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# Divided and disconnected – An examination of youths' experiences with emotional distress within the context of their everyday lives



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## ABSTRACT

This paper is based on a qualitative study conducted in a rural community in British Columbia, Canada. Ethnographic methods were used to: (1) to bring youth voice to the literature on emotional distress; and (2) to capture the ways in which context shapes young peoples' experiences of emotional distress within their everyday lives. Our findings demonstrate how socio-structural contextual factors such as the local economy, geographical segregation, racism, ageism, and cutbacks in health and social service programming operate to create various forms of disconnection, and intersect in young peoples' lives to shape their experiences of emotional distress.

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## 1. Introduction

Mental health is a necessary component of overall health and wellbeing and is crucial to healthy adolescent development. Good mental health in adolescence provides the necessary foundation for “having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling... full active participation in society” (World Health Organization, 2013, p. 6). While positive mental health plays an important role in the health and development of young people, it is estimated that 20–30% of the adolescent population will experience emotional distress, which can contribute to clinically significant mental health problems (Boyce, 2004). For the purposes of this research, emotional distress was conceptualized as encompassing a spectrum of mental health challenges from difficult thoughts and emotions such as stress and grief, through to clinically significant mental disorders. This view of emotional distress is aligned with the belief that mental health challenges lie along a continuum, and may not always fit within established

diagnostic categories (Williams, 2012). The magnitude of emotional distress among adolescent populations has contributed to the World Health Organization (2014) identifying this as the most significant public health issue facing young people.

Research on emotional distress among youth has tended to use biomedical, psychological or epidemiological perspectives to explain the causal contributors to emotional distress and document rates within particular populations. While such evidence has contributed valuable information about the prevalence of emotional distress among young people and theories about the aetiology of particular mental disorders, it has not provided sufficient understanding of the diverse array of underlying risk factors or the complex ways in which elements of context intersect to shape health and illness. Multiple authors for instance, have reported an association between stressful life events or adverse experiences and emotional distress including difficult thoughts and emotions, feelings of sadness or anxiety, and diagnosable mental illnesses including depression (Brown, 2002; Cleary and Mechanic, 1983; Dohrenwend, 1990; Fernando, 1984; Folkman and Lazarus, 1986; George and Lynch, 2003), schizophrenia, anxiety disorders, and substance use disorders (Dohrenwend, 1990). As emotional distress experienced in early life tends to persist throughout the life course and therefore increases vulnerability for mental health problems in adulthood (Menaghan, 1999), there is an urgent need to situate emotional distress and its severity across a mental health continuum within the larger context of youth's everyday lives.

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Social scientists have long argued for the importance of exploring how aspects of context influence health outcomes. In more recent years, scholars from fields such as health geography, sociology, anthropology and public health have asserted that context must be viewed as more than simply a backdrop to social processes and instead situated within the structural, social and individual features that ultimately affect health and well-being (Agnew, 1993).

In keeping with our interest in examining how social structures shape health experiences and emotional distress, we drew on Poland et al. (2006) conceptualization of context as a configuration of social relations that are comprised of "...social structures such as class, race, and gender; institutional practices, and collective and individual behaviour, and intersecting personal biographies" (p. 60). Poland and colleagues argue that social structures shape, constrain, and reproduce human thought and behaviour, and that these structures are specific to neighbourhoods, towns or regions. This notion of context encompasses micro, meso and macro level elements and highlights the interrelationship between structure and agency – context shapes and is shaped by individuals and the communities in which they live. This understanding of context provides support for the importance of examining the ways in which mental health and emotional distress are constituted in particular settings, ultimately providing the evidence necessary to inform interventions to improve the mental health of populations (Poland et al., 2006).

There is mounting evidence to support the connection between social context, emotional distress and ultimately mental health. For example, North American women are three to four times more likely than men to attempt suicide Navaneelan, 2012 (2014), however, suicidal behaviour is highly context dependent and shaped by cultural and gender norms (Canetto, 2008). Suicide rates are five to seven times higher for Aboriginal youth than for non-Aboriginal youth in Canada, with suicide rates for Inuit youth among the highest in the world at 11 times the national average (Health Canada, 2013). Scholars suggest that ongoing cultural oppression and marginalization of Aboriginal peoples and communities are important contributors to mental health challenges among First Nations populations (Kirmayer et al., 2003). Young people from lower socioeconomic backgrounds and those living in communities with poor social cohesion report greater emotional distress compared to their peers growing up in more cohesive neighbourhoods (Aneshensel and Sucoff, 1996). Consistently, sexual minority youth are overrepresented in the data on adverse mental health (Saewyc, 2011). These outcomes are related, in part, to the homophobia experienced by those with a minority sexual orientation. For example, research has demonstrated that sexual minority youth often receive less support from their parents, experience more verbal and physical abuse (D'Augelli, 2002), undergo chronic stress in navigating adolescence, and deal with internalized homophobia that limits their self-esteem (Wilson et al., 2011).

Despite a growing interest in accounting for context in health research, much of this research has focused on identifying inequalities across geographies (i.e., locations, space) and at the level of individual characteristics and their associated health implications (Cummins et al., 2007; Frohlich et al., 2001; Kearns, 2012). The nuanced relational aspects of context (e.g., social and structural features), which help produce and maintain actions of populations and institutions and, in turn, influence health, remain largely unexplored (Cummins et al., 2007). Furthermore, how relational aspects are experienced by youth and the meaning that youth attribute to these experiences is substantially lacking in the literature (Howard et al., 1999). Such research is needed to inform interventions that are responsive to and resonate with the needs of youth. In addition, research that situates emotional distress

within the context of young peoples' everyday experiences is also required. Given the aforementioned oversights in knowledge concerned with youth mental health and emotional distress, the purpose of this study was twofold: (1) to bring youth voice to the literature on emotional distress and, (2) to capture the ways in which context shapes young peoples' experiences of emotional distress within their everyday lives.

## 2. Methods

This qualitative study drew on ethnographic data focused on the experiences of young people living in a small, rural community in British Columbia (BC), Canada. In order to protect the identity of the study site and its residents, this community is referred to by the pseudonym, Lakeview. An ethnographic approach was selected because it facilitates in-depth, comprehensive insights into peoples' perspectives and behaviours, and the setting in which these are shaped (Reeves et al., 2008). Adding a critical lens to our ethnographic approach pushed us to move beyond a description of "what is" to a more developed explanation of why things are (Cook, 2005). We drew on the notion of an "evolving criticality" Kincheloe et al. (2005) that posits a concern with "issues of power and justice and the ways that economy; matters of race, class, and gender; ideologies; discourses; education; religion and other social institutions; and cultural dynamics interact to construct a social system" (p. 306). In depth, interviews and detailed field work observations provided rich sources of data and allowed us to examine the ways in which context shaped experiences of emotional distress. Field note data provided insight into aspects of context that remained unspoken in formal interviews (Carspecken, 1996).

### 2.1. Study Site

Lakeview is a small, resource-oriented (i.e., forestry and mining) town located in the north-central region of BC, Canada. It has a population of approximately 4700 people including the town, outlying rural areas, and surrounding three First Nations communities and reserves (Destination BC Corp., 2014). The town is described as picturesque and is prized for its outdoor opportunities. Like many resource-based rural communities, Lakeview's economic climate has fluctuated significantly over the years. Its lumber mills closed in 2007, creating higher unemployment rates. The population also declined nearly 30% from 1996 to 2006. In 2009, the Provincial and Federal governments approved a new mining project in the Lakeview area. While Lakeview remains a resource dependent community, some residents hope the mining industry will create jobs, allowing time to better diversify the local economy (Smith and Parkins, 2011).

Lakeview has a small hospital, however care is often referred to the larger hospitals in towns that are one to two hours' drive away, where there are more specialty health care providers and treatment resources. Lakeview also has a 24-h emergency shelter for women and children, a local Ministry of Child and Family Development branch, and an outreach clinic offering sexual health programs and needle exchange services Rural Coordination Centre of BC, 2014 (2014). A local community services society provides counselling services and the local First Nations deliver health programs to members living on reserve.

The health data from Lakeview suggest that, in comparison to other BC communities, health outcomes are poor. For example, the life expectancy in Lakeview is shorter than that of BC residents as a whole (77.1 years vs. 81.4 years), and while specific health and social indicators are unavailable for Lakeview itself, data for the local health area document important disparities. For example,

young people in this health area demonstrate below standard achievement on the grades 4 and 7 Foundation Skills Assessment in reading, writing and math. A greater prevalence of youth aged 15–24 receive income assistance for a year or longer (2.0% vs. 0.9%) and a higher proportion of families earn less than \$20,000 annually (11.4% vs. 8.0%). Young women aged 15–19 years who live in this health area have significantly higher incidence of pregnancy per 1000 young women (68.0 vs. 26.3). In addition, there are greater numbers of children in care per 1000 children (19.5 vs. 9.2) and higher levels of alcohol consumption. Depression is identified as the leading chronic health condition, both in incidence and prevalence (Northern Health, 2011 (2014)).

In 2011, 28.6% of Lakeview's population was 19 years of age and under (Northern Health, 2011 (2014)). Lakeview is home to three elementary schools, one high school (grades 8–12) and one alternative school. Many of the young people who attend the local high school are bussed in from the surrounding First Nations and rural communities. During the 2013 school year, Lakeview Secondary School and its affiliated alternative school had 344 enrollees.

## 2.2. Data collection

The University of British Columbia, Behavioural Research Ethics Board provided ethical approval for this project. In preparing for this study, we engaged a variety of stakeholder groups in the community and received letters of support from the District of Lakeview and the local First Nations. Data were collected from September 2012–September 2014. During this period, the study team made seven visits to the community (3–6 days per trip).

Over the course of the visits the study team engaged in extensive field work activities to collect real-time data about the social relations, attitudes and mores shaping emotional distress among young people in Lakeview. During this fieldwork we had many informal conversations with young people and adults in the community. We also attended a number of formal functions identified as having cultural or social importance (e.g., Winter Festival, City Council meetings, Aboriginal Health Fair) and hosted a community forum on adolescent mental health. We spoke to teachers, counsellors, business owners, parents, social service and health care providers, members of city council, youth and health workers from the First Nations communities, and police who worked with young people in Lakeview. Extensive field notes and email correspondence were compiled by one of the authors (EJ). These field notes, which consisted of 65 entries spanning 88 pages, documented observations and interactions within the field and captured insights into the ways in which context influenced community dynamics. In keeping with the ethnographic tradition, we used our field notes and evolving knowledge of the community to focus our formal interviews (Carspecken, 1996). These exchanges and related data provided us with the community knowledge necessary to contextualize our formal interviews permitting a more in-depth investigation into the young people's experiences of emotional distress.

Recruitment of young people attending Lakeview Secondary and its affiliated alternative school occurred in two ways. Information flyers posted in the school hallway described the study and invited students to contact the project director if they were interested in participating. As we were interested in a diverse array of young people's experiences, all those who contacted the project director were invited and agreed to participate. We also worked with school counsellors who assisted us to purposefully recruit students experiencing emotional distress.

The conversationally oriented interviews were conducted by three female researchers with professional training in mental health in September 2012. Participants provided written consent before their interview and a letter outlining the study objectives

was given to these young people to share with their parents. To gain a sense of the social relationships of the young people we interviewed we began the interview with a social network mapping exercise. Participants were asked to diagram the meaningful relationships in their lives, whether positive or challenging; an appropriate ethnographic interviewing technique to help us understand the context of their everyday lives and the social and structural features as relevant for their mental health (Schensul et al., 1999). We then asked participants to tell us about the people they included in their diagrams, which led to a discussion of the dynamics of these relationships the norms related to interaction and elicited accounts of what it is like to live in Lakeview. While an interview guide was used, participants were encouraged to share their stories and expand on details they believed to be important.

Interviews ranged from 30 to 90 min and took place in a private room in the school setting. Confidentiality was ensured at the outset of the interview and participants were informed that all identifying information would be removed from the data. All interviews were audiotaped and transcribed. All electronic data were stored on a password protected computer and social network maps locked in a secure filing cabinet located at the university. Participants were offered a \$20 CAN incentive as part of the recruitment process and, as per the conditions of our certificate of ethical approval and federal ethical research guidelines, were not required to complete the interview as a condition of the incentive (Canadian Institutes of Health Research (2014)). A total of 27 young people aged 13–18 were interviewed. In addition to seeking diversity of experience with emotional distress we also attempted to maximize the diversity of social locations the youth collectively represented. The majority of the participants self-identified as "Aboriginal" or "Native" ( $n=16$ ), with the remainder reporting to be "mixed" or "half native" ( $n=5$ ), "White" ( $n=4$ ), or other ( $n=2$ ). Just over half of the participants identified as female ( $n=14$ ).

## 2.3. Data analysis

In this study, we drew on the interpretive conventions within qualitative research to develop rich descriptions of the ways in which young people experience emotional distress within the context of their community. This interpretive lens aligned with our conceptualization of context, allowing us to acknowledge "the constructed and contextual nature of much of the health-illness experience, yet also allows for shared realities" (Thorne et al., 1997, p. 172). Both interview and field note data were uploaded to NVivo to facilitate analysis. Thematic analysis techniques were used and gave us the flexibility that was required in order to explore context and emotional distress among adolescents (Braun and Clarke, 2006). All data were initially organized into broad codes, and then analyzed at the micro-level to inductively identify predominant patterns within the data (Boyatzis, 1998; Braun and Clarke, 2006). Two members of the research team were responsible for the initial coding procedure and author agreement was reached through an iterative process of ongoing discussion and returning to the data. Our analysis focused on the ways in which Lakeview's history, structures, norms, and interpersonal dynamics shaped the stories shared by our youth participants and our observations in the field, supported by our critical lens (Cook, 2005). During analysis, community reports highlighting key findings were circulated amongst community stakeholders and feedback sought. No changes to the study findings were necessary following this process.

## 3. Results

A central theme of *disconnection* became evident early on in the analysis. Disconnection involves incidents such as loss, rejection

and exclusion and is believed to be one of the most painful experiences that humans withstand (Eisenberger, 2012). Disconnection in Lakeview manifested in various ways and operated at community, interpersonal and individual levels. These multiple forms of disconnection included racialized geographies, fractured families, disconnection between young people and their community, and withdrawal from difficult emotions and are used to structure the report of our findings of the intersections between context and emotional distress.

### 3.1. A disconnected community – Racialized geographies

The community of Lakeview includes the town and the surrounding First Nations reserves and more rural communities. Upon arriving in Lakeview, the municipal boundaries that create separation, distinguishing different areas of the community, are highly visible. The division between the First Nation reserve located nearest the town (henceforth referred to as Reserve A) and Lakeview can be identified by the gravel road on the reserve that becomes pavement in the town, effectively creating boundaries of land use as well as divisions between the people who call each area home. One young man who lived on Reserve A described the division:

It's very depressing. Everyone looks so sad – a lot of people lost their voice...they lost their voice to talk and to stand up for themselves because they've been beaten down, they've been shut down, they've been brought into the wrong kind of things to do, like the alcohol and stuff, the alcoholics, there's plenty of them on the reservation. It's very sad. It's very depressing. Then walking onto the actual cement and stuff...it's like when you step off of the gravel, you get a tonne lifted off of you. It's like you're getting away from it. Everything just kind of brightens up because there's so much negativity there and it just brings you down... [Participant #26, 16 year old male]

The circumstances that young people living on the reserve experience shaped their day-to-day interactions. During one of our field visits, we overheard a group of young people from Reserve A conversing. One young man made a joke, in which he changed the words of the popular children's nursery rhyme, *10 Little Monkeys*: "Ten little Indians jumping on the bed, one fell off and...he was alright because Indians don't have beds, just mattresses on the floor." One young woman responded with laughter, followed by a disheartened, muttered, "fuck..." While this young man chose humour as a way to make light of the poverty and shared experiences of his community, the detrimental impact of this environment became increasingly evident as we spent time with people. Many youth who lived in Lakeview proper were not allowed to visit friends or attend events held on the reserve due to concerns over safety. Even residents of the reserve acknowledged that it is not a safe place, particularly for visitors. Here we see that while the impact of life on reserve and experiences of racism clearly impact the mental health of Aboriginal youth, this context also influences the everyday experiences of young people throughout this community.

While the separation of the First Nations land from that of the rest of the town is a result of historical, macro-level policies that determined land allocation, these divisions continued to be reinforced at the community level, perpetuating a cycle of racial divisions. Some of the institutional practices from the District of Lakeview and Reserve A leadership also affected the social cohesion and mental health in the community. Lack of collaboration between these two prominent groups created further division. Locals said they would attend events based on the social or ethnic group they identify with. While an event may be co-sponsored,

attendance was often dominated by one group's members, and planning was typically not collaborative. Such practices were taken up by children at a young age in this community with race-related verbal and physical violence a common occurrence. The emotional distress this hostility evoked among young people was revealed during our interactions, many of those we interviewed broke down in tears or became enraged when describing life in Lakeview and the relationships between different groups.

While the boundaries dividing the Lakeview community were clear within official town limits, there were less visible divisions created by the allocation of reserve land further away. First Nations youth from outlying areas (henceforth referred to as Reserve B and Reserve C) usually had attended primary schools on their home reserve. As they transitioned into high school, they took the one to two hour bus ride from Reserves B and C into Lakeview. Being new to this part of the community, they were often targets of bullying, and were described in ways that "othered" or vilified them, reinforcing their disconnection:

... not all of them are bad, but the [Reserve B] kids, they're just horrible, I don't like them. The in-town Natives are cool, like I get along with all them, but Reserve B kids are just, they come down and just think they run the place. [Participant #11, 17 year old male]

Reserve B youth were described by some participants as "violent" and it was widely believed that they had weapons hidden on school grounds, which were used to intimidate and sometimes physically harm others. The effects of being identified as a member of Reserve B led to a hypervigilance – in the school hallways these young people often appeared tense and on guard, a state of arousal that often ended in physical altercations. Another young person identified the effects location had on social connections:

...there are some natives that are, like, "Oh, I don't want to hang around you, you're White." Or, like, it's just different I guess, because some live on rez, like in Reserve B, Reserve C. They're used to their group of friends that are from there. And they just hang out with their little group. [Participant #25, 17 year old female]

### 3.2. Fractured families: loss, trauma and hopelessness

Disconnection within the family was also a common reality described in Lakeview. Many participants shared that they were living without their parents. For some, this meant living with other family members (e.g., aunts and uncles, grandparents), while other young people lived alone. This interpersonal disconnection within the family was often associated with interrelated social, historical and economic contextual factors: (1) the local economy, which required parents to work outside of the community, often living for periods of time in work camps, (2) parental substance use, and (3) the experiences of First Nations residential school survivors and their children, who have been subjected to significant trauma. Often removed from their communities, First Nations residential school survivors frequently grew up without parental figures to role model healthy parenting practices. One young woman explained how she viewed opportunities as limited for First Nations people, sharing accounts of recurring trauma:

I don't want to sound racist or anything, but the most successful people are the White people in the high school and whatnot. There are quite a few less Aboriginal people that graduate on time...So, we're outnumbered by the Whites and Browns...Like, some kids from some communities [refers to Reserves A,B and C] come from hardcore, hard situations to live in. Like, some parents – most of the Aboriginal parents give

their kids up. So most of them are living with their grandmas, their aunties or their uncles. And some of them are weirdos, creeps and, like, whatnot... So some kids would get molested through elementary or get raped through their high school years... So I'd say that's another big issue around here. [Participant #5, 17 year old female]

Youth identified the various social and historical factors that influenced the emotional distress of young people in Lakeview. When asked about future goals, many had difficulty answering this question; they had not been exposed to a context where opportunities were apparent, or where planning for the future was fostered and encouraged. In addition many lacked home environments where they could develop secure attachments with a guardian. Abuse appeared to be commonplace and was being perpetuated across generations. A 16 year-old young woman, who was pregnant at the time of our interview, expressed that she was excited to have a child so that someone would "always love [her]", a statement that was linked to the instability she experienced in her home life.

Another young woman shared her experiences of loss, trauma, and guilt. When asked about a particularly stressful time in her life, she responded:

That would be about almost losing my mom... She was drinking at home and she started feeling really weird. All of a sudden she just dropped. And then I ran upstairs and I had to phone an ambulance and they shipped her to [a hospital in a community two hours' drive away]. It turns out that her kidney and her liver was failing and the fact that she smokes so much when she drinks, her lungs almost gave out too, and she was in ICU for about two and a half weeks... [Participant #4, 17 year old female]

She went on to explain that her mom returned home after about a month and a half in hospital, but soon started to use drugs:

Um, everybody's saying it was my fault that she started doing drugs. Because, when I started doing crack and I was hiding it behind my mom I guess she found out about it. I think she just got fed up with all my partying and after she found out I was doing drugs she just started doing it and she hasn't stopped yet.

Many of the participants spoke about being "bounced around" between family members due to a range of circumstances that left parents unable to provide appropriate care. In many of our interviews, young people described how they had to take on adult responsibilities. Their lives were filled with stressors related to self-parenting, parenting siblings, and not having the opportunity to form strong and secure family connections. It is important to note that while some participants expressed that abuse, neglect and family instability were overrepresented among young Aboriginal people in this community; these experiences were shared by participants from diverse ethnic backgrounds.

A number of young people also shared stories about alcohol consumption from a young age. Many considered alcohol use socially acceptable, and it was often described as a coping mechanism for the distress that they were experiencing in their everyday lives. One young person noted many parents accept alcohol consumption by 10th grade. In some households, where the adults are dealing with substance use disorders, the use of drugs and alcohol by young people was common at much younger ages. Some participants expressed concern about the extent of adolescent alcohol consumption in Lakeview. One young woman shared:

You could be so small and you could walk up to a person that's been sitting on our streets in town for the longest time and say,

"Hey, can you go get me a bottle? I'll pay for your next bottle." And they don't care how small you are... this little kid will end up drunk by the end of the frickin' day. So that's one of the crappy parts about town. Like, 'cause no one cares. [Participant #5, 17 year old female]

### 3.3. *Disconnection between young people and their Community*

In addition to the disconnection from families, young people expressed substantial disconnection from their community. One of the ways in which this manifested was in profound boredom, which was attributed to limited opportunities to participate in community life and feeling excluded from activities and resources. Many young people spoke about how boredom influenced substance use in the community. One young man explained:

It's really pretty here, just, there's nothing for teenagers to do. All there is to do is get drunk, smoke pot, and party, that's all there is. And when you have someone like me who does none of those, I have nothing to do. [Participant #20, 17 year old female]

One young woman identified other consequences of boredom: "Sometimes it's like really boring 'cause like barely anything to do. A lot of us get into like a lot of trouble. Like vandalizing things, just for fun, 'cause there's like barely anything to actually do." [Participant #24, 14 year old female] In some of our discussions, particular sports, such as hockey, and outdoor hobbies such as snowmobiling, were identified as activities that some young people participate in. However, they made it clear these opportunities were only accessible to those whose families had finances to pay for these interests. For the majority of young people we spoke with, the few opportunities that did exist for youth were beyond their means.

### 3.4. *Self-preservation – Withdrawal from difficult emotions*

In the face of disconnection at a community or interpersonal level, some young people also demonstrated internal disconnection. Emotional disconnection is common among people who have experienced significant trauma because it is a way of coping with an everyday reality that is too difficult to take on and in which the survivor no longer considers it safe to feel (Dyregrov and Mitchell, 1992). One young man who we interviewed spoke about his experiences with physical abuse. He shared: "...just get used to getting hurt a lot, so pretty much don't care... they kick me down, punch me, hit me with a rock on the side of the head or something. But I'm all good." [Participant #12, age unknown, male]

Another young man shared his experiences with physical abuse at the hands of his father:

And basically he was physically abusing me and stuff and, like, hurting me and stuff. So I figured that he wasn't my dad and basically my whole entire life, my whole emotions, everything was based on my dad. Like, it's kind of hard because you kind of want a dad there, to teach me about things... Like, every time he kicks me, right here [in the chest]... ever since the first hit, I told him that I never, ever wanted to be here. I'd rather just, like, slit my throat and die right in front of you. Just, because it ain't worth being here, to be your son. Like, you don't really care.

You don't do anything. [Participant #30, 17 year old male]

This young man went on to explain his strategies for coping with this abuse stating:

Just forgetting about him, really. Just avoid him. Avoid the family. Don't talk to any of their family, not my uncles or

aunties...but I know he's still there. I just don't really care anymore because you can't really care if somebody really abuses you.

Another participant had developed extreme fear following repeated experiences with physical violence. He told us:

I'm always wondering if somebody's going to come up and beat the shit out of me. I'm always worried about that kind of stuff because everybody just looks at me, just stares at me. Just waits for me, it gives me so much thoughts that I don't know what the fuck's going to happen really...Like, I'm just paranoid about everything. Can't really feel. I can't really do that. [Participant #3, age unknown, male]

He went on to describe that he could feel some physical sensations in his body: "I actually have a full-time job so I could eat. So I'm not really feeling much things, but I'm feeling my stomach physically growling and everything every day. And it just hurts because I don't have the money..." Through his account we see the intersections of experiences with abuse and poverty and the ways in which this impacts this young man's everyday experiences, which include paranoia, hunger and a dissociation manifesting in an inability to feel.

Given the rural location of Lakeview, resources for health and welfare were already scarce, however recent cutbacks in health and social services further contributed to an environment with limited supports for young people experiencing abuse. For example, in discussions with a local non-profit society, we were told that funding cuts had resulted in their mandate becoming extremely narrow, leaving many young people without the care and support that they need.

While the participants demonstrated strategies of disconnection to cope with their experiences of emotional distress, one young man described uncontrollable anger. He stated, "When I get mad it's just like, I just get really warm, and I just get hot. I don't know I just get like sweaty...and then I just, I don't know, I just black out. I just go nuts." [Participant #11, 17 year old male] When asked how often this happens, this participant responded, "not very often. Just like a volcano, I just build stuff up but once in a while just huge eruption." When asked what types of events or experiences caused this to happen, he responded, "I don't know," and he was unable to elaborate. His response suggests that he employed a coping mechanism in which he has become unable to fully connect to his feelings and experiences.

One young woman used cutting herself with a razor blade as a means to "just release the stress" [Participant #14, 14 year old female] of a sexual assault she had experienced. She was dealing with significant ongoing emotional distress from this traumatic event, and had been hospitalized at one point due to suicidality. What appeared to contribute to ongoing distress for her was that because the town is small, she continued to see and be in close proximity to her assailant, both at school and at home (he lived on the same street). Although there had been a restraining order in place at one point, it was not limiting her contact with her abuser at the time of our interview, and so she continued to relive her experience, with self-harm becoming her outlet for coping with this pain.

As these young people's words illustrated, the context in which they were growing up was one in which abuse and neglect was commonplace. In addition, resources to support young people living in unhealthy and dangerous settings were extremely limited, leaving most of them to cope with these realities on their own. The impact of abuse was clearly contributing to the manifestation of significant emotional distress.

#### 4. Discussion and conclusion

Our findings illustrate how contextual factors such as the local economy, geographical segregation, racism, ageism, and cutbacks in health and social service programming operate to create various forms of disconnection, and intersect in young people's lives to shape their experiences of emotional distress. In particular, the findings suggest ways in which contextual factors become embodied – in effect, how context gets "under the skin" and impacts mental health experiences (Wilkinson and Pickett, 2010).

Perhaps most striking were experiences of trauma, which were shared by participants across diverse social positions and ethnic identities. The prevalence of trauma among young people growing up in Lakeview is worrisome, particularly in light of research indicating that childhood trauma affects healthy development and leaves survivors vulnerable to severe emotional distress which contributes to mental health challenges throughout the life course (Steele et al., 2014). Some young people expressed an inability to feel or care. Dissociation has the potential to be either protective or dysfunctional (Ataria, 2014). Among the young people we spoke with, this coping mechanism did not appear protective, as many presented with symptomology indicative of clinically significant emotional distress. While these examples of dissociation or disconnection were worrisome, so too were the accounts of uncontrollable anger, self-harm, and substance use, which are also identified as pathological responses to trauma; ways to re-enact trauma, express needs, and dissociate (Connors, 1996).

While stories of traumatic experiences dominated our interviews, there were additional aspects of the Lakeview context that shaped young people's everyday experiences of emotional distress. Poverty was prevalent in Lakeview, in part because of the recent closures of the mills that employed a large portion of the town's population. Participants shared the implications of poverty; unstable home lives, significant responsibility at a young age, and the inability to participate in available opportunities, to name a few. The consequences of poverty for adolescent mental health have been reported by others, including Dashiff et al. (2009) who conducted a review identifying both direct and indirect effects of poverty on young people's experiences of emotional distress. These researchers highlighted the adverse impact that poverty has on family relationships, a finding that parallels the work of others in the field (Dashiff et al., 2009; Wickrama and Bryant, 2003). In a recent study, McLaughlin et al. (2012) focused on identifying the pathways through which poverty influences adolescent mental health. The authors found that the association between emotional distress and poverty is most directly related to *perceived* social status (McLaughlin et al., 2012). This finding is pertinent to consider in the Lakeview context, where young people's stories indicated they encounter everyday reminders of their social positions (which are influenced by age, socioeconomic status and ethnicity) and access to resources. Young people in Lakeview had few opportunities to engage with others and build healthy relationships within their town. They encountered both subtle and highly visible reminders of their position within this community, one which is not highly valued. This is a concern, as research demonstrates a sense of belonging or connectedness is the strongest protective factor against a number of adverse mental health outcomes (Oberle et al., 2014; Whitlock, 2007).

Experiences of emotional distress were described by participants regardless of their social location. However, it is important to acknowledge the distinct consequences of historical policies, current practices and normative beliefs and behaviours on young people in Lakeview who identify as "Native". Experiences of racism, family dysfunction, abuse and poverty were common features in our First Nations participants' stories, and in our community observations.

These contextual realities parallel experiences in other First Nations communities where the legacy of residential schools continues (Dionne and Nixon, 2014; Milloy, 1999). The high prevalence of addiction and abuse that has followed residential school survivors, the consequences of which continue to be perpetuated across generations, has been documented widely (Dionne and Nixon, 2014; First Nations Studies Program at University of British Columbia, 2009; Fournier and Crey, 1998; Milloy, 1999). One of the themes we identified in our data was a pattern of coping through dissociation, disconnection or denial. Stories of significant abuse paired with comments indicating that it is unsafe to care or denial of the impact of this trauma were worrisome, as this can be an extreme self-preservation approach to escape memories that are too painful to cope with through other mechanisms Foa et al. (1996). Similar stories of disconnection have been documented in the experiences of residential school survivors. For example, Musqueam Nation former chief George Guerin is quoted as saying, "I tried very hard not to cry when I was being beaten and I can still just turn off my feelings..." (Fournier and Crey, 1998, p. 62).

It is important to acknowledge some of the limitations of this study. We conducted interviews with a diverse sample of young people; however, these data represent the experiences of a subsection of youth growing up in a small, rural Canadian community. The particular ways in which context impacted the everyday experiences of emotional distress among our participants does not provide insights into the contextual factors impacting emotional distress of youth in other settings. Despite these limitations, our findings suggest that the everyday experiences of emotional distress among young people are highly linked to the contexts within which they grow and develop. More specifically, our data demonstrate the importance of understanding and attending to context when examining emotional distress. The context of Lakeview – the values, beliefs, norms, and practices of this are serving to recreate injustice and inequities in this community that contribute to young peoples' emotional distress.

Given the prevalence of emotional distress among young people and implications of these experiences for health and wellbeing throughout the life course, approaches to effectively addressing this health challenge are needed. Because of the nuanced ways in which context intersects to influence their experiences, one-size-fits-all programs or interventions cannot be expected to adequately address the mental health needs of youth across all settings (Poland et al., 2005). Initiatives that are developed in context, using participatory research approaches intended to empower young people and their communities to create healthier environments that foster emotional health are a necessary future step. Further, the development of mental health programs that utilize an ecological approach are viewed as critical given that young people typically experience a number of interrelated problems that influence mental health outcomes (Browne et al., 2004). Such collaborative approaches hold the potential to result in more responsive, context-relevant mental health programs that better meet the needs of young people in their communities (Howard et al., 1999).

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