, 34*(2), 172-188. doi:10.1007/s10488-006-0094-7
- Antonucci, T. C. (1986). Hierarchical mapping technique. *Generations: Journal of the American Society on Aging, 10*(4), 10-12.
- Armstrong, K. H., Dedrick, R. F., & Greenbaum, P. E. (2003). Factors associated with community adjustment of young adults with serious emotional disturbance: A longitudinal analysis. *Journal of Emotional and Behavioral Disorders, 11*(2), 66-76.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480.
- Arnett, J. J. (2006). Emerging adulthood: Understanding the new way of coming of age. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century*. (pp. 3-20). Washington, DC: American Psychological Association.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*(3), 497.
- Bernstein, D. P., Ahluvalia, T., Pogge, D., & Handelsman, L. (1997). Validity of the Child Trauma Questionnaire in an adolescent psychiatric population. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(3), 340-348.
- Berzoff, J. (2011). Psychosocial ego development: The theory of Erik Erikson. In J. Berzoff, L. M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts* (pp. 97-118). Lanham, MD: Rowman & Littlefield Publishers.

- Berzoff, J., Flanagan, L. M., & Hertz, P. (Eds.). (2011). *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts*. Lanham, MD: Rowman & Littlefield Publishers.
- Best, A. L. (2007). Introduction. In A. L. Best (Ed.), *Representing youth: Methodological issues in critical youth studies* (pp. 1-38). New York: NYU Press.
- Bontempo, D. E., & d'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *Journal of Adolescent Health, 30*(5), 364-374.
- Bowlby, J. (1982). Attachment and loss: retrospect and prospect. *American Journal of Orthopsychiatry, 52*(4), 664-678.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Boyd-Franklin, N. (2013). *Black families in therapy: Understanding the African American experience*. New York: Guilford.
- Boydell, K. M., Gladstone, B. M., & Crawford, E. S. (2002). The dialectic of friendship for people with psychiatric disabilities. *Psychiatric Rehabilitation Journal, 26*(2), 123-131.
- Brabeck, M. M., & Brabeck, K. M. (2006). Women and relationships. In J. Worell & C. D. Goodheart (Eds.), *Handbook of Girls' and Women's Psychological Health* (pp. 208-217). New York: Oxford.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa
- Brenner, A. B., Zimmerman, M. A., Bauermeister, J. A., & Caldwell, C. H. (2013). The physiological expression of living in disadvantaged neighborhoods for youth. *Journal of Youth and Adolescence, 42*(6), 792-806. doi:10.1007/s10964-012-9778-3
- Bretherton, I., & Munholland, K. A. (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications (2nd ed.)* (pp. 102-127). New York, NY: Guilford Press.
- Brinkmann, S. (2018). The interview. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE Handbook of Qualitative Research (5th Ed)* (pp. 576-599). Thousand Oaks: SAGE.
- Brown, A. C., Brody, G. H., & Stoneman, Z. (2000). Rural Black women and depression: A contextual analysis. *Journal of Marriage and Family, 62*(1), 187-198.
- Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Social Services, 87*(1), 43-52.
- Brown, L. M. (2001). White working-class girls, femininities, and the paradox of resistance. In D. L. Tolman & M. Brydon-Miller (Eds.), *From subjects to subjectivities: A handbook of interpretive and participatory methods*. (pp. 95-110). New York: NYU Press.
- Bulloch, S. L. (2013). Seeking construct validity in interpersonal trust research: A proposal on linking theory and survey measures. *Social Indicators Research, 113*(3), 1289-1310. doi:10.1007/s11205-012-0139-0

- Burton, L. M., Cherlin, A., Winn, D. M., Estacion, A., & Holder-Taylor, C. (2009). The role of trust in low-income mothers' intimate unions. *Journal of Marriage and Family, 71*(5), 1107-1124. doi:10.1111/j.1741-3737.2009.00658.x
- Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. New York: WW Norton & Company.
- Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology, 70*(1), 44-55. doi:10.1037//0022-006x.70.1.44
- Cecil, C. A., Viding, E., Barker, E. D., Guiney, J., & McCrory, E. J. (2014). Double disadvantage: the influence of childhood maltreatment and community violence exposure on adolescent mental health. *Journal of Child Psychology and Psychiatry, 55*(7), 839-848. doi:10.1111/jcpp.12213
- Chandra, A., & Minkovitz, C. S. (2006). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of Adolescent Health, 38*(6), 754.e751-754.e758. doi:10.1016/j.jadohealth.2005.08.011
- Cicchetti, D., & Toth, S. L. (2005). Child maltreatment. *Annual Review of Clinical Psychology, 1*, 409-438. doi:10.1146/annurev.clinpsy.1.102803.144029
- Coatsworth-Puspoky, R., Forchuk, C., & Ward-Griffin, C. (2006). Peer support relationships: An unexplored interpersonal process in mental health. *Journal of Psychiatric and Mental Health Nursing, 13*(5), 490-497. doi:10.1111/j.1365-2850.2006.00970.x
- Collins, P. H. (2000). *Black feminist thought* (2nd ed.). New York: Routledge.
- Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar II, G. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development, 86*(3), 279-287.
- Corrigan, P. W., & Phelan, S. M. (2004). Social support and recovery in people with serious mental illnesses. *Community Mental Health Journal, 40*(6), 513-523.
- Coy, M. (2006). This Morning I'm A Researcher, This Afternoon I'm An Outreach Worker: Ethical Dilemmas in Practitioner Research. *International Journal of Social Research Methodology, 9*(5), 419-431.
- Craig, S. L., Austin, A., & Alessi, E. J. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal, 41*(3), 258-266.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 1241-1299*.
- Cummings, J. R., Case, B. G., Ji, X., Chae, D. H., & Druss, B. G. (2014). Racial/ethnic differences in perceived reasons for mental health treatment in US adolescents with major depression. *Journal of the American Academy of Child and Adolescent Psychiatry, 53*(9), 980-990. doi:10.1016/j.jaac.2014.05.016
- Cusack, K. J., Grubaugh, A. L., Knapp, R. G., & Frueh, B. C. (2006). Unrecognized trauma and PTSD among public mental health consumers with chronic and severe mental illness. *Community Mental Health Journal, 42*(5), 487-500. doi:10.1007/s10597-006-9049-4

- Dashiff, C., DiMicco, W., Myers, B., & Sheppard, K. (2009). Poverty and adolescent mental health. *Journal of Child and Adolescent Psychiatric Nursing*, 22(1), 23-32. doi:10.1111/j.1744-6171.2008.00166.x
- Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin*, 32(3), 443-450. doi:10.1093/schbul/sbj043
- Delman, J., & Jones, A. (2002). *Voices of youth in transition: The experience of aging out of the adolescent public mental health service system in Massachusetts: Policy implications and recommendations*. Dorchester, MA: Consumer Quality Initiatives, Inc.
- Desmond, M. (2012). Disposable ties and the urban poor. *American Journal of Sociology*, 117(5), 1295-1335. doi:10.1086/663574
- Deutsch, N. L., & Spencer, R. (2009). Capturing the magic: Assessing the quality of youth mentoring relationships. *New Directions for Youth Development*, 2009 (121), 47-70. doi:10.1002/yd.296
- Dvir, Y., Ford, J. D., Hill, M., & Frazier, J. A. (2014). Childhood maltreatment, emotional dysregulation, and psychiatric comorbidities. *Harvard Review of Psychiatry*, 22(3), 149-161. doi:10.1097/HRP.0000000000000014
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (2011). *Writing ethnographic fieldnotes* (2nd ed.). Chicago: University of Chicago Press.
- Emirbayer, M., & Williams, E. M. (2005). Bourdieu and social work. *Social Service Review*, 79(4), 689-724.
- Emslie, C., Ridge, D., Ziebland, S., & Hunt, K. (2006). Men's accounts of depression: Reconstructing or resisting hegemonic masculinity? *Social Science & Medicine*, 62(9), 2246-2257. doi:10.1016/j.socscimed.2005.10.017
- Eriksen, K. Å., Arman, M., Davidson, L., Sundfør, B., & Karlsson, B. (2014). Challenges in relating to mental health professionals: Perspectives of persons with severe mental illness. *International Journal of Mental Health Nursing*, 23(2), 110-117. doi:10.1111/inm.12024
- Eriksen, K. Å., Sundfør, B., Karlsson, B., Råholm, M.-B., & Arman, M. (2012). Recognition as a valued human being: Perspectives of mental health service users. *Nursing Ethics*, 19(3), 357-368. doi:10.1177/0969733011423293
- Erikson, E. H. (1980/1959). *Identity and the life cycle*. New York: W.W. Norton & Company.
- Fergusson, D. M., Horwood, L. J., & Beautrais, A. L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56(10), 876-880.
- Few, A. L. (2007). Integrating black consciousness and critical race feminism into family studies research. *Journal of Family Issues*, 28(4), 452-473. doi:10.1177/0192513X06297330
- Fishbane, M. (2011). Facilitating relational empowerment in couple therapy. *Family Process*, 50(3), 337-352. doi:10.1111/j.1545-5300.2011.01364.x
- Flanagan, C. (2003). Trust, identity, and civic hope. *Applied Developmental Science*, 7(3), 165-171.

- Flanagan, C., & Stout, M. (2010). Developmental patterns of social trust between early and late adolescence: Age and school climate effects. *Journal of Research on Adolescence*, 20(3), 748-773. doi:10.1111/j.1532-7795.2010.00658.x
- Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology*, 21(01), 227-259. doi:10.1017/S0954579409000145
- Fulgini, A. J. (2007). Family obligation, college enrollment, and emerging adulthood in Asian and Latin American families. *Child Development Perspectives*, 1(2), 96-100. doi:10.1111/j.1750-8606.2007.00022.x
- George, C. (1996). A representational perspective of child abuse and prevention: Internal working models of attachment and caregiving. *Child Abuse & Neglect*, 20(5), 411-424. doi:10.1016/0145-2134(96)00016-6
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Gilligan, C. (2015). The Listening Guide method of psychological inquiry. *Qualitative Psychology*, 2(1), 69-77. doi:10.1037/qup0000023
- Gilligan, C., & Eddy, J. (2017). Listening as a path to psychological discovery: an introduction to the Listening Guide. *Perspectives on Medical Education*, 6, 76-81. doi:10.1007/s40037-017-0335-3
- Gilligan, C., Spencer, R., Weinberg, M. K., & Bertsch, T. (2003). On the Listening Guide: A voice-centered relational model. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 157-172). Washington: American Psychological Association.
- Gilmer, T. P., Ojeda, V. D., Leich, J., Heller, R., Garcia, P., & Palinkas, L. A. (2012). Assessing needs for mental health and other services among transition-age youths, parents, and providers. *Psychiatric Services*, 63(4), 338-342. doi:10.1176/appi.ps.201000545
- Goldstein, S. E. (2017). Reflexivity in narrative research: Accessing meaning through the participant-researcher relationship. *Qualitative Psychology*, 4(2), 149-164. doi:10.1037/qup0000035
- Goodkind, S., Schelbe, L. A., & Shook, J. J. (2011). Why youth leave care: Understandings of adulthood and transition successes and challenges among youth aging out of child welfare. *Children and Youth Services Review*, 33(6), 1039-1048. doi:10.1016/j.childyouth.2011.01.010
- Gralinski-Bakker, J., Hauser, S., Billings, R., & Allen, J. (2005). Risks along the road to adulthood: Challenges faced by youth with serious mental disorders. In D. W. Osgood, E. M. Foster, C. Flanagan, & G. R. Ruth (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 272-303).
- Greenberg, J., & Mitchell, S. (1983). *Object relations in psychoanalytic theory*. Cambridge, MA: Harvard University Press.
- Hartling, L. M., Rosen, A., Walker, M., & Jordan, J. V. (2004). Shame and humiliation: From isolation to relational transformation. In J. Jordan, M. Walker, & L. Hartling (Eds.), *The complexity of connection: Writings from the Stone Center's Jean Baker Miller Training Institute*. (pp. 103-128). New York: Guilford.

- Haselhuhn, M. P., Kennedy, J. A., Kray, L. J., Van Zant, A. B., & Schweitzer, M. E. (2015). Gender differences in trust dynamics: Women trust more than men following a trust violation. *Journal of Experimental Social Psychology, 56*, 104-109. doi:10.1016/j.jesp.2014.09.007
- Haslam, S. A., Reicher, S. D., & Levine, M. (2012). When other people are heaven, when other people are hell: How social identity determines the nature and impact of social support. In J. Jetten, C. Haslam, & S. H. Alexander (Eds.), *The social cure: Identity, health and well-being* (pp. 157-174). New York: Psychology Press.
- Hauser, S. T., & Allen, J. P. (2006). Overcoming adversity in adolescence: Narratives of resilience. *Psychoanalytic Inquiry, 26*(4), 549-576. doi:10.1080/07351690701310623
- Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- Hesse, E., & Main, M. (2000). Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies. *Journal of the American Psychoanalytic Association, 48*(4), 1097-1127.
- Holman, D. (2014). 'What help can you get talking to somebody?' Explaining class differences in the use of talking treatments. *Sociology of Health & Illness, 36*(4), 531-548. doi:10.1111/1467-9566.12082
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS medicine, 7*(7), e1000316. doi:10.1371/journal.pmed.1000316
- Houston, S. (2010). Prising open the black box: Critical realism, action research and social work. *Qualitative Social Work, 9*(1), 73-91. doi:10.1177/1473325009355622
- Institute of Medicine (IOM) and National Research Council (NRC). (2014). *Investing in the health and well-being of young adults*. Washington, DC: The National Academies Press.
- Jack, D. (1991). *Silencing the self: Women and depression* Cambridge, MA: Harvard University Press.
- Jacobson, N., & Greenley, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services, 52*(4), 482-485.
- Jivanjee, P., & Kruzich, J. (2011). Supports for young people with mental health conditions and their families in the transition years. *Best Practices in Mental Health, 7*(1), 115-133.
- Jivanjee, P., Kruzich, J., & Gordon, L. J. (2008). Community integration of transition-age individuals: Views of young with mental health disorders. *Journal of Behavioral Health Services & Research, 35*(4), 402-418. doi:10.1007/s11414-007-9062-6
- Jivanjee, P., Kruzich, J. M., & Gordon, L. J. (2009). The age of uncertainty: Parent perspectives on the transitions of young people with mental health difficulties to adulthood. *Journal of Child and Family Studies, 18*(4), 435-446. doi:10.1007/s10826-008-9247-5
- Jonikas, J. A., Laris, A., & Cook, J. A. (2003). The passage to adulthood: Psychiatric rehabilitation service and transition-related needs of young adult women with emotional and psychiatric disorders. *Psychiatric Rehabilitation Journal, 27*(2), 114-121.

- Jordan, J. V. (1986) The meaning of mutuality. *Work in Progress, No. 23*. Wellesley, MA: Jean Baker Miller Training Institute at the Wellesley Centers for Women.
- Jordan, J. V. (2001). A relational-cultural model: Healing through mutual empathy. *Bulletin of the Meninger Clinic, 65*(1), 92-103.
- Jordan, J. V. (2004). Relational resilience. In J. V. Jordan, M. Walker, & L. M. Hartling (Eds.), *The complexity of connection* (pp. 28-46). New York: Guilford.
- Jordan, J. V. (2009). *Relational-cultural therapy*. Washington, DC: American Psychological Association.
- Jordan, J. V., Hartling, L. M., & Walker, M. (2004). *The complexity of connection: Writings from the Stone Center's Jean Baker Miller Training Institute*. New York: Guilford Press.
- Kessler, R. C., Avenevoli, S., Costello, E. J., Georgiades, K., Green, J. G., Gruber, M. J., . . . Merikangas, K. R. (2012). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent supplement. *Archives of General Psychiatry, 69*(4), 372-380. doi:10.1001/archgenpsychiatry.2011.160
- Kimmel, M. S. (2004). Masculinity as homophobia: Fear, shame, and silence in the construction of gender identity. In P. S. Rothenberg (Ed.), *Race, Class, and Gender in the United States: An Integrated Study*. (pp. 81-93). New York: Worth.
- Kools, S. M. (1999). Self-protection in adolescents in foster care. *Journal of Child and Adolescent Psychiatric Nursing, 12*(4), 139-152.
- Krane, J., Davies, L., Carlton, R., & Mulcahy, M. (2010). The clock starts now: Feminism, mothering and attachment theory in child protection practice. In B. Featherstone, C. A. Hooper, J. Scourfield, & J. Taylor (Eds.), *Gender and Child Welfare in Society* (pp. 149-172). West Sussex: Wiley-Blackwell.
- Kranke, D. A., Floersch, J., Kranke, B. O., & Munson, M. R. (2011). A qualitative investigation of self-stigma among adolescents taking psychiatric medication. *Psychiatric Services, 62*(8), 893-899.
- Kranke, D. A., Floersch, J., Townsend, L., & Munson, M. R. (2010). Stigma experience among adolescents taking psychiatric medication. *Children and Youth Services Review, 32*(4), 496-505. doi:10.1016/j.childyouth.2009.11.002
- Kranke, D. A., Guada, J., Kranke, B., & Floersch, J. (2012). What do African American youth with a mental illness think about help-seeking and psychiatric medication?: origins of stigmatizing attitudes. *Social Work in Mental Health, 10*(1), 53-71. doi:10.1080/15332985.2011.618076
- Krumer-Nevo, M. (2002). The arena of othering: A life-story study with women living in poverty and social marginality. *Qualitative Social Work, 1*(3), 303-318.
- Krumer-Nevo, M., Weiss-Gal, I., & Monnickendam, M. (2009). Poverty-aware social work practice: A conceptual framework for social work education. *Journal of Social Work Education, 45*(2), 225-243.
- Kulkarni, S. J. (2009). Adolescent mothers negotiating development in the context of interpersonal violence (IPV) and gendered narratives: a qualitative study. *Youth & Society, 41*(1), 100-123. doi:10.1177/0044118X08318120B
- Leavey, J. E. (2005). Youth experiences of living with mental health problems: emergence, loss, adaptation and recovery (ELAR). *Canadian Journal of Community Mental Health, 24*(2), 109-126.

- Lewis, M., Feiring, C., & Rosenthal, S. (2000). Attachment over time. *Child Development, 71*, 707-720.
- Liang, B., Spencer, R., Brogan, D., & Corral, M. (2008). Mentoring relationships from early adolescence through emerging adulthood: A qualitative analysis. *Journal of Vocational Behavior, 72*(2), 168-182. doi:10.1016/j.jvb.2007.11.005
- Liang, B., Tracy, A. J., Kenny, M. E., Brogan, D., & Gatha, R. (2010). The relational health indices for youth: An examination of reliability and validity aspects. *Measurement and Evaluation in Counseling and Development, 42*(4), 255-274. doi:10.1177/0748175609354596
- Lindsey, M. A., Chambers, K., Pohle, C., Beall, P., & Lucksted, A. (2013). Understanding the behavioral determinants of mental health service use by urban, under-resourced Black youth: Adolescent and caregiver perspectives. *Journal of Child and Family Studies, 22*(1), 107-121. doi:10.1007/s10826-012-9668-z
- Lindsey, M. A., Joe, S., & Nebbitt, V. (2010). Family matters: The role of mental health stigma and social support on depressive symptoms and subsequent help seeking among African American boys. *Journal of Black Psychology, 36*(4), 458-482. doi:10.1177/0095798409355796
- Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review, 54*(3), 400-423.
- Link, B. G., & Phelan, J. (2014). Stigma power. *Social Science & Medicine, 103*, 24-32. doi:10.1016/j.socscimed.2013.07.035
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27*, 363-385.
- Longhofer, J., & Floersch, J. (2012). The coming crisis in social work: Some thoughts on social work and science. *Research on Social Work Practice, 22*(5), 499-519. doi:10.1177/1049731512445509
- Longhofer, J., Kubek, P. M., & Floersch, J. (2010). *On being and having a case manager: a relational approach to recovery in mental health*. New York: Columbia University Press.
- Maddux, W. W., & Brewer, M. B. (2005). Gender differences in the relational and collective bases for trust. *Group Processes & Intergroup Relations, 8*(2), 159-171. doi:10.1177/1368430205051065
- Mahoney, M. A. (1996). The problem of silence in feminist psychology. *Feminist Studies, 22*(3), 603-625.
- Marshall, S. K. (2001). Do I matter? Construct validation of adolescents' perceived mattering to parents and friends. *Journal of Adolescence, 24*(4), 473-490.
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). Los Angeles, CA: SAGE Publications.
- McLaughlin, K. A., Green, J. G., Alegria, M., Jane Costello, E., Gruber, M. J., Sampson, N. A., & Kessler, R. C. (2012). Food insecurity and mental disorders in a national sample of U.S. adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 51*(12), 1293-1303. doi:10.1016/j.jaac.2012.09.009
- McLaughlin, K. A., Koenen, K. C., Hill, E. D., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. *Journal of the American*

- Academy of Child & Adolescent Psychiatry*, 52(8), 815-830.e814.
doi:10.1016/j.jaac.2013.05.011
- McMillen, J. C., Zima, B. T., Scott, L. D., Jr., Auslander, W. F., Munson, M. R., Ollie, M. T., & Spitznagel, E. L. (2005). Prevalence of psychiatric disorders among older youths in the foster care system. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(1), 88-95. doi:10.1097/01.chi.0000145806.24274.d2
- Mechanic, D., & Meyer, S. (2000). Concepts of trust among patients with serious illness. *Social Science & Medicine*, 51(5), 657-668.
- Merikangas, K. R., He, J.-p., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., . . . Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(10), 980-989. doi:10.1016/j.jaac.2010.05.017
- Mezzina, R., Davidson, L., Borg, M., Marin, I., Topor, A., & Sells, D. (2006). The social nature of recovery: Discussion and implications for practice. *American Journal of Psychiatric Rehabilitation*, 9(1), 63-80. doi:10.1080/15487760500339436
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2013). *Qualitative data analysis: A methods sourcebook*. Thousand Oaks, CA: SAGE Publications, Incorporated.
- Miller, J. B. (1986). *Toward a new psychology of women* (2nd ed.). Boston: Beacon Press.
- Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and in life*. Boston: Beacon Press.
- Mizock, L., & Kaschak, E. (2015). Women with serious mental illness in therapy: Intersectional perspectives. *Women & Therapy*, 38(1-2), 6-13. doi:10.1080/02703149.2014.978209
- Mizock, L., & Russinova, Z. (2015). Intersectional stigma and the acceptance process of women with mental illness. *Women & Therapy*, 38(1-2), 14-30. doi:10.1080/02703149.2014.978211
- Morawski, J. (2001). Feminist research methods: Bringing culture to science. In D. L. Tolman & M. Brydon-Miller (Eds.), *From subjects to subjectivities: A handbook of interpretive and participatory methods*. (pp. 57-75). New York: NYU Press.
- Moses, T. (2009). Stigma and self-concept among adolescents receiving mental health treatment. *American Journal of Orthopsychiatry*, 79(2), 261-274. doi:10.1037/a0015696
- Moses, T. (2010). Being treated differently: Stigma experiences with family, peers, and school staff among adolescents with mental health disorders. *Social Science & Medicine*, 70(7), 985-993. doi:10.1016/j.socscimed.2009.12.022
- Munford, R., & Sanders, J. (2015). Young people's search for agency: Making sense of their experiences and taking control. *Qualitative Social Work*, 14(5), 616-633. doi:10.1177/1473325014565149
- Munson, M. R., Brown, S., Spencer, R., Edguer, M., & Tracy, E. (2015). Supportive relationships among former system youth with mental health challenges. *Journal of Adolescent Research*, 30(4), 501-529. doi:10.1177/0743558414554803
- Munson, M. R., Cole, A., Stanhope, V., Marcus, S. C., McKay, M., Jaccard, J., & Ben-David, S. (2016). Cornerstone program for transition-age youth with serious

- mental illness: study protocol for a randomized controlled trial. *Trials*, 17(1), 537. doi:10.1186/s13063-016-1654-0
- Munson, M. R., Floersch, J. E., & Townsend, L. (2009). Attitudes toward mental health services and illness perceptions among adolescents with mood disorders. *Child and Adolescent Social Work Journal*, 26(5), 447-466. doi:10.1007/s10560-009-0174-0
- Munson, M. R., Jaccard, J., Smalling, S. E., Kim, H., Werner, J. J., & Scott Jr, L. D. (2012). Static, dynamic, integrated, and contextualized: A framework for understanding mental health service utilization among young adults. *Social Science & Medicine*, 75(8), 1441-1449. doi:10.1016/j.socscimed.2012.05.039
- Munson, M. R., Lee, B. R., Miller, D., Cole, A., & Nedelcu, C. (2013). Emerging adulthood among former system youth: The ideal versus the real. *Children and Youth Services Review*, 35, 923-929. doi:10.1016/j.chilyouth.2013.03.003
- Munson, M. R., & Lox, J. A. (2012). Clinical social work practice with former system youth with mental health needs: Perspective of those in need. *Clinical Social Work Journal*, 40(2), 255-260. doi:10.1007/s10615-012-0381-6
- Munson, M. R., Smalling, S. E., Spencer, R., Scott, L. D., & Tracy, E. M. (2010). A steady presence in the midst of change: Non-kin natural mentors in the lives of older youth exiting foster care. *Children and Youth Services Review*, 32, 527-535. doi:10.1016/j.chilyouth.2009.11.005
- NASW. (2008). Code of Ethics of the National Association of Social Workers. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- Nath, S. B., Alexander, L. B., & Solomon, P. L. (2012). Case managers' perspectives on the therapeutic alliance: a qualitative study. *Social Psychiatry and Psychiatric Epidemiology*, 47(11), 1815-1826. doi:10.1007/s00127-012-0483-z
- Osgood, D. W., Foster, E. M., & Courtney, M. E. (2010). Vulnerable populations and the transition to adulthood. *The Future of Children*, 20(1), 209-229. doi:10.1353/foc.0.0047
- Osgood, D. W., Foster, E. M., Flanagan, C., & Ruth, G. R. (2005). Introduction: Why focus on the transition to adulthood for vulnerable populations? In D. W. Osgood, E. M. Foster, C. Flanagan, & G. R. Ruth (Eds.), *On your own without a net : the transition to adulthood for vulnerable populations*. Chicago: University of Chicago Press.
- Padgett, D. K. (2008). *Qualitative methods in social work research (2nd ed.)*. Thousand Oaks, CA: Sage.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Newbury Park, CA: Sage.
- Pottick, K. J., Bilder, S., Vander Stoep, A., Warner, L. A., & Alvarez, M. F. (2008). US patterns of mental health service utilization for transition-age youth and young adults. *The Journal of Behavioral Health Services & Research*, 35(4), 373-389.
- Pozzuto, R., Arnd-Caddigan, M., & Averett, P. (2009). Notes in support of a relational social work perspective: A critical review of the relational literature with implications for macro practice. *Smith College Studies in Social Work*, 79(1), 5-16. doi:10.1080/00377310802634491

- Probst, B., & Berenson, L. (2014). The double arrow: How qualitative social work researchers use reflexivity. *Qualitative Social Work, 13*(6), 813-827.
doi:10.1177/1473325013506248
- Raby, R. (2007). Across a great gulf? Conducting research with adolescents. In A. L. Best (Ed.), *Representing youth: Methodological issues in critical youth studies* (pp. 39-59). New York: NYU Press.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*(3), 385-401.
- Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine, 90*, 24-31.
doi:10.1016/j.socscimed.2013.04.026
- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health, 20*(4), 392-411.
doi:10.3109/09638237.2011.583947
- Reynolds, B. M., & Repetti, R. L. (2006). Adolescent girls' health in the context of peer and community relationships. In J. Worell & C. D. Goodheart (Eds.), *Handbook of Girls' and Women's Psychological Health* (pp. 292-300). New York: Oxford.
- Robinson, T., & Ward, J. V. (1991). "A Belief in Self Far Greater Than Anyone's Disbelief": Cultivating Resistance Among African American Female Adolescents. *Women & Therapy, 11*(3-4), 87-103.
- Rosenthal, N. L., & Kobak, R. (2010). Assessing adolescents' attachment hierarchies: Differences across developmental periods and associations with individual adaptation. *Journal of Research on Adolescence, 20*(3), 678-706.
doi:10.1111/j.1532-7795.2010.00655.x
- Rotenberg, K. J. (1994). Loneliness and interpersonal trust. *Journal of Social and Clinical Psychology, 13*(2), 152-173.
- Samuels, G. M. (2008). *A reason, a season, or a lifetime: Relational permanence among young adults with foster care backgrounds*: Chapin Hall Center for Children at the University of Chicago Chicago.
- Samuels, G. M., & Pryce, J. M. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*, 1198-1210.
doi:10.1016/j.childyouth.2008.03.005
- Schewe, E. M. (2016). *Re-establishing connections: Listening to women psychology students talk about recovery (Doctoral dissertation)*. Pacifica Graduate Institute, Retrieved from ProQuest (No. 10257962).
- Scott Jr, L. D., McCoy, H., Munson, M. R., Snowden, L. R., & McMillen, J. C. (2011). Cultural mistrust of mental health professionals among black males transitioning from foster care. *Journal of Child and Family Studies, 20*(5), 605-613.
doi:10.1007/s10826-010-9434-z
- Shay, J. (1994). *Achilles in Vietnam: Combating Trauma and the Undoing of Character*. New York: Scribner.
- Shilkret, R., & Shilkret, C. (2011). Attachment theory. In J. Berzoff, L. M. Flanagan, & P. Hertz (Eds.), *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts* (pp. 186-207).

- Simon, B. L. (1994). *The empowerment tradition in American social work: A history*. New York: Columbia University Press.
- Smith, T. W. (1997). Factors relating to misanthropy in contemporary American society. *Social Science Research, 26*(2), 170-196.
- Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal, 27*(4), 392-401. doi:10.2975/27.2004.392.401
- Sorsoli, L., & Tolman, D. L. (2010). Hearing voices: Listening for multiplicity and movement in interview data. In S. N. Hesse-Biber & P. Leavy (Eds.), *Handbook of emergent methods* (pp. 495-515). New York: Guilford Press.
- Sparks, E. (2004). Relational experiences of delinquent girls. In M. Walker & W. B. Rosen (Eds.), *How connections heal: Stories from relational-cultural therapy* (pp. 233-252). New York: Guilford Press.
- Spencer, R. (2006). Understanding the mentoring process between adolescents and adults. *Youth & Society, 37*(3), 287-315. doi:10.1177/0743558405278263
- Stanhope, V. (2012). The ties that bind: Using ethnographic methods to understand service engagement. *Qualitative Social Work, 11*(4), 412-430. doi:10.1177/1473325012438079
- Stanhope, V., & Solomon, P. (2008). Getting to the heart of recovery: Methods for studying recovery and their implications for evidence-based practice. *British Journal of Social Work, 38*(5), 885-899. doi:10.1093/bjsw/bcl377
- Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings*. (NSDUH Series H-49, HHS Publication No. (SMA) 14-4887). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Syed, M., & Mitchell, L. L. (2013). Race, ethnicity, and emerging adulthood retrospect and prospects. *Emerging Adulthood, 1*(2), 83-95. doi:10.1177/2167696813480503
- Taylor, J. M., Gilligan, C., & Sullivan, A. M. (1995). *Between voice and silence: Women and girls, race and relationship*. Cambridge, MA: Harvard University Press.
- Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry, 59*(12), 1133-1143.
- Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J., & Le Boutillier, C. (2012). Social factors and recovery from mental health difficulties: a review of the evidence. *British Journal of Social Work, 42*(3), 443-460. doi:10.1093/bjsw/bcr076
- Thompson, H. S., Valdimarsdottir, H. B., Winkel, G., Jandorf, L., & Redd, W. (2004). The Group-Based Medical Mistrust Scale: Psychometric properties and association with breast cancer screening. *Preventive Medicine, 38*(2), 209-218. doi:10.1016/j.ypmed.2003.09.041
- Topor, A., Borg, M., Di Girolamo, S., & Davidson, L. (2011). Not just an individual journey: Social aspects of recovery. *International Journal of Social Psychiatry, 57*(1), 90-99. doi:10.1177/0020764009345062
- Topor, A., Borg, M., Mezzina, R., Sells, D., Marin, I., & Davidson, L. (2006). Others: The role of family, friends, and professionals in the recovery process. *American Journal of Psychiatric Rehabilitation, 9*(1), 17-37. doi:10.1080/15487760500339410

- Travis, C. B. (2006). Risks to healthy development: The somber planes of life. In J. Worell & C. D. Goodheart (Eds.), *Handbook of Girls' and Women's Psychological Health* (pp. 15-24). New York: Oxford.
- Umberson, D., & Montez, J. K. (2010). Social relationships and health a flashpoint for health policy. *Journal of Health and Social Behavior*, *51*(1 suppl), S54-S66. doi:10.1177/0022146510383501
- Vander Stoep, A., Beresford, S. A., Weiss, N. S., McKnight, B., Cauce, A. M., & Cohen, P. (2000). Community-based study of the transition to adulthood for adolescents with psychiatric disorder. *American Journal of Epidemiology*, *152*(4), 352-362.
- Verhaeghe, P. (2014). *What about me? The struggle for identity in a market-based society*. London: Scribe.
- Vorhies, V., Davis, K. E., Frounfelker, R. L., & Kaiser, S. M. (2012). Applying social and cultural capital frameworks: understanding employment perspectives of transition age youth with serious mental health conditions. *The Journal of Behavioral Health Services & Research*, *39*(3), 257-270. doi:10.1007/s11414-012-9274-2
- Walker, M. (2004a). How relationships heal. In M. Walker & W. B. Rosen (Eds.), *How connections heal: Stories from relational-cultural therapy* (pp. 3-21). New York: Guilford.
- Walker, M. (2004b). Race, self and society: Relational challenges in a culture of disconnection. In J. V. Jordan, M. Walker, & L. M. Hartling (Eds.), *The complexity of connection* (pp. 90-102). New York: Guilford.
- Ware, N. C., Hopper, K., Tugenberg, T., Dickey, B., & Fisher, D. (2007). Connectedness and citizenship: Redefining social integration. *Psychiatric Services*, *58*(4), 469-474. doi:10.1176/appi.ps.58.4.469
- Way, N. (2001). Using feminist research methods to explore boys' relationships. In D. L. Tolman & M. Brydon-Miller (Eds.), *From subjects to subjectivities: A handbook of interpretive and participatory methods*. (pp. 111-129). New York: NYU Press.
- Way, N., Gingold, R., Rotenberg, M., & Kuriakose, G. (2005). Close friendships among urban, ethnic-minority adolescents. *New Directions for Child and Adolescent Development*, *2005*(107), 41-59. doi:10.1002/cd.120
- Whiffen, V. E., & Demidenko, N. (2006). Mood disturbance across the life span. In J. Worell & C. D. Goodheart (Eds.), *Handbook of Girls' and Women's Psychological Health* (pp. 51-59). New York: Oxford.
- Wolfe, D. A., & Mash, E. J. (2006). Behavioral and emotional problems in adolescents: Overview and issues. In D. A. Wolfe & E. J. Mash (Eds.), *Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment* (pp. 3-20). New York: Guilford Press.
- Wolfe, D. A., Rawana, J. S., & Chiodo, D. (2006). Abuse and trauma. In D. A. Wolfe & E. J. Mash (Eds.), *Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment* (pp. 642-671). New York: Guilford Press.
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy*. New York: Basic Books.
- Youth M.O.V.E. National. (2014). What Helps What Harms. Retrieved from <http://www.youthmovenational.org/images/downloads/WHWHNationalFINAL.pdf>