



Phasic Irritability in Adolescents with Externalizing Symptoms: A Qualitative Study

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RESEARCH

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ABSTRACT

Background: Phasic irritability, expressed through temper outbursts, is a common cause of seeking help for adolescents with behavioural problems (i.e., externalizing problems). Previous studies have investigated this phenomenon from a quantitative perspective, leaving the subjective lived experiences largely unexplored.

Objective: This qualitative study, thus, aims to explore the adolescent's experience (e.g., time course, attribution, related processes, individual and environmental factors) of an episode of phasic irritability (i.e., moments of temper loss, rage attacks, or tantrums).

Methods: We performed structured interviews on 14 male adolescents aged between 12 and 17 years with externalizing symptoms who reported about their perceived most extreme phasic irritability episode. A content and thematic analysis was performed to describe the experiences of an episode of phasic irritability from the narratives provided by the adolescents.

Results: Phasic irritability occurred mostly in a familial or school context in the presence of others (e.g., family members or peers). The time course of anger enhanced by the appraisal of injustice and inappropriate emotional regulation strategies promoted the triggering of an episode of phasic irritability. Phasic irritability mainly manifested verbally first and was then susceptible to escalate into physical aggression. It was also observed that diminished mental resources (e.g., fatigue, insomnia, tension, conflicts) and/or a negative mindset seemed to increase the likelihood of phasic irritability.

Conclusions: This qualitative study contributes to advance the insight into intrapersonal processes linked to phasic irritability, its time course and related contributing factors, and the individual experience perceived by adolescents with externalizing symptoms. It also shows how individual and situational factors articulate in triggering phasic irritability. Our findings contribute to identify specific intervention targets to prevent phasic irritability in adolescents with externalizing symptoms.

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1. BACKGROUND

Phasic irritability (e.g., temper outbursts or tantrums) is part of typical development in children and adolescents (Spring & Carlson, 2021) but constitutes an important reason for referral to child and adolescent psychiatric services (Spring & Carlson, 2021). Phasic irritability may be comorbid with other psychological problems (Spring & Carlson, 2021). Even when treated, children who present phasic irritability may often threaten themselves and/or their environment (Carlson et al., 2009). Thus, it is a clinically relevant phenomenon that requires further understanding from a prevention and treatment perspective (Carlson et al., 2022).

No consensus, however, exists to date on the definition and conceptualisation of phasic irritability, and several terms are used seemingly interchangeably (e.g., temper outbursts, tantrums, rage attacks, affective storms) (e.g., Carlson et al., 2022). The Diagnostic Statistical Manual (DSM-5) defines phasic irritability as episodes of emotional distress, angry ranting, and loss of physical control which may be observed in many externalizing disorders, such as attention-deficit disorder with or without hyperactivity (ADHD), conduct disorder (CD), intermittent explosive disorder (IED), and oppositional defiant disorder (ODD) (Kotov et al., 2017; Nader-Grosbois, 2020). Verbally, phasic irritability is manifested primarily by yelling, screaming, and cursing. Behaviourally, it may imply kicking/punching/head-butting the furniture/wall or others, and emotionally, it may imply frustration or anger. In the present paper, we have decided to use the term “*phasic irritability*” to refer to such phenomena. In particular, phasic irritability is characterised by outwardly directed distress escaping regulatory skills (Lau et al., 2021) and includes behavioural problems, oppositional attitudes, aggression and disobedience (Roskam et al., 2007). Note that the behavioural component of phasic irritability implies reactive aggression (often in response to frustration or a provocation) which contrasts with proactive aggression, that corresponds to instrumental behaviours aiming to (re)-establish dominance (Raine et al., 2006).

More specifically, it appears that unregulated anger and other overwhelming emotional states play a pivotal role in phasic irritability (Denson et al., 2011; Slotter & Finkel, 2011). Irritability is indeed both a cause and a consequence of emotional dysregulation (te Brinke et al., 2021). Moreover, anger dysregulation specifically is a central component of the appearance and maintenance of externalizing symptoms (Urban et al., 2022; Urban et al., 2017; Zeman et al., 2002). Indeed, youths with externalizing symptoms frequently express negative emotions inappropriately with regard to a specific context or environment (Casey, 1996; Eisenberg et al., 1996). It is worth noting that there seems to be a pathway from “*childhood ill-temperedness*” to adult

dysfunctional personality traits such as “*over-reactive to minor provocation/is irritable*” and “*under-control of needs and impulses*” (Carlson et al., 2022).

Phasic irritability is typical during adolescence and may be due to the challenges posed by the psychological, social, and physiological pressures related to this specific developmental period (Silk et al., 2003). Moreover, during adolescence, the determination of the social role is complex because the adolescent’s attention switches from parental figures to peers (Brinke et al., 2021; Silk et al., 2003). In particular, opposition to parental figures is used to establish autonomy (Silk et al., 2003) which can be expressed through hostile attitudes (Courtois, 2011). This “*emotional overshoot*” has been explained by the protracted development of the prefrontal cortex alongside the mature development of limbic structures (Somerville & Casey, 2010) that contributes to adolescents’ intense experiences and often poor regulation of anger. Finally, individual differences in emotional reactivity and emotional regulation capacities (Nock et al., 2008; Rothbart & Bates, 1998) and higher sensitivity to the feedback of social cues, especially from peers (Albert et al., 2013; Hollarek et al., 2020), help understand why some adolescents lose self-control more often than others.

This study examines the lived experiences of phasic irritability in youths presenting externalizing symptoms from a qualitative and person-centred approach, with the aim of better identifying associated contextual, individual factors and time course of an episode of phasic irritability. Previous studies investigating this topic have mainly adopted a quantitative approach, leaving the adolescents’ subjective experiences largely unexplored. For this reason, we used the content and thematic analyses by using a topic-oriented approach of the complex phenomenon of phasic irritability. This provides qualitative knowledge on adolescents’ lived experiences and descriptions of the course of phasic irritability and the meaning they attribute to such experiences. This approach enables an insight into the issues by focusing more specifically on the time course, perceptions, representations, and experiences of the participants (Kohn & Christiaens, 2014; Ribau et al., 2005). Moreover, our methodology allows exploration of idiosyncratic lived experiences and does not suffer from the lack of ecological validity that characterize experimental procedures and laboratory-assessed behaviours.

2. METHOD

2.1 ETHICS

The study protocol was approved by the cantonal ethical committee for research on human subjects (CER-VD; Project ID: #2019-02318). Each adolescent and their legal representative signed a written consent to participate.

The participants received a monetary incentive (a gift voucher of 100 CHF) for their participation in the whole study (see Plessen et al., 2022; Turri et al., 2024). The results were reported following the Standards for Reporting Qualitative Research (O'Brien et al., 2014).

2.2. PARTICIPANTS

Fourteen male adolescents with externalizing symptoms aged between 12 and 17 years were included in the study to have sufficiently various subjective experiences for the qualitative analyses. Only male participants were included in the pilot study because externalizing behaviours are more prevalent in this gender (Kessler et al., 1994) and because we favoured a homogeneous group, in view of the limited number of participants.

The presence of externalizing symptoms was established by using a cut-off score (T-score >65) on the Youth Self Report/Child Behaviour Check List (Achenbach, 2013; Vermeersch & Fombonne, 1997; Vreugdenhil et al., 2006). This self-report questionnaire allows the assessment of skills (e.g., leisure, social relationships, academic performance) and emotional and behavioural problems in children and adolescents between the ages of 6 and 18 years old (Achenbach et al., 2001). Note that 35.7% (five participants) reported comorbid internalizing symptoms (T-score >65).

To estimate the verbal intelligent quotient of the participants the two subtests (i.e., similarities and vocabulary) of the WISC-V (Wechsler, 2014) were administered. The Mean standard score is of 10.54 (SD = 2.56, ranging from 5.0 to 14.5). Participants were excluded if their French proficiency was insufficient or if they had any current diagnosis of psychotic or autism

spectrum disorders, or were treated with psychotropic medication (e.g., antipsychotic) known to affect emotional regulation. Table 1 describes the socio-demographic characteristics of each participant.

2.3. PROCEDURES

Data collection was conducted from January to June 2021. The study procedure consists firstly of quantitative questionnaires to assess externalizing symptoms and secondly of individual interviews (either face-to-face or via videoconference). In particular, the interviews were recorded and then transcribed verbatim. The interviews lasted about 30 minutes. The interviewers were trained psychologists with specific knowledge in the domain of developmental questions and behaviour.

2.4. MEASURES

Prior to the interviews, we created a semi-structured grid to explore the same themes in all participants. In particular, we questioned the participants about their emotional experiences, their attempts at emotional regulation, and the time course of their thoughts around a specific episode of phasic irritability.

During the interview, adolescents were asked to describe in detail a specific event or situation (described as “the most significant one”) that led to an episode of phasic irritability (e.g., “Where they lost control of themselves and spoke or acted in a manner they regretted afterwards”). Then, we explored the precursors (e.g., “What state of mind were you in the days leading up to this event?”), the rationale for the episode of phasic irritability (e.g., “Why did you act the way you did?”), the subjective experience during the moment (e.g., “What

	AGE (YEARS)	LIVING PLACE	SOCIO-ECONOMIC LEVEL	NATIONALITY
Participant 1	13	At home	High	Swiss
Participant 2	15	At home	Middle	Swiss
Participant 3	13	At home	High	French
Participant 4	17	At home	Middle	Swiss
Participant 5	16	At home	High	Swiss
Participant 6	16	At home	Middle	Swiss
Participant 7	15	At home	High	Swiss
Participant 8	15	At home	Middle	Swiss-French
Participant 9	16	At home	Low	Swiss-Peruvian
Participant 10	17	Foster care institution	Low	Swiss
Participant 11	17	Foster care institution	Middle	Swiss
Participant 12	14	At home	Low	Swiss
Participant 13	15	Foster care institution	No data	Ethiopian-Eritrean
Participant 14	16	Foster care institution	Low	French

Table 1 Socio-demographic variables.

sensations in your body did you feel? What did you think about during the event?”), the end of the episode (e.g., “What helped you regain control of yourself?”), the aftermath of the episode (e.g., “How did you feel after the act?”), and strategies used to avoid potential future episodes (e.g., “Do you know of any techniques that could help you stay in control of yourself?”).

2.5. DATA ANALYSES

We relied on content and thematic analyses to qualitatively analyse the data collected through the detailed interviews. The interviews’ transcripts were analysed using thematic analysis to identify and report the themes and topics within the data. About 15% of the transcripts were double-checked to ensure the quality of the transcription (no problem was identified). Four researchers developed the thematic analysis grid. The transcripts were first read through several times to get a general idea of the data collected, then classified according to the themes and sub-themes identified by the analysis. To refine the thematic analysis form, we used a three-step procedure: first, each researcher did it individually; second, we discussed in subgroups of two; and third, we all discussed together. Finally, after each researcher ($n = 4$) had coded two participants, the form was adapted and finalised. After the coding, reported in an Excel® sheet, the research team relied on a triangulation procedure (investigator and data triangulation) (Carter et al., 2014), thus, reducing the risk of bias as much as possible. Again, four researchers screened the results of the thematic form and then discussed the main themes and topics that emerged and the best way to describe the data to achieve a consensus.

3. RESULTS

3.1. EXPRESSION OF PHASIC IRRITABILITY

Phasic irritability occurred in different ways. Indeed, we observed that episodes of phasic irritability were expressed by verbal aggression (e.g., insults/hurtful language/threatening, shouting: “Yeah, I shouted at him, I insulted him very violently [...] it wasn’t very nice.” or “I said, ‘Yeah, I’m going to beat the shit out of you!’ I said stuff like that.”), by physical aggression (e.g., hitting an object, hitting another person, pushing another person, breaking an object: “And then I got up and hit him.” or “I broke his cup, and that’s it.”), or by a combination of verbal and physical aggression (“I started saying mean things [...] I slammed the door” or “I remember [...] that I grabbed him, that I insulted him.”).

3.2. EMOTIONS LEADING TO A PHASIC IRRITABILITY EPISODE

Anger or even rage was often used to explain phasic irritability (“He had left me out at work, so I got mad

and punched a wall” or “Both times, there was anger.”). However, it appeared that anger was sometimes experienced conjointly with another emotion or feeling. For example, adolescents expressed having felt both anger and injustice prior to phasic irritability (“I felt unfairly accused because my mother didn’t understand my case [...] she didn’t want me to go out, and that made me a bit angry [...].”). Another example was given by other adolescents reporting frustration and anger simultaneously before the episode of phasic irritability (“[Interviewer [...] you tend to accumulate, rather, your emotions and your anger [...]] Yeah, that’s it; [...] but then a lot of frustration [...].”).

3.3. CONTEXT

Phasic irritability occurred mainly in a familial context (e.g., at home) or a school/work context. Regarding the presence of others during the event, peers (e.g., friends or girlfriend), family members (e.g., parents or siblings), and professionals (e.g., teachers or social workers) were the most frequently mentioned in the adolescents’ narratives (“I was with ... we were at the dinner table, I was with my mother, there were my sisters, there was my mother’s boyfriend [...]” or “It was in class with a teacher.”).

More specifically, adolescents with externalizing symptoms expressed phasic irritability either through insults, hurtful language, or threats (“[...] I insulted my mother a little bit, like that, and then, like, I really yelled at her, and then I went right back down, and, like, uh, well, I said directly hurtful things [...]” or “I said ‘I’m gonna beat you up.’, stuff like that.”). Moreover, phasic irritability may also manifest as physical aggression such as pushing others (“[...] it was with a teacher [...] he pushed me out of my chair, so I pushed him too”) or by slamming a door or hitting an object (“[...] I slapped my hand on the plate, the plate fell on the floor [...]. And so I went to my room, I kicked my wardrobe [...].”).

3.4. PRECURSORS

Regarding the adolescents’ mindset prior to phasic irritability, the results highlighted that the adolescents reported being stressed/overwhelmed (“That’s it, you can say stress, events, tests at school, during this week.”) and that the stress/overwhelm felt was generally accompanied by nervousness and frustration. However, six adolescents reported feeling happy/calm in the days leading up to the event (“[...] I was kind of happy that the weekend was coming [...].”).

In terms of personal resources, the main diminished resources reported by the adolescents were related to tiredness/insomnia (“[...] it’s the accumulation of certain things, also tiredness” or “Well, it was a period when I didn’t sleep much, but it was a period that lasted quite a while.”) and/or tensions/conflicts in the days preceding phasic irritability (“In addition, the day before, we had already gotten upset.”).

3.5. EMOTIONAL AROUSAL AND REGULATION

Most adolescents mentioned a feeling of anger (or even hatred) before, during, and sometimes even after phasic irritability. Indeed, phasic irritability occurred with a rise in symmetry (or negative loop) between both partners (“It was rather an escalation. [...] At the beginning, at first, I was trying to be a little more lenient, but then, little by little, it (anger) increased [...]”) or an explosion of anger (“[Interviewer: “[...] it just kind of exploded.”] Yeah.” or “[...] I would say suddenly it exploded [...]”), sometimes preceded by a negative loop rising (“[...] and then it (anger) went up the second time a little bit, and then suddenly it exploded.” or “[Interviewer] [...] it was anger in fact [Youth: Yeah] as an emotion that was rising [Youth: Yeah] more and more, and then it exploded [...]”).

Some of the statements reported (e.g., feeling like an actor in the scene/present, expressing a disproportionate reaction with hindsight) demonstrated that most participants presented inadequate emotional regulation strategy. For example, most of them described phasic irritability as a disproportionate reaction (“[...] I would still say it was something disproportionate yeah, a little out of the norm.” or “I think it was disproportionate, especially at the time I did it.”). As well, most felt completely present, mindful or conscious at the time of phasic irritability (“I was in the body, and I was doing the act/action” or “[Interviewer : You were seeing the scene from...] Yes, from my point of view.”).

In addition, most adolescents used strategies, whether on a behavioural, cognitive, or sensory level, to regulate negative emotions like anger before phasic irritability. At the behavioural level, although some adolescents mentioned doing nothing/waiting, isolation/leaving the place seems to be the adolescents’ main strategy (“When there’s something that pisses me off, sometimes I leave.” or “Listening to music and being alone, most of all.”). At the cognitive level, relaxation or meditation-related themes emerged from the adolescents’ discourse (“Try

to calm down, sit quietly in a place, meditate a bit [...]”). As well, rationalising/relativising things (“[...] just saying to myself, ‘well, I put things in perspective and that’s how it is, that’s how it is’ [...]”) was one of the most mentioned cognitive strategies to regulate emotions. Unfortunately, although adolescents were able to mention adequate strategies during the interviews, most had failed to implement them to cope with or regulate emotions leading to phasic irritability episodes.

Finally, we could distinguish between adolescents who reported having managed to regulate their mood by themselves (e.g., leaving the room, walking away) (“[...] I walked away. I went back to my room. I wanted to be as far away as possible at that time. [...] I wanted to be left alone.”) and those who reported having regulated their phasic irritability thanks to the help of others (e.g., talking) (“I was talking with him [a friend from the foster care institution]; after that it was better [...]”).

3.6. SUMMARY AND INTEGRATION OF THE RESULTS

Figure 1 consists of a graphical integration of the qualitative results.

Various psychosocial contexts, precursors and consequences of phasic irritability were identified in the adolescents’ narratives. Phasic irritability occurs mostly in a family or school context. Family members, peers, or professionals (e.g., educators) are often present. In terms of the subjective emotional experience, it appears that most of the adolescents interviewed present with a combination of high arousal and low self-regulation capacity. High anger reactivity associated with poor emotional regulation sustained by inappropriate strategies (e.g., hurtful thoughts towards others, rumination) was found to favour the triggering of phasic irritability episodes. Furthermore, a period marked by a higher mental load (leading to mental fatigue) and/or a negative mindset (e.g., stressed, overwhelmed) was often reported before phasic irritability episodes. Lastly, phasic

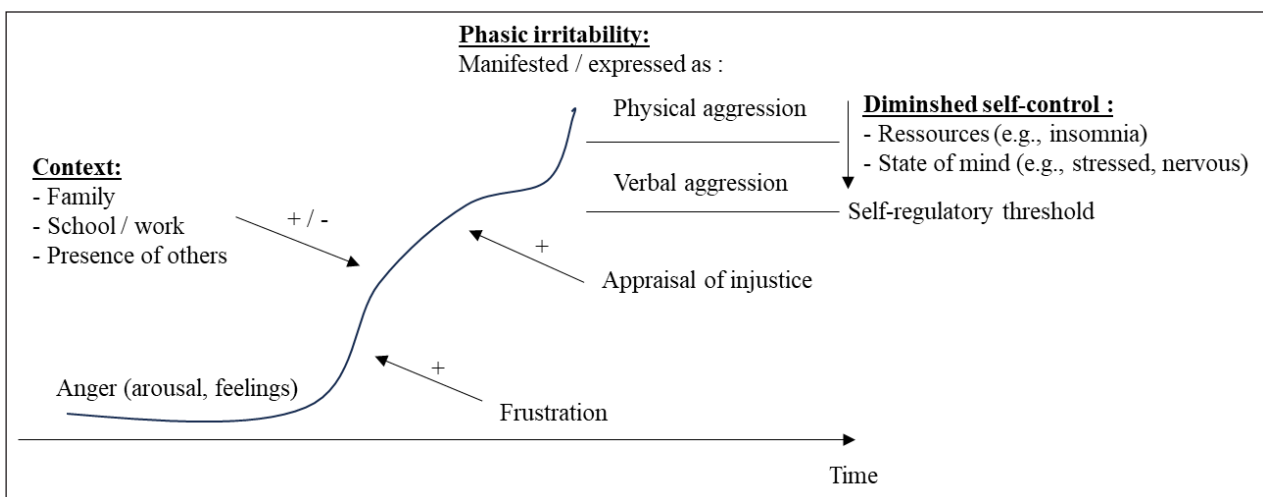


Figure 1 Overview of the anger dynamics in phasic irritability.

irritability manifests first through verbal aggression and then could escalate into physical aggression.

4. DISCUSSION

This qualitative study examined the lived experiences of phasic irritability in adolescents with externalizing symptoms. This study adds a qualitative and person-centred approach, with the aim to identify associated contextual and individual factors, which has been scarcely done. This allowed us to explore idiosyncratic lived experiences with high ecological validity. Results from the adolescents' narratives emphasised the role of the context of occurrence, the mindset before the event, the individual and environmental characteristics (e.g., arousal as well as regulation capacity), the time course of phasic irritability expression and the capacity (or not) to down-regulate the phasic irritability episode by themselves or through others.

4.1. CONTEXT AND EXPRESSION

In terms of context, we observed that phasic irritability occurs primarily in a social environment, particularly a familiar environment (e.g., home) in the presence of family members or peers, which could be related to conflictual relationships with close relatives. The presence of family or friends, thus, plays a pivotal role in triggering an episode of phasic irritability (Sheehan & Watson, 2008). The episodes were mainly expressed by verbal aggression (e.g., insults, hurtful language, threats, shouting), which can be viewed as more acceptable within the family than physical aggression towards others (e.g., shoving and hitting others).

The social learning theory (Akers & Jennings, 2015) emphasises the importance of the interactions between adolescents and their peers or adult referees (e.g., neighbours, teachers). Indeed, it has been observed that adolescents tend to internalise the norms of the group they belong to (Rubin, 1998). This defines their attitudes, values, or behaviour, among other things. Adolescents living in a violent environment (familial context or elsewhere) may imitate those aggressive behaviours when they are experiencing frustration or feeling like victims of injustice. Thus, adolescents exhibiting aggressive behaviours are more likely to be surrounded by peers who also exhibit those characteristics (Fortuin et al., 2015), and their interactions with peers and family members have an impact on their emotional regulation and the expression of episodes of phasic irritability.

4.2. EMOTIONAL TRIGGER AND ANGER-DISTRESS MODEL

Anger was described almost systematically in the adolescents' narratives as the emotion associated with

phasic irritability. Although negative feelings of anger tend to be more intense during the adolescent period (Gore & Colten, 1991) and especially in youths with externalizing disorders (Eisenberg et al., 2001), adolescents who excessively feel and express anger are more likely to exhibit externalizing symptoms (Kerr & Schneider, 2008). Rothbart and Bates (1998) proposed that precursors, such as frustration or anger, coupled with a susceptible emotional reactivity to external stimuli, would promote an episode of phasic irritability. Low frustration tolerance could be a determinant of anger leading to loss of control (Deborde & Vanwalleghem, 2011; Gatzke-Kopp et al., 2015) and, thus, to phasic irritability. In the same way, poor emotional regulation and a lack of anger regulation seem to promote various dynamic processes during phasic irritability.

Moreover, anger is sometimes enhanced by the appraisal of injustice which induces feelings of distress. This motivates efforts to reduce the perceived injustice (e.g., through physical aggression) (Markovsky, 1988). Thus, the imbalance between high negative emotion reactivity and low emotional regulation capacity may lead to an episode of phasic irritability (Rothbart & Bates, 1998). Emotional regulation strategies are therefore crucial to protect adolescents from experiencing overly intense emotional arousal and distress (Giesbrecht et al., 2010).

More specifically, to understand phasic irritability, anger dynamics is of crucial importance. Taking a broad picture of the phenomenon may contribute to delineate the time course of anger within phasic irritability (as depicted in Figure 1). In particular, in contexts susceptible to either enhance or decrease anger, the appraisal of injustice might have a central role. Then, if anger arousal exceeds the self-control threshold which may be reduced or depleted for different reasons (e.g., stressful life situations, lack of sleep), verbal aggression generally takes place, and in some cases escalates into physical aggression, which is a phenomenon also observed in adults (Potegal et al., 2023).

From a transdiagnostic perspective and taking the Research Domain Criteria (Insel et al., 2010; Insel, 2014) as a framework, these results are in line with the conceptualization of irritability as a consequence of frustrative non-reward, as well as an observed enhanced attention towards threat (Giller et al., 2021; Kryza-Lacombe et al., 2022; Naim et al., 2022; Salum et al., 2017; Tseng et al., 2021; Zhang et al., 2021).

4.4. EMOTION REGULATION STRATEGIES

Adolescents described their reaction as disproportionate and reported knowing strategies to regulate their emotions, even if they felt unable to stop the expression of phasic irritability. For instance, the adolescents mentioned isolation/leaving the place or practising

meditation. However, when faced with negative emotional experiences, adolescents would primarily use maladaptive emotional regulation strategies which promote loss of control over behaviour (Zahn-Waxler et al., 1994). Moreover, we observed that some adolescents used self-regulatory processes (regulating by themselves), whereas others used co-regulatory processes (regulating themselves with the help of others), which are two different emotional regulation strategies.

4.5. PRECIPITATING FACTORS – LOWER SELF-REGULATORY THRESHOLD

The likelihood of manifesting an episode of phasic irritability can be amplified by certain parameters, such as the state of mind (e.g., stress, nervousness) and the availability of the regulatory resources. In the current study, young people reported generally feeling nervous, stressed, and/or overloaded in the days leading up to phasic irritability. Some adolescents also reported feeling tired and/or having tension/conflict during this time lapse. Fatigue is known to decrease self-control resources (Guessous et al., 2006) and increase the likelihood of losing control (and, thus, exhibiting an episode of phasic irritability) when the threshold is crossed (Hoyle & Miller, 2012).

4.6. SELF-AWARENESS

Previous studies have observed associations between low self-awareness, emotion dysregulation, and conduct problems such as anger proneness (Morosan et al., 2020). Anger has indeed been shown to impair the mentalizing and self-regulation brain networks, a pattern that has also been observed in externalizing disorders (Alia-Klein et al., 2020). For example, individuals with a higher sensitivity to threat – such as irritable people, as previously mentioned – showed reduced activity of the mentalizing brain network when provoked (Beyer et al., 2014). Mentalizing is thought to be a prerequisite to emotion regulation as it allows for a reappraisal of highly emotional situations (Schwarzer et al., 2021). Interestingly, most participants included in our study have rather reported being entirely self-aware during their phasic irritability episode, which suggests a sustained activation of the mentalizing network.

4.7. IMPLICATIONS FOR FURTHER RESEARCH

Further studies should focus on the frequency and duration of phasic irritability episodes. As observed in younger children more frequent phasic irritability episodes have been related to externalizing behaviours, whereas longer phasic irritability episodes were associated with internalizing symptoms (Van den Akker et al., 2022). However, less is known about these episodes in adolescents. Moreover, further studies could also target

the feelings occurring after episodes of phasic irritability (e.g., regrets or counterfactual thinking) and not restrict their focus on reactive aggression (e.g., considering proactive aggression). Moreover, cultural diversity should also be considered in future studies, to avoid promoting globalizing and cultural-blind explanations. In addition, other variables should be taken into account in future studies. For example, it was shown that children in foster care who spent less time in institutions and more time in foster families showed lower levels of irritability compared to their institutionalized counterparts (Niu et al., 2024). Likewise, a previous study on expressed emotion has shown that the quality of familial relationships can impact irritability levels in adolescents with ADHD (Uçar et al., 2022).

4.8. LIMITATIONS

Despite the richness of our data and results, there are some limitations that need to be acknowledged. First of all, we sampled only male adolescents to assure a more homogenous sample, and because externalizing behaviours are more prevalent in male adolescents. In order to be more representative of the general population, further studies should not be restricted to adolescents identifying as males, and the expression of phasic irritability studied in all genders, including gender diverse persons. Additional methodological issues may have impacted our results. For instance, participants were asked to recall the “most extreme” event and not the most recent one. In most cases, the episode recalled by the participants had happened within the three months preceding the interview. We cannot rule out that this methodological choice has induced memory recall bias in some participants. Moreover, asking for “out of control behaviour” may have induced certain representation in the participants’ mind compared to other episodes where they think that their behaviours were justified and within their control. In the interpretation of certain responses, we assume that the adolescents sometimes had difficulty focusing on the specific moment of an episode of phasic irritability and answered in reference to their behaviours in general. Indeed, the capacity for insight is not fully developed in adolescents with antisocial behaviours (Steinberg, 2008), which is related to low mentalisation skills, with difficulty accessing and understanding one’s mental states and emotions (Deborde et al., 2015). We cannot exclude that social desirability may have encouraged the minimisation of certain behaviours, such as verbal or physical aggression. Moreover, other psychological processes such as self-esteem (Li et al., 2017) may play an important role in phasic irritability episode. These processes were not taken into account in the current study and, thus, should be assessed in future research

to have a broader picture and deeper insights of phasic irritability.

5. CONCLUSION

This study detailed the individual experiences of young people and, thus, increased our understanding of the preceding moments of phasic irritability, as well as the consequences in adolescents with externalizing symptoms. Indeed, various precursors and consequences of phasic irritability were highlighted. Emotional regulation is dysfunctional in these adolescents as there is high reactivity to negative emotions coupled with low self-control and regulation. With this deeper understanding of the phasic irritability process, we emphasise the importance of identifying and implementing prevention and early intervention strategies. More specifically, risky situations, precipitating factors, and warning signs should be identified, and a crisis plan shared with the family should be implemented. Prevention can also be achieved through training in techniques that facilitate self-soothing (e.g., mindfulness, sensory diversions) or through progressive exposure to implement alternative response strategies, such as aggression replacement therapy (Brännström et al., 2016).

TRANSPARENCY STATEMENT

We reported how we determined the sample size and the stopping criterion. We reported all experimental conditions and variables. We report all data exclusion criteria and whether these were determined before or during the data analysis (that were not pre-registered). We report all outlier criteria and whether these were determined before or during data analysis.

DATA ACCESSIBILITY STATEMENT

Given the fact that the study examined qualitative data, it is not possible to guarantee full anonymization. Moreover, the data were collected from minors. Therefore, it is not possible to share the data outside the research team.

ETHICS AND CONSENT

The cantonal ethical committee for research on human subjects authorized the study (#2019-02318). Each adolescent and his legal representative signed a written consent to participate after being informed.

All listed authors have approved the manuscript before submission and give consent for publication.

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COMPETING INTERESTS

The fourth author of this article, Prof. Joël Billieux, serves as an editorial board member of *Swiss Psychology Open*. Please note, however, that he was not involved at any stage during the editorial process.

AUTHOR CONTRIBUTIONS

SU & KJP were responsible for the project design, funding acquisition. SU, KJP and JB supervised the study. SU, LC & GM collected the data. LP, MN, YBD & SU analysed and interpreted the data. LP drafted the different versions of the manuscript. All authors review critically the manuscript draft. All authors contributed to the article and approved the submitted version. All authors agree to be accountable for the content of the work.

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