Defence Mechanisms in Adolescence and the Relationship with Emotional Regulation and Personality Traits

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Declaration

‘I declare that this thesis that I have submitted to Dublin Business School for the award of BA (Hons) Psychology is the result of my own investigations, except where otherwise stated, where it is clearly acknowledged by references. Furthermore, this work has not been submitted for any other degree.’

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Abstract:

The aim of this study is to investigate defence mechanisms, emotional regulation and personality, across 120 secondary school students. Assessing help seeking behaviour, perceptions of mental health and knowledge of services available, using a mixed method approach. Students in 1st, 2nd and 5th year within the age range of 12-17 years old, 62 males and 58 females took part in the study. The 5th year students use mature and immature defences suppression and devaluation. There was a relationship with emotional regulation, mature, neurotic and immature defences, and personality. First year students are more reliant on family support than friends, while 2nd and 5th year students rely more on friends and less on family.
Introduction:

Well-being and emotional regulation (ER) within the academic field in recent years has gained an increasing interest amongst scholars (Soric, Penezic & Buric, 2013). Mental health issues can begin in early childhood or adolescents (Kessler et al, 2007), and is said to be triggered by exposure to stressful life events or difficult situations (Compas et al, 2017). The World Health Organization defines mental health “as a state of well-being in which every individual realizes his or her own potential” with the ability “to cope with the normal stressors of life” (World Health Organization, 2014). The technique an individual applies to self-regulate their emotions can lead to overall positive well-being, self-esteem and life satisfaction (Gross & John, 2003). A common feature of adolescents’ personality is narcissistic vulnerability, for those with pathological and no known pathological disturbances, leading to low emotional control (Bleiberg, 1994). Immature DM and expressive suppression have been associated with internal and external conflict (Lindbolm et al., 2016). Researchers have suggested that certain defense mechanisms (DM) can help an individual cope with external stressors and emotional conflicts (Tallandini & Caudek, 2010). Vaillant proposed that defence, is dependent on level of maturity, certain defences are applied in childhood and abandoned in adulthood (Wright, 1991). Negative attitudes towards mental health, could lead to avoidance in seeking help (Gulliver, Griffiths & Christensen, 2010).
Rationale:

The literature would suggest that an understanding of adolescents’ views on mental health, help seeking behaviour and access to services is an important area of research, however, there is limited empirical evidence in this area (Plaistow et al, 2014). It has been suggested that there is a link between personality traits, ER and DM, another area lacking in research within the academic setting. The aim of the following study is to contribute to this sector, using a mixed method approach looking at the differences in DM across 1st, 2nd and 5th year students. If there is a relationship between DM and ER. If there is a relationship between ER, DM and the Big Five. Qualitative will look to see who students talk to when they need to. What mental health means to the student and what services they are aware of?
Mental Health and Help Seeking Behaviour:

In Ireland, one in ten children and adolescents between the ages of 11-15-year’s old are presenting with a mental health issue on a weekly basis (House of the Oireachtas, 2017). One risk factor for adolescence developing mental health issues is exposure to difficult situations or stressful events (Compas et al, 2017). Adolescence is said to start during the onset of puberty, between the ages of 10-18 years old, and can continue later depending on the individual and their social dependence (Curtis, 2015). A report released by Jigsaw, the National Centre for Youth Mental Health, reported that the main reason for mental health disturbance was anxiety, followed by low mood and stress. Other difficulties identified were low self-esteem, anger, self-criticism, isolation/withdrawal and suicidal ideation (Jigsaw, 2018). Exposure to stressful life events or difficult situations can lead to adolescents developing mental health issues (Compas et al, 2017).

Armstrong, Hill and Secker (2000) found that adolescents from a rural secondary school associated the word mentally healthy with mental illness. Those from a suburban setting made associations with being normal, confident and happy. Talking identified as a positive coping strategy, however, it is not something that is used as some students felt they did not have adult professionals to talk to about their problems (Armstrong et al., 2000). Within the community, teacher support has been associated with an increase in well-being and deficits in family support was associated with depressive symptoms. Adolescents reporting, they can talk more openly with peers than parents (Camara, Bacigalupe & Padilla, 2014). Another study suggested that older adults compared to younger adults use avoidance coping, (Brose, Sceibe & Schmiedek, 2013) those who internalised feelings found sleeping,
eating and being alone help (Armstrong et al, 2000). The lack of literature about mental health can lead to negative attitudes and avoidance in seeking help for adolescents (Gulliver, Griffiths & Christensen, 2010). Stigma, embarrassment and fears of being medicated are other reasons found to be perceived barriers (Armstrong et al, 2000; Gulliver et al, 2010; Plaistow et al, 2014).
Ego Defence Mechanisms:

Sigmund Freud states that, “Defence comes into operation when an instance of incompatibility arises in ideational life between a particular idea and the ego” (Freud, 1899, pp. 249). The latent idea (preconscious thoughts) due to opposing forces are unable at the time to become conscious. The conscious thoughts supressed to the preconscious, becoming repressed, becoming unconscious. The individual resisting the re-emergence of certain memories (Freud, 1923), splitting of the conscious. Anna Freud, building on from her father’s idea of ego defence, focused on the id and ego conflict. The ids’ want for instant gratification enters the world of the ego, and can become distorted, reversed. The ego aims to control the impulses, conforming to the moral and ethical laws of the superego, delaying gratification. The impulses can continue to invade the ego, the ego attacking back deploying defences, a blockade against the impulses. A compromise between the two psychic institutes is needed (Freud, 1993).

The ego attached to the conscious, acts as a censorship, controlling and organising certain mental processes. Censoring what is presented to the outside world, the ego itself can become repressed (Freud, 1923). What the individual expresses to the external world conflicting with the inner workings. By applying different DMs, the ego can better cope with the impulses, drives, feelings of anxiety, unpleasure, or negative thoughts (Andrews et al., 1993; Freud, 1926; Granieri et al, 2017). The infantile ego must learn to defend not only against the internal stimuli but also external simultaneously (Freud, 1993). For Klein, the instincts becoming repressed, dormant until it’s re-emergence during puberty. At puberty, repressed instinctual impulses dominate the adolescent’s unconscious; earlier phantasy life, anxiety and affect are stronger. The more developed the ego, the better the individual will be
at controlling the anxiety (Klein, 1997). While for Anna, reaction formation acts as a barrier against the return of the repressed impulses, masking the inner conflict, becoming its reverse affect. The defense denial associated with helping the individual deal with external conflict, the loss of a love object (Freud, 1993). Immature defenses such as projection and denial are most often used and noticeable in young children, the primitive DMs (Porcerelli et al., 1998). The individual can in turn overcome narcissistic tendencies by altruistic surrender of impulses. The return of the repressed for Anna would suggest the ego has been overpowered by the impulses leading to neurotic symptoms (Freud, 1993).
Defence Mechanisms Across Different Year Groups:

Anna first set out to explain defences in a chronological order (Wright, 1991), certain defences deployed at certain times of development, which is important for ego development (Freud, 1993). Abandoning her chronological theory, stating that the id is not readily observable, becoming observable in times of hostility, when the ego is under threat, structuralist approach to defences (Freud, 1993). While the functionalist approach set out by Watson behavioural theory rejecting introspection, along with radical behaviourist theory, believing, that which cannot be measured and observed is insignificant, non-existent. Rejecting the importance of psychical and physiological mental phenomena such as the unconscious (Roeckelein, 2006). However, theorists have set out to explain defences through developmental models, Crammer looking at the hierarchy vertical approach and horizontal timeline. Vaillant’s developmental model, sets out to explain defences combining both approaches, incorporating pathology and psychodynamic approaches to defence (Wright, 1991).

Vaillant (1994) states that they can be either defending or coping strategies, adaptive not just pathological and childhood circumstances can be a predictor of defences acquired in adulthood (Gray, 2018). First level psychotic defences consist of distortion, denial and projection (Vaillant, 2011), and can appear with changes in the environment or puberty, most noticeable in young children. Also noted in the diagnostic statistical manual as appearing in those with post-traumatic stress disorder (PTSD) (Vaillant, 1994). Second level defences (immature defences) seen in PTSD, substance abuse, adolescence and personality disorder, acting out, passive aggression and projection. Neurotic defences (third level) repression, isolation and displacement. For mature defences, anticipation, sublimation, humor, altruism and suppression said to be more conscious and effective ways of coping with conflict. While
suppression is considered a mature defence of postponing certain desires, (Vaillant, 1994) it is also associated with mental health issues and a way of avoiding reality chronic use leading to inner conflict (Gross & John, 2003). Excessive use of DM has been associated with difficulty in coping with reality (Tallandini & Caudek, 2010).

A study conducted on 266 secondary school adolescence between the ages of 14-15 years old, using the Life Style Questionnaire (LSQ) found that regression and reactive formation was significant. At the start of the year regression (X=5.29, SD=2.25) showed statistical significance and when tested at the end of the year (X=5.56, SD=2.25) was even greater. For reactive formation (X=4.72, SD=1.90) was significant but lower at the end of the year (X=4.32, SD=1.70). There were no significant results reported for compensation, projection or denial. Researchers believing that middle adolescents may regress, due to their new environment, internalising feelings, perceiving the new environment as a threat. Suggesting that the shift in equilibrium could be a response to feelings attached to sexual identity, and separation from parents, regression has been associated with impulsive attitudes (Graovac et al., 2006).

Porcerelli and others (1998) found that between the age of 13-14 years old (n=30) denial decreases, from the age of 16-17 (n=30) projection decreases and identification increases, using TAT. In Vaillant’s hierarchy approach, first level defenses can reappear in adolescents the individual learning to deal with changes to self-image (Vaillant, 1994). Erikson through his *psychosocial stages of development* states that adolescents go through the stage of identity vs identity crises. Believing that an individual is conflicted between both sides, one side more prominent than the other. Identity issues can continue throughout the lifespan, reemerging during changes within the external environment (Erikson, 1994).

Researchers vary on where defences lie in terms of mature, neurotic, immature and psychotic defences. Freud recognised projection as a neurotic defense (Wright, 1991), while
the Diagnostic Statistical Manual III (in Vaillant, 1994 research) and Defense Style Questionnaire-40 by Andrews, Singh and Bond (1993) categorise it as an immature defense. Other notable difference between the two, for the DSM III, displacement, rationalisation, somatisation is neurotic, immature for the DSQ-40, and idealisation is immature for DSM III and neurotic for DSQ-40 (Andrews et al, 1993; Vaillant, 1994). Those who apply more neurotic and immature DM and less mature, can possibly be susceptible to developing psychological disturbances (Procerelli et al., 1998).

The relationship between diagnosis and defense style is unclear (Andrew et al., 1993). While individuals might be able to express their feelings and behaviour styles within a scale, they might not be aware of the motivations behind those feelings. Phutchik believes through psychotherapy or life experience the individual can identify and interpret their defence style (Davidson & MacGregor, 1998). From Anna’s perceptive several defenses can be found in one attitude, they should be looked at separately, from a macroscopic rather than microscopic perspective (Vaillant, 1992).
Cognitive Reappraisal and Expressive Suppression in Emotional Regulation:

The ability to understand and regulate emotion can help a person come up with healthy strategies to cope with stressful life events (Shehata & Ramadan, 2017). Certain emotional regulation (ER) techniques can be healthier than others (Cutuli, 2014). Brown and Kozak suggest in early childhood as we develop, intensity and frequency of emotional responses decreases. By adulthood, if the frequency and intensity of emotional reactions increases, personality disorders can arise (Holodynsk & Friedlmeier, 2005). Gross and John, (2003), looked at the two different cognitive ways in which an individual can regulate their emotions, cognitive reappraisal and expressive suppression. Looking at it from a psychodynamic approach, the child at infancy has yet to develop feelings of shame, disgust, guilt, pride, modesty (Freud, 1905; Holodynsk & Friedlmeier, 2005). New emotions developed in childhood would suggest an increase in frequency and intensity. While self-regulation can be intentional, and goal directed behaviour, the internal influence and external factors in combination can limit intentional behaviour, unattaining desired results, unconscious mechanisms applied, defending the ego (Freud, 1905; Heikamp et al., 2013; Holodynsk & Friedlmeier, 2005). Children low in effortful control are likely to experience negative emotional intensity and anger which could lead to externalising problems, acting out (Eisenberg, Spinrad & Eggum, 2010).

Reappraisers have better well-being, interpersonal relationships, life satisfaction and self-esteem. They are more optimistic in emotion provoking situations as they tend to reinterpret situations. Those who control their emotion through suppression can experience and express lesser positive and more negative emotion. For suppressors with chronic use of suppression, interactions within their environments can become internalised, unconscious,
with no understanding of why and how they gained those feelings in the first place. Chronic suppression, habitual use, can lead to less positive and negative expression; which can create an inner conflict for the individual; between what they want to say and what they say. Being inauthentic and dishonest can lead to alienation, isolating themselves (Gross & John, 2003), problems have been associated with poor verbal memory, help seeking behaviour and talking through their emotions (Soric et al., 2013). Suppressers have less optimism in emotional situations, leading to negative well-being and interpersonal relationships, leaving the individual vulnerable to depression (Gross & John, 2003). Hiding emotions, the inability to regulate emotion has been associated with anxiety and mood disorders (Cutuli, 2014). The *animal and ego psychology model* views coping as a response to emotion, while other researchers argue that coping can affect the emotional response (Folkman & Lazarus, 1988).
The Relationship Between DM and ER:

Research on 100 nurse interns between the ages of 21-24 years old from the Alexandria Main University Hospital, looked at the correlation between ER and DM using the DSQ-40 and Emotional Regulation Questionnaire (ERQ). Findings showed a positive relationship between emotional suppression and immature defenses (somatisation and rationalisation), a correlation with mature defense (sublimation and suppression) and cognitive reappraisal along with neurotic defenses (reactive formation and pseudo-altruism). The ability to regulate emotion could potentially reduce stress and anxiety, enabling better coping styles when faced with challenges within the environment and can contribute to healthier overall well-being (Shehata & Ramadan, 2017). Poorly developed DM and ER during early childhood can lead to immature defenses such as projection as an attempt to solve internal/external conflicts, to regulate their emotion, transferred to later childhood (Lindbolm et al., 2016).
**Personality and Trait Theory:**

Trait theorists believe that overtime, various personality traits developed throughout childhood become more concrete and stable in adulthood (Soto & Tackett, 2015; Henriques, 2017). Inherent temperaments in infancy consistent throughout the lifespan, with little change in adulthood (Wilks, 2009). *Five Factor Model (FFM)* supports the theory of traits being endogenous, viewing all personality traits as heritable, innate, limiting the importance of child-rearing (Costa & McCrae, 2017). Trait theorist Gordon Allport, coined personality as psychophysical, the body and the mind, failing to look at behaviour and the environment, favouring a lexical approach (Carducci, 2009). Contrary to trait theory, cognitive affective personality system looks at behaviour as situation dependent, while one person might show defiance to one group, they may not to another (Henriques, 2017) the person can act consciously or unconsciously (Fleeson & Jayawickreme, 2015). The *social cognitive approach* would argue that personality can fluctuate throughout the lifespan due to transitions in social, biological and psychological factors (Fleeson & Jayawickreme, 2015; Soto & Tackett, 2015).

From a *social approach*, the temperament and attachment formed by the infant reflects the caregiver’s attachment and temperament, rather than innate constructs (Goldberg, Muir & Kerr, 2000). Psychiatrist Lacan from a Psychoanalytic perspective, the subject first recognizes itself as a, *whole* object, in the imaginary realm through the eyes of the mother (Other). During the mirror stage, the subject sees itself in the mirror, separate from the Other, a proto-representation of the Other, the ideal-I, predestined image of the self through the Other (Bailly, 2009; Fink, 2006). As we acquire language the private justification develops, self-concepts are formed through our interaction with the environment, (Henrique, 2017). As the child develops, they can attach to their ego the caregiver’s interests, values and attitudes.
The child’s self-esteem, self-efficacy, self-concept can be influenced by peer groups, teachers, society, shaped by their social structures on an unconscious level (Bailly, 2009; Heikamp et al., 2013; Jigsaw, 2018). Henriques suggests the reason for the split between psychotherapists and personality theorists is down to the cognitive behavioural approach whose aim is to treat disorders, overlooking the whole person approach. 

*Behaviourist approach* of being governed by laws and rules, and the relationship with reinforcer and punisher consequences (Henriques, 2017).

*The Big Five personality traits* suggested by trait theorists through factor analysis of a broad range of traits (Wilks, 2009) looking at; extroversion (enthusiastic, sociable, talkative), agreeableness (trusting, kind, forgiving), conscientiousness (self-disciplined, organised, responsible), neuroticism (hostile, moody, anxious, guilt, shame, anger) (reverse emotional stability) and openness to experience (creative, introspective, imaginative, curious) (Gosling, Rentfrow & Swann, 2003; Henrique, 2017; McCrae & John, 1992; Vorkapic, 2016). The Ten-Item Personality Measure (TIPI) a shortened version of the Big Five will be utilised in this study, however, it has been criticised for the low levels of validity for a broad concept (Carvalho, Nunes, Primi & Nunes, 2012).
ER and the Big Five:

A study on 230 undergraduate students with a mean age of 20.56 researched emotional regulation, academic satisfaction and the Big Five using the IPIP-NEO 120 personality inventory, Difficulties in Emotional Regulation Scale (DERS) and the Academic Satisfaction Scale. The study showed the satisfied group related to higher openness, conscientiousness, extraversion, agreeableness, and lower levels of neuroticism. Correlating positively with emotional awareness and negatively with impulse control and difficulties in goal-directed behaviour, the group scored high in emotional regulation strategies. For the less satisfied group they showed high levels of neuroticism, low in openness, conscientiousness, extraversion and agreeableness. Results showed emotional regulation difficulties, correspond with low emotional awareness, difficulties with goal directed behaviour and impulse control (Trogolo & Medrano, 2012).

Individuals who score high on agreeableness tend to be sympathetic towards others, low agreeableness relates to scepticism, self-governing and somewhat confrontational behaviours (Mohammadlou, Elahi & Morovatti, 2016). Individuals high in neuroticism lack impulse control and possibly have irrational beliefs and tend to use avoidance coping styles as oppose to problem solving strategies (Kazemi & Khosraui, 2016). They negatively interpret stressful situations which leaves them exposed to anxiety and feelings of fear, possibly leading to the inability to control certain behaviour (Mohammadlou et al., 2016). Low openness can lead to dependent personality types and has been associated with low intelligence and absent-mindedness (Kazemi & Khosraui, 2016). Vulnerable narcissism determined by having low agreeableness and high neuroticism personality traits. Individuals with narcissistic tendencies tend to be low in emotional stability (Miller et al., 2018), they may come across as arrogant, with a high belief of self-importance, displaying exhibitionism and vanity. When paired with low agreeableness the vulnerable narcissist can be
hypersensitive to criticism, insecure, withdrawn from social settings and feel intense humiliation (Amianto, 2017).

**DM and the Big Five:**

A study on 120 university students and found that extroversion and agreeableness were predictors of mature DMs. Neuroticism and agreeableness related to neurotic defense use, neuroticism and conscientiousness related to immature DMs (Zandi, Shahabinejad & Borhan, 2017). Mohammadlou et al., (2016) found that extraversion, conscientiousness and openness correlated with mature defences. Neuroticism and mature defences showed a negative significant relationship. Neurotic defences related to extraversion, agreeableness and conscientiousness. Individuals low in conscientiousness tend to use immature DMs and lack motivation in controlling certain behaviours. Low levels of extraversion have been associated with neurotic DM use when coping with stressful situations (Kazemi & Khosraui, 2016).

**DM, ER and the Big Five:**

Researchers have found that ER and personality traits correlate with certain defense styles. One study carried out on 99 University employees found those who scored low in conscientiousness tend to be low in impulse control and use immature defences. The study also found that neuroticism personality correlates with immature and neurotic DM (Kazemi & Khosraui, 2016). A study on 500 Croatian adolescents (M=16.19) found that high extraversion has lower levels of anxiety and feelings of humiliation. Those high in conscientiousness and emotional stability, experience lower negative emotion. They found that older students and males showed low levels of self-efficacy and happiness, which correlated with low levels of emotional stability (Soric et al., 2013). Irvans and Mihailova, 2017, study using, the multidimensional clinical personality inventory and DM questionnaire looked at pathological traits and defense. The study consisted of 17
males and 13 females (M=29.9) repression related to impulsivity, rashness and aggression which correlated with negative emotion. Repression and suppression, correlating with depressive thoughts and anxiety. Displacement correlating with narcissism, negative emotion and impulsivity. Rationalization with perfectionism; and sublimation with positive emotional stability with a low correlation to anxiety. In adolescents, environmental and developmental factors have been suggested to lead to an increase in certain mental conflicts. The need to fit in with a certain group and intimate relationships, along with the need for control, autonomy and social approval are suggested factors contributing to the disturbance in mental equilibrium (Soric et al., 2013).

The aim of the study as discussed, using a mixed method approach to see if (Quantitative) hypothesis 1: There will be a difference in DM across 1st, 2nd and 5th year students. Hypothesis 2: There will be a relationship between DM and ER. Hypothesis 3: There will be a relationship between ER, DM and the big five personality traits. Qualitative; asking secondary school students 1. If you felt, you needed to talk to someone who would you turn to? 2. What does the word mental health mean to you? 3. What services are available for people who need to talk?
**Methods:**

**Participants:** The following research was carried out on 120 adolescents from a suburban secondary school in Leinster. The participants were within the age range of 12-17 years old (M=14.58, SD=1.75), a mixed gender school, 62 males and 58 females. Purpose sampling group (similar education level), two classes from each year group, split into three groups according to their year. Group 1: 1\textsuperscript{st} year, 17 males and 21 females n=38 (M=12.76) (SD=.43), group 2: 2\textsuperscript{nd} year 20 males and 16 females n=36 (M=13.83) (SD=.44) and group 3: 5\textsuperscript{th} year 25 males and 21 females n=46 (M=16.65) (SD=.48). Contact was made with the school principal via letter asking permission to carryout research on the school premises with the students. As the sample group are a vulnerable age group, written consent was sought from the school principal, and parents.

**Design:** The study implemented a partly correlated, between group, mixed method approach, using both quantitative and qualitative (thematic analysis) methods. Data was gathered for both within one questionnaire print format, distributed (purpose sampling) across the three groups. The survey was designed to measure DM, ER and the big five personality traits along with perceptions of mental health and services available. For qualitative, hypothesis 1, testing for differences between the groups a one-way analysis of variance (ANOVA), will look at the independent variable (IV) 1\textsuperscript{st}, 2\textsuperscript{nd} and 5\textsuperscript{th} year and dependent variable (DV) DM to generate scores using the DSQ-40. Hypothesis 2 and 3, using Pearson’s correlation to look at the linear regression, relationship between predictor variable (PV), ER using the ERQ-CA scale and criterion variable (CV) DM and the Big Five (TIPI) using a deductive approach. For quantitative, open ended questions were asked to gain an understanding of student’s knowledge around mental health and services available inductive approach of their perceptions.
**Material:** Participants were presented with a print questionnaire pack, with demographic questions, qualitative and quantitative questions. A pilot study was carried out on a 12-year-old female to gain perceived meaning of questions. Changes were made to scales, to ensure age appropriate language was used (*see appendices*). Print data was transferred to SPSS statistics 25 to generate results of data collected from scales. NVivo 12 to generate codes and nodes, identifying themes within answers to open-ended questions.

**Defence Style Questionnaire-40:** DSQ-40 scale by Andrews et al, (1993), a shortened version of the DSQ-88 scale, measuring mature, neurotic and immature factors corresponding with 20 defenses, two items to each defense. Items presented in the survey corresponding to subcategories, mature-sublimation (5, 84), humor (8, 61), anticipation (68, 81), suppression (3, 59). Neurotic-undoing (71, 88), pseudo-altruism (1, 86), idealization (51, 58), reaction formation (13, 63). Immature-projection (12, 66), passive aggression (54, 82), acting out (27, 46), isolation (76, 83), devaluation (24, 29), autistic fantasy (31, 40), denial (16, 42), displacement (69, 73), dissociation (23, 37), splitting (43, 53), rationalization (6, 38), somatization (28, 62). Rated on a Likert scale 1 (strongly disagree) to 9 (strongly agree). Items 1, 5, 12, 13, 24, 27, 31, 54, 58, 59, 66, 68, 71, 73, 83, 84, 86, 88 were reworded. Items 1, 5, 73 and 84 refer to being anxious, anxiety or depressed, words such as sad, worried, concerned, and down replaced the original words used. For example, question 5 “I work out my anxiety through doing something constructive …”, was changed to, “I work out my worries and concerns through doing something constructive …”, (*see appendices*). Scored on the average of the two items corresponding to the factor, average of all defences within the factor to give overall factor score. Cronbach’s alpha reported as moderate to high (Andrews et al, 1993), valid for measuring defences in late adolescence (Giovazolias, Karagiannopoulou, & Mitsopoulou, 2017).
**Emotional Regulation Questionnaire for Children and Adolescents**: The ERQ-CA scale by Gullone and Taffe, 2011, was applied to test cognitive reappraisal and emotional suppression. Rated on a Likert scale 1 (strongly disagree) and 7 (strongly agree). Items 1, 3, 5, 7, 8, 10 considered positive questions e.g. “When I want to feel happier, I think about something different” and relating to reappraisal, Cronbach’s alpha .83. Items 2, 4, 6 and 9, considered negative (“I keep my feelings to myself”) and consistent with suppression, alpha .75. Item scoring consistent with Gross and John ERQ scale 2003, no reverse scoring.

**Ten-item Personality Measure (TIPI)**: Gosling created TIPI, the shortened version of the Big Five scale, and stated correlation patterns between the two were identical, the big five showing somewhat stronger correlations. Evaluating personality traits: extraversion (1,6R), agreeableness (2R,7), conscientiousness (3,8R), emotional stability (4R,9), and openness to experiences (5,10R) (“R” being the reverse scored items). The reverse code items are recorded and an average of the two items are taken. The main question, "I see myself as", e.g. “Critical/quarrelsome”. Likert scale 1 disagree strongly and 7 agree strongly, Cronbach alpha is low to moderate 0.40 to 0.73. Argumentative was added to question two to further explain the word critical, quarrelsome *(see appendices)* (Gosling et al., 2003).

**Thematic Coding Procedure**: Qualitative method of analysis was chosen with the aim of gaining an understanding of participants own interpretation and meaning of mental health, help seeking behaviour and services available, adding to the current literature. Braun and Clarkes (2006), six steps to thematic analysis will be used to generate themes and subthemes from the data collected. The following steps will be applied, step 1: Familiarise yourself with the answers by reading the data more than once. Step 2: Create nodes (codes) in Nvivo, to gain an idea of themes. Step 3: From the nodes create themes relevant to each node. Step 4: Create a theme map once themes are identified with nodes. Step 5: Refine and name themes, create subthemes. Step 6: Strong quote that relates to the overall theme. One question
asked, “If you felt, you needed to talk to someone who would you turn to?” (see appendices).

It is also suggested the researcher should consider different approaches to searching for patterns within data and maintain flexibility when analysing themes. The benefit of flexibility, possibly leading to new insight into the area of interest (Braun & Clarke, 2006).

**Procedure:** The students met with the researcher a week prior to the research day to distribute consent forms for their guardians to be presented to the principal the following day. Written consent forms were kept by the school to ensure the researcher does not have any identifying information. On the day of the research, each group on separate days, were kept behind after their assembly. It was explained that data collected is anonymous, and for academic purpose. Participants were presented with an information sheet attached to the questionnaire, further explaining the research, asking for their consent. Page two asked three demographic questions, gender, age and year group along with three questions regarding mental health. The order in which the scales were presented were ERQ-CA, TIPI and the DSQ-40. It roughly took 20 minutes to fill out the questionnaire and when the surveys were collected, a debrief sheet was presented to the student (see appendix). The school took part to better understand and gain further knowledge of their students, as it is an area of interest amongst academics, students took part to gain an insight into research and for time off class.

**Ethics:** It is important that the student/parents understands the study and what the study will be used for. After consent is given by parents/guardians, the child has the option to opt out of the study. In accordance with the PSI Code of Professional Ethics; dignity and respect were shown always to the participants, all information gathered treated as confidential during and after the study (PSI, 2010), participants and the school have the right to privacy. It is the researcher's responsibility to ensure that they avoid doing harm to participants and every effort has been made to ensure that the literature is age appropriate and has been overseen by the ethics committee and researcher’s supervisor. While the aim is to gather
views of the participants and not to intentionally cause distress, some of the questions might cause the participant to feel vulnerable. A debrief of information on adolescent friendly resources was distributed at the end of the study (see appendices) and a verbal reminder was given regarding access to school services. It was also explained that the researcher is a student and not a professional. Ethical approval has been given by the ethical department and a signed declaration from the commissioner of oats was given to the school and ethical department.
Quantitative Results:

**Hypothesis 1:** There will be a difference in DM across 1st, 2nd and 5th year students.

A one-way analysis of variance (ANOVA) was carried out to test the hypothesis, IV group 1 (n=38), group 2 (n=36) and group 3 (n=46). DSQ-40 DV mature \( F(2, 117) = 1.13, p=.324 \), neurotic \( F(2, 117) = 2.21, p=.114 \) and immature factors \( F(2, 117) = 1.50, p=.227 \) showed no significant difference between groups. Within the factors, suppression (mature) \( F(2, 117) = 4.17, p=.018 \), and devaluation (immature) \( F(2, 117) = 5.37, p=.006 \), more specifically, Tukey HSD post hoc highlighted between group 3 and group 2 (M=1.07, p=.027 CL[95%] .10, 2.05) was significantly higher in group 3 (see figure 1). For devaluation difference between group 3 and group 1 (M=1.12, p=.006, CL[95%] .27, 1.98), group 3 showed a significantly higher use of devaluation (see figure 2), significance cut off 0.05. Cronbach’s alpha test for reliability overall was .731, mature .524, neurotic .698 and immature .681 and for devaluation specifically, .001, passive-aggression -.139. There was a statistically significant difference, we reject the null.
Figure 1: Highlights the difference across year groups, suppression increases in 5th year in comparison to 2nd.
Figure 2: Highlights the difference across year groups, devaluation increases in 5th year in comparison to 1st
Further Analysis:

Group 1 and 2 are similar in age range, both groups were combined and an Independent sample T-test, found, group 1 (12-14 years old) n=73, male (37) and female (36) with a mean age of 13.26, and group 2 (15-17 years old) n=47, male (25) and female (22) with a mean age of 16.62, there was significant differences. Group 2 humor, suppression, denial and devaluation showed a higher mean score than group 1. While undoing, pseudo-altruism was higher (mean score) in group 1 (see table 1), p value (sig. 2 tailed) reported as falling below 0.05, confidence level 95%, lower and upper indicates were the differences lie between groups 1 and 2.

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Hypothesis 2: There will be a relationship between DM and ER.

Pearson’s correlation was carried out to see if there is a relationship between ER (cognitive reappraisal, expressive suppression) and DM. Cronbach’s alpha for ERQ-CA overall .615, for reappraisal .820 and suppression .681.

Cognitive Reappraisal and Mature:

Reappraisal (M= 28.29, SD= 6.55) and mature (M= 5.69, SD= 1.14) showed a moderate positive correlation exists between the two, (r (117) = .42, p< .001). The subgroups, sublimation (M= 4.53, SD = 1.93), (r (115) = .35, p< .001), humor, (M = 6.45, SD = 1.81), (r (117) = .33, p< .001) and anticipation, showed a moderate positive (M = 5.45, SD = 1.89), (r (117) = .32, p< .001) significant correlation (sig. cut off 0.05, degrees of freedom -2). When reappraisal increases, certain mature defence mechanisms increase, linear relationship displayed within the scatterplot for reappraisal and mature (see figure 3). There is a statistically significant relationship, significance cut of point, 0.05, we reject the null hypothesis.
Figure 3: Moderate positive linear relationship between cognitive reappraisal and mature defence
**Cognitive Reappraisal and Neurotic:**

Reappraisal and neurotic defence (M=5.24, SD=1.47), results found a weak positive significant relationship (r (117) = .29, p=.001). Undoing (M= 4.95, SD= 1.91), (r (114) = .20(6), p= .026). Pseudo-altruism (M=4.95, SD=1.91), (r (114) = .20, p= .026), there is a weak positive significant, we reject the null.

**Cognitive Reappraisal and Immature:**

Immature, (M=4.67, SD=.84), weak negative relationship with no statistical significance (r (117) = -.12, p=.192). However, projection (M=4.09, SD=.84), (r(116)= -.27, p=.007), passive-aggression (M=5.10, SD=1.65), (r(116)= -.24, p= 0.007), autistic-fantasy (M=4.83, SD=2.54), (r(117)= -.20, p= .027), showed a weak negative significant linear correlation, when one variable increase the other variable decreases (*see figure 4*). The strongest positive relationship was found with rationalisation (M=5.26, SD=1.59), (r(117)= .51, p<0.001), we reject the null hypothesis.
Figure 4: Weak negative linear relationship between cognitive reappraisal and projection defence
**Expressive Suppression and Mature:**

Expressive Suppression (M=15.76, SD=4.96) showed a weak negative nonlinear relationship with mature defences, (r (117) = -.01, p= .877). There was no significant statistical result (sig. cut off 0.05), there is a nonlinear relationship (see figure 5); no correlation, one variable does not affect the other. A relationship with suppression defence exists (M=5.48, SD=1.89), (r (117) = .21, p = .017), a weak positive significant correlation occurred, when one variable increases, the other increases. While there is no relationship found overall, a correlation was found with defence suppression, we reject the null hypothesis.

![Figure 5: Weak negative non-linear relationship between expressive suppression and mature defence](image)
Expressive Suppression and Neurotic:

Neurotic results ($r(117) = -.07, p = .402$), weak negative no statistical significance, there was also no significant results within the subgroups, we accept the null.

Expressive Suppression and Immature:

Immature, results ($r(117) = .41, p < .001$), projection, ($r(117) = .36, p < .001$), isolation (M=4.56, SD=1.98), ($r(115) = .45, p < .001$), autistic-fantasy ($r(117) = .36, p < .001$) showed a moderate positive significant correlation, one can influence the other. A weak positive correlation was found with passive-aggression ($r(116) = .22, p = .017$). There is a significant relationship, we reject the null.
**Hypothesis 3:** There will be a relationship between ER, DM and the Big Five.

Pearson’s correlation was carried out to test the hypothesis using the TIPI, reliability overall Cronbach’s alpha .524, between subgroups extraversion (.586), agreeableness (.406), conscientious (.568), emotional stability (ES) (.733) and openness to experience (openness .171), ERQ-CA and DSQ-40.

**Cognitive Reappraisal and TIPI:**

Extraversion (M=4.62, SD=1.40), (r(115)=.21, p=.033), weak positive significant relationship to reappraisal one increases, the other increases. ES (M=4.41, SD=1.33), (r(116)=.31, p=.001) moderate positive significant correlation. Agreeableness (M=4.53, SD=1.17), (r(115)=.15, p=.100), contentiousness (M=4.92, SD=1.33), (r(116)=.13, p=.154) and openness (M=5.19, SD=1.18), (r(116)=.04, p=.623), no statistical significance. There is a significant correlation with, extraversion and ES, we reject the null hypothesis.

**Expressive Suppression and TIPI:**

Extraversion (r(115)= -.30, p=.001), and suppression shows a moderate negative correlation, there is a significant. Agreeableness (r(115)= -.21, p=.022), ES (r(116)= -.25, p=.006) and openness (r(116)= -.20, p=.030) there is a weak negative statistical relationship. In *figure 6*, expressive suppression and ES are going in the opposite direction, one variable increases the other decreases (high in one, low in the other). Conscientiousness (r(116)= -.12, p=.178), no significance. A significant correlation was found with extraversion, agreeableness and openness, we reject the null hypothesis.
Figure 6: Expressive Suppression increasing and Emotional Stability
The Big Five and Mature:

Extraversion and mature (r(116)=.21, p=.022), weak positive significant, humor (r(116)=.33, p<.001) moderate positive significant correlation. Conscientiousness and mature (r(117)=.25, p=.007), anticipation (r(117)=.20, p=.035), weak positive significant, sublimation (r(115)=.30, p=.002), moderate positive significant relationship. ES and mature (r(117)=.30, p=.002), humor (r(117)=.31, p=.001) moderate positive, sublimation (r(115)=.23, p=.012) a weak positive significant correlation. Openness (r(117)=.21, p=.024), weak positive significant relationship to mature defenses. Agreeableness (r(116)=.00, p=.99), no significance. Overall extraversion, conscientiousness, ES and openness there is a significant correlation, therefore, we reject the null.

The Big Five and Neurotic:

Extraversion and neurotic (r(116)= -.11, p=.188), no correlation, with reaction formation (M=4.73, SD=2.10) weak negative significant correlation (r(116)= -.20, p=.033). Agreeableness and neurotic defences (r(116)=.30, p=.004), reaction formation (r(116)=.32, p<.001) moderate positive significant relationship. Conscientiousness and neurotic (r(117)= .08, p=.334) no significance, idealisation (M=4.93, SD=2.18), weak positive significant correlation (r(117)=.20, p=.048). ES and neurotic (r(117)= -.18, p=.046) weak negative significant correlation, reaction formation (r(117)= -.30, p=.004), moderate negative significant relationship. Openness (r(117)=.05, p=.525), no significance. There is a significant relationship with neurotic defences, extraversion, agreeableness, conscientiousness and ES, we reject the null.
The Big Five and Immature:

Extraversion and immature (*r*(116) = -.21, *p*=.023), isolation (M=4.56, SD=1.98) (*r*(114) = -.25, *p*=.006), denial (M=3.60, SD=1.71), (r(116) = -.24, *p*=.009) and somatisation (M=4.20, SD=2.12), (r(116) = -.22, *p*=.016), a weak negative significant correlation.

Devaluation (M=4.56, SD=1.98), (r(116) = -.41, *p*<.000), autistic-fantasy (r(116) = -.30, *p*=.002), moderate negative statistical relationship. Dissociation (M=3.88, SD=1.79), (r(116) = .30, *p*=.002) and rationalisation (r(116) = .30, *p*=.002) moderate positive relationship.

Agreeableness and immature (r(116) = -.24, *p*=.009), along with denial (r(116) = -.22, *p*=.017), weak negative significant, acting-out (M=5.29, SD=2.01), (r(116) = -.40, *p*<.001) and dissociation (r(116) = -.30, *p*=.004), moderate negative relationship. Conscientiousness and immature (r(117) = -.15, *p*=.090), acting out (r(117) = -.20, *p*=.047), displacement (M=4.23, SD=2.03), (r(116) = -.25, *p*=.004), weak negative relationship. Somatisation, (r(117) = -.40, *p*<.001), moderate negative. Rationalisation (r(117) = .30, *p*=.006) moderate positive relationship exists. ES and immature (r(117) = -.30, *p*=.001), projection (r(117) = -.31, *p*=.001), and devaluation (r(117) = -.43, *p*<.001), autistic-fantasy (r(117) = -.33, *p*<.001), displacement (r(116) = -.33, *p*<.001), and somatisation (r(117) = .34, *p*<.001) a moderate negative correlation. A weak negative correlation with isolation (r(115) = -.23, *p*=.014) and a moderate positive relationship with denial (r(117) = .30, *p*=.004), dissociation (r(117) = .30, *p*=.001) and rationalisation (r(117) = .31, *p*=.001). Openness (r(117) = -.06, *p*=.475), no significance. There is a significant correlation with extraversion, agreeableness, conscientiousness, ES and immature DM, we reject the null.
Qualitative Results:

Using Braun and Clarke’s (2006), six steps to thematic analysis, data was read and re-read, codes were created in NVIVO. From the nodes, themes were identified, and a theme map generated. Themes and subthemes were identified, and quotes will accompany the analysis.

**Question 1:** If you felt you needed to talk to someone who would you turn to?

**Theme 1: Family**

Family support, parents, mothers, fathers, brother, sisters, grandmother and grandfathers, out of 120 participants, 72% chose family for support. With 1st years 86% of students said that they would talk to a family member if they need to talk. Mothers had the highest response 12 reporting they would speak with their mother, 9 female and 3 males, 3 males stated they would speak to their father. Respondent 108 (female) said, “My friends and maybe my mom after I speak to close friends but for some reason, I can't find a way to tell my mam somethings”. Other support within the family was brother (2 males), dog (1 male), grandmother (1 male) and grandfather (1 male). 67% of 2nd year students chose their family with mother higher among females (7) than males (3). Two females would speak to their father, 1 female chose brother, 3 males and 1 female chose grandmother, 1 respondent did not specify anyone. Respondent 97 (female) said “Maybe one of my close friends, but not my parents since I’m not close to my dad and I don’t want to stress my mam out on something that's probably silly”. For 5th year, 43% picked family, mother specifically, 9 females and 5 males, father 3 males, no females. Two females said their sister, 1 respondent said cousin. Respondent 63 (male) stated, “I would talk to my friends and after I would talk to my parents”. Across the group dependency on parents becomes less the older the group.
**Theme 2: Friends**

Friends emerged as a theme throughout responses, out of 120 participants, 49% stated friends. For 1st year students, 24% chose their friends, 3 males and 6 females. While friends were a low response for first years, it was significantly higher for 2nd year students. With 55% over all turning to friends, 12 females and 8 males. Respondent 32 (male), “Yes, depending on the situation I would talk to my friends or family”. For the older age group, 5th years, 65% respondents would speak to friends, 17 males and 13 females, with respondent 53 (male) stating, “My best friend cause his family can always console me”. 1st year students are less reliant on friends in comparison to 2nd and 5th year students, while 5th year students are more reliant than 2nd year students.

**Theme 3: Teachers/ Counsellor**

The next theme found within the data was teachers, guidance counsellors, therapists and ChildLine out of 120 participants, 10% chose teachers/counsellors. 18% out of the 1st years, 7 respondents would speak with their teacher, 3 male and 4 females. Respondent 92 (female) said, “My parents or if it was in school probably a teacher or my tutor”. For 2nd years, this number dropped to 11% 4 males and for 5th years 4% 2 females reported that they would speak with a teacher if they needed to talk. Decline in school services the older the group.
Map 1: Themes across 1st, 2nd and 5th year students
Question 2: What does the word mental health mean to you?

Theme 1: Mental Illness

Word association for mental health across groups, mental illness, mental disease or being sick, anxiety, depression, stress or being anxious. With 15% of respondents in 1st year relating mental health to an illness, respondent 113 (male) said, “A sickness that makes you feel depressed”. With 2nd years 30% reported mental illness anxiety, depression and/or stress. Respondent 2 (male) says, “Mental health means when you have anxiety, depression, are scared of things, you're sad”. The older group, 5th years only one participant 75 (female) said “Disease of the brain”. Participant 59 (male) while he did not say illness specifically, he did say, “A mentally healthy person is one that can confidently function in society without significant amounts of therapy or meds to function”. Group 1 and 2 more than the older participants relate mental health to a mental illness.

Theme 2: Feelings

Some reported feelings in general and did not specify, others related mental health to happy, sad, emotion, angry, positive and/or negative, relaxed, control, being okay. For 1st years, 52% of participants said feelings, general 12, positive 5, negative 1, negative/positive 3, participant 84 (female), “I think it means how you feel about yourself”. For 2nd years, 36% said feelings, general 4, positive 2, negative 3, negative/positive 4. Participant 27 (female) said, “How you feel in your mind. If you're mentally happy or sad”. With the 5th years, 56% of participants identified feelings, general 20, positive 4, negative 1, negative/positive 1. Participant 54 (male) said, “Mental health is trying to look after your mind and your emotional feelings”.
Theme 3: State of Mind

State of mind was a common theme among the three groups, with subthemes identified such as thoughts, brain, mentality, taking care of the mind, coping (negative and positive). For 1st year 55% of participants recognised mental health relating to thoughts, mind state, or brain. Participant 89 (male) said, “Mental health is how stable your mind is. And if so, you can control your feelings to do the right thing”. 2nd year students, 33% related mental health to the overall theme or subtheme, respondent 32 (male) said, “It means the health of my brain and or my mental state”. With the 5th years, 67% related to this theme, with one response from 76 (female), “The wellbeing of someone’s mentality. How they mentally feel and not physically”. Youngest and oldest group identifying feelings more than group 2.

Theme 4: Wellbeing

Wellbeing was the least recognised theme, participants related this to psychological, emotional, personal, self-care, self-esteem, and mental. 1st years, 23% related to wellbeing, one response, (90 male), “The wellbeing of your emotions and your brain”. 2nd year, 11% responded to well-being, respondent 34 (female) “Psychological wellbeing”. 5th years, 26% with one participant (40 female) saying, “The mental wellbeing of people and if they need help or not”.

At least one respondent from each group did not know what it means or did not answer the question.
Map 2: The meaning of mental health to adolescents
**Question 3:** What services are available to you?

**Theme 1: Professional Services**

Professional services identified for 1st years was Childline (11) and general therapists (12), participant 112 (male), “Childline, mental health services, bullying services”. For 2nd year students, (11) Childline, (3) Pieta, (9) general therapists, participant 29 (male), “Childline, suicide helplines, therapists”. The 5th years, (10) Childline, (1) Jigsaw, (10) Pieta, (5) Samaritans, (18) general therapist, participant 40 (female) “Childline, Samaritans, 911. pieta house, Jigsaw”.

**Theme 2: School Services**

For 1st years (7) participants said guidance counsellors and (6) teachers, participant 108 (female), “Chaplin, guidance counsellor, friends and family: I have a friend that is sad, and I can't help I don't know what to do and I lose sleep thinking about her/him”. With the 2nd year group (9) said guidance counsellors and (3) teachers, participant 15 (female), “Only the school counsellor but they don't help”. The 5th year students, (10) guidance counsellors, (5) teachers’ participant 63 (male) “In our school, there are a few yet no services available”. In the same group participant 53 (male) said, “School Chaplin, tea and biscuit time”.

**Theme 3: Hotlines**

Hotlines, phone lines, helplines, suicide lines are the main identified services, for 1st year (8) participant responses referred to the above, participant 89 (male) said, “There is sad people hotline for sad people”. 2nd year group (12) responses, participant 16 (female), “Help lines, phone lines and companies, friends and family”. For 5th years (13) responses, participant 47 (male) said, “They can call help services, they can talk to people”.
Theme 4: Family and Friends

For 1st year 4 participants said family or friends, participant 105, “Doctors, mom/dad, go see a person who can help your illness”. 2nd year 6 responses, participant 19 (female) “My friends, I don't know after that” and for 5th years 4 responses, participant 67 (female), “Pieta house, their family, friends, therapists”.

Theme 5: Don’t Know

Some responses were left blank, and some said they don’t know and made a guess. For 1st years (4) responses, with (3) responses blank. For 2nd years, (3) responses with (1) participant 27 (female) recognising a service but unsure after that, “Childline, I don't know others”. For 5th years, (4) either no response or don’t know, with participant 56 (male) saying, “I don't know to be honest, probably something like mental health Ireland. I'm guessing”.
Map 3: Services available for people who want to talk
Word Associations
Discussion:

**Hypothesis 1:** There will be a difference in DM across 1st, 2nd and 5th year students.

While the results showed no significance between groups across factors, significance was found in factor subgroups we accept the hypothesis. Suppression was highest in 5th year students compared to 2nd year students and devaluation was higher in 5th year compared to 1st. Considering 1st and 2nd year are similar in age range; the researcher combined the group and retested. Significance was found with group 1 (1st and 2nd) showing a correlation with undoing and pseudo-altruism (neurotic defences) and group 2 suppression, devaluation, denial and humor.

Results in this study contradict Porcerelli and others (1998) findings, that denial decreases with age, and contrary to Graovac and others (2006) study, reaction formation and regression was not found in either group. Results did not coincide with current research (with the acceptance of mature defences increasing with age, Wright, 1991) it should be noted that different measures were used to control for defences across research studies with different ideas on where a defence lies. While denial is seen in young children (Porcerelli et al., 1998), it can also help an individual deal with conflict (Anna, 1993), identity vs identity crises can be ongoing (Erikson, 1994), with suppression postponing reality, puberty onset between the ages of 10-18 (Curtis, 2015), and first level defences for Vaillant reappearing during puberty. The older age group defence devaluation can leave them vulnerable to low self-esteem, self-criticism (Jigsaw, 2018).
Hypothesis 2: There will be a relationship between DM and ER

We accept that there are significant correlations between ER and DM. With reappraisal it has been stated that those who apply this technique, have overall better well-being (Gross & John, 2003). Mature defenses are better ways of coping (Vaillant, 1994), one would presume that the two would coincide, and within this research this was evident. Anticipation, humor, sublimation and reappraisal correlated, when one variable increased, the other variable increased. With suppression (ER) there was a weak nonlinear relationship, no correlation to mature factor, consistent with the literature, suppressers can experience less positive and more negative emotions (Gross & John, 2003). A positive relationship was found with suppression defence. For suppressors overall well-being is compromised, due to inner conflicts. High in individuals with mental health issues, avoiding reality, actively repressing external stimuli that contradicts their internal world (Gross & John, 2003).

A weak positive relationship was found with reappraisal and neurotic (undoing and pseudo-altruism), with no relationship for suppressors. Immature and reappraisal weak negative relationship (projection and passive-aggression) when one variable increases, the other variable decreases, a strong relationship was found with rationalisation and sublimation. For suppression there was a positive relationship, with immature defences (projection, isolation, passive-aggression and autistic fantasy), results correlate with Shehata & Ramadan, (2017).
**Hypothesis 3:** There will be a relationship between ER, DM and the big five personality traits.

The research found significance with ER and the Big Five with the TIPI scale, reappraisal correlated with extraversion and ES one increases the other increases. There was no statistical significance found with conscientiousness, agreeableness and openness. Suppression showed a negative relationship with extraversion, low in one variable high in the other. A negative relationship was also found with ES, agreeableness and openness. An individual high in neuroticism (reverse ES), low in openness, contentiousness, extraversion and agreeableness find it difficult to control impulses, low emotional awareness and unable to goal direct behaviour (Trogolo & Medrano, 2012). Vulnerable narcissist can be low in agreeableness, and low ES (Miller et al, 2018), low openness leading to dependent personality types (Kazemi & Khosraui, 2016). The change in the environment, level of dependency, change in the self during puberty, may lead to identity crises, narcissism a feature of adolescence (Amianto, 2017, Erikson, 1994, Vaillant, 1994).

There were significant results with DM and TIPI, high extraversion, ES, conscientiousness and openness, predict high mature DM. No significant results for agreeableness, contradictory of Zandi, Shahabinejad & Borhan, (2017) study. No relationship was found with extraversion and neurotic DM; however, high extraversion predicts low reaction formation. Agreeableness correlated positively with reaction formation. High ES and low neurotic DM, and high conscientiousness related to high idealisation. There were no significant results with openness and all results were weakly correlated. Low extraversion related to high immature use (isolation, denial, somatisation, devaluation and autistic-fantasy), with a positive relationship to dissociation and rationalisation. High agreeableness predicted high immature (denial, acting-out, and dissociation). Conscientiousness negatively correlated to acting-out, displacement and somatisation and positive with rationalisation.
High ES predicted low immature (projection, devaluation, autistic-fantasy, displacement, isolation and somatisation). High ES and high denial, dissociation and rationalisation. No relationship was found with openness and immature DM. Results differed somewhat to previous research, it should be mentioned that the TIPI scale has been criticised by other researchers as limiting the scope of a broad dimension and low validity (Carvalho et al., 2012).

**Question 1:** If you felt, you needed to talk to someone who would you turn to?

Theme 1 referred to family support, the data showed females rely on mothers more than males, and both sexes turn to their mothers to talk to rather than fathers. Family support was the highest with a total of 72%, however, with further analysis it was found that 86% of first years, dropping to 67% for second, and 43% for fifth rely on family. According to the literature, deficits in family support have been linked to symptoms of depression (Camara et al., 2014). For those who identified a parent, it was evident that father relationships were not as strong as mothers for both sexes. The older the group are, the less dependent they are on family when they need to talk. Theme 2 Friends found that 49% overall rely on friends to talk with if they need to. For first year 24% would talk to friends, this increases to 55% for second and 65% for fifth. The older age groups are significantly more reliant on friends in comparison to first year. Researchers have found that adolescents’ feel they can talk more openly to peers than parents (Camara et al., 2014). Which would explain the decline in communication with family the older the participants. Theme 3 and 4 teacher and professional services (school counsellor or therapist), 10% overall utilising school services, responses were significantly decreased in comparison to family and friends. 18% of 1st year would talk to a teacher if they needed to, only 11% for 2nd year and 4% for 5th year students. Within the community, teacher support has been associated with an increase in well-being (Camara et al., 2014). If deficits in family causes depression, communication with teacher
increases well-being. With the decline of 2nd and 5th years for family communication and, teacher support, the research would suggest students are vulnerable to mental health issues, and communication from home and community settings needs to be looked at.

**Question 2.** What does the word mental health mean to you?

Theme 1 was identified as mental illness, 1st and 2nd years believing mental health means depression, stress and anxiety. The 5th years while there was less associations with mental illness, one participant said brain disease and another believing a person who is mentally healthy can function in society without medication or therapy. Theme 2 feelings, positive and negative words such as happy and sad were identified across different groups, most of each year group did not state what feeling, referring to feeling in general. Theme 3 state of mind, thoughts, mentality and brain, with some participants rewording mental health as brain health. Theme 4 wellbeing, one- or two-word answers were given for some participants, (response 34), “psychological wellbeing”. They associate it with being ill, having a disease and some referring it to your mental health not your physical health. The answers in this research reflect Armstrong, Hill and Secker, (2000) research, in general, they have an idea what mental health is, but associate mental health with mental illness.

**Question 3.** What services are available for people who need to talk?

Theme 1 professional services identified, Childline, pieta house for 1st and 2nd years along with general therapists. For 5th years Childline, jigsaw, pieta, Samaritans and general therapists. Theme 2 school services, guidance counsellors, teachers and Chaplin. Theme 3 hotlines, phone lines, suicide lines, sad people lines. Theme 4 family and friends and theme 5 don’t know.

According to Armstrong and others (2000), talking was identified as a positive coping strategy for adolescents, but students believed they did not have an adult professional to talk
to. In this study, a minority of students turn to teachers or school services when they need to talk. Although they recognise that they are there if people need to talk. Some have said they don’t help, or no services are available to students.

The strengths of the study were that the sample size was large, with similar split between males and females and the research was carried out in a familiar setting for students. Participants were early and late adolescence, grouped according to class and year. Limitations of the study was that due to time constraint the TIPI was used to test personality and has been known to have low validity. Reliability in this study for openness was small which could affect results, for the DSQ-40, devaluation and passive-aggression were low. Self-reporting can be limiting, unconscious mechanisms not readily available through conscious measures.

For future research it would be worth testing defence, emotion and personality using a different personality measure. To build on to this research, it would be worth looking at communication with home and the school setting. It would be worth investing time in building on the existing relationship between students, parents and teachers. Once or twice a year, sport activities integrating teachers, students and parents, from each year group on separate days should be incorporated. This might help students talk more to teachers and maintain family relationships. An intervention of this sort, testing differences in emotion and communication at the start of the year prior to intervention and at the end, would be worth seeing if a stronger relationship emerges.
Conclusion:

Overall significance was found in this research between defence differences across age groups, relationship with defence, emotion and personality. While difference in defence styles was not evident across 1st, 2nd and 5th year (only 5th year defences alone), once regrouped, differences were apparent. Defence mechanisms coincide with whether the individual using the defence will utilise a certain emotional regulation technique. For thematic analysis, it was clear that students understand services available, however, they do not avail of those services. The literature and this research suggest that an understanding of adolescents’ views on mental health, help seeking behaviour and access to services is an important area of research (Plaistow et al, 2014) and needs to be further assessed. Relationships with family and school services decline with age, students see mental health as an illness, friends are the main source of support for older age groups, this research adds on to current research.
References:


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http://www.scielo.org.co/pdf/ijpr/v5n2/v5n2a04.pdf

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182012/


Appendices:

Information Sheet for Parents/Guardians

Dear Parents/Guardians,

My name is Jessica; I am a psychology student at Dublin Business School. For my final year project, I am conducting research on the differences in emotional regulation, personality and defense styles across 1st, 2nd and 5th year students. It is anonymous, and no student will be identified. There is currently limited research in this area around this age group.

What happens if my child takes part? Research will be carried out on school grounds during school class time, a time arranged with the principal. I will ask all participants in the class who have gained prior permission to complete three questionnaires looking at emotional regulation, defense styles and personality types, along with questions related to their views of mental health. The questionnaires have been overlooked and approved by the psychology department, ethics committee at DBS.

What will happen to the results of the study? Responses will give a better understanding of how defense styles change as we develop and the relationship with emotional regulation and personality type. The results of the study will be utilised within my academic journal which will be presented at an academic conference. At no point will any children or the school be identifiable.

How will my child’s information be protected? The children’s answers will remain confidential. They will be informed that they must not give any identifying information. To ensure they cannot be identified, a white envelope will be presented to them at the end of the study to place their questionnaire into. Once data has been collected, information will be transferred onto an electronic database and stored securely on a password protected computer.

Voluntary Participation: It is up to you and your child to decide whether they take part or not. Once I meet with the students, they will be asked to tick a consent box as they have a right to withdraw from the study. Once the questionnaires are gathered there will be no way to identify the student and withdrawal will not be permitted. This will be explained to the student on the day and the study.

Important: The consent!

If you wish for the child in your care to take part in this study, please send this form back to the school signed to be presented to the teacher. The school will keep this information.

Signature:

Contact information was also provided
Page 1 of Questionnaire

Survey

My name’s Jessica and I am a psychology student at Dublin Business School. For my final year project, I am carrying out research to gain an understanding of defense styles, emotion regulation, and the relationship with personality. Along with your understanding of mental health and what services are available to you. You have the right to stop at any time before you give back the survey, it is your choice if you would like to take part and it is private (anonymous).

You are invited to take part in this study by filling out the questionnaire attached. To ensure this remains anonymous, when you have completed the questionnaire, a white envelope will be available at the top of the room for you to place the survey into or you can put up your hand and the envelop can be brought to you. As this is private, there will be no way of knowing which questionnaire yours is after you place the survey in the envelop.

To ensure that you remain anonymous throughout the study, please do not give any identifying information such as your name or address.

If at any time you are feeling upset by the questions asked you can stop. Contact information on support services available will be provided at the end of the study. I will be available to speak with you if you have any questions on the day regarding the study.

Consent: Please tick one of the boxes yes, I would like to take part, no I don’t want to take part.

☐ Yes

☐ No
1. What gender are you?  Boy __  Girl__

2. What age are you?  ___

3. What year are you in?  ___

4. If you felt, you needed to talk to someone who would you turn to?

5. What does the word mental health mean to you?

6. What services are available for people who need to talk?
Page 3: Quantitative Measure ERQ-CA

Emotion Regulation Questionnaire (ERQ)

The following survey will ask you questions about how you feel and how you deal with those feelings. The questions will ask you how you are feeling inside and how you show your feelings. Place the number that best describes your feelings on the line provided after each question. For example, 1. Disagree strongly (that does not sound like me) to 7. Agree strongly (that sounds a lot like me).

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1. When I want to feel happier, I think about something different ____
2. I keep my feelings to myself _____
3. When I want to feel less bad (e.g., sad, angry or worried), I think about something different ____
4. When I am feeling happy, I am careful not to show it ____
5. When I’m worried about something, I make myself think about it in a way that helps me feel better ____
6. I control my feelings by not showing them ____
7. When I want to feel happier about something, I change the way I’m thinking about it ____
8. I control my feelings about things by changing the way I think about them ____
9. When I’m feeling bad (e.g., sad, angry or worried), I’m careful not to show it ____
10. When I want to feel less bad (e.g., sad, angry or worried) about something, I change the way I’m thinking about it ____
Page 3: TIPI

**Ten-Item Personality Inventory-(TIPI)**

Here are several personality traits that may or may not apply to you. Please write a number next to each statement to indicate the level to which you agree or disagree with that statement. For example, 1 Disagree Strongly (that is nothing like me), to 7 Agree Strongly (that is like me). You should rate the pair of traits that applies to you, even if one characteristic applies more strongly than the other. Please answer all 1-10.

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I see myself as:

1. _____Extraverted, enthusiastic.
2. _____Critical, quarrelsome (argumentative).
3. _____Dependable, self-disciplined.
4. _____Anxious easily upset.
5. _____Open to new experiences, complex.
6. _____Reserved, quiet.
7. _____Sympathetic, warm.
8. _____Disorganized, careless.
9. _____Calm, emotionally stable.
10. _____Conventional, uncreative.
Using the scale below please indicate whether you agree or disagree with each statement by circling one of the numbers on the scale under the statement. For example, a score of 1 indicates that you strongly disagree, 5 would indicate that you neither agree nor disagree with the statement, a score of 7 that you moderately agree, a score of 9 that you strongly agree.

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1.) I enjoy helping others and if this were taken away from me (if I couldn’t help them) I would feel sad

1 2 3 4 5 6 7 8 9

3.) I’m able to keep a problem out of my mind until I have time to deal with it

1 2 3 4 5 6 7 8 9

5.) I work out my worries or concerns through doing something constructive and creative like painting or woodwork

1 2 3 4 5 6 7 8 9

6.) I am able to find good reasons for everything I do

1 2 3 4 5 6 7 8 9

8.) I’m able to laugh at myself easily

1 2 3 4 5 6 7 8 9

12.) People tend to treat me badly

1 2 3 4 5 6 7 8 9

13.) If someone mugged me and stole my money, I’d rather he/she be helped than punished

1 2 3 4 5 6 7 8 9

16.) People say I tend to ignore unpleasant facts as if they didn’t exist

1 2 3 4 5 6 7 8 9

23.) I ignore danger as if I was superman

1 2 3 4 5 6 7 8 9

24.) I pride myself on my ability to say something to someone to make them feel less important than they believe they are

1 2 3 4 5 6 7 8 9
27.) I often act impulsively/quickly, without thinking things through when something is bothering me
   1 2 3 4 5 6 7 8 9

28.) I get physically ill when things aren’t going well for me
   1 2 3 4 5 6 7 8 9

29.) I’m a very shy person
   1 2 3 4 5 6 7 8 9

31.) I get more satisfaction from my daydreams than from my real life
   1 2 3 4 5 6 7 8 9

37.) I’ve special talents that allow me to go through life with no problems
   1 2 3 4 5 6 7 8 9

38.) There are always good reasons when things don’t work out for me
   1 2 3 4 5 6 7 8 9

40.) I work more things out in my daydreams than in my real life
   1 2 3 4 5 6 7 8 9

42.) I fear nothing
   1 2 3 4 5 6 7 8 9

43.) Sometimes I think I’m an angel and other times I think I’m a devil
   1 2 3 4 5 6 7 8 9

46.) I get openly aggressive when I feel hurt
   1 2 3 4 5 6 7 8 9

51.) I always feel that someone I know is like a guardian angel
   1 2 3 4 5 6 7 8 9

53.) As far as I’m concerned, people are either good or bad
   1 2 3 4 5 6 7 8 9

54.) If someone upset me, and they asked me to do something for them, I might make a mistake or do it slowly to get back at him/her
   1 2 3 4 5 6 7 8 9
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58.) There is someone I know who can do anything and who is absolutely fair and honest

   1  2  3  4  5  6  7  8  9

59.) I can keep my feelings to myself if letting them out would get in the way with what I’m doing

   1  2  3  4  5  6  7  8  9

61.) I’m usually able to see the funny side of an otherwise painful situation

   1  2  3  4  5  6  7  8  9

62.) I get a headache when I have to do something, I don’t like

   1  2  3  4  5  6  7  8  9

63.) I often find myself being very nice to people who by all rights I should be angry with

   1  2  3  4  5  6  7  8  9

66.) I am sure I get a raw deal *unfairly treated* from life

   1  2  3  4  5  6  7  8  9

68.) When I have to face a difficult situation, I try to imagine what it will be like and plan ways to deal with it

   1  2  3  4  5  6  7  8  9

69.) Doctors never really understand what is wrong with me

   1  2  3  4  5  6  7  8  9

71.) After I fight for what I believe, I tend to apologise for my firmness

   1  2  3  4  5  6  7  8  9

73.) When I’m sad, feel down or worried, eating makes me feel better

   1  2  3  4  5  6  7  8  9

76.) I’m often told that I don’t show my feelings

   1  2  3  4  5  6  7  8  9

81.) If I can predict that I’m going to be sad ahead of time, I can cope better

   1  2  3  4  5  6  7  8  9

82.) No matter how much I complain, I never get a satisfactory response

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83.) Often, I find that I don’t feel emotional, in situations where others expect me to have strong emotions, I find that I don’t feel anything

1 2 3 4 5 6 7 8 9

84.) Sticking to the task at hand keeps me from feeling sad or worried

1 2 3 4 5 6 7 8 9

86.) If I had a problem, I would seek out another person who had the same problem

1 2 3 4 5 6 7 8 9

88.) If I have an angry thought, I feel the need to do something to make up for it

1 2 3 4 5 6 7 8 9
Debrief after questionnaires were completed and collected.

Thank you for taking the time to fill out the questionnaire and for taking part in this study.

If any issues emerged while completing the questionnaire, please contact one of the below support groups or speak with your teacher about the school services available to you.

**Childline:**

Text Talk: 50101

Call: 1800 66 66 66

Live Messages: [www.childline.ie](http://www.childline.ie) (confidential service)

**Pieta House:**

Text Help: 51444

Call: 1800 247 247

**Jigsaw:**

[www.jigsaw.ie](http://www.jigsaw.ie)