Adverse Childhood Experiences and Socio-Emotional Needs of Emerging Adults Through the Lens of Choice Theory

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Abstract: Adversities at all stages of life can have far-reaching consequences. Some socio-emotional needs of emerging adults stem from attachment with primary caregivers, and when these attachments go awry, therapy can help in repairing these ruptures. This study used Glasser's Choice theory to explore the adverse childhood experiences of 15 emerging adults (n_{male} = 6; n_{female} = 9) who had been purposively sampled. Using Braun and Clarke's (2006) thematic analysis framework, three main themes were extracted from the transcribed verbatim interviews. The themes were consistent with three unique developmental stages – childhood, adolescence, and emerging adulthood. While multiple sub-themes emerged from each of the developmental stages, the final stage was grounded on *Choice theory* in exploring narratives on avoidance, unmet needs, and belongingness. Recommendations are proffered for emerging adults, family therapists, and agencies that work with adolescents and young adults.

Keywords: Emerging adults, ACEs, Choice theory, socio-emotional needs

INTRODUCTION

Adversities in childhood such as traumatic experiences can be life-threatening but also have far reaching consequences over the developmental trajectory (Corrales et al., 2016; Davis et al., 2017) in a way that significantly influences social and emotional functioning. The consequences are multifaceted and multilayered and do affect attachments in later life (Toof et al., 2020). According to Bowlby's *attachment theory*, the bond formed between children and their caregivers is crucial to their self-worth and subsequent relationships across the lifespan (Berger, 2014; Kyei, 2015). The ability to form healthy attachments is essential to one's mental health and social adaptation (Ng et al., 2020). Additionally, the bond between children and caregivers is so innate that it affects the child's emotions, cognition, social connection and behavior through various transitions across the lifespan (Berger, 2014; Toof et al., 2020). When individuals survive childhood adversities, they yearn for emotional and social connection (Kyei, 2015; Williams, 2021). Emotional connections include love, acceptance, trusted relationships, self-satisfaction and confidence, while social connections include the capacity to maintain healthy relationships and support with significant others.

According to Dube (2018), childhood trauma has become a public health crisis of global proportions. Dube further explains that childhood trauma is associated with individual needs – a person's subjective perception experienced within a system, culture, or common group. Interestingly, some individuals can convert socio-emotional adversities to build resilience on their own; others depend on informal support systems, while still others need professional therapists to navigate these experiences (Haim, 2021).

ACEs and African Child Rearing

According to the Centers for Disease Control and Prevention (CDC, 2021), Adverse Childhood Experiences (ACEs; Felitti et al., 1998) are negative experiences children go through before the age of 18 years. ACEs are classified into three groups - abuse, neglect, and household challenges (CDC, 2021). Since the 1998 study by Dr. Felitti and his colleagues, several studies have been undertaken to assess the effect of ACEs on physical and psychological outcomes (Cloitre et al., 2019; Vig et al., 2019).

Researchers in some low-and-middle-income countries have identified that parenting style as well as discipline in schools can cause childhood trauma (Alhassan, 2013; Kyei-Gyamfi & Kyei-Arthur, 2024; Lokot et al., 2020). According to these researchers, when parents use authoritarian parenting styles, their children tend to exhibit inferiority complex, have low self-esteem and lower academic success. These children are more hostile and aggressive and less popular with peers. Such children also tend to abuse substances in their adolescence and are less independent compared to children of non-authoritative parents. For many African cultures, verbal and physical abuse have become a normal part of child rearing to the extent that many children end up with multiple indices of adverse childhood experiences (Alhassan 2013; Kyei-Gyamfi & Kyei-Arthur, 2024).

Even though the UN convention abhors all forms of violence against children (Convention on the rights of the child, 1989), many homes and schools in Ghana are reported to practice ongoing forms of violence against children (Addae & Tang, 2021; Dankyi et al., 2021). Such forms of abuse reduce their confidence and self-esteem. Kyei (2015) indicated that in the Greater Accra region of Ghana, about 42.7% of children reported having been verbally abused at home. Davis et al., (2017) in their study on the impact of ACEs and recent life events on anxiety and quality of life in university students' physical and mental health issues, found that students who had experienced ACEs mostly develop anxiety, which invariably affects their self-esteem and socio-emotional needs. Also, individuals who experienced a high level of adversity in childhood have lower levels of social support, which puts them at an increased risk of experiencing loneliness, depression, and anxiety (CDC, 2021; Haim, 2021). Because of some of these abuses, the education ministry of Ghana, in collaboration with the United Nations Children's Fund (UNICEF), have designed a policy on "Safe Schools", with the aim of preventing physical, sexual, and psychological abuse, as well as violence in and around the schools – whether physical or virtual (Safe School Policy, 2024). While this policy is yet to be passed as a law, multiple initiatives and trainings have been undertaken in all Ghanaian basic schools (K-12) to educate teachers, students, and other stakeholders on the need for safety in and around the schools.

While ACEs have dire physical and psychological consequences in adulthood, several studies have reported the use of positive supports to offset some of these negative consequences. For example, Williams' (2021) study on African American doctoral students who had experienced ACEs indicated that healthy interpersonal supports assisted individuals with emotional needs. Participants referenced family, mentors, and peers as interpersonal supports they experienced along their doctoral journey. In addition to these human supports, participants recognized that institutional support (e.g., university resources, faith communities) were helpful in meeting individual needs. Supportive relationships helped survivors of ACEs to be able to connect with others – asking for advice and seeking for emotional support (Ashton et al., 2021; Suh et al., 2024).

While the literature on ACEs and psycho-medical outcomes is plenteous in the global north, ACEs in the global south is relatively sparse. It has become necessary to explore ACEs, vis-à-vis the socio-emotional needs of emerging adults, especially those in college, and to help them navigate the transition into the world of work and full functionality in their communities. This current study therefore aims to understand the experiences of a group of undergraduate students who have experienced ACEs, explore their emotional and social needs, and identify how the *Choice theory* will be a beneficial support for their success in school and the world of work.

Choice Theory and Emerging Adulthood

Dr. William Glasser's (1965) *Choice theory* asserts that genetically, human beings are wired with five basic needs - survival, love and belonging, power or achievement, freedom or independence, and fun or enjoyment. According to Glasser, the need for love and belonging are individuals' primary need, explaining why mental health challenges are often related to interpersonal relationship challenges. It is of note that these needs don't exist in any particular order; any of them can appear at any point in the life of the individual. Everyone only has the power to control themselves and limited power to control others; conflicts arise when people try to control others.

The focus of *Choice theory* is to help people take responsibility for their own lives. As part of taking responsibility, therapists who operate from this theoretical lens help their clients to pay attention to their thoughts, feelings, and actions when taking a decision. At the heart of *Choice theory* is the development of close, caring relationships. These relationships are nurtured toward effective fulfilment of one's needs in addition to the achievement of happiness. Some individuals, however, focus on external control (e.g., criticizing, threatening, and nagging) to achieve happiness. Unfortunately, this behavior results in conflict, frustration, and disconnected relationships, thereby causing unhappiness, depression and anxiety (Glasser, 1965). When people use external forces rather than internal forces to satisfy unmet needs, it sometimes results in psychological challenges. Therapists operating from this lens use Glasser's recommended seven relationship habits to help clients increase self-awareness and make more responsible choices. These relationship habits are supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences. Therapists also educate clients on seven opposite habits – disconnecting habits – that are used to control people. The disconnecting habits – criticizing, blaming, complaining, nagging, threatening, punishing, and bribing or rewarding to control – result in misunderstanding and resentment, and invariably, a breakdown of relationships. According to Glasser (1965), connecting habits provide happy and positive relationships while disconnecting habits cause relationships to rupture.

Within the *Choice theory*, human behavior reportedly works within 10 axioms – truisms that describe the choice that people can make to enable them to live in harmony with themselves and others. The axioms are as follows: 1) Human beings can only control their own behavior; 2) All we give or get from others is information; 3) All long-lasting psychological problems are relationship problems; 4) Human beings must have at least one satisfying relationship; 5) The past has a lot to do with who we are, but it does not hold us prisoner; 6) Human beings are driven by five genetic needs; 7) We satisfy these needs by building *quality worlds*; 8) All behavior consists of four components: acting, feeling,

thinking, and physiology; 9) Recognizing that we control our own behavior; and 10) People only have direct control over acting and thinking, but can gain indirect control over feeling and physiology through these. The tenets and axiom within *Choice theory* imply that the kind of relationship and the experiences that children have with their caregiver go a long way in fulfilling their genetic needs of survival, love and belonging, achievement, freedom and enjoyment. Whenever the child perceives the relation between them and others as good, it helps them to connect and achieve happiness and life satisfaction. Nevertheless, when the relationship is sour, the child feels unfulfilled and strives to look for a replacement to meet the unmet needs. Thus, when college students report experiencing diverse forms of abuse as a way to make them learn communal living, this rather produces the opposite effect. Community and human rights have been understood to contribute to citizenship (Lister et al., 2024), thus any form of violence, which is a human rights violation, breaks down community. If individuals do not feel connected to their communities, how can they inculcate any ideologies of citizenship? Moreover, when individuals perceive a lack of familial care, it becomes hard for them to trust others, leading to low self-confidence and sometimes suicidal ideation.

Aim of the Study and Research Question

If socio-emotional needs of emerging adults stem from their childhood interaction with their caregivers, and if Glasser's *Choice theory* can be used as a lens to help them navigate the effect of adverse childhood experiences, then understanding emerging adults' ACEs narratives is important as it allows the right tools (tenets and axioms) to be used to provide the necessary support. This study therefore explored how ACEs affect the social and emotional needs of emerging adults and the measures within *Choice theory* that can be used to help them replace their unmet needs.

METHOD

Based on the existing literature, the objective of the study was to use the lens of Glasser's *Choice theory* to understand the adverse childhood experiences of a group of emerging adults in three universities of Ghana, and to identify resources that could be beneficial for college counselors in helping them attain socio-emotional mastery. Because this was an exploratory study, the hermeneutic phenomenological design within the qualitative research approach was deemed appropriate (Husserl, 1931; Moustakas, 1994). We chose Moustakas' (1994) explanation of phenomenology because of his focus on common meaning from one or multiple people's perspectives.

Participants

Participants were 15 emerging adults in three public universities in the southern part of Ghana (see Table 1). The median age of participants was 24 years ($M = 23.6$ years; $SD = 2.47$). The youngest was 20 years old and the oldest was 28 years old. Of the 15 participants, six described themselves as male and nine as females. Majority of them ($n = 12$; 80%) indicated they had attempted death by suicide. Almost half ($n = 7$; 46.7%) admitted they either use or are addicted to some substance. The majority ($n = 12$; 80%) again indicated

they were engaged in some form of intimate relationship. Their ACEs scores are displayed in Table 1 to understand which items within the ACEs questionnaire they indicated a yes (1) for and those for which they indicated a no (0). Participant had ACEs scores ranging from a low of two to a high of eight.

Procedure

We sought and gained approval from the Institutional Review Board (IRB: ECUPSA –SS-001-2023). All other universities involved in the study accepted this one as sufficient to meet the requirements of human subjects' research. After IRB approval, the first author communicated with the institutional counselors. To be included in the study, a person had to (a) be a student enrolled in that university; (b) be 18 years and above; (c) have visited the university's counseling center with an ACEs-related concern; and (d) be willing to take part in the study.

Contact between the first author and the participants occurred four times: (i) the first was to build rapport and explain the purpose of the study to participants; (ii) the second contact was the interview which lasted between 30-40 minutes and recorded on an audio recorder with double encryption for protection; (iii) the third was to double check how participants had fared after the interview – to assess how the sharing of their experiences was affecting their minds and bodies, resources they used to get over the memories, and any remembering that participants felt they wanted included in their narratives; (iv) after the transcription and development of themes, participants were given a chance to check if the transcription was an accurate recording of their narratives. They also had a chance to check if the themes reflected their experiences. This final meeting was also to say 'thank you' to participants for taking part in the study.

Table 1: Demographic Characteristics of Participants

Participant Pseudonym	Age	Gender	Suicide	Substance Abuse	Intimate Relation	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total ACEs Score
Awurasi	20	F	Yes	Yes	Yes	1	1	1	1	1	0	0	0	0	0	5
Lamisi	20	F	Yes	No	No	1	1	1	1	0	1	0	0	0	1	6
Yaw	25	M	Yes	No	Yes	1	1	0	0	0	0	0	1	0	0	3
Elorm	28	M	Yes	No	Yes	1	1	0	1	1	1	0	0	1	0	6
Candice	24	F	Yes	Yes	Yes	1	1	1	1	0	0	1	1	1	0	7
Hajia	22	M	Yes	No	No	1	0	1	0	0	1	0	0	1	0	4
Nips	24	F	Yes	Yes	Yes	0	1	0	1	0	0	0	0	0	0	2
Tracy	22	F	Yes	Yes	Yes	1	1	0	1	0	0	1	1	0	0	5
Abena	24	F	No	Yes	Yes	1	1	0	1	0	0	1	1	1	0	6
Abla	27	F	No	No	Yes	1	1	0	1	1	1	1	1	0	0	7
Akua	22	F	Yes	Yes	No	1	1	1	1	0	0	0	0	0	0	4
Nii	27	M	No	No	Yes	1	1	1	1	0	1	1	1	1	0	8
Crystabel	22	F	Yes	No	Yes	1	1	0	1	0	0	1	0	0	0	4
Ayitey	22	M	Yes	No	Yes	0	1	1	1	0	1	1	1	1	0	7
William	25	M	Yes	Yes	Yes	1	1	0	1	0	1	0	0	0	0	4

To make sure the first author did not experience any vicarious trauma from the stories that participants shared with her, the second author provided a structured and regular debriefing. This process served two purposes – first to provide both research and clinical oversight – psychological and academic care for the first author during the dissertation writing process, and secondly to use it for bracketing and audit trail – necessary aspects of trustworthiness in the qualitative research process (Creswell, 2013).

We used the homogenous purposive sampling method (Creswell & Poth, 2018; Merriam & Tisdell, 2016). College counselors introduced some of the students to the first author through a process of professional coordinated psychological care. After the introduction, participants answered the ACEs questionnaire to ascertain their eligibility for the study. When participants indicated at least two 'yeses' on the ACEs questionnaire, they were deemed eligible. Research indicates that a person who has more than one 'yes' on the ACEs questionnaire has an 87% chance of going through two or more adverse childhood experiences (Felitti et al., 1998). While clinical significance requires three or more 'yeses' on the ACEs questionnaire, recent randomized control trials have used two or more 'yeses' as basis for clinical attention (Ray et al., 2021).

To ensure anonymity in protecting participants' identity as well as to recognize the counseling ethical protocols (i.e., autonomy; respect for persons; American Counseling Association, 2014; American Psychological Association, 2017), participants were given the option to choose their own pseudonym. This study used two instruments – a semi structured interview guide and the investigators. Patton (2015) admits that in qualitative studies, the investigator(s) are the main instruments for data collection. We used the Interview Question Development Matrix (IQDM) to frame the semi-structured interview guide to ensure conformity with the research questions. IQDM is a format used to develop interview questions based on reviewed literature. In this study, questions were aligned to the literature on emerging adults and ACEs (Willams, 2021). The interviews were audio recorded and transcribed verbatim.

DATA ANALYSIS

We used Braun and Clarke's (2006) thematic analysis framework to analyze the data. In the first stage, we compiled recorded interviews and sorted them for easy identification into a useful order for the database. We thereafter read the transcripts multiple times to gain insight into participants' emotional state about the phenomenon. This helped to develop initial ideas. The process also helped to scan through the data for prioritized reduction of data that will meet the purpose of the study (Leavy, 2017). The next step was to code the data using the NVivo coding technique. Thereafter, we categorized related codes together to form relationships and patterns and later themes to tell a story from the data. We also used theoretical triangulation to form themes to align them with the theoretical lens used (Saldaña, 2016).

Methodological Integrity

Methodological integrity consists of fidelity to subject matter and how useful the research is to humanity (Levitt, 2020; Levitt et al., 2021). As a standard for measuring rigor in research, methodological integrity addresses quality assurance in research. Lincoln et al.

(1985) used the term 'trustworthiness' to explain whether researchers conform to standards for acceptable and competent practice and whether the study meets standards for ethical conduct. Qualitative research is said to be trustworthy when it represents the experiences of the participants in the study accurately. Criteria for establishing trustworthiness is built on credibility, transferability, dependability, and conformability (Anney, 2014).

Credibility occurs when participants are able to identify that reported findings of the research are their own experiences (Speziale et al., 2011). Credibility in this study was achieved when the researchers reached out to participants to allow them to check if the themes reflected their experiences.

Transferability occurs when study findings have meaning to others in similar situations (Speziale et al., 2011). In this study, transferability occurred during debriefing as well as in research presentations where doctoral students had a chance to provide constructive feedback on how consistent the findings were with their own experiences or stories they had heard from others.

Dependability occurs when findings of a study can be repeated in similar samples (Speziale et al., 2011). Dependability in this study was achieved by the thorough description of participants without providing any identifying information.

Confirmability describes the extent to which findings of a research study reflect the experiences of participants without introducing any research bias (Speziale et al., 2011). Confirmability in this study occurred when the first author reached out to participants to check if transcripts were accurate and if they wanted to include or delete any other things to the narratives. A final approach to this type of trustworthiness was external audit, where the third author served as an external auditor. In this process, she checked to ensure that participants' narratives were aptly clustered under the themes extracted from the transcripts.

RESULTS

The authors set out to explore a group of emerging adults' recollections of adverse childhood experiences and how these experiences played out in their social and emotional needs. Finally, the study explored how Glasser's *Choice theory* can be used to support these emerging adults to achieve some meaning from childhood experiences and how this meaning-making can help them thrive in the emerging adulthood stage of their lives. Three broad themes and multiple sub-themes emanated from the narratives. As emerging adults with ACEs, the interplay of their past and the present revealed themes that were categorized broadly as "childhood", "adolescence" and "emerging adults in Choice theory" (see Figure 1).
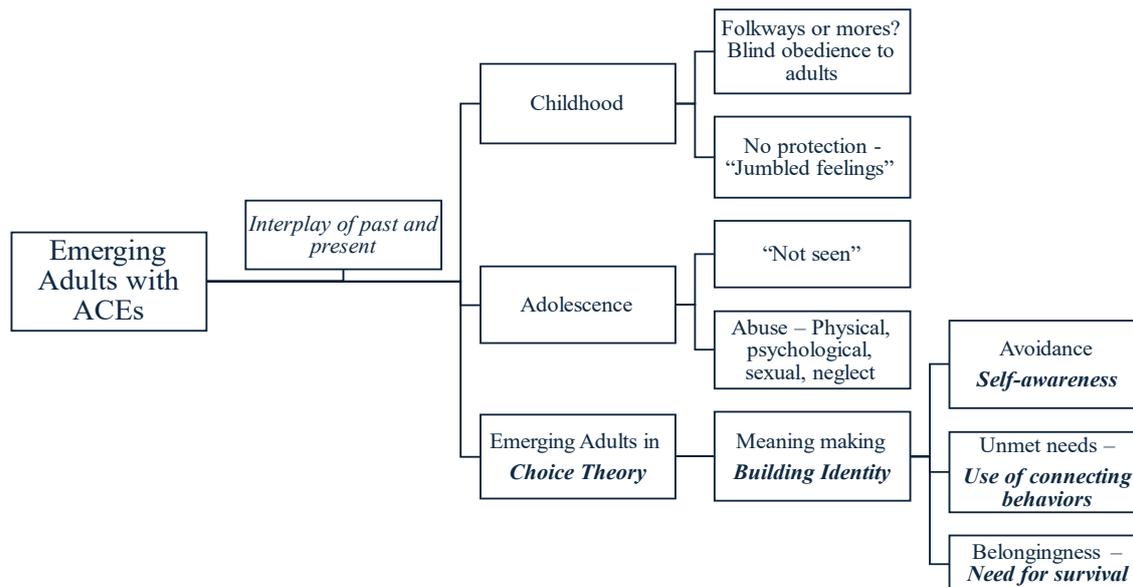
Figure 1: Themes from Emerging Adults with ACEs

The broad theme "childhood" had two sub-themes (a) folkways or mores? Blind obedience to adults; and (b) no protection – jumbled feelings. The broad theme "adolescence" had two subthemes – (a) not seen; and (b) abuse. The broad theme "emerging adults in Choice theory" had three subthemes – (a) avoidance; (b) unmet needs; and (c) belongingness.

First Major Theme - Childhood

The first theme – Childhood – described participants' experiences in childhood that they felt played a role in their current lives. Participants described, in the first subtheme, how they were taught to obey all adults blindly; they felt they did not have the cultural freedom to ask questions. They were not sure if this obedience was folkways or part of cultural mores. For example, Chrystabel shared that "It wasn't really funny. Yeah, am the first child of five children and they tend to use our childhood as junior mothers to your siblings ... I ...had a lot of responsibilities that I wasn't probably ready for at that age". Ayitey confirmed this when he stated that "Oh ... I felt unwanted...I don't know but sometimes you feel odd because ... they give preference to certain people ... 'You should allow better people to talk; you sleeps outside you need not to talk'."

In the second sub-theme, no protection – jumbled feelings', participants described how their childhood experiences made them feel unprotected. There appeared to be social narratives that adults had to protect children. So while they kept their part of this 'bargain' in blind obedience, the adults in their lives did not protect them. Participants described this as 'jumbled up feelings' where they felt 'cheated' because while they kept their part of the contract, the adults in their lives did not keep their end of the bargain. Abla stated that "My dad was a very busy person. He will come home late, we are already asleep, we will wake up, he is already gone." Chrystabel's narrative seems to sum this theme up when she stated:

Hmmm also like I said am the first born of 5 kids and then there will be instances of where let's say I will feel sick and I will tell either of my parents that I feel sick and then the response that I get is like am expected to be self-sufficient because I have younger siblings so I should be able to take care of myself and I was still a child at the time. …like am a child and I fall and I come and tell my mum that I fell and I have a bruise, I mean I know that I can get ointment and apply it but I want to feel like, like she feels bad that I am hurt but then I am expected to do it myself because… but then there will be instances where my other siblings go through the same thing or something less painful than I had and they will get the attention that they want or the attention that I wanted to have and I didn't get. … When they are 7 and they go through the same or something similar, they don't get the same treatment, it made me wonder if I was like part of the family? or was it because I was a first born child? Was it a crime to be born a first born child?

The perception of lack of protection and perceived inconsistency in treatment was such a profound experience that even in adulthood, participants still carried the memory as if it was happening all over again.

Second Major Theme - Adolescence

The childhood experiences appeared to have transitioned into adolescence when participants experienced "not seen" as a subtheme. The subtheme of 'not seen' occurred when it felt like double meaning from adults. On the one hand, they get comments that imply they should act like kids, and on other occasions, they get rebuked because they are acting like children. Elorm shared that "You only say your mind when you are been asked to. You don't do anything unless you are asked to do. In that way it intimidates." Chrystabel shared that "…I grew up with a lot of insecurities… as a child, I was taught to be self-sufficient … no one was there for me."

A second subtheme in adolescence was abuse with all its tentacles. Abuse occurred as neglect, insults, being made to feel less of a human being, and being sexually abused with no end in sight. In adolescence, when all these abuses were going on, it confirmed participants' experiences of not being seen, which invariably linked to the childhood experience of no protection and jumbled up feelings. Tracy states, "My mum, she grabs anything she can get hold of and throw at me. There was one time she slapped me and my head hit the wall and she just walked away because she was angry at me." Abla's physical abuse left marks on her body, "They have used cane, they have used belt, or they use shoe or coffee table. I think that's my mum. They have even used iron rod. ... It was on my left shoulder but now is not really visible". For Elorm, it was both physical abuse and psychological abuse

I remember one time my dad, it was mostly my dad who beat me because I went out to watch TV. Meanwhile there was a TV in the house but only my stepmother and step siblings were watching it but we were not allowed to watch it, so I went out to watch TV. When I came back my stepmother complained to him and my dad used a cane to beat me. I felt neglected that

he doesn't like me to the extent that I asked myself if I was adopted from a different mother or if am not his real son.

Abuse was also sexual, as described by Akua, "I was in class 1 [first grade], I was around age 5 or 6 and the person was older, and the person was my elder brother's best friend. I think he tried to sexually assault me or something I don't know". For Abena and Tracy, abuse was neglect from primary caregivers. Tracy stated that "I stayed with my mum and brother. I will say my mum did what mothers are supposed to do, that is it! She just provided. My dad, he provided as and when he felt like it". Those who endured verbal abuse, like Yaw, still remember how it still affects him: "the last one I remember is, it was in Twi "aden woye bayibonsam? [Why, are you the devil's spawn?]" that kind of utterance really got to me and still has an effect on me". Like Yaw, Tracy had a similar experience of verbal abuse that has far reaching consequences

My mum insulted me and said in Fanti [one of the major tribal dialects in Ghana]: "Wokon ekyir tsede mumu a ɛtɔ etwew'n" [your neck is like a deaf and dumb person who has been chocked on mashed yam]. From that time till now, I have not felt confident to hold my hair up in a ponytail or bundle because I feel like others will see the back of my neck and think the same like my mum did.

These various abuses in adolescence still affect the participants; for some, they still have memories of those incidents.

Third Major Theme – Emerging adults in Choice theory

There was one sub-theme within the "emerging adults in choice theory" major theme, and three sub-sub themes. Within the emerging adulthood space, participants realized they were constantly navigating the processes of meaning making. This meaning-making, when it occurred in safe therapeutic spaces, led to identity building. In building this identity, participants walked through three processes that were not linear nor cyclical. The processes were avoidance, unmet needs, and belongingness. It appeared that depending on the unique challenges in life, they could cycle through one or multiple or all of the processes towards meaning making – avoidance, unmet needs, and belongingness. Nips shared how her confidence is still low, "My confidence is really low… I don't want situations where I mess up and everybody is against me." Tracy shared that "because of my childhood experiences, I didn't know how to make friends and how to talk to people." Candice admitted that "my issues with men are still making me insecure; it not making me trust anybody at all." The sub-theme of 'unmet needs' explored how the needs they had that was ignored in childhood desires to be met in adulthood. Chrystabel succinctly puts it this way, "Mostly, I find that I get joy doing things that little children do, maybe because I wasn't able to do them as a child. … there is still a part of me that is refusing to grow up…". The final sub-theme explored belongingness. Both Awurasi and Akua describe their desire to belong. Awurasi states, "If I get someone who really understands me, I don't let the person go. So, I try to check up on them, I talk to them…" Tracy's yearning to belong turns to suicidality whenever she feels rebuffed, " I think that's where the suicide attempts come in because at a point, I feel like I am not needed so my absence will do nothing to the people around me".

The three main themes extracted from participants' experiences were connected to three developmental stages in life – childhood, adolescence, and emerging adulthood. In remembering childhood adversities, participants described wanting to find answers to their childhood experiences – were they just cultural requirements or their primary caretakers just did not take care of them? In adolescence, participants felt 'not seen' when they grew up with diverse insecurities and abuses that still affect them in adulthood. Because of these childhood and adolescent experiences, their adulthood is fraught with intra and interpersonal avoidance, wanting to belong, and the feeling that their needs are unmet.

DISCUSSION

The study used Glasser's *Choice theory* as a lens to understand the adverse childhood experiences of a group of emerging adults in college. The three major themes from participants' lived experiences were childhood adversities, adversities in adolescence, and emerging adulthood struggles based on these adversities in childhood and adolescence. Each of these broad themes had sub-themes.

The first major theme had sub-themes that described blind obedience to adults and childhood vulnerability and peril. In the Ghanaian culture, children are often socialized to obey adults without questioning. Culturally, this is meant to demonstrate their respect and reverence to authority. This attitude can lead to a culture of blind obedience, where children are not encouraged to think critically or question the actions of adults. This phenomenon is supported by Kyei's study that found that Ghanaian children are often expected to obey their parents and elders without question, even if they disagree with their decisions (Kyei, 2015). Blind obedience can have negative consequences, such as stifling children's autonomy and creativity. Also, within the culture, there are both overt and covert endorsements of punishing children without giving them a chance to defend themselves, thus making children feel helpless and unprotected (Corrales et al., 2016; Davis et al., 2017)).

Discussing Childhood

Childhood experiences have far-reaching consequences on later life experiences, especially in intra and interpersonal relationship building and growth, and invariably on wellbeing (Dube et al., 2017; Davies et al., 2021). Early childhood experiences reflect the need for validation and acceptance. Failure to gain these in childhood affects a person's belief system, causes internalization, and show up in adulthood as inferiority and antisocial behaviors to compensate for the inability to maintain healthy relationships. This aligns with Adler (1963) assumption that a child who is unable to resolve life's problem without the assistance of others grows up into a neurotic person with dysfunctional lifestyle.

The second subtheme under the main theme of childhood expressed participants' lived experiences on lack of protection from the adults who were supposed to protect them. This left them with jumbled feelings where they felt that they had kept their part of the societal bargain – blind obedience – yet their reward for protection was not given. This subtheme is consistent with multiple studies on Ghanaian children and their experiences with various levels of abuse that is shrouded in cultural expectations (Alhassan, 2013; Kyei-Gyamfi & Kyei-Arthur, 2024). These studies found that many Ghanaian children experience

physical punishing (e.g., caning) and emotional abuse, leading to long-term psychological trauma. Some of the psychological trauma in the immediate were feelings of vulnerability and powerlessness. In later stages of life, these experiences showed up, in this study's sample, as feelings of lack of self-worth, inability to form lasting relationships, anxiety, and constant self-doubt. These experiences are consistent with Haim's (2021) study and even Lokot et al., (2020) who connected these childhood experiences to individuals' lack of social skills and difficulty in forming and maintaining healthy relationships.

Discussing Adolescence

In the second major theme – adolescence – participants described the feeling of 'not seen' as well as the diverse forms of abuse. Kyei's 2015 study describes Ghanaian adolescents expressing their perception that their parents and teachers do not understand them. This perceived lack of understanding produced feelings of isolation and disconnection, leading, invariably, to increase in risk-taking behaviors, social withdrawing, depression, and aggression. While these experiences can have dire consequences, research has also discovered that children who receive social support from significant others after experiencing adverse childhood events can build resilience and develop the skills they need to navigate challenging relationships and communicate effectively in later life (CDC, 2021).

In the subtheme of abuse, participants described physical, emotional, and sexual abuse. Addae and Tang (2021) and Dankyi et al (2021) identified in their study on Ghanaian adolescents who had experienced diverse abuse, that they lived with feelings of shame, guilt, and anxiety. Research in both the global north and global south admit that abuse in childhood and adolescence leads to increased risk of anxiety, depression, and suicide ideation and completion. Research has shown that ACEs can affect adolescents differently, with some experiencing more severe consequences than others. For example, women who experience multiple ACEs are more likely to experience abuse in their adult intimate relationships, while men who experience ACEs are more likely to engage in criminal and violent behaviour (Williams, 2021).

Discussing Emerging Adulthood and Choice Theory

The theme of emerging adults in Choice Theory is characterized by three sub-themes: avoidance, unmet needs, and belongingness. Emerging adults in Ghana often use avoidance as a coping mechanism to deal with the stresses of daily life, such as academic pressure and relationship difficulties. Kyei-Gyamfi and Kyei-Arthur's (2024) study discovered that many Ghanaian emerging adults avoid dealing with their problems, leading to increased anxiety and depression. This avoidance can also lead to decreased self-esteem and life satisfaction. ACEs can have a profound impact on an individual's ability to form and maintain healthy friendships and romantic relationships. Research has shown that individuals who experience ACEs are more likely to exhibit avoidance behaviors in relationships and face emotional difficulties (CDC, 2021; Haim, 2021). This can be due to the fact that ACEs can affect an individual's sense of self-worth, self-esteem, and ability to regulate their emotions. Avoidance behaviors in relationships can be a coping mechanism for individuals who have experienced ACEs. For example, some individuals may avoid intimate relationships or friendships due to fear of rejection, abandonment, or emotional hurt (Williams, 2021).

Others may exhibit avoidance behaviors such as being clingy, nagging, or having trust issues, which can lead to difficulties in maintaining relationships.

Unmet Needs

Emerging adults in this sample often have unmet needs such as the need for autonomy, competence and relatedness (Corrales et al., 2016; Davis et al., 2017). This finding is consistent with a study which found that many Ghanaian emerging adults feel that their needs are not being met, leading to feelings of frustration and dissatisfaction (Kyei-Gyamfi & Kyei-Arthur, 2024). This can have negative consequences, such as increased risk of mental health problems and decreased life satisfaction. Emerging adults, particularly females' perceived unmet emotional needs can lead to higher levels of psychological distress. Socio-economic variables, historical and contextual factors, and age can exacerbate these differences (Berger, 2014; Toof et al., 2020). The inability to meet these needs can hinder the development of resilience, which is essential for positive growth, adjustment, and flexibility. Traditional roles and expectations in Ghana can also contribute to unmet needs, as young people struggle to establish their identities and careers in a rapidly changing world (Davis et al., 2017). Adverse childhood experiences can further compromise the development of secure attachment, mistrust, anxiety, avoidant and disorganized attachment in adulthood (Kyei, 2015). This can result in unmet needs for confidence, trust, and self-esteem which can affect interpersonal relationships and overall well-being. When these needs are not met, individuals may feel betrayed, anxious, and isolated, leading to social isolation and further exacerbating their distress (Berger, 2014; Kyei, 2015).

Belonging

According to Adler (1963), individuals who feel that they belong will feel loved and form healthy, loving bonds with others. However, those who do not feel loved may act out to express the feeling of inadequacy. The participants in this study perceived neglect by parents and significant others in their lives, making them feel lonely and rejected. These results are consistent with Kyei's (2015) study on emerging adults in Ghana who struggled with feelings of belongingness, as they navigated the transition from adolescence to adulthood (Kyei, 2015). The feeling of belonging is a critical aspect of emerging adulthood, as it plays a significant role in shaping individuals' identities, relationships, and overall wellbeing. The finding aligns with other studies that has shown that emerging adults who experience a sense of belonging tend to have better mental health outcomes, including lower levels of depression and anxiety (Ashton et al., 2021; Suh et al., 2024).

IMPLICATIONS

The study contributes to the literature on the effects of ACEs on mental health and well-being, particularly in the context of university students. Again, it has implications for practice, particularly in the development of interventions aimed at supporting students with ACEs as it highlights the need for further research into the effects of ACEs on mental health and well-being, particularly in the context of university students.

Implications for Practice

The study's findings suggest that individuals who experience emotional deprivation, neglect, and criticism may struggle with fulfilling their basic needs. Thus, in individual therapy, therapists may explore fulfilment of basic needs (e.g., love, safety) with clients who survived adverse childhood experiences. In group therapy, topics such as resources to build strong caring relationships can be addressed among college-age students. This is especially important because the study's findings also emphasized the need for social and peer support in helping individuals to thrive and succeed in college. Adopting connecting relationship habits, such as supporting and encouraging, can strengthen relationships and improve overall well-being. Further, because individuals in this study sometimes used antisocial behaviors as coping, psychoeducation on increasing self-control to make better and more responsible choices can go a long way to helping them meet their needs.

Implications for Research

It will be interesting to explore, longitudinally, how interventions at different points in time in an ACES survivor affect their mental and physical health outcomes. For example, if a group of people who have experienced adversities in childhood are allowed to experience life as is, what will their mental health outcomes be compared to those who receive individual and/or group therapy at five-year intervals. Also, unique strengths-based interventions can be used in an experimental design to assess which one, prior to marriage, has the most likelihood of helping an ACES survivor 'heal' enough to enter into marriage. Finally, different adult groups who have survived ACES could be studied to understand location and gender differences, vis-à-vis the type of ACEs they experienced before their 18th birthday.

LIMITATIONS

The current study used individual interviews to collect data from the participants, which means the subjective views of the participants cannot be verified. This is in line with Felitti's (1998) limitation in his study. As reported, ACEs were based on participants' memory which is subject to errors related to recalling, perceived expectations, and prejudice. The hermeneutic phenomenological design chosen for this study helped to limit some of these errors through the meanings and insights evolving through dialogue between the researcher, participants, data, and literature.

Citation Diversity Statement

Because of our desire to enhance diversity in research on emerging adults, we were intentional about providing literature from a cross-cultural worldview. Inasmuch as research on emerging adulthood is mostly published from the global north, we incorporated studies from the global south, focusing on the diverse representation of this population including gender, sexual orientation, and socio-economic status. All citations used in the study have been appropriately referenced and we have given credit to those who created the foundations that we are building upon.

Disclosure Statement

We, the authors, have no potential conflict of interest to report. The data for this study was part of a doctoral dissertation. Correspondence concerning this article should be addressed to Akua Bema Asante, Clinic and Health Center, University of Professional Studies, P. O. Box LG149, Accra, Ghana.

REFERENCES

Addae, E. A., & Tang, L. (2021). How can I feel safe at home? Adolescents' experiences of family violence in Ghana. Frontiers in Public Health, 9, 672061-672073. https://doi.org/10.3389/fpubh.2021.672061

Alhassan, A. B. (2013). School corporal punishment in Ghana and Nigeria as a method of discipline: A psychological examination of policy and practice. Journal of Education and Practice, 4(27), 137-147. ISSN 2222-288X (Online)

American Counseling Association. (2014). 2014 ACA code of ethics. https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effect June 1, 2010, and January 1, 2017). https://www.apap.org/ethics/code/

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. Journal of emerging trends in educational research and policy studies, 5(2), 272-281. ISSN: 2141-6990

Ashton, K., Davies, A. R., Hughes, K., Ford, K., Cotter-Roberts, A., & Bellis, M. A. (2021). Adult support during childhood: A retrospective study of trusted adult relationships, sources of personal adult support and their association with childhood resilience resources. BMC Psychology, 9, 1-11. https://doi.org/10.1186/s40359-021-00601-x

Berger, K. S. (2014). The developing person through the lifespan (9th ed.). Worth Publishers.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Centers for Disease Control and Prevention. (2021). Preventing Adverse Childhood Experiences. Retrieved from https://www.cdc.gov/violenceprevention/aces/index.html

Cloitre, M., Khan, C., Mackintosh, M. A., Garvert, D. W., Henn-Haase, C. M., Falvey, E. C., & Saito, J. (2019). Emotion regulation mediates the relationship between ACES and physical and mental health. Psychological Trauma: Theory, Research, Practice, and Policy, 11(1), 82-89. : https://dx.doi.org/10.1037/tra0000374

Convention on the rights of the child (1989). Treaty no. 27531. United Nations Treaty Series, 1577, pp. 3-178. Available at: https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf (Accessed: 3 July 2020).

Corrales, T., Waterford, M., Goodwin-Smith, I., Wood, L., Yourell, T., & Ho, C. (2016). Childhood adversity, sense of belonging and psychosocial outcomes in emerging adulthood: A test of mediated pathways. Children and Youth Services Review, 63, 110-119. https://doi.org/10.3389/fpubh.2021.672061

Creswell, J. W. (2013). Qualitative inquiry and research design (3rd ed.). Sage Publications Inc.

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). Sage Publications, Inc.

Dankyi, L. A., Laryea, J. E., Dankyi, J. K., & Arhin, V. (2021). Child abuse among basic School pupils in Ghana: awareness and utilisation of safety net structures. REMIE: Multidisciplinary Journal of Educational Research, 11(3), 3. ISSN-e 2014-2862

Davis, J. P., Dumas, T. M., & Roberts, B. W. (2017). Adverse childhood experiences and development in emerging adulthood. Emerging Adulthood, 6(4), 223-234. https://doi.org/10.1177/2167696817725608

Dube, S. R. (2018). Continuing conversations about adverse childhood experiences (ACEs) screening: A public health perspective. Child Abuse & Neglect, 85, 180-184. https://doi.org/10.1016/j.chiabu.2018.03.007

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Glasser, W. (1965). Reality therapy: A new approach to psychiatry. Harper & Row.

Haim, T. C. P. B. (2021). A phenomenological study of African American women's adverse childhood experiences and educational attainment (Doctoral dissertation, Northcentral University).

Husserl, E. (1931). Ideas. General introduction to pure phenomenology. George Allen & Unwin Ltd. functioning and wellbeing: results from a Ghanaian sample (Doctoral dissertation, Rutgers University-Graduate School of Applied and Professional Psychology).

Kyei, J. J. (2015). The relationship between childhood experiences and adult interpersonal functioning and wellbeing: results from a Ghanaian sample (Doctoral dissertation, Rutgers University-Graduate School of Applied and Professional Psychology).

Kyei-Gyamfi, S., & Kyei-Arthur, F. (2024). Parent-child conflicts, and punishment of children during the three-week COVID-19 lockdown in Ghana. Humanities and Social Sciences Communications, 11(1), 1-9. https://doi.org/10.1057/s41599-024-03185-0

Leavy, P. (2017). Research design: Quantitative, qualitative, mixed methods, arts-based and community-based participatory research approaches. The Guilford Press.

Levitt, H. M. (2020). Methodological integrity: Establishing the fidelity and utility of your research. In H. M. Levitt, Reporting qualitative research in psychology: How to meet APA Style Journal Article Reporting Standards (Revised Edition, pp. 29–41). American Psychological Association. https://doi.org/10.1037/0000179-003

Levitt, H. M., Morrill, Z., Collins, K. M., & Rizo, J. L. (2021). The methodological integrity of critical qualitative research: Principles to support design and research review. Journal of Counseling Psychology, 68(3), 357. https://doi.org/10.1037/cou0000523

Lincoln, Y. S., Guba, E. G., & Pilotta, J. J. (1985). Naturalistic inquiry. International Journal of Intercultural Relations, 9(4), 438–439. https://doi.org/10.1016/0147-1767(85)90062-8

Lister, R., Patrick, R., & Brown, K. (2024). Citizenship and community. In Lister, R., Patrick, R., & Brown (Eds.). Understanding Theories and Concepts in Social Policy (pp. 213-240). Bristol University Press.

Lokot, M., Bhatia, A., Kenny, L., & Cislaghi, B. (2020). Corporal punishment, discipline and social norms: A systematic review in low-and middle-income countries. Aggression and Violent Behavior, 55, 101507. https://doi.org/10.1016/j.avb.2020.101507

Merriam, S. B., & Tisdell, E. (2016). Qualitative research: A guide to design and implementation (4th ed.). John Wiley & Sons, Inc.

Moustakas, C. (1994). Phenomenological research methods. Sage.

Ng, J. C., Lau, V. C., & Chen, S. X. (2020). Why are dispositional enviers not satisfied with their lives? An investigation of intrapersonal and interpersonal pathways among adolescents and young adults. Journal of Happiness Studies, 21, 525-545. doi:10.1007/s10902-019-00094-x

Patton, M.Q. (2015). Qualitative research and evaluation methods (4th ed.). Sage Publications.

Ray, D. C., Burgin, E., Gutierrez, D., Ceballos, P., & Lindo, N. (2021). Child-centered play therapy and adverse childhood experiences: A randomized controlled trial. Journal of Counseling & Development, 2022(100), 134-145. doi:10.1002/jcad.12412

Safe School Policy (2024). A safeguarding policy to keep children safe in schools. Republic of Ghana, Ministry of Education.

Saldaña, J. (2016). The coding manual for qualitative researchers. (2nd ed.). Sage.

Speziale, H. S., Streubert, H. J., & Carpenter, D. R. (2011). Qualitative research in nursing: Advancing the humanistic imperative. Lippincott Williams & Wilkins.

Suh, B. C., Gallaway, M. S., & Celaya, M. F. (2024). Supportive relationships mitigate the effect of cumulative exposure to Adverse Childhood Experiences on depression, anxiety, stress, and suicide considerations—The Arizona Youth Risk Behavior Survey. Children, 11(2), 161. https://doi.org/10.3390/children11020161

Toof, J., Wong, J., & Devlin, J. M. (2020). Childhood trauma and attachment. The Family Journal, 28(2), 194-198. https://doi.org/10.1177/1066480720902106

Vig, K. D., Paluszek, M. M., & Asmundson, G. J. (2019). ACEs and physical health outcomes. In G.J.G. Asmundson & T. O. Afifi (Eds.). Adverse Childhood Experiences: Using evidence to advance research, practice, policy, and prevention, (pp. 71-89). Academic Press.

Williams, A. (2021). The lived experiences of African American women enrolled in or Graduated from a doctoral program and have experienced Adverse Childhood Experiences (ACEs): A phenomenological study (Doctoral dissertation, Brandman University).