

**Communal invalidation of young adults with co-occurring  
substance abuse and mental health issues**

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# Communal invalidation of young adults with co-occurring substance abuse and mental health issues<sup>1</sup>

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## Abstract

This study explores how young adults with co-occurring substance abuse and mental health issues experience the challenges of belonging to their local communities. The data was generated through qualitative in-depth interviews with seven young adult service users, six of whom were interviewed twice. The qualitative data analysis resulted in three overarching themes: (1) the need to accept one's own life and the structures surrounding it, (2) being caught between conflicting social worlds, and (3) moral fumbling in choices and actions. Using an empirical study, we suggest that a process of 'communal invalidation' operates through which young adults in the community are socially defined as inadequate. This invalidation serves as a formidable barrier to their recovery.

## Keywords:

Belonging; community; social model; substance abuse; mental health; in-depth interviews

## Points of interest

- Experience of being an outsider in society impacts one's quality of life. Persons with co-occurring mental health and substance abuse issues typically struggle with this. The awareness of societal barriers is important for having an inclusive society.
- This paper aims to explore what young adults with co-occurring mental health and substance abuse issues find challenging in experiencing a sense of belonging in their community.
- The participants of the study described several subjective barriers of belonging. Some barriers were associated with societal conditions like norms and regulations that were hard to follow. They also found it difficult to discover socially accepted places where they felt welcome. The participants revealed an understanding that it was their responsibility to adjust and "fit in."
- The paper highlights the question of how young adults with co-occurring issues can make themselves more recognized and valid in mainstream society.

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## Introduction

This article focuses on young adults (18–30 years of age) with co-occurring substance abuse and mental health issues and their experiences of belonging to their local communities.

An important theme for many young adults is to find their place in society. Research related to young adults with co-occurring issues shows that they are at risk of experiencing outsidership because of low participation in education, work, and other valued activities (Anvik and Waldahl 2016; Thommesen 2010). They are also at risk of being undervalued because of the stigma and discrimination attached to their issues (Hamilton 2014; Link et al. 1997).

The concept of a ‘sense of belonging’ is multidimensional. Its subjective elements are shown in its descriptors: the unique individual’s feeling and perception related to an external referent, like a place, a social group, values, or discourses in society. These descriptors also emphasize the fit with an external referent that the person experiences concerning interests, identities, or anything that is essential for the person. Additionally, the person must experience being valued by the referent (Mahar, Cobigo, and Stuart 2013). When the referent is the general community, for the person to experience a sense of belonging, there must be a suitable place according to something that is important to him or her, and the citizens must value the person. A sense of belonging to the community is, therefore, an expression of the interdependence between the person and the community.

Social models emphasize socially created ‘otherness.’ To counteract the dominant medical and individual view of impairment, the UK social model of disability distinguishes sharply between impairment (characteristics of the body) and disability (activity restrictions because of social barriers)—barriers in society disable people with impairment, and not because of biological “‘deficits.’ To have a political impact, another initiative emphasized commonly experienced oppressive social barriers (Oliver 2013).

A critique of social models with a ‘one-sided’ emphasis on society is that the diversity of subjective experiences with impairment is not highlighted (Owens 2015; Shakespeare 2006, Thomas 2007). Owens (2015) claims that these experiences could have made visible the complexity of the mechanisms that produce disabilities.

Thomas (2007) has suggested a social-relational model of disability that includes psycho-emotional disablism: ‘Disablism is a form of social oppression involving social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being’ (Thomas 2007, 73). There are relations or interactions between social barriers ‘out there’ and ‘the inner private world’—the person’s experienced psycho-emotional well-being and sense of self. Psycho-emotional disablism includes both the consciously experienced oppression and more unconsciously internalized oppression. This form of disablism restricts who the people can *be*, whereas the disablism in the UK social model focuses on what people can *do*. However, in Thomas’s model, there is an interaction between restrictions on activities and access and psycho-emotional disablism. An empirical exploration of individually lived experiences is necessary to explore psycho-emotional disablism (Thomas 2007).

In recent years psychosocial disabilities have gained greater interest within the field of disability studies. Mad studies have offered essential contributions (Beresford and Russo 2016; Price 2011). Persons with mental health issues have however to a small extent ‘celebrated their differences’ and used identity politics. Although some demanded citizen’s rights in the 1970s (Chamberlin 1978), social model approaches have had little impact in addressing ‘disabling’ experiences of people with mental health issues (Beresford 2004; Beresford, Nettle, and Perring 2010; Price 2011, 98). This is partly because physical and mental impairment are different phenomena and are experienced differently by people with impairments. Regarding substance abuse and mental health issues, impairment is something that is not necessarily easy to measure objectively, but a set of complex phenomena of biopsychosocial character, with considerable variation in quality and quantity. The impairment can contribute significantly to psycho-emotional difficulties for the individual (impairment effect). Reeve (2012a) claims that including Thomas’s psycho-emotional disablism in the social model will make it more relevant to people with mental health issues.

The psychosocial disability approach has not been adopted in mainstream society and services. More stigma is associated with mental impairment than with physical (Staniland 2011). Norway has two dominant service models that address experiences of people with mental health and substance abuse issues. One is the ‘defect’ model or the individual medical understanding of impairment (Drake and Wallach, 2000; Helsedirektoratet 2012). The other is a relational model: impairment is understood as a relationship or a ‘gap’ between individual and environmental factors (Helsedirektoratet 2014; Vold Hansen, Fugletveit, and Arvesen 2015; Wendelborg and Tøssebro 2010). The model, however, gives no general answer to the question of how to fill this gap (Owens 2015, Shakespeare 2006).

This study’s perspective aligns with a relational model and a psycho-emotional disablism model. Interactions between the young adults and their local communities are explored and seen from the young adults’ perspective. Further, their experiences are seen in the light of social oppression. The research question is as follows: what do young adults with co-occurring substance abuse and mental health issues experience as challenges related to belonging in their local communities? Given that the psychosocial disability perspective is relatively new, and that there is an increasing focus on the human rights perspective (Häikiö and Hvinden 2012; Lid 2015; United Nations 2008, United Nations 2017), how young adults view their own and others’ contributions to belonging or not belonging to their local community is a relevant topic to investigate, which this article seeks to do.

## **Methodology and empirical material**

The article is based on a qualitative study, exploring the everyday experiences of young adults with co-occurring mental health and substance abuse issues.

### ***Study context***

The study was carried out in a municipality in eastern Norway. This municipality has a population of approximately 55,000 citizens and is located close to a large city. Generally, the citizens have a high standard of living and are well educated. The unemployment rate is low, few people are on social benefits, and the local area is characterized by a generally stable social and economic situation.

The municipality's mental health and substance abuse services found it especially challenging to help and support young adults aged 18 to 28, and there was a professional need for more in-depth knowledge about their needs.

In the preparation stage, a competent group of people with key insights into the research area was established to offer advice and support for the research project. It consisted of two family members, two individuals with service-user experience, and three practitioners. The group met four times annually and offered its reflections and experiences concerning interview guides, inclusion criteria, and preliminary findings. The group was involved in ongoing planning and development throughout the study. Facilitating input from people with relevant experiences and local knowledge increased the validity of the research (Moltu et al. 2013).

### ***Participants***

The participants of the study were recruited through the municipality's health and social services. The target group comprised young adults with experience of mental health and substance use issues. To be included, participants had to have received services from both mental health and substance-use agencies.

Seven persons (two women and five men) participated in the study. Their ages ranged from 18 to 30 years, with a median age of 22 years. Six of the young adults were ethnic Norwegians, with both parents born in Norway. One parent of one of the participants was born outside of Norway. Two of the young adults were not in school, nor were they employed at the time of the interviews. One of the young adults was in a treatment institution for substance abuse during the interview period. The other six either lived with their families or friends or rented their apartments. Although participants were not asked directly about their socioeconomic backgrounds, it was apparent from the interviews that most came from homes where at least one parent had education beyond high school and/or had good economic circumstances.

### ***Data development and analysis***

The first author interviewed the participants individually between June 2013 and February 2014. Six participants were interviewed twice, and the seventh once. In the follow-up interviews, participants elaborated on themes from the first interview and explored new issues. A semi-structured interview guide was used with open-ended questions about the

experience of belonging and about what promotes or inhibits a sense of belonging. The participants were asked to describe and elaborate on their experiences.

Each interview lasted between 20 and 80 minutes, was audio-recorded, and transcribed in full by the first author. The first author conducted the initial data analysis by reading the transcripts to become familiar with the content of the data and created a summary for each participant. The summary contained excerpts from the transcript(s) based on what appeared to be relevant in illuminating the challenges that the young adults faced regarding their sense of belonging to their local communities.

The transcripts were then analyzed using thematic content analyses (Braun and Clarke 2006), and the interviews were analyzed through an inductively driven process. First, each of the documents was coded using the NVivo qualitative data analysis software. Thereafter, detailed codes with their associated excerpts were printed and manually sorted into code groups to determine the content across documents/participants (Tjora 2019). The code groups were then sorted according to their content to identify the main themes. A search for overarching themes followed. Finally, we searched for developing concepts with the help of theory.

### ***Ethical approval***

The study was conducted in accordance with the Norwegian National Committees for Research Ethics. Ethical approval to conduct the study was granted by the Norwegian Social Science Data Services (NSD). Confidentiality was assured for the participants through the exclusion of background information at the individual participant level. Furthermore, the participants' statements were partially edited, and pseudonyms were employed to maintain confidentiality.

### **Findings**

The data analysis revealed that the experiences of the participants regarding their sense of belonging in their social settings took the form of struggles or difficulties. The struggles seemed to be challenges to the participants in their pursuit of social engagement. Therefore, we identified these struggles as challenges. We identified three overarching themes as major challenges: (1) the need to accept one's life and its surrounding structures, (2) being caught between conflicting social worlds, and (3) moral fumbling in choices and actions. We elaborate on these themes here.

#### ***The need to accept one's life and its surrounding structures***

In different ways, the participants pointed out that a requirement for being part of what they called 'the mainstream' was to accept their (1) life stories and (2) the existing rules.

### *Accepting one's life story (looking inward)*

The participants' stories contain experiences from childhood and adolescence; stories of not being able to fit in. Anne described an early feeling that something was wrong with her:

There was something missing in me in a way or, yeah, I've struggled, uh ... I came to psychiatry then, when I was 14, because I tried to take my life, uh ... and it was really then it started with me, having a sort of inner restlessness that I just wanted to numb.

The participants described an absence of people who were willing to understand and help them with their problems. Fredrik said:

Whatever child and family or the pedagogical psychological services did, didn't help, and just that whole part of it makes you not feel any belonging at all [...] the only thing I wanted was just to play (computer games), like, and be on my own [...] Everything disappears, actually, when you don't go to school.

Several of the participants talked about troubled school days. Tommy described his regular switching of classes and schools as being 'thrown about'. Eventually, he was placed in institutional care. Although this was good for him in many ways, it was not necessarily the best solution. He experienced 'being pulled away from life' and said that he had lost much of his adolescence. Several of the participants talked about having to begin life anew. They had to put their lived experiences behind them and not think about how life might have been, but rather accept where they were in life and try to make the best of it. Svein described his family as dysfunctional and partially distanced himself from his family members. He said, 'I don't like to think so much about my growing up, that's thinking backwards, and that isn't productive.'

Kari mentioned that she had always had exhausting ideas about trying to perform better than she was able to. She now realized that she needed to lower her ambitions:

It's the right way to go or else I'll never get anywhere because if I just sit and hang onto the dream and the hope of being 100% normal, I'll never get anywhere ... because that race has been run a long time ago.

She had begun participating in activities that she could easily manage, including physical activities aimed at people with drug use and mental health issues.

Thus, accepting one's life has to do with accepting *earlier problems* relating, for example, to childhood and adolescence, school days, family situations, and *current problems* such as limited work/study capacities and lost or diminished dreams for the future. While this acceptance is to be regarded as *looking inward*, the other theme related to acceptance deals is related to *looking outward*.

### *Accepting the rules (looking outward)*

The experience of a sense of belonging to an environment or group of people condemned mainly by others gave our participants a slightly different view of the world. During her

encounters with well-educated acquaintances in good jobs, Kari found that they had very little knowledge of lives characterized by ‘otherness’:

I’ve noticed very quickly how many who, in a way, have walked a very safe path in life, and mostly kept themselves on it, and had sort of blinkers on about what other people do outside the path because they have a much narrower view of reality.

Several of the participants mentioned that they were skilled at adapting to various situations. Kari said, ‘I’m very good with the mask ... or the acting thing, even though I don’t feel I play act, but I often manage to assess situations to determine how I should behave.’ She tried to speak out when she felt that something was wrong, and she enjoyed being described as ‘a little sort of like a representative from that side of society’ among her friends. However, she experienced difficulty in distinguishing between her thoughts and poor self-image and other people’s thoughts. She sometimes chose to think that what she experienced as hurtful comments were not negatively intended.

Svein also addressed what he called ‘projecting [his] own uncertainty.’ He explained, ‘It’s completely up to oneself how people are toward you ... it can have ... yes, just a little uncertainty leads to, can lead to you ... misinterpreting the signal in a way then.’ He had learned what it meant to be part of something and was conscious about trying to be included among people with whom he wanted to be affiliated. Although he described himself as not the most extroverted and social person and said that he had little training in how to contribute in social situations, he at least tried what he described as ‘not bringing down the mood.’ He described the ‘giving of oneself’ as a sport that had to be practiced.

Anne also struggled with giving of herself: ‘[B]ecause it’s ... of course, you can get yourself rejected, right? With belonging, you have to GIVE something of yourself, right? You can’t just say that HERE I don’t feel at home.’ However, this was not always easy to do, especially without knowing other people. When it became too difficult, she would isolate herself for lengthy periods.

Fredrik mentioned that it was impossible to move against society when you wanted to come back to it. He was pessimistic about the future: ‘I don’t want to belong to anything normal but want everything to go normally, but since I’m not in the normal lane, it sort of doesn’t work out like that.’ He wanted a connection to the wider community and to be successful at it, for example, by earning money. Meanwhile, he had experienced challenges at school and had little confidence in society’s values and institutions. He was used to facing prejudice and the suspicions of others. His sense of belonging weakened when he experienced such incidents, though he tried to ignore them. Sometimes he tried to counteract prejudice, but as he said, ‘I try to get people to realize ... but it’s difficult ... when one is so outside everything in a way.’

It may seem like Fredrik struggled with accepting the dominant norms and values in society. From his marginal position, however, his ideas seemed to have little impact on others, and they contributed to his marginalization. Based on the participants’ stories, a pragmatic attitude toward life seemed to be necessary to improve one’s social position. The participants had to deal with the rules governing society and to be realistic about their possibilities regarding fulfilling these rules and expectations.



### *Being caught between conflicting social worlds*

Several of the participants said that they were faced with one choice: belonging to an outsider life or the mainstream. Both these 'lives' were described as having advantages and disadvantages. Most importantly, it was difficult to belong to both simultaneously, and, consequently, they had to choose between one or the other. However, they could occasionally take advantage of some intermediate solutions.

Kari was trying to start from her current position in life. Although she thrived in 'facilitated sports,' she knew what others thought about such participation: '[I]t's like ... a druggie team, so you can't be part of that. Oh, my God, they're just idiots ... and that's not sports, because everybody is a drug addict.' Meanwhile, she tried to accept that she would never be as successful as her friends were, although she saw some future opportunities to climb the job ladder. She sometimes took 'breaks' from life and her thoughts: '[W]hen I haven't gotten high for a while, I just drive my head and my body all the way to the breaking point.' Petter was also using drugs to take 'breaks' to escape from what he described as 'getting reality in the face.' 'Reality' would then be, among other things, morality sermons delivered by family members and others. He also said that he was using drugs as an excuse, for example, to avoid working for periods of time.

Anne declared that she was not very familiar with 'normal life' and alternated on where she belonged. She had chosen not to disconnect from the world of drugs completely. Although she never wanted to belong to a community associated with drugs, it was easier for her to participate in activities aimed at people with drug-use experiences. She also felt great support from participating in Narcotics Anonymous (NA) meetings because the association provided a 'counterbalance' to the drug environment, though not because 'one continually works with oneself, I mean cuts out the drugs, then, hey presto, you're a better person sort of, it's not like that.'

Thus, disconnecting from drug-using communities did not automatically create a new personal identity in which drug use was not an issue. Instead, participants might work toward developing new identities and attitudes. Svein, for instance, considered 'being cool' as an ideal, which he described as follows:

You're in a way, laid-back, you take ... you're not stressed out over things like, you're aware of that like, you know that life is to be enjoyed and ... you don't influence negative feelings around yourself or others, like ... it's really about being cool then ... not stressful to be with.

He did not experience himself as cool, but he was trying to adopt such an attitude. Engagement with politics would become part of this. Svein did not like music that was critical toward society, and that made too close an association between emotions and politics.

Conversely, Morten and Fredrik were critical of societal values. They maintained that people did not accept otherness. Fredrik found his relationship to the world through hip-hop music with lyrics that were critical of society: he felt that there was so much that was real in the lyrics that he sympathized with the injustices they expressed. Morten tried to reach out

with alternative messages through what he described as ‘existential hip-hop.’ He was in touch with the mainstream by taking courses in high school, among other things.

Several of the participants reported that they had experienced not fitting in, even before they started using drugs, and that it was the drug-user community that first provided a sense of belonging. In trying to become part of ‘mainstream society’, they now faced both the problems with which they had struggled before starting down the path of drugs and additional problems resulting from participating in drug communities.

The participants positioned themselves in different ways between the mainstream and the outsider’s life. Some expressed a craving for continued belonging to alternative communities. Others expressed a desire for a stronger belonging to mainstream society. The participants might have gained positive experiences from maneuvering between communities. However, it became evident that it was easier to manage this maneuvering if other citizens recognized the participants and if they saw opportunities in their future.

### ***Moral fumbling in choices and actions***

The participants expressed moral fumbling in the choices they made, attitudes regarding substance abuse, and conflicts associated with the disparity between expectations and their actions.

Anne told us that ‘they [parents] weren’t loving toward me in a way, yes ... uh ... but then I did a lot of crazy stuff, to be honest, and I started getting high very early.’

Fredrik suggested that things had, in a way, ‘just happened’:

[W]hen you’ve discovered cannabis, for example, and all these things here when things start happening in life then ... you also get very quickly ... put into a category that isn’t equal ... you’re not accepted in a way by very many ... and from then on, it’s very easy to get into that gang where you’re accepted, right ... so you find your own ... belonging in a way.

Fredrik also mentioned that he had contributed to his own ‘labelling’ by choosing ‘bad’ company and by turning his back on part of the (mainstream) community:

I try to put most things away, in a way, I don’t want to belong to it ... so ... maybe there is a connection with my trying to choose away most of society ... and that makes it so that I leave behind what I want to belong to myself, I don’t know.

Svein told us that he had caused suffering and contributed to the social exclusion of his classmates in lower secondary school, while others at school had treated him in the same negative way. He explained his retaliations as resulting from inner uncertainty but admitted that he could have acted differently. However, he mentioned that as an extenuating circumstance, he was not an adult and had not understood the consequences. After a period of self-examination, he had chosen a new attitude toward life:

I have chosen the starting point that most of what I do can be corrected and made better ... I mean ... not the most positive attitude to life, but it's realistic ... everything is about just functioning, to get something that functions.

He believed that a constructive attitude was something one could control. The alternative was to exclude oneself and take what he described as a 'victim role,' blaming others for one's problems.

Like Svein, other participants mentioned that they had to go through a recognition process to be able to change their life situations and stop using drugs. For instance, Tommy had found that it became easier for him when he decided to cooperate with his parents and the services system.

Some participants also described what others could do to make it easier for them to get ahead with their lives. Although Anne thought that she ought to give more of herself and had to try to socialize with people, she also described the importance of getting help with this, for instance, at NA meetings:

[I]t's important in any case that someone sees you then and can, yeah, I don't know, push you a bit or ... yeah, that you feel you're seen in some way or another, in all contexts actually...it makes me feel alone really, lonely in the group, like.

If someone phoned her when she did not show up, that helped as well.

Petter mentioned that much depended on himself, but that professional help was needed:

[B]ecause in the end, it's you yourself it's up to, uh ... but you can, like, get help from a psychologist and drug consultant [rather] than to tackle things beforehand, like, uh ... think about what one can do when one gets into such a situation where you meet someone who wants you to get high with them, what you should SAY.

In general, the participants experienced difficulty in being prepared for all kinds of situations. Although Petter knew what he needed to do to get ahead, he did not always manage to act accordingly. Despite receiving help from both his family and the professional support system, he had done things that limited his opportunities. He stated that he needed people and systems that would not give up on him, despite his mistakes.

The participants' explanations for their faltering moral and emotional connections to mainstream society can be placed along a continuum, with condemnation from others on one end and self-blame on the other. While condemnation included a stigmatized victim position, self-blaming resulted from the participants' guilt from making the wrong decisions when faced with choices. The participants linked their explanations to both pragmatic and moral considerations, including social emotions such as shame.

### **Discussion: Communal invalidation**

The struggles of the young adults can be seen as originating in a gap between the perception of the persons as they were or wanted to be, and the persons that they perceived

the mainstream community allowed them to be. We have made an analytical distinction between inward- and outward-looking challenges. When the participants were occupied with inward-looking challenges, their focus was to handle ‘inner problems’: they needed to stop listening to and pursuing their dreams and wishes (accepting their own life stories), and they had to handle the distribution of blame for their problems between themselves and others (moral fumbling). When it came to outward-looking challenges, the participants focused on barriers they met in the community: accepting the mainstream rules that they did not support since they saw the world from a different point of view than people living in the mainstream (accepting the rules), and the experience of there being no place in which they could be at home and at the same time be recognized by the citizens (caught between conflicting social worlds). These combined challenges negatively affected the participants’ self-esteem, made it difficult for them to stand up for themselves, and gravely affected their sense of belonging to the community.

The participants in our study seemed to take for granted that they would need to change and adapt their lives to be accepted as ‘proper’ citizens. They experienced difficulties in making themselves relevant (valid) because a significant portion of their personal experiences was not in accordance with dominant norms and values. In the face of the mainstream, the young adults’ experiences, perceptions, dreams, and wishes were invalidated, and they were forced to adapt these to the mainstream’s norms and values. We refer to this process of socialization as ‘communal invalidation.’ In this context, the term ‘communal’ includes both mainstream members’ contributions to the invalidation and the contributions from those directly affected by the invalidation.

The concept ‘communal invalidation’ draws attention to the social construction of norms and values that they invalidate. It can help identify the roots of devaluating experiences by people with mental health issues (Reeve 2012a). Psycho-emotional disablism (Reeve 2012b; Thomas 2007) (as explained in the introduction) and communal invalidation includes cultural forms of oppression. However, the identification of communal invalidation rests on an interactionist notion of a dialectic between structure and interaction (Strauss 1993). With the concept of ‘negotiated order, Strauss (1993) argues that social structures are the result of individuals’ negotiations and thus emphasizes the instability of structures. Unlike psycho-emotional disablism, communal invalidation in this context explicitly refers to disabled persons’ actions and reactions to collectively invalidating cultural structures. Communal invalidation not only refers to ‘passive’ labeling or social oppression, but to the fact that those who are victims of oppressive structures contribute to the maintenance of the oppression through social interaction. Inspired by Strauss, we recognize the ‘procedure’ of communal invalidation as created and maintained through actions, but not strictly routinized and taken for granted by the young adults.

The participants negotiated different ways of managing meetings with invalidating structures. We will first identify and describe the main invalidating structures, as suggested in the empirical analysis. We will then take a look at how the participants tried to cope with communal invalidation.

### ***Invalidating structures***

The participants described their meetings with the mainstream in general terms. Their description of struggles with outward-looking problems, however, indicates some concretely invalidating structures.

The participants found that *participation in facilitated activities within segregated arenas was not valid*, due to the confines of normality in the community. Population studies demonstrate that young people are under extreme pressure due to the expectation that they should do well in school and present themselves in alignment with the relevant codes (NOVA 2014). This suggests a lack of diversity of criteria for success.

The participants further described how *experiences and opinions from persons in marginal positions were not listened to*. They had few opportunities to confront the prejudices they encountered. The ‘double view’ resulting from both having knowledge of living on the margins of society and knowledge about the mainstream was not much appreciated.

Mainstream activities that were valued by the citizens were not necessarily available to the participants, due to *lack of universal design* (Lid 2009). For example, concentration problems and bodily restlessness, as well as many former humiliating and painful school experiences, made it difficult to finish high school and thereby gain access to higher status and better living conditions.

The inward-looking challenges described by the participants can be seen as expressions of encounters with prevailing reductionistic understandings of ‘deviance’ in society (Beck 1992; Coté and Levine 2002) and a psychologization of disability (Ville 2010). One reductive understanding in society is related to *the idea of choice*: the individual has a whole range of possible life paths to choose between and, therefore, to a greater or lesser extent, is responsible for his or her fate (Beck 1992; Cockerham 2005). Giddens (1999) indicates that duty characterizes late modernity and claims that, if one finds oneself in a difficult situation that is primarily caused by others, one nevertheless has choices in society. Choice and opportunity rhetoric can remove the focus from the sorting mechanisms in the global and competitive job market. It attributes the blame and the shame to the individual (Kildal and Nilssen 2011; Scambler 2009; Yates and Roulstone 2013).

Another example of reductionist understandings is *a simplified causal perspective on substance abuse*. It is assumed that there is something ‘in the person’ that makes him or her unable to regulate their use. This view may have been presented to them in self-help groups like NA and services (Järvinen and Mik-Meyer 2003): the person is responsible for the problem. A normative divide also prevails in our society between those who manage to control their substance abuse and maintain their normal daily obligations and those who do not (Järvinen and Ravn 2011; Room 2005; Rødner 2005).

### *Coping with communal invalidation*

The participants' coping with invalidating mainstream structures included both protest and support. Some of this may be related to Merton's (1976) sociological ambivalence: social definitions of roles and statuses are the main sources of contradictory expectations. This ambivalence is often related to status transition, for example, from child to adult, or a transition from marginal to mainstream status (Coser 1996; Merton 1976). In the traveler's luggage are cultural values from the former status that differ from the other status which he or she is trying to become a part.

The participants handled this ambivalence in different ways. In the empirical analysis, we found a striking contrast between those claiming self-control, thus attributing any difficulty to oneself or one's choices and those adhering to the idea of being controlled by others and society, taking up a 'victim position.' Although some participants embraced the mainstream, while others criticized it, freeing them from dealing with nuances, most participants expressed some distance from both the mainstream and the marginal environment because they did not fully embrace norms and values in either of these two social worlds. The participants' maneuvering between participating in and supporting both the mainstream and the marginal positions can be seen as *struggles to both protest and submit to communal invalidation*.

This ambivalence counteracted communal invalidation to some extent. Among professionals, ambivalence is acknowledged as a socialization barrier: the service user is only moderately motivated to change (Schulman, Bickmore, and Sidner 2011). Some of the participants, however, took part in communal invalidation for pragmatic reasons even though they expressed a double view on the mainstream as well as the marginal environment. They had internalized the community's eyes and expectations and tried to accommodate some of this for pragmatic reasons.

Focusing on the outward-looking communal invalidation, we find that the participants could participate in mainstream arenas without personally embracing the invalidating norms and values—*pragmatic ways of coping with communal invalidation*. We see the following as a striking example: most of the participants had experiences of not fitting in at school. At the same time, they acknowledged that more education was necessary to have future opportunities. The participants could, for example, choose to catch up on missed classes at school or to participate in welfare interventions to promote employability and work participation. By their participation, they supported the social order, including the values and norms that invalidated their experiences, which meant that they did not feel at home in the area and were to some extent 'dislocated' from the mainstream arenas, that is, psychologically and socially separated (Alexander 2008).

Focusing on inward-looking communal invalidation, we found a more complex situation. The reasons why the participants decided to start this process could be pragmatic: the only opportunity to move on and become part of the mainstream was to stop thinking about bad experiences of not fitting in and how things could have been, and to 'put things behind.' Others who struggle with mental health and substance use problems have also

described that this process was important in their recovery processes and in their progress toward managing to lead meaningful lives in the community (Davidson et al. 2008).

However, this is hardly the whole story. Reeve describes a form of internalized oppression with the term ‘double consciousness’ concerning Young’s ‘cultural imperialism’ (Reeve 2012a): the person wants to be seen as ‘normal’ and recognized by her fellow citizens, but at the same time has internalized society’s invalidating view of her. Several of the participants took part in this struggle. The inward-looking challenges implied struggles with internalized invalidating views that the persons supported to some extent. ‘Identity work’ could be a way of coping with this challenge: the individual tries to reduce the gap between their experiences with identity and the views of others (Snow and Anderson 1987). The gap can, for example, be reduced by the individual’s acceptance of his or her low position in society and working these ‘realities’ into their identity.

The inward-looking communal invalidation associated with the participants’ moral judging of their actions and choices implies an embracing of structures supporting this judging—such as reductive structures. The participants explained that they had hurt others like family members and had made the wrong choices. However, due to what we describe as ‘moral fumbling,’ it becomes more challenging to confront wrong choices others have made in their upbringings, such as parents, neighbors, teachers, and politicians (Thomson et al. 2002). Such a position can be said to be prenegotiated in encounters with societal norms and values.

## **Conclusion**

We have advanced the concept of communal invalidation to account for the social processes that take place in encounters between young adults with co-occurring substance abuse and mental health problems and broader (majority) society. At the core of this concept is the observation that the participants’ experiences relate to conflicting social worlds and that a significant part of their personal experiences is deemed irrelevant or invalid. What we have described as moral fumbling demonstrates the manner in which young adults with substance abuse and mental health issues remain uncertain about their societal responsibilities and what could reasonably be placed on others. The study indicates that these young adults are at great risk of being left to themselves, without the chance to get to grips with how to make themselves relevant (valid) in mainstream society and doubting whether that ambition is worth all the work. While various social and mental health work initiatives will have some impact, this study suggests that we—as a society and community—should strive to expand the frameworks of what can be viewed as valid or legitimate lives.

## **Declaration of Interest**

The authors declare no financial interest or benefit.

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## References

- Alexander, B. K. 2008. *The Globalisation of Addiction: A Study in Poverty of the Spirit*. New York: Oxford University Press.
- Anvik, C. H. and R. H. Waldahl. 2016. "Når noen må ta regien: Om unge med psykisk helseproblemer: utfordringer, tiltak og samhandling på Island, Færøyene og i Norge [When someone needs to take the leading role: About young people with mental health problems: Challenges, initiatives and collaboration in Iceland, the Faroe Islands and in Norway]." *Nordlandsforskning rapport nr. 1*, Bodø: Nordlandsforskning.
- Beck, U. 1992. *Risk Society: Towards a New Modernity*. London: Sage.
- Beresford, P. 2004. "Madness, Distress, Research and a Social Model." In *Implementing the Social Model of Disability: Theory and Research*, edited by C. Barnes and G. Mercher, 208–22. Leeds, UK: Disability Press.
- Beresford, P., M. Nettle, and R. Perring. 2010. *Towards a Social Model of Madness and Distress? Exploring What Service Users Say*. York, UK: Joseph Rowntree Foundation
- Beresford, P. and J. Russo 2016. "Supporting the sustainability of Mad Studies and preventing its co-option." *Disability and Society*. doi: 10.1080/09687599.2016.1145380.
- Braun, V., and V. Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101. doi: 10.1191/1478088706qp063oa.
- Chamberlin, J. 1978. *On Our Own*. London: Hawthorn Books.
- Cockerham, W. C. 2005. "Health Lifestyle Theory and the Convergence of Agency and Structure." *Journal of Health and Social Behavior* 46 (1): 51–67. doi: 10.1177/002214650504600105.
- Coser, R. L. 1996. "Role Distance, Sociological Ambivalence, and Transitional Status Systems." *American Journal of Sociology* 72 (2): 173–187. doi: 10.1086/224276.
- Coté, J. E., and C. Levine. 2002. *Identity Formation, Agency, and Culture: A Social Psychological Synthesis*. Mahwah, NJ: Lawrence Erlbaum.



- Davidson, L., R. Andres-Hyman, L. Bedregal, J. Tondora, J. Frey, and T. A. Kirk Jr. 2008. "From "Double Trouble" to "Dual Recovery": Integrating Models of Recovery in Addiction and Mental Health." *Journal of Dual Diagnosis* 4 (3): 273–290. doi: 10.1080/15504260802072396.
- Drake, R. E., and M. A. Wallach. 2000. "Dual Diagnosis: 15 Years of Progress." *Psychiatric Services* 51 (9): 1126–1129. doi: 10.1176/appi.ps.51.9.1126.
- Giddens, A. 1999. "Risk and Responsibility." *The Modern Law Review* 62 (1): 1–10. doi: 10.1111/1468-2230.00188/abstract.
- Häikiö, L., and B. Hvinden. 2012. "Finding the Way between Universalism and Diversity: A Challenge to the Nordic Model." In *Welfare State, Universalism and Diversity*, edited by A. Anttonen, L. Häikiö, and K. Stefánsson, 69–89. Cheltenham: Edward Elgar.
- Hamilton, I. 2014. "The 10 Most Important Debates Surrounding Dual Diagnosis." *Advances in Dual Diagnosis* 7 (3): 118–128. doi: 10.1108/ADD-05-2014-0013.
- Helsedirektoratet (The Norwegian Directorate of Health) 2012. *Nasjonalt faglig retningslinje for utredning, behandling og oppfølging av personer med samtidig ruslidelse og psykisk lidelse - ROP-lidelser*. [National professional guideline for the assessment, treatment and follow-up of people with co-occurring substance use and mental disorder ]. Oslo: Helsedirektoratet.
- Helsedirektoratet (The Norwegian Directorate of Health) 2014. *Sammen om mestring* [Coping together]. Veileder IS-2076. Oslo: Helsedirektoratet.
- Järvinen, M., and N. Mik-Meyer. 2003. *At skabe en klient. Institutionelle identiteter i socialt arbejde*. [To create a client. Institutional identities in social work]. Copenhagen: Hans Reitzel.
- Järvinen, M., and S. Ravn. 2011. "From Recreational to Regular Drug Use: Qualitative Interviews with Young Clubbers." *Sociology of Health and Illness* 33 (4): 554–569. doi: 10.1111/j.1467-9566.2010.01303.x/abstract.
- Kildal, N., and E. Nilssen. 2011. "Norwegian Welfare Reforms: Social Contracts and Activation Policies." In *Activation and Labour Market Reforms in Europe. Work and Welfare in Europe*, edited by S. Betzelt and S. Bothfeld, 218–239. London: Palgrave Macmillan.
- Lid, I. M. 2009. "Hva kan man oppnå gjennom universell utforming? En undersøkelse av ulike sider ved begrepet [What can one accomplish through Universal Design? A study on the various aspects of the notion]." *FORMakademisk* 2 (1): 17–27.
- Lid, I. M. 2015. "Vulnerability and Disability: A Citizenship Perspective." *Disability and Society* 30 (10): 1554–1567. doi: 10.1080/09687599.2015.1113162.

- Link, B. G., E. L. Struening, M. Rahav, J. C. Phelan, and L. Nuttbrock. 1997. "On Stigma and its Consequences: Evidence from a Longitudinal Study of Men with Dual Diagnoses of Mental Illness and Substance Abuse." *Journal of Health and Social Behavior* 38 (2): 177–190. doi: 10.2307/2955424.
- Mahar A., V. Cobigo, and H. Stuart. 2013. "Conceptualizing Belonging." *Disability and Rehabilitation* 35 (12): 1026–1032. doi: 10.3109/09638288.2012.717584.
- Merton, R. K. 1976. *Sociological Ambivalence and Other Essays*. New York: The Free Press.
- Moltu, C., J. Stefansen, M. Svisdahl, and M. Veseth. 2013. "How to Enhance the Quality of Mental Health Research: Service Users' Experiences of their Potential Contributions through Collaborative Methods." *American Journal of Psychiatric Rehabilitation* 16 (1): 1–21. doi: 10.1080/15487768.2013.762295
- NOVA (Norwegian Social Research) 2014. *Ungdata. Nasjonale resultater 2013* [Youth data. National results 2013]. NOVA Rapport 10/14. Oslo: NOVA.
- Oliver, M. 2013. "The Social Model of Disability: Thirty Years On." *Disability and Society* 28 (7): 1024–1026. doi: 10.1080/09687599.2013.818773.
- Owens, J. 2015. "Exploring the Critiques of the Social Model of Disability: The Transformative Possibility of Arendt's Notion of Power." *Sociology Health Illness* 37: 385–403. doi: 10.1111/1467-9566.12199/abstract.
- Price, M. 2011. *Mad at school: rhetorics of mental disability and academic life*. Ann Arbor: The University of Michigan Press.
- Reeve, D. 2012a. "Psycho-Emotional Disablism in the Lives of People Experiencing Mental Distress." In *Distress or Disability? Proceedings of a Symposium Held at Lancaster University, 15–16 November 2011*, edited by J. Anderson, B. Sapey, and H. Spandler, 24–29. Lancaster, UK: Centre for Disability Research.
- Reeve, D. 2012b. "Psycho-Emotional Disablism: The Missing Link?" In *Routledge Handbook of Disability Studies*, edited by Watson N. Roulstone and C. Thomas, 78–92. Abingdon, UK: Routledge
- Rødner, S. 2005. "'I am not a Drug Abuser, I am a Drug User': A Discourse Analysis of 44 Drug Users' Construction of Identity." *Addiction Research and Theory* 13 (4): 333–346. doi: 10.1080/16066350500136276.
- Room, R. 2005. "Stigma, Social Inequality and Alcohol and Drug Use." *Drug and Alcohol Review* 24 (2): 143–155. doi: 10.1080/09595230500102434/abstract.
- Scambler, G. 2009. "Health-related Stigma." *Sociology of Health & Illness* 31 (3): 441–455. doi: 10.1111/j.1467-9566.2009.01161.x/full.

- Schulman, D., T. Bickmore., and C. Sidner 2011. “An Intelligent Conversational Agent for Promoting Longterm Health Behavior Change Using Motivational Interviewing.” *Proceedings of the AAAI 2011 Spring Symposium*: 61–64.
- Shakespeare, T. 2006. *Disability Rights and Wrongs*. London/New York: Routledge.
- Snow, D. A., and L. Anderson. 1987. “Identity Work among the Homeless: The Verbal Construction and Avowal of Personal Identities.” *American Journal of Sociology* 92 (6): 1336–1371. doi: 10.1086/228668.
- Staniland, L. 2009. *Public Perceptions of Disabled People: Evidence from the British Social Attitudes Survey*. London: Office for Disability Issues, HM Government.
- Strauss, A. L. 1993. *Continual Permutations of Action*. New York: Aldine de Gruyter.
- Thomas, C. 2007. *Sociologies of Disability and Illness: Contested Ideas in Disability Studies and Medical Sociology*. Basingstoke: Palgrave Macmillan.
- Thommesen, H. 2010. “Master Narratives and Narratives as told by People with Mental Health and Drug Problems.” *Journal of Comparative Social Work* 1: 1–16.
- Thomson R., R. Bell, J. Holland, S. Henderson, S. McGrellis, and S. Sharpe. 2002. “Critical Moments: Choice, Chance and Opportunity in Young People's Narratives of Transition.” *Sociology* 36 (2): 335–354. doi: 10.1177/0038038502036002006.
- Tjora, A. 2019. *Qualitative Research as Stepwise-Deductive Induction*. London: Routledge
- United Nations. 2008. *The UN Convention on the Rights of Persons with Disabilities*. Geneva: United Nations.
- United Nations. 2017. *Report of the Special Rapporteur on the Right of Everyone to Enjoyment of the Highest Attainable Standard of Physical and Mental Health*. Human Rights Council, 35th Session, Agenda Item 3. Geneva: United Nations.
- Ville, I. 2010. “From Inaptitude for Work to Trial of the Self. The Vicissitudes of Meanings of Disability.” *European Journal of Disability Research* 4: 59–71. doi: 10.1016/j.alter.2009.11.007.
- Vold Hansen, G., R. Fugletveit, and P. A. Arvesen. 2015. “What Works? Flexibility as a Work-Participation Strategy for People with Addiction and Mental-Health Problems” *Nordic Journal of Social Research* 6: 134–148.
- Wendelborg, C., and Tøssebro, J. 2010. “Marginalisation Processes in Inclusive Education in Norway: Longitudinal Study of Classroom Participation.” *Disability & Society* 25 (6): 701–714. doi: 10.1080/09687599.2010.505744.
- Yates, S., and A. Roulstone. 2013. “Social Policy and Transitions to Training and Work for Disabled Young People in the United Kingdom: Neo-Liberalism for Better and for Worse?” *Disability and Society* 28 (4): 456–470. doi:10.1080/09687599.2012.717874.