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HOW IS THE SUFFERING OF ADOLESCENTS DIAGNOSED WITH BEHAVIORAL DISORDERS? A GROUNDED THEORY STUDY

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ABSTRACT

Objective: to determine how suffering is in adolescents with CD and to understand its meaning for these adolescents. **Method:** A groundedtheory study was developed with 15 adolescents diagnosed with CD attended at children and juvenile psychiatry units in Vizcaya (Spain). 25 in-depth interviews that were analyzed following the constant comparative method of Strauss and Corbin were performed through the software NVivo version 9 for qualitative analysis. **Results:** The central category "Feeling Sick" identifies the substantive theory generated that expresses how and what is the meaning of suffering for adolescents with CD. This suffering precedes CD and unfolds into five main categories: Absence of childhood; Complex parental relationships; Signs of suffering; Awareness of suffering and; Softening the suffering. **Final Considerations:** The early approach to CD is recommended for the identification of suffering in children before they become adolescents through interventions in the family, school and health care.

Keywords: Suffering. Adolescents. Grounded Theory. Qualitative Research.

INTRODUCTION

Understanding the experience of suffering and knowing how to relieve it is still a major challenge for the health field[1]. In the particular case of adolescents with conduct disorder (CD), this knowledge is even more necessary if we consider the experiences of adolescence and the entrance of this population group in the context of health.

CD is a growing psychosocial problem in adolescence, with a prevalence that has increased in recent years according to different authors[2,3]. CD is shaped by behaviors characterized by impulsive attitudes and actions that may be aggressive, such as fraud or theft. Its definition alludes to a pattern of persistent and repetitive behavior, in violation of the basic rights of others or of important social norms and adapted to the age of the adolescent[2]. Their detection is complex because these behaviors are usually considered normal when dealing with behaviors adapted to complicated environments.

Multiple risk factors related to CD have been studied, including personal, family, school and social characteristics[4,5]. Among them, the biological substrate is considered as the common, conditioning and necessary factor, which justifies the symptoms as a disorder, without considering individual and particular expression[6]. There are those who consider the economic crisis as a factor favoring the increase of problems of conduct in children and adolescents[7]. All these factors are part of the experts' proposals. However, among them, no studies on the suffering as a conditioning aspect of CD in adolescents have been found. Suffering is taken for granted, with only some basic and insufficient knowledge of this phenomenon, without its impact on human conduct[8]. In addition, interventions with young people with CD show little positive results[9,10], with some exceptions from parenting programs[11] and positive parenting policies[12].

On the other hand, numerous studies related to the causes of suffering (loss of health, stigma, withdrawal from normality, dependence, etc.), their consequences and ethical and moral implications of suffering have been carried out. However, few studies have investigated the perceptions of suffering of those who suffer. In this sense, no study exploring the experiences of suffering in adolescents with CD was found. Therefore, considering the complexity of the multi-faceted lives of these adolescents, the following questions are presented: How is the suffering of adolescents with CD? How do they understand and experience suffering and how do they stand? What meanings do they give to suffering?

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In order to try to answer these questions, the objectives outlined for this study were: to determine how the suffering of adolescents with CD is and to understand the meaning of suffering for these adolescents.

The present study is part of Janice Morse's Theory of Praxis of Suffering[1], which relates the person's emotional suffering to their emotional responses and to behaviors that show signs of suffering.

METHOD

This is a qualitative study based on the Grounded Theory. The relevance of qualitative research to this study is justified by the abstract and complex nature of the suffering and by the difficulty in identifying it, since there is no single definition or biological parameters that demonstrate it. Likewise, it is justified by the subjective approach of the research when seeking to understand the perspective of adolescents with CD and the meaning they attribute to suffering; and also because of the scarcity of information on the phenomenon of the study.

This research was carried out in different units of psychiatry and child psychology in Vizcaya, Basque Country (Spain), which attend adolescents with CD and where they were invited to integrate this study voluntarily. More specifically, the data were collected in two outpatient consultations of two services of infantile-juvenile psychiatry and in a center of private psychology between 2011 and 2013.

For the sample configuration, the inclusion criteria were: 1) to be aged between 13 and 18 years and to be diagnosed with CD or; 2) to be older (ranging from 19 to 22 years) and have been treated in some psychiatric unit for children and adolescents at these ages; and 3) ability to hold a conversation, understand it and explain it. Exclusion criteria were: to be hospitalized at the moment of data collection, to be emotionally critical or to have cognitive difficulties that would prevent the completion of a conversation.

Initially, intentional sampling was performed to select the participants according to structural criteria (demographic and clinical). A theoretical sample was then taken to configure the sample as the analysis of the data obtained in the informants discourse progressed, until reaching the theoretical saturation[14]. This sample was obtained after 25 in-depth interviews with 15 adolescents.

As a data collection technique, the in-depth interview, its subsequent literal transcription, and immediate analysis were used before moving on to the next interview. As adolescents with difficult situations and sometimes with difficulties expressing their emotions and perspectives, it was necessary to have a climate of special trust, allowing emotional and intimate expression, which facilitated the creation of this environment favorable to communication.

The interviews were conducted in places where the adolescents were calm. The duration of the interviews varied between 60 and 90 minutes, repeating the encounter when there was more content to explore. Each interview was based on an open question, valuing the teenager's point of view, seeking the existence of suffering, to later obtain the sense and meaning attributed by the young people interviewed. Some of the open questions were: I'll ask you about your life, that is, something in which you are an expert; Can you tell me about your life: your parents, your school, your friends...? The questions tried not to guide the response and sought to contrast the information obtained in the previous ones or to deepen the possible variations and their characteristics. In addition, memos were written throughout the data collection and analysis.

Data analysis based on the comparative method of Strauss and Corbin (13) first included an open coding that aimed at describing the data; this technique of analysis continued towards the axial codification to relate some data with others, ending with a selective codification that allowed refining the categories, the progressive construction of the main categories and the identification of the central category. The N-Vivo 9 program was used to facilitate the organization and analysis of qualitative data.

The rigor and quality of the research were guaranteed following the four criteria of Lincoln and Guba[14]: credibility, transferability, dependability, and confirmability, achieved with proximity and continuous sensitivity with informants, personal interaction, respect for ethical criteria and data management, allowing their comparison and contrast, and researchers' reflexivity.

Regarding ethical considerations, this research was approved by the Clinical Research Ethics Committee of the University Hospital of Basurto, and strictly adhered to the international ethical standards in research on the autonomy, privacy and confidentiality of the participants. Informed consent to the parents and informed consent to the adolescents themselves were requested. The results obtained are shown omitting any name or data that allows the

identification of the informants; thus, the participants are called by flower names.

RESULTS

The final sample consisted of 15 participants, aged between 13 and 22 years, coming from different contexts, but with the common characteristic of having a CD (Table 1). Eight of these were women, two of whom suffered from Eating Disorder (ED), and were selected to ensure the constant comparative method. Two lived in a small rural area;ten lived together as a family and;eight were hospitalized.

ID	AGE	SEX	EDUCATION	HOSPITALI-ZATION	TIME SINCE DIAGNOSIS	COHABITA-TION	AREA	I
1	14	M	4-yearCSE	NO	50	FH	URB	0
2	17	M	1-year BACH	YES (1)	2	F	RUR*	0
3	13	M	1-year CSE	NO	18	F	URB	2
4	22	F	PT	YES(5)	50	F	RUR*	2
5	17	M	PT	YES(1)	2	F	URB	1
6	17	F	PT	YES(2)	14	FH	URB	1
7	13	F	2-yearCSE	NO	9	FH	RUR*	0
8	15	F	3-yearCSE	NO	24	F(FH)	URB	6
9	16	F	PT	NO	24	FH	URB	1
10	16	M	PT	YES(1)	2	F	RUR**	1
11	18	F	2-year BACH	YES(2)	9	FH	URB	0
12	15	F	3-yearCSE	NO	12	F	URB	1
13	18	M	PT	NO	30	F	URB	3
14	16	F	1-year BACH	YES(1)	10	F	RUR**	1
15	17	M	2nd BACH	YES(1)	15	F	URB	1

Table 1. Sociodemographic characteristics of adolescents with CD

SEX: M = male; F = female. EDUCATION: CSE = Compulsory secondary education; BACH = Bachelor; PT = professional training.HOSPITALIZATION= the number in parentheses is the number of times they were hospitalized;TIME SINCE DIAGNOSIS= time in months from diagnosis to interview; Cohabitation: FH = Functional House.F = Family; AREA = Area of residence: URB = Urban.RUR*= Rural city with more than 41,000 inhabitants; RUR** = Rural city with less than 41,000 inhabitants; I = Number of siblings.

"*Feeling sick*": central category

"*Feeling sick*" ("*Pasarlo mal*" is the original expression in Spanish)which is an *in vivo* code extracted from the study participants' narratives, presents the emerging substantive theory of data. This central category includes a mode of speaking characteristic of the geographical area where the data were collected and refers to the meaning of suffering for adolescents with CD, as well as their lived chronological experience.

"*Feeling sick*"is explained through five main categories and their corresponding subcategories representing different situations in adolescents with clinical diagnosis of CD, namely: (1) Absenceof childhood; (2) Complex parental relationships; (3) Signs of suffering; (4) Awareness of suffering; (5) Softening suffering. These categories show the process of configuring suffering, from its beginning, through the most conflictive moment of the CD until a period of stabilization.

1. Absence of childhood

Childhood is usually a time for playing as a means of learning, and a search for contact and protection with the figures of affection, usually parents. However, for these adolescents with CD, childhood is characterized by their absence. At an early age, at 7 or 8 years of age, children already do many things as adults, such as deciding almost everything related to their life, because parental contact is referred to as insufficient or nonexistent. At 10 or 12 years they realize that something changes, feeling trapped and uncomfortable.

This situation usually occurs due to parental resignation or lack of time for parents to be with their children and to give them the attention they need, either because the parents did not want to, they could not, or they had no other option.

> Aita [father in the Basque language], are you coming to play cards? And five minutes later (he tells me): Go! Tell the other to play with you. ... someday I'll tell you [referring to his father]: Go! Go with your friends I do not want to see you!(Margarida, 13 years)

They have grown accustomed since childhood to being alone with their toys and thus have learned to relate and decide without clear boundaries or concrete references, yearning for adults and their orientations; the school did not channel this solitude nor did it complement the absence of the parents. Therefore, they feel vulnerable and powerless due to the loss of control of their immediate surroundings, and they learn to defend themselves with their only strength: rebellion.

> Before, when I felt bad, really bad, they thought it was a teenage thing, or whatever it was, and they did not see gravity ... that is, how I felt. They thought it was a temporary thing, and I didn't feel I was understood "(Dália, 15)

After this first stage, adolescents with CD go from solitude to self-assertion, a form of suffering that prematurely forces them to defend themselves, to be independent. That is why they need to assert themselves with expressions that help them find their identity: "*My name is written with double L*" (Valéria, 17 years) or through other types of aggressive behavior such as fights. They begin to convince themselves that, whatever they do, they will not receive attention, guidance, and supervision from their parents, developing complex ties with them.

2. Complex parental relationships

This major category reflects the difficulties in relationships and affective bonds between adolescents and their parents, which leads them to look for "surrogate parents" who replace or reinforce their attention and care for their children. They may be uncles or grandparents. Life with them implies a change in the corresponding functions and is affectively insufficient. Therefore, in adolescence in many cases, there is a progressive disengagement of the adolescents from their family environment, with anger and fear and trying to dissolve the suffering in an attitude of defense of their integrity and self-esteem, seeking company away from home, in friends, and with them to break the loneliness and build the family they long for:

> "I tell you the truth, I didn't miss them [referring to her mother and her sisters], because she had my ball. If I did one of these things today, I would miss them, no doubt, but in those moments it passes. You are a child, a child who thinks only of itself... The person at your side does not give a damn. You look for new things and your own well-being, or so I thought (laughs)." (Mimosa, 22 years old)

They show their ability to analyze and recognize their past, speak of their own immaturity, of false expectations due to ignorance, of curiosity and desire to experience, as reflected in the following quotation:

> "I was an arrogant... I was an irrational... I thought I ate the world. I was lying to myself all the time"(Laurel, 18 years).

However, in late adolescence and adulthood, they reflect and order the earlier break, collect the learning, and recognize the importance of the limits imposed by their parents for learning and life. As a result, they seek to improve family relationships and learn to find the support they were looking for.

3. Signs of suffering

Adolescents show signs of suffering that become indicators of the onset of a problem. Their emotions are characterized by fear, insecurity, impotence, anger, resentment, aggression and confrontations. They are behaviors with which they express their frustration and impotence for not knowing how to do otherwise and for not having someone to guide them in that sense. Although they say they do not like fights, they are"*forced to fight*" (Lírio, 13 years). In their vulnerability and with these non-channeling emotions, they justify the different problematic behaviors:

> It has been a life ... with fears that devour the head for the things that happen, or what can happen to you. Man, these fears cause anxiety, panic, and many things;lots of chained things;many, many, many. (Mimosa, 22 years old)

These first difficulties determine the existence of problems in all areas of your life, including difficulties in school. The demotivation for studies and boredom in the classroom are marked by expulsions, as observed in the following quotation: "*Now I'm not going to class because they kicked me out*" (Pensamiento, 17 years). That is the reason they are overwhelmed and manifest this feeling in the pursuit of rewards from behaviors they are accustomed to present: being alone, out of supervision, and taking refuge in their tastes and hobbies. That is, they take refuge in what they find more attractive and less boring,and seek friends with whom to share them. The streets become theirbest school; they have spent a lot of time there, where they

do not get bored and are important. They learn to discuss and agree, to control themselves, to respect the territories and the leader. They learn to respect norms and implement them and thus become aware of their reality and suffering:

> All the time I was dealing with my letters. All the time by a thread, but in the end, you fall into the gully. (Pensamiento, 17 years)

4. Awareness of suffering

This category manifests the situation of suffering, establishing a connection between rational and emotional intelligence. These adolescents are forced to face difficulties, to analyze them and to discover what they provoke in themselves: disgust, dangers and setbacks. Initially, they need to hide, as a rejection of their reality, justifying themselves and even making decisions against themselves:

> From there I started drugging myself. (Mimosa, 22 years).

Rebellion and follies are the liberation of their "feeling sick". This is the time not to think about their behavior or what they provoke in others and in themselves, because when they think there is much suffering, they feel so badly that anger manifests itself in their behaviors.

The CD period is the time when adolescents express their suffering with outward signs, although they do not name it that way. The worse they get, the greater the antisocial behaviors they need to commit. The unstructured family environment does not promote the accompaniment necessary to favor a normalized emotional development:

> "OK, she gave me life, brought me to the world; Okay, I'll admit it; but soon after she left me in the world, where my grandparents are, without seeing her or anything."(Gladiolo, 14 years)

It can be said that CD is an inadequate, though necessary, evolution in its process of inner suffering. That's why teens say they do not want to change. The CD can be seen as an expression of the fear of facing all of its reality, identified as a logical sequence; they do not consider that they do something wrong, but rather a self-defense that goes beyond their personal capacities. The first and best effects monitored, achieved and valued, will take the respect, first in relation to themselves, while the others can be used by others. With this respect, they are forgotten with their functions and have deficiencies of their previous life; then they begin to perceive and to become aware of the suffering.

This awareness of suffering helps them to find strategies to deal with it, such as the expression or avoidance of suffering:

> Well, the others, I don't know; they are looking for a way to feel better, and there are people they can't find, so they get angry. Maybe they don't know how to do it, that is, how to feel better, so they suffer for some reason and don't know what to do to stop suffering and they express suffering in the wrong way (Petunia, 18 years)

When they are aware of the real alternatives of their life, they acknowledge and consider facing suffering. For them this means"*stop hurting me"* (Lírio, 13 years), finding sense and meaning in their lives.

5. Softening suffering

This category illustrates the alternatives used by adolescents with CD to manage to alleviate suffering: they do it thinking about the present and showing their desire to live:

> I only think of the present (Lírio, 13 years).

They value the future, analyze their difficulties and their needs, choose what they want to do, how they want to be, how they fear to end and what they do not want to become. From there they find their meaning and the learning achieved leads them to have every desire to live and, with them, put into practice different ways to ease their suffering:

> I realized that when I got sick, I did not tell anyone. Everyone was bad and when they found out, they tried to help me as much as possible. (Camelia, 16 years)

This fight is useful for them to find meaning in their experience. They understand the renunciation of their parents during childhood as a useful impulse to find friends, interact with them, avoid loneliness, learn from them, and rely on them, arriving at a complicity that allows them to complete their struggle in the face of difficulties and to be able to help others:

> Let's see, your mother left you, all right. But it helped me anyway. This helped me in two things: making friends and being with people. (Gladiolo, 14 years old)

These teens have been introducing changes, modifying their behavior and criticizing their

previous behavior. There is already a clear and radical difference as to previous antisocial rebelliousness or behavior, reactive to suffering. In short, it is an optimistic approach based on their abilities to achieve personal empowerment, "*love you a little"* (Valéria, 17 years), changing the environment, leaving dangerous companies, valuing themselves and openly acknowledging their emotions. "*Change is... responsibility, exact*" (Amapola, 16 years).

DISCUSSION

The results of this study show that the experiences of overprotection, inattention and longing experienced by these adolescents overlap suffering, to open the way for CD, understood as a way of expressing the discomfort of vulnerability and "Feeling sick." It is verified, therefore, that the suffering is the antecedent that directs the antisocial behavior that these adolescents manifest. Schenetti[15], in his research on the daily suffering of children, observes something similar to what the adolescents in this research have shown. They express it in the form of rebellion, struggle and escape from their reality, in a defense against their internal weaknesses, until they realize what their situation and condition are.

The meaning of suffering for these adolescents, expressed in "Feeling sick", arises from the experience of loneliness and longing, in the first years of life, mainly related to parents. This makes them authentic survivors, encouraging them to grow up *looking for life on their own*. The analysis of parental relationships, therefore, reveals itself as a fundamental focus in approaching this problem, evidenced by other investigations[16,17]. It has been shown that as they endure the lack of monitoring and supervision of their parents for longer, or isolation in school, they gradually learn to use the most primitive defense: aggressiveness in the form of quarrels or confrontations. These antisocial behaviors are, in fact, signs of suffering that need to be investigated in greater depth given the controversy surrounding professional approaches[18].

On the other hand, the narratives of the adolescents show that they are able to judge the inadequacy of their behavior, the complexity of parental relationships and the social reality in which they are immersed: aspects also highlighted in other studies[4,5,18]. Some of the informants' speeches reflect on how the affective closeness of an adult of reference, as well as the orienting and empathic communication, served as a support to them, and with that they managed to normalize their life. Likewise, data from this study show that adolescents are aware of their suffering and understand it as a useful process during their maturation. The attempt to ease suffering is the beginning of recovery for them; therefore, the consciousness of suffering ("Feeling sick") is the turning point for the change, for the exit of the CD. Hence the importance of listening to them and of taking into account their stories, an essential requirement for an adequate family interaction, as other authors also state[19].

The priority areas of action, according to the data of this study, point to interventions directed at the family. This recommendation coincides with that of a recent systematic review aimed at identifying the protection and risk factors of children and adolescents with CD and attention deficit/hyperactivity disorder (ADHD)[20]. The review concluded that emotional and cognitive variables are the most frequent in individual factors and in the quality of the relationship between parents and children in family factors. Therefore, it is necessary to guide the design of intervention programs with family focus, which contribute to alleviate the symptoms of these children and adolescents[20] and to prevent possible CD. These adolescents need support and professional external help to heal their internal wound[21], to avoid being "in pain", as pointed out by Helleman, Goossens, Kaasenbrood and Achterberg[22].

Although the data collection has been performed for some time, this period does not invalidate the results obtained or their relation with the scientific evidence available until the present time.

CONCLUSIONS

The present research provides a new insight into the meaning attributed by adolescents with CD to experienced suffering: "Feeling sick" expresses all the emotions that move their behavior and becomes, when they perceive it, a decisive moment to decide to change.

These data can serve as a guide for health professionals to be aware of the need for an integrated and humanized approach that promotes an environment of acceptance, trust and dialogue with the adolescent. Knowing that suffering precedes CD and that it manifests itself with certain signs may favor its prevention from the implementation of corresponding interventions. Therefore, the early

approach of CD is recommended by identifying the suffering in children, if possible, before they become adolescents.

Sensitization on the signs of suffering in these adolescents and health professionals training are fundamental pillars to guarantee health practices centered on the person and their life experience.

On the other hand, the role of the family, and in particular of the parents, in the genesis of the suffering of children and adolescents, becomes a powerful focus of attention for both health professionals and educators. Based on the findings of this research, it is necessary to deepen, in future studies, the concept of suffering in adolescents with CD from a family perspective.

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¿COMO É O SOFRIMENTO DE ADOLESCENTES DIAGNOSTICADOS DE TRANSTORNO COMPORTAMENTAL? ESTUDAR DA TEORIA FUNDAMENTADA

RESUMEN

Objetivo: determinar cómo es sufrimiento en los adolescentes con TC y comprender su significado para estos adolescentes. **Metodo:** Se llevó a caboun estudio de Teoría Fundamentada, con 15 adolescentes diagnosticados de TC atendidos en unidades de psiquiatría infanto-juvenil de Vizcaya (España). Se realizaron 25 entrevistas en profundidad que fueron analizadas siguiendo el método comparativo constante de Strauss y Corbin utilizando el programa NVivo versión 9 para el análisis cualitativo. **Resultado:** La categoría central “Pasarlo Mal” identifica la teoría sustantiva generada que expresa cómo es y cuál es el significado del sufrimiento para los adolescentes con TC. Este sufrimiento es anterior al TC y se desdobla en cinco categorías principales: Infancia ausente; Relaciones parentales complejas; Señales del sufrimiento; Concienciación del sufrimiento y; Suavizar el sufrimiento. **Considerações finales:** Por tanto, se recomienda el abordaje temprano del TC mediante la identificación de sufrimiento en los niños y niñas antes de llegar a ser adolescentes, a través de intervenciones en la familia, en la escuela, y en la atención de salud.

Palabras clave: Sufrimiento. Adolescentes. Teoría Fundamentada. Investigación Cualitativa

COMO É O SOFRIMENTO DE ADOLESCENTES DIAGNOSTICADOS COM TRANSTORNO COMPORTAMENTAL? ESTUDO DA TEORIA FUNDAMENTADA

RESUMO

Objetivo: determinar como é o sofrimento nos adolescentes com trasntorno de conduta e compreender seu significado para estes adolescentes. **Métodos:** Realizado estudo de Teoria Fundamentada nos Dados com 15 adolescentes com diagnóstico de TC atendidos em unidades psiquiátrica infantil e juvenil de Vizcaya (Espanha). Foram realizadas 25 entrevistas em profundidade, as quais foram submetidas à análise qualitativa seguindo o método comparativo constante de Strauss e Corbin, usando o programa NVivo versão 9. **Resultados:** A categoria central "Pass It Wrong" identifica a teoria substantiva gerada que expressa como é e qual é o significado do sofrimento para os adolescentes com TC. Esse sofrimento é anterior ao TC e está dividido em cinco categorias principais: ausência de infância; Relações parentais complexas; Sinais de sofrimento; Consciência do sofrimento e; Suavizar o sofrimento**. Considerações Finais:** É recomendável a abordagem precoce do TC mediante a identificação do sofrimento nas crianças antes que estes cheguem na adolescencia, por meio de intervenções na família, na escola e na atenção à saúde.

Palavras-chave: Sofrimento. Adolescentes. Teoria Fundamentada nos Dados. Pesquisa Qualitativa.

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