



“Don’t tell me how to tell my story”: Exploring young people’s perceptions around what it means to ‘feel (mis)understood’ by adults in supporting roles

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ABSTRACT

The subjective and emotional experience of feeling (mis)understood by another person is distinct from being literally (mis)understood. While there is literature exploring young people’s experiences of feeling (mis)understood in therapeutic or clinical settings by adults and the impacts thereof, there is limited exploration of young people’s conceptualisations and perspectives of feeling (mis)understood within a range of young person-supporting adult relationships. This paper reports on the first stage of a project that was co-designed and co-produced by young people, exploring how young people experience and conceptualise ‘feeling (mis)understood’ in the context of receiving support from adults in their lives. This initial stage of the project captures young people’s views on what feeling (mis)understood feels like, its impact on their mental health, and how adults can help young people to feel understood. Conceptualisation, design, fieldwork, analysis and writing were all co-produced with peer-researchers. Data for this project was generated through four workshops each held in England, Scotland, Wales and Northern Ireland. A total of 26 participants aged between 16 and 24 years of age took part in these workshops, and each workshop was facilitated by two peer-researchers and a member of university staff. Data was analysed through collaborative thematic analysis. The study found that feeling understood by supporting adults has a very positive impact on young people’s wellbeing, mental health and help-seeking behaviour. Feeling misunderstood was found to have the converse effect, and in addition was found to make young people less likely to seek further support. Young people also identified a number of key actions adults can take to help the young people they support feel better understood. The findings of this research suggest that practitioners in the health and social care sector working with young people should consider the ways in which they can help young people feel better understood.

1. Introduction

The assumption that we ‘understand’ each other – both literally through communication, but also mutually interpreting underlying wants, fears, motivations and so on – is one we take for granted in everyday interactions. It is the bedrock of successful interpersonal relationships, be they familial, romantic, friendly or professional, and is often only acknowledged when it goes wrong: when a misunderstanding takes place. In this research we explore the emotional experiences that participants associate with interactions or relationships where they – by

their own subjective definition – ‘feel understood’. In particular, we are interested in the experiences of young people who seek support from adults, to what extent young people feel understood by adults who support them in their everyday lives, and how this can impact on young people’s mental health.

The emotional experience of ‘feeling understood’ is conceptually distinct from the literal experience of ‘being understood’, with the former being a subjective perception that may or may not mean one is accurately being understood (Finkenauer & Righetti, 2011; Ries *et al.*, 2017). While the belief that one is understood by another may be in part

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because one feels accurate understanding is present, there is evidence to suggest that the subjective perception is more emotionally powerful than literal or accurate understanding (Pollmann and Finkenauer, 2009). The ‘feeling’ of being understood tends to be associated with related feelings that one is validated (Wasson Simpson et al., 2022), ‘seen’ (Geller et al., 2021, p. 4), heard (Condon, 2008), and accepted (Finkenauer & Righetti, 2011). These feelings facilitate emotional and psychological wellbeing, identity recognition, and closeness in relationships (Cahn & Frey, 1989; Lun et al., 2008; Reis et al., 2017). Cahn & Frey’s (1989) study into perceived understanding found that a person felt understood by another when specific behaviours were present in the interaction: the other person appeared ‘helpful, sounds relaxed and reassuring, gives emotional support, shows respect, and is viewed as cooperative, patient and modest’ (p. 1302). Similarly, Whitehead et al.’s scoping review of the nature of relationships between young people and a ‘trusted-adult’ found key components facilitating this relationship included: adults being reliable, patient, non-judgemental, respectful and empathetic (2019, p. 12). In contrast, feeling misunderstood can lead to breakdowns in relationships, feeling isolated, closing oneself off and feeling ostracised (Ries et al., 2017). In their concept analysis, Condon conceptualises ‘feeling misunderstood’ as ‘feeling unheard, feeling ignored, and feeling misinterpreted’ (2008, p. 183). Their analysis looked at the concept across a range of disciplines, and found that whenever a person feels misunderstood, it heightens a range of negative emotions, including: ‘dissatisfaction’, ‘abandonment’, ‘insecurity’, as well as feelings of being ‘devalued’ and ‘unappreciated’ (Condon, 2008, p. 182).

Literature exploring feeling (mis)understood focuses mostly on adult practitioner-patient relationships in medical or therapeutic settings. Much of the literature explores the impact on patient outcomes, and suggests that feeling understood by a practitioner has a positive impact on service-user engagement with treatment and recovery (Geller et al., 2021; Gulliver et al., 2010; Reis, 2017; Wasson Simpson et al., 2022). One study found patients who felt misunderstood reported self-censoring their vulnerability, feeling like an ‘object to be fixed’, being infantilised and feeling frustrated (Gaillard et al., 2009, p. 195). There is limited literature exploring feeling (mis)understood from young people’s perspectives, and most considers medical or therapeutic settings. Wasson Simpson et al. (2021) point out that, while it is acknowledged that validation is an important part of therapeutic practice with young people, there is little information on how this is experienced or its impact. One study looking at adolescent inpatients’ perceptions of factors affecting their transition back home found ‘feeling understood’ by other inpatients and practitioners to be a central theme (Gill et al., 2016). Another study looking at young people’s interactions with mental health services found ‘feeling understood’ was critical for the young people in establishing a trusting relationship with practitioners, and was associated with ‘feeling heard & seen’ and a lack of judgement (McCormick et al., 2022, Fig. 1). Mitchell, 2022, looking at the social worker-young person relationship, found that a young person’s perception that they are not being ‘recognised’ by the social worker leads to a break down in this relationship. While much of this literature explores the link between feeling (mis)understood and mental health outcomes from a clinical perspective, there is limited literature looking at how feeling (mis)understood impacts the subjective mental health experiences of young people when they seek support from adults across a variety of professional and non-professional relationships. It has been recognised that young people find having a ‘trusted adult’ in their lives to be beneficial to their wellbeing, including ‘optimism, self-efficacy and reduced internalising symptoms’ but that more work is needed to identify concrete outcomes of these relationships (Whitehead et al., 2019, p. 2).

The family represents an important unit from which young people can access support from adults. Whitehead’s scoping review found that the most commonly cited ‘trusted adult’ in young people’s lives was ‘parents/primary caregivers’ (2019, p. 6). Stapley et al.’s (2021) scoping

review of the factors impacting a family’s ability to provide emotional support to a young person found that this relationship is mediated by a range of complex contexts, including the presence of mental health difficulties, gender differences and communication styles. However, the study found that more research is needed which looks beyond the ‘child-parent’ relationship, and which explores young people’s perspectives in terms of what support they aspire to from family networks.

Young people’s emotional wellbeing and help-seeking behaviours are the subject of much research and policymaking, and it is clear from the literature that feeling understood plays an important role in the help-seeking journeys and emotional wellbeing of young people in their interactions with adults in professionally supporting roles (e.g. therapists and social workers). However, the subjective experience of feeling (mis) understood from the perspective of young people is underexplored. This paper reports on the first stage of a project that was co-designed and co-produced by young people, exploring how young people experience and conceptualise ‘feeling (mis)understood’ in the context of receiving support from adults in their lives. For our purposes, ‘support’ refers to any relationship where an adult supports the social and emotional wellbeing of a young person, although we did not prescribe a definition to our study participants to allow participants to interpret this concept subjectively. This initial stage of the project involved a series of workshops designed to capture young people’s views on what feeling (mis) understood feels like, its impact on their mental health, and how adults can help young people to feel understood. The findings from these workshops are reported below, with a discussion of key recommendations identified by workshop participants and prioritised by the peer-researchers leading the research project. The young people who are co-authors of this paper wanted to make clear that this paper does discuss experiences of poor mental health which some readers may find distressing.

2. Methodology

2.1. Co-production approach

The TRIUMPH Youth Advisory Group (‘the YAG’) are a group of 16 young people aged 16–24 who have been involved in the TRIUMPH network (Transdisciplinary Research for the Improvement of Youth Mental Public Health), based at the University of Glasgow. The TRIUMPH Network focuses on three core themes: ‘key groups’; ‘social connections and relationships’; and ‘schools and other education settings’. The ‘key groups’ theme specifically refers to the experiences of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) young people, as well as care-experienced young people (young people with an experience of residential care, foster care, kinship care or other formal or informal care arrangements).

The TRIUMPH Network’s research adopts a co-production approach, whereby the perspectives and experiences of the YAG and other young people are central to research design and processes. The work of the YAG is supported by two TRIUMPH Network staff based at the University of Glasgow. The topic of this project was chosen and refined by YAG members through a series of online workshops. YAG members received ethics training to prepare them for facilitating workshops, and ethical considerations and guidelines for the conduct of the research were co-produced and agreed upon with YAG members.

The research team consisted of two Co-Investigators (one staff member and one YAG member), one Research Assistant (a staff member), and five peer-researchers (YAG members). While YAG members usually participate on a voluntary basis (compensated through gift vouchers), for the purposes of this research project all members of the research team were employed on University of Glasgow contracts. All YAG members involved were supported at every stage by TRIUMPH Network staff to facilitate and deliver this project.

3. Research process

Fieldwork consisted of four 2-hour workshops held between April and August 2022 in England, Scotland, Wales and Northern Ireland. Recruitment was undertaken through external third-sector and advocacy organisations that had previously worked with the TRIUMPH Network, as well as through YAG members' social networks. A total of 26 young people aged 16–24 took part in these workshops, and each workshop was facilitated by one or two YAG members and a member of TRIUMPH staff. To support the wellbeing of participants, three workshops also involved a member of staff from the third-sector/advocacy organisation through which participants were recruited, and some YAG members facilitating the workshops were known to participants. Each workshop involved breaking up into smaller group discussions, and therefore due to the high levels of background noise the decision was made to record data by scribing on post-it notes or directly onto worksheets, rather than to audio/video record discussions. This means quotes referenced in findings and discussion are not verbatim but are either paraphrased by scribes (workshop facilitators) or written directly by participants. Participants were paid a £30 voucher for attending workshops. Thematic analysis of the data was undertaken through a collaborative in-person workshop where the research team discussed and grouped participant responses, followed by an online collaborative process (using miro.com) of synthesising these groups into distinct themes that have become the core findings presented in this paper. This paper was also co-written with YAG members, who are listed both as authors and in acknowledgements in accordance with levels of contribution to the project and writing process.

A large proportion of participants at these workshops identified as LGBTQ+ and/or were care-experienced. The decision was made to focus on recruiting from these groups as these experiences are a key research priority of the TRIUMPH Network. We recognise that though participants may hold these specific characteristics, they have complex identities and multiple life experiences that may or may not have contributed to their responses at the workshops. As such, while the project findings and discussion take account of the higher proportion of LGBTQ+ identities and care-experience represented in our data, these identities are not the sole perspectives through which we have interpreted participant responses.

4. Ethics

This project was approved by the University of Glasgow College of Social Sciences Research Ethics Committee for Non-Clinical Research involving Human Participants/Data (application number: 400210087).

The research team agreed on ethical and safeguarding protocols over and above the requirements of the University of Glasgow ethical approval process. These included mechanisms for supporting the wellbeing of participants outside of the workshops, such as the provision of a wellbeing sheet with contact details for various organisations offering emotional and practical support, and processes for checking in with participants that exited the workshops without warning. It was recognised by the research team that peer-researchers may be exposed to potentially distressing situations or information during the facilitation of parts of research, especially during the data-generation phase. The safeguarding protocols agreed with YAG members made clear that YAG members would never be left alone with participants without a staff member, and that disclosures or participant distress in the workshops were the responsibility of staff members only. Ensuring staff and YAG members had 'down-time' and leisure time together after workshops, as well as emotionally checking-in and reflecting on events at workshops, helped to support the wellbeing of staff and YAG members throughout the course of the project.

5. Findings

The findings of this research are broken down by the core questions discussed by young people at project workshops. This section explores young people's views on what adults support them and what parts of their lives are not understood by adults, what their experiences are of feeling (mis)understood, the relationship between feeling understood and mental health, and what adults can do to help young people feel understood.

5.1. Who are the adults that support young people?

In each workshop, participants were asked to give examples of the types of adults who support young people. Workshop facilitators avoided being too prescriptive about the term 'support' – if asked, facilitators suggested young people respond with their own conceptualisations of the term, whether it be emotional, social, practical and so on. Participants cited a range of adults, mostly by profession and familial relationship. These included:

- 'Family', in particular 'parents' and 'guardians'.
- Educational professionals associated with school, college or university, such as 'teachers', 'tutors' and 'pupil support teacher'.
- Professionals associated with mental health services, including 'therapists', 'counsellors', as well as non-professional mental health services such as phonline support.
- Professionals associated with social support services, such as 'youth workers', 'social workers' and 'personal assistants' (personal assistants are workers who support young people in care with a variety of activities to help them live more independently (Carers Trust, 2019)).
- Other ad hoc adults in a number of professional roles, such as 'manager', 'shop keeper', 'library staff', 'bus driver' and 'charity workers'.
- A small number of young people also cited 'MPs' and 'government'.

The discussions that accompanied this task in the workshops frequently involved themes of trust, competence, and access. Family were recognised as often being most easily accessible, but do not always have the tools to support young people adequately on their own. Participants also recognised that many young people feel they cannot turn to their family for help due to lack of trust or fear of discrimination (in particular for young people identifying as LGBTQ+). Discussions around accessing support from mental health services and social support services were often accompanied by anecdotes of positive or negative experiences – mostly negative. Positive anecdotes usually involved particular individuals young people remembered as being helpful and supportive. Negative anecdotes mostly referred to waiting times, and dismissive or unsympathetic experiences with service professionals. The group of ad hoc adults identified by young people included anomalous personal acquaintances that individual participants talked about developing positive relationships with, mostly named by their profession (e.g. a local shop-keeper). While little detail was given about why these adults were identified, one participant reported 'only in very specific [unclear], strangers can be the perfect person [sic.] to talk to'. Another said 'but sometimes someone you're not as close with can support you better (esp. when older)'. Although few responses referred to 'government' or 'MPs', young people recognised that this category was made up of adults who hold ultimate decision-making power with regards to access to services, and therefore have a macro-level, indirect relationship to supporting young people.

5.2. What parts of young people's lives do young people feel adults don't understand?

In response to this question, young people cited a wide range of

examples of parts of their lives adults do not understand. The most common themes present in these discussions were: mental health issues; generational differences; sex and relationships; and LGBTQ+ identity.

It was widely perceived by participants that many adults either dismiss young people's mental health experiences or are ill-equipped to discuss and support young people with mental health difficulties. This theme was often linked to generational differences associated with families, whereby adult family members failed to take young people's mental health issues seriously. Participants attributed a range of examples to generational differences, such as 'gender roles/expectations', the experiences of being a young person for older generations compared to present day, and that young people nowadays are more open about mental health and 'taboo' topics. One participant responded: 'gen z are questioning and breaking down expectations – removes stability of previous generations' idea of "you have to do this because it's the way it is". Sex and relationships were noted frequently though with little elaboration, whereas LGBTQ+ experience was highlighted in a variety of ways, such as: 'LGBTQ+ identities and related issues'; 'adults say re: gender "things are so new/complicated now"'; and 'trans/NB identity'. Though not among the most frequently cited themes, it is worth noting that some participants highlighted that young people need to be more understanding towards adults who are trying to support them, with responses such as 'YP [young people] need to humanise parents + elders – they aren't perfect, can make mistakes'; 'YP can be clearer in communication'; and 'YP need to try and understand how an adult was raised – the misunderstand [sic.] is not personal'. Another significant theme, which was present almost exclusively among young people with care-experience, was exemplified by the response "Adults tell YP in care their [sic.] too old or too young depending on the situation". Responses along these lines included: 'care-exp. YP – people say one min "act your age", next min "you're not old enough"'; 'care-experienced [sic.] expected to grow up fast'; and 'also – people can judge you when you say you want support/don't want to do things alone – assume you can't be independent'.

5.3. What does feeling (mis)understood feel like?

Overall, feeling understood or misunderstood was strongly associated with positive or negative feelings and emotions, respectively. Key words and phrases associated with feeling understood were: 'relief'; 'confident'; 'calm'; 'feeling seen'; 'trust'; 'feeling safe'; and 'comforting'. Feeling understood was described as 'a weight off your shoulders' and 'it can help [you] not feel so alone'. Another young person described successful interactions where they felt understood as 'euphoric', and another that it left them feeling they could 'conquer the world'.

The workshop facilitators used prompts which asked participants to reflect on specific experiences where they felt (mis)understood. Examples given in relation to feeling understood included: 'adults are personable/good listener'; 'my gran was honest with me but wouldn't judge me'; 'I know they understand if they give enough attention, respect and advice'; and 'give you space to talk, indicate they are listening, nodding along'.

In contrast, feeling misunderstood had overwhelmingly negative impacts for young people, making them feel 'frustration', 'defensive', 'unsupported' and 'not valued'. Participants said that this often led them to feel 'hopeless/lack of faith in the system', and that feeling misunderstood 'makes it harder to seek help/support -> avoidance'. Specific examples of adults' behaviours that made young people feel misunderstood included: 'interrupting you'; 'make it about themselves'; 'putting words in my mouth – misunderstanding on purpose'; 'don't tell me how to tell my story'; and "People can let you speak – but then say something trivial, wrong tone, show not listening".

Participants frequently cited experiences with mental health and social support professionals in association with feeling misunderstood, in particular that professionals didn't listen, were dismissive and disingenuous, and often had long waiting times: 'community mental

health – very long waiting list. Told me it's my fault for not asking [for] help'; 'pharmacist – not understanding I am trans[gender] when collecting medication'; 'social workers – called looking for help and was passed around by phone for hours'; and 'social worker – unsympathetic, tried to define me, tell me how to behave'. Family were also cited in examples of feeling misunderstood, and participants often felt that family would 'make it about themselves' by shifting the focus of interactions away from the needs of a young person and instead talking about the family member's experiences of being a young person, or their opinion on how a young person should behave.

5.4. What is the impact on mental health of feeling (mis)understood?

Participants reported that feeling understood was associated with positive impacts on their mental health, with similar responses to the positive descriptors associated with feeling understood: 'hope/feeling positive that things can get better'; 'validates your emotions'; 'feeling understood can make you feel like the size of your problems is smaller'; and 'no longer isolated in your thoughts'. Feeling understood was also cited by many participants as making it more likely that they would seek support from adults in the future, particularly around mental health and emotional difficulties: '...it helps you know you can go to them again'; 'don't have to bottle it up'; 'if someone understands you, you feel hopeful about receiving more support'; and 'makes you more open to express yourself'.

Feeling misunderstood was reported to have an overwhelmingly negative impact on young people's mental health, particularly if the young person was seeking support from an adult for their mental health or emotional distress. Young people described it as making them feel 'frustrated', 'alone and invalid in your thoughts', 'overwhelmed with feelings' and leading to 'hopelessness'. Many participants said that feeling misunderstood made them more likely to 'shut down' and make them less likely to seek support in the future, with responses such as: 'misunderstood, feel pessimistic about getting help'; 'being misunderstood breeds resentment – less likely to follow advice'; and 'feeling dismissed the first time prevents you getting help when the issue gets worse'. Participants also said that feeling misunderstood could make it more likely young people respond to these interactions with anger or with 'attention seeking behaviour in an attempt not to be ignored', which would in turn exacerbate mental health or emotional difficulties.

Some participants noted that identity and mental health were closely linked, and suggested that an adult not understanding a young person's identity could have a negative impact on their mental health: 'when mental health so strongly links to life experience + identities, understanding has such an important impact'. However, while LGBTQ+ identity and care-experience were significant in participant responses to the question of what parts of young people's lives are not understood by adults, few responses to the question of impacts of feeling (mis)understood on mental health referred explicitly to LGBTQ+ identity or care-experience.

5.5. What can adults who support young people do to help young people feel understood?

Workshop participants were incredibly vocal in suggesting ways that adults could better make young people feel understood. The most frequently made suggestions were variations of 'listen', 'take interest' and 'make time', and another commonly cited suggestion was 'don't misgender'. An important theme present throughout responses was communication, and specifically adults making an effort to understand how a young person wants to communicate. Participants recognised that sometimes a young person does not want to communicate their needs, or communicates them in challenging ways, for example 'acting out because you don't feel you can communicate your feelings verbally'. While participants recognised that effective communication is a two-way street, they emphasised the responsibility of the adult in that

interaction to put in the effort to listen and understand what a young person is trying to communicate, even if a young person's behaviour is perceived as challenging. One young person said 'Let me swear! Way to express myself/let off steam', and another stated 'Give me capacity to take a break when I need it'. Participants also highlighted that adults need to 'ask how to support you and what you need'.

Some participants felt that adults should be proactive in supporting young people and should endeavour to 'educate themselves and others' to understand the experiences of a young person: 'research the issues they may have so they're better equipped to help young people'; and 'consider how life experiences will affect them + their actions'. Participants – especially those with LGBTQ+ identities and care-experience – stated that it is conducive to a positive supporting relationship if an adult understands some key aspects about their identity, e.g., how it can interact with emotional wellbeing, and discrimination young people may face as a result. Some participants suggested that a shared identity could be useful in that it could avoid a young person having to re-explain their experiences, which can be exhausting and re-traumatising. However, when asked by researchers if having a shared identity or experience with a supporting adult was important, young people generally felt that this was not a key determining factor in whether or not a young person felt understood by an adult. Participants did acknowledge that there is a fine line between educating oneself about the experiences of people with specific identities, and adopting stereotypes or ignoring the complexity of intersecting identities and experiences. Therefore, a supporting adult should avoid making assumptions about the role a young person's identity plays in their life and experiences, and prioritise listening over presuming.

Similarly, young people felt they were less likely to communicate openly and effectively if they feared an adult would respond with anger or judgement. This concern was raised mostly regarding family members and was cited as a reason why young people felt they could not seek support from adult family members. 'Listen without judgement', 'be patient' and 'don't raise voice' were key suggestions made by participants which would help young people feel safe to open up to adults.

6. Discussion

6.1. *Feeling understood and help-seeking behaviour*

The current research expands the concept of 'feeling (mis)understood' by exploring young peoples' variety of subjective experiences and perceptions involved in feeling (mis)understood. It also moves beyond the concept itself to explore what happens as a result of these feelings and, given the consensus that feeling understood has positive outcomes, what could be done to ensure that more young people feel understood by the adults who support them.

In their concept analysis looking at the conceptualisations of feeling misunderstood, Condon identified three key themes: 'feeling unheard, feeling ignored, and feeling misinterpreted' (2008, p. 183). Young people attending the workshops for this research gave clear examples of each of these themes and suggested that feeling understood elicits equivalent positive feelings such as feeling heard, seen and that their views are important. The very act of an adult taking time and effort to understand a young person supports that young person to feel that their experiences and opinions are valuable and worth investing time to understand. Previous research from clinical settings has shown that positive past experiences with clinical support have been found to facilitate young people's help-seeking behaviour in the context of mental health support (Gulliver et al., 2010). The current research explores help-seeking in the context of a range of different professional and familial settings, and finds that feeling understood by an adult makes a young person more likely to seek help from that adult in the future, and more hopeful about receiving future support overall. In addition, our findings suggest that a negative interaction with a supporting adult has a profoundly negative impact on young people's future help-seeking,

potentially perpetuating or exacerbating mental health and emotional difficulties. This finding has important implications for the work of professionals supporting young people – particularly in health and social care settings – as it suggests one negative interaction could outweigh the impacts of young people's positive interactions with professionals.

The fact that young people frequently expressed difficulty around going to family for support is significant, as family can be a more immediately accessible form of support than professional support services, which usually have long waiting times. Despite this anxiety around seeking family support, a recent survey on child and adolescent mental health in England found that young people will seek support from family or peers before specialist or online/telephone help (NHS, 2022, Fig. 4.2) (although the data does not disaggregate 'family and peers'). In this research family were often described by young people as ill-equipped to provide support with mental health difficulties, in line with findings from Stapley et al.'s scoping review (2021). This project finding suggests more work can be done by mental health and social/family support services to better equip families with the language and tools to create an environment where young people feel they can express their feelings and needs without fear of dismissal or judgement. It is also worth noting the wide range of adults that young people cited in response to the question 'who are the adults that support young people?'. While this finding represents a minority of young people's responses, it aligns with other research which has shown that young people develop supportive relationships with adults in a wide range of settings and circumstances outside of family and professional relationships (Whitehead, 2019).

6.2. *'Understanding behaviours' and proactiveness*

Workshop participants frequently reported that small changes in the behaviour of adults could go a long way to helping young people feel better understood. These behaviours – which we may call 'understanding behaviours' – include: active listening, use of supportive and validating words, avoiding judgemental language, using correct names and pronouns, being a reliable and consistent presence, and making time and space to accommodate the young person. These understanding behaviours made young people feel that the adult was investing in understanding and validating a young person's feelings and experiences. This finding supports previous research showing that one feels understood by another person when the other person displays certain behaviours that appear to evidence that 'understanding' is present, and that the subjective experience and perception of 'feeling understood' is important to the positive impacts of these interactions (Cahn & Frey, 1989; Pollmann and Finkenauer, 2009). These 'understanding behaviours' also align with Whitehead's scoping review findings that young people benefit from relationships with adults when adults are reliable and non-judgemental (2019, p. 12). The finding from this study that young people want adults to be more proactive in educating themselves about young people's experiences and identities has important implications for the training and professional development of health and social care workers that work with young people. Ensuring that staff in this sector are using appropriate and updated language when speaking to LGBTQ+ young people, for example, could go a long way in terms of building trust with young people from this community. This chimes with Condon's theoretical framework for 'feeling misunderstood', which states that healthcare workers can help mitigate a patient's feelings of being misunderstood by 'recognizing... the presence of antecedents' to the feeling, i.e. what 'issue' may give rise to the potential for the patient to feel misunderstood (Condon, 2008, p.187).

6.3. *Professional support services: communication, consistency and context*

Participants in this research frequently recounted negative experiences with mental health and social support services and professionals,

often citing a lack of presence of ‘understanding behaviours’. Positive experiences with professionals tended to be particularly vividly remembered by young people, which could be because they were a particularly important emotional milestone, or possibly because these interactions stood out because they are rare. It is important to contextualise this finding by recognising that public services across the UK which support young people have struggled in recent years to meet demand (NHS Confederation, 2021; House of Commons Committee of Public Accounts, 2023). This is largely due to wide-spread understaffing and staff burn-out (House of Commons Health and Social Care Committee, 2021; Royal College of Psychiatrists, 2022), as well as the high staff-turnover experienced by the children’s social care sector (MacAlister, 2022). Such staffing issues could explain why many of the young people who participated in this research felt they were not being listened to or validated by interactions with professionals in these sectors. Understaffing and high caseloads could lead to more brief and blunt interactions with service users as staff try to meet targets within a context of limited time and resources. However, it could be argued that in these circumstances, it is all the more important for professionals to employ at least some of the more basic ‘understanding behaviours’ – such as active listening and using correct pronouns – to keep young people engaged with support. In addition, the finding of this research with regards to two-way communication is particularly important given this context. Professionals may have limited time with young people using their services, and so being able to communicate effectively at an early stage is critical. Professionals supporting young people – particularly given the strain on public service provision of mental health and social support services for young people – should be supported to take proactive measures early in this relationship to educate themselves on the experiences and identities of young people, demonstrate understanding behaviours, and create environments where young people feel safe to and supported to communicate their needs.

7. Conclusion

This co-produced study explored the perceptions and experiences of young people feeling (mis)understood by adults in supporting roles. It allowed young people to conceptualise and explain how feeling (mis) understood in these interactions made them feel, the impact that it had on their mental health, and how adults could help young people feel better understood. The study found that feeling understood has a very positive impact on young people’s wellbeing, mental health and help-seeking behaviour, and that feeling misunderstood can have the converse effect. It also identifies a number of key actions adults can take to help the young people they support feel better understood. The findings of this paper have key implications for the ways in which health and social care professionals support young people, and align with literature which shows that feeling misunderstood can negatively impact young people’s seeking of, and engagement with, health and social care support.

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Emily Cunningham: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Visualization, Writing – original draft, Writing – review & editing. **Isla Jamieson-MacKenzie:** Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Supervision, Visualization,

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

While we are committed to open access data, the creative nature of the research methodology makes the data unsuitable for data archiving. This was agreed at ethical approval.

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References

- Cahn, D. D., & Frey, L. R. (1989). Behavioral Impressions Associated with Perceived Understanding. *Perceptual and Motor Skills*, 69(3–2), 1299–1302. <https://doi.org/10.1177/00315125890693-243>
- Carers Trust, 2019, *Employing a personal assistant*. Available at: <https://carers.org/paid-help-at-home/employing-a-personal-assistant> (Accessed: 25/04/2023).
- Condon, B. B. (2008). Feeling Misunderstood: A Concept Analysis. *Nursing Forum*, 43(4), 177–190. <https://doi.org/10.1111/j.1744-6198.2008.00112.x>
- Finkenauer, C., & Righetti, F. (2011). Understanding in close relationships: An interpersonal approach. *European Review of Social Psychology*, 22(1), 316–363. <https://doi.org/10.1080/10463283.2011.633384>
- Gaillard, L. M., Shattell, M. M. & Thomas, S. P., (2009), ‘Mental Health Patients’ Experiences of Being Misunderstood’, *Journal of the American Psychiatric Nurses Association*, 15(3), pp.191-199, Doi: 10.1177/1078390309336932.
- Geller, J., Fernandes, A., Srikameswaran, S., et al. (2021). The power of feeling seen: Perspectives of individuals with eating disorders on receiving validation. *Journal of Eating Disorders*, 9(149), 1–9. <https://doi.org/10.1186/s40337-021-00500-x>
- Gill, F., Butler, S., & Pistrang, N. (2016). The experience of adolescent inpatient care and the anticipated transition to the community: Young people’s perspectives. *Journal of Adolescence*, 46(1), 57–65. <https://doi.org/10.1016/j.adolescence.2015.10.025>
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, 10(113). <https://doi.org/10.1186/1471-244X-10-113>
- House of Commons Committee of Public Accounts. (2023). *Support for vulnerable adolescents: Thirty-Seventh Report of Session 2022–23*. London: House of Commons.
- House of Commons Health and Social Care Committee. (2021). *Children and young people’s mental health: Eighth Report of Session 2021–22*. London: House of Commons.
- Lun, J., Kesebir, S., & Oishi, S. (2008). ‘On Feeling Understood and Feeling Well: The Role of Interdependence’ *Journal of research in personality*, 42(6), pp. 1623–1628, Doi: 10.1016/j.jrp.2008.06.009.
- MacAlister, J. (2022). *The independent review of children’s social care: Final report*. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf> (Accessed: 25/04/2023).
- McCormick, K. A., Chatham, A., Klodnick, V. V., et al. (2022). Mental Health Service Experiences Among Transition-Age Youth: Interpersonal Continuums that Influence

- Engagement in Care. *Child and Adolescent Social Work Journal*. <https://doi.org/10.1007/s10560-022-00890-0>
- Mitchell, M., (2022), "Because I'm a kid ...": The struggle for recognition of children and young people involved in child and family social work', *Child & Family Social Work*, 27(3), pp. 526–534, Doi: 10.1111/cfs.12905.
- NHS Confederation (2021), *Reaching the tipping point: Children and young people's mental health*. Available at: <https://www.nhsconfed.org/publications/reaching-tipping-point> (Accessed 25/04/2023).
- NHS Digital (2022), Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey/part-4-services-and-support> (Accessed: 25/04/2023).
- Pollmann, M. M. H., & Finkenauer, C. (2009), 'Investigating the Role of Two Types of Understanding in Relationship Well-Being: Understanding Is More Important Than Knowledge', *Personality and Social Psychology Bulletin*, 35(11), pp. 1512–1527, Doi: 10.1177/0146167209342754.
- Reis, H.T., Lemay, E.P. & Finkenauer, C. (2017), 'Toward understanding understanding: The importance of feeling understood in relationships', *Social and Personality Psychology Compass*, 11(3), e12308, Doi: 10.1111/spc3.12308.
- Royal College of Psychiatrists, (2022), *RCPsych in Scotland – briefing to SPICE on Children's Mental Health Week Survey of CAMHS Psychiatrists*. Available at: https://www.rcpsych.ac.uk/docs/default-source/members/divisions/scotland/rcpsychis_briefing-to-spice_children's-mental-health-week_100222.pdf?sfvrsn=ab52591c_2 (Accessed 25/04/2023).
- Stapley, E., Vainieri, I., Li, E., et al. (2021). A Scoping Review of the Factors That Influence Families' Ability or Capacity to Provide Young People With Emotional Support Over the Transition to Adulthood. *Frontiers in Psychology*, 12, Article 732899. <https://doi.org/10.3389/fpsyg.2021.732899>
- Wasson Simpson, K. S., Gallagher, A., Ronis, S.T. et al. (2022), 'Youths' Perceived Impact of Invalidation and Validation on Their Mental Health Treatment Journeys', *Administration and Policy in Mental Health and Mental Health Services Research*, 49(3), pp. 476–489, Doi: 10.1007/s10488-021-01177-9.
- Whitehead, R., Pringle, J., Scott, E. et al. (2019), *The relationship between a trusted adult and adolescent health and education outcomes*. Edinburgh: NHS Scotland.