

Research Space

Conference paper

'Who am I?' How female care-leavers construct and make sense of their identity.

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'Who am I?' How female care-leavers construct and make sense of their identity

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Overview of the talk

- Brief background and rationale

Identity Development

- Erikson (1959) outlined a life-span model of human development.
- Primary task of adolescence (Blos, 1970; Erikson, 1950; Marcia, 1980).
- Develop a sense of personal identity incorporating their past, present and future.
- Knowledge about one's personal and familial background, integrate one's history into a continuing sense of self (Smith and Logan, 2004).
- Difficulties young people with no knowledge of their personal history can face in relation to their identity and well-being and the sense of loss that this brings (Winter and Cohen, 2005)

Identity Development and Self-Esteem

- Confusion regarding one's identity can result in low or unstable self-esteem and feelings of insecurity (Erikson, 1968).
- In the Diagnostic and Statistical Manual of Mental Disorders V (American Psychiatric Association, 2013) negative or unstable self-esteem are a central feature in the diagnostic criteria of a large number of mental health difficulties.
- In contrast, positive self-esteem has been shown to contribute to better mental health and well-being (Mann, Hosman, Schaalma, & de Vries,

Identity Formation for Looked After Children

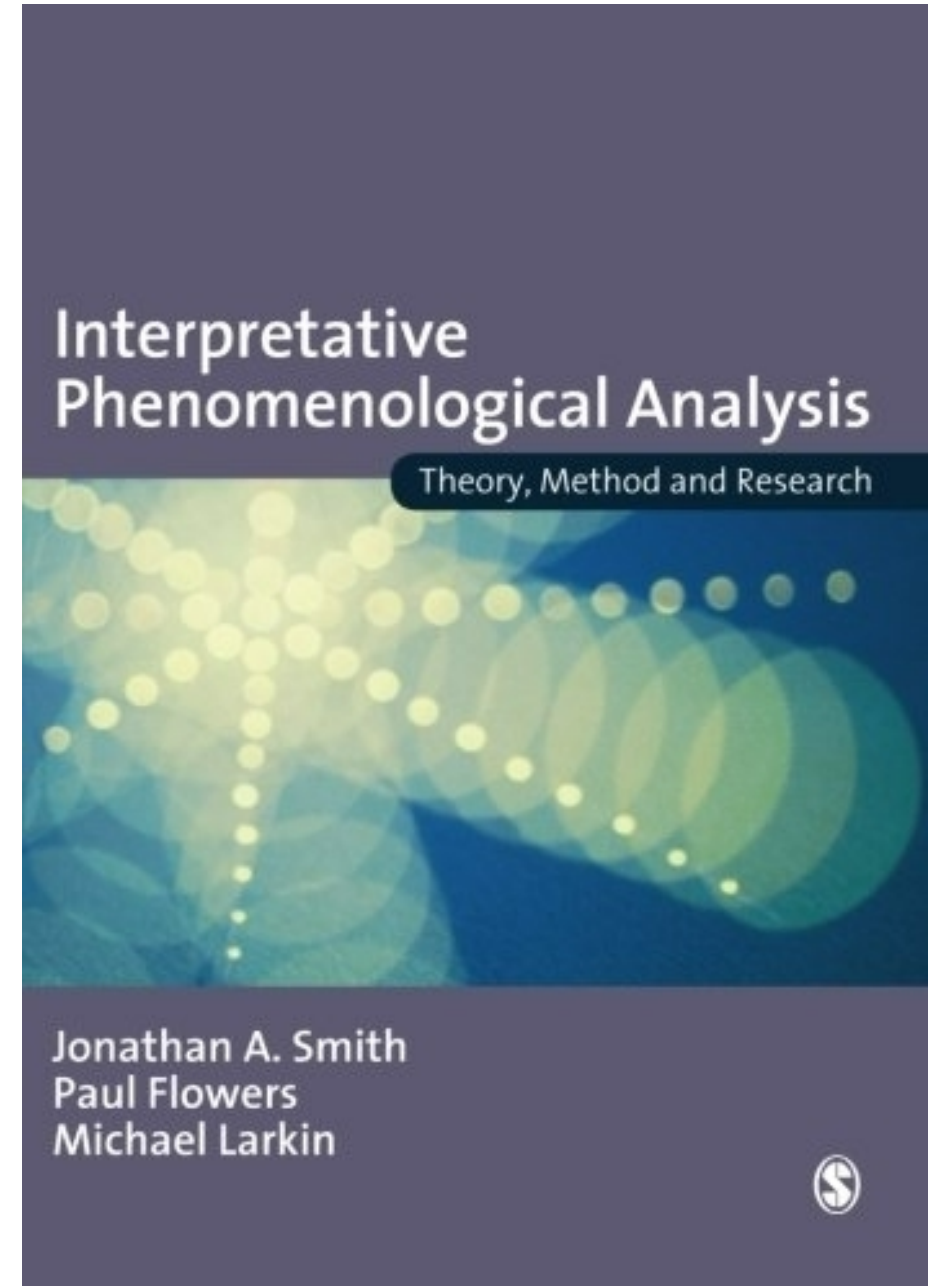
- Possible difficulties with identity formation for Looked After Children (LAC) may arise in the face of childhood abuse, difficult relationships, an unstable environment and multiple care contexts.

Research question

- How do female care leavers make sense of their identity development?

Method:

- Interpretative Phenomenological Analysis was used to analyse semi-structured interviews of eight female care-leavers about the understanding of their identity development.



Pseudonym	Age & (age into care)	Ethnicity (described by participants)	Current contact with birth family	Trauma History
Dana	21 (14)	Black Caribbean	Limited	Domestic violence (DV), Sexual abuse, parental drug misuse & criminality
Keisha	21 (13)	Black British/Caribbean	Siblings	Physical abuse, neglect, parental criminality, DV, parental drug & alcohol misuse
Chloe	23 (10)	White British	None	Neglect, physical abuse, DV, parental drug & alcohol misuse, sexual abuse
Amara	20 (1)	Black British	Limited	Severe parental mental health,
Nyala	25 (14)	Black African	Brother	Death of parents aged 2, civil war, unaccompanied asylum seeker
Freya	19 (7)	White British	Limited	Parental drug & alcohol misuse, familial criminality, sexual abuse
Leah	21 (13)	White British	Yes	Severe neglect, parental mental health, DV, physical abuse
Ebele	19 (11)	Black British African	None	Civil war, child soldier, sexual abuse, parental illness, unaccompanied asylum seeker

Findings

Three superordinate themes emerged from the data

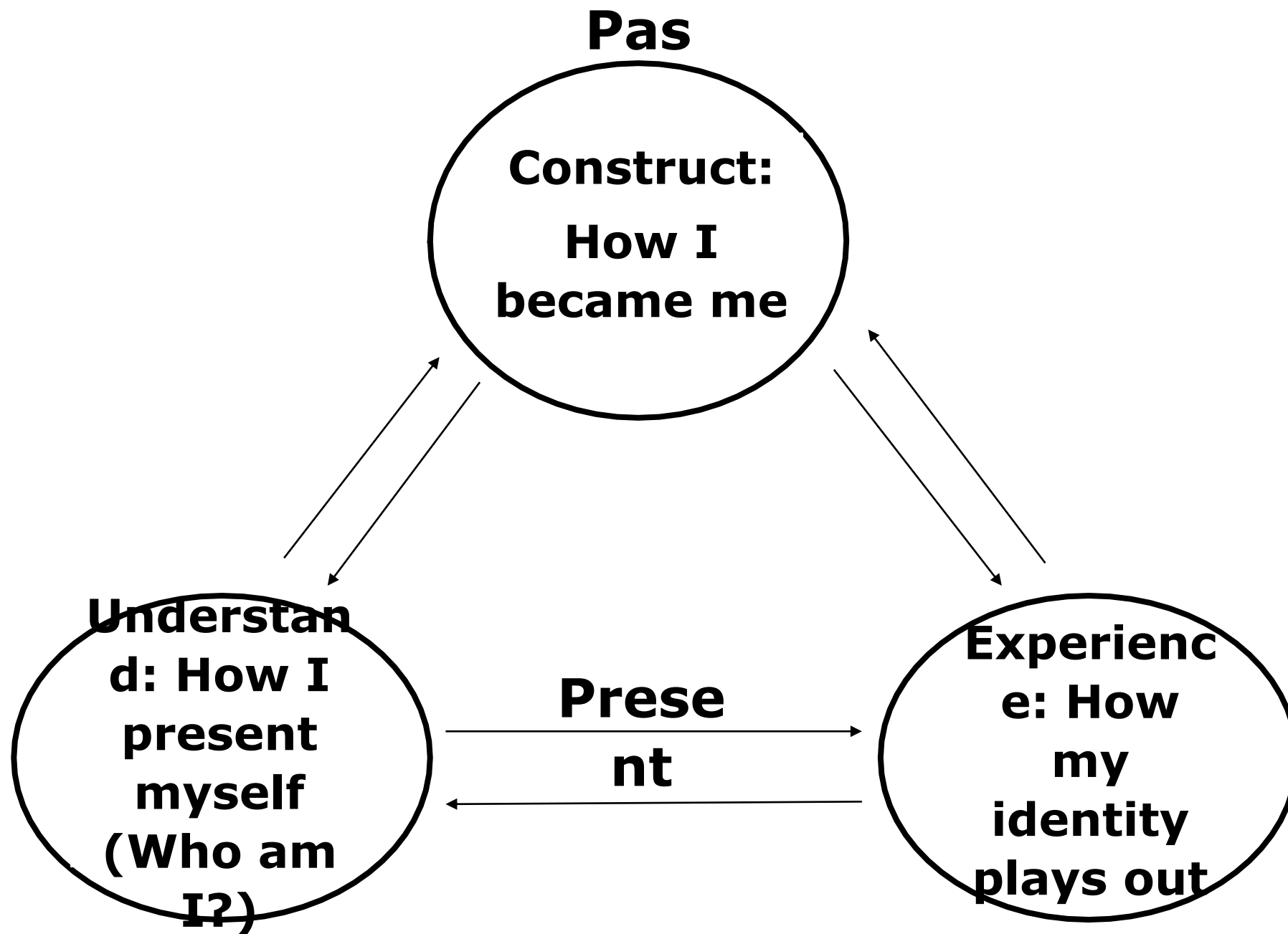
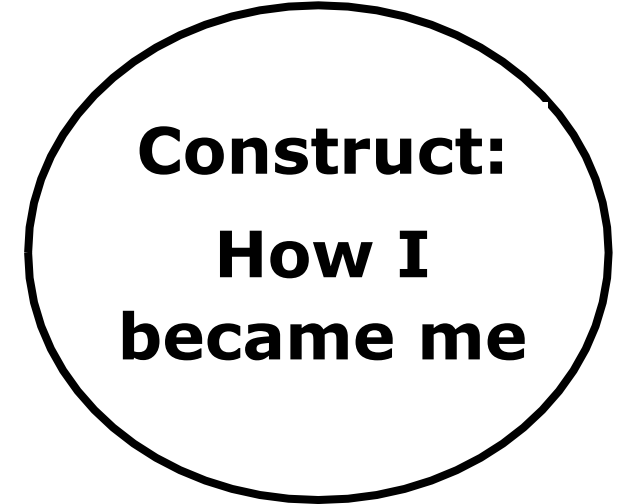


Figure 1: Model highlighting the interactional nature of the superordinate themes on identity.

Construction of identity – How I

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- **No sense of secure base**
- **Ambivalence re birth family/ambivalence re foster care**
- **Protection of identity**
- **Positive influences and turning points**

Super-ordinate Theme	Subtheme	Illustrative Quotation(s)
Construction of identity – How I became me	No sense of a secure base	'...For a long as I can remember mum's been on drugs and alcohol misuse and her and my dad were really back and forth, beating each other up. It was really really volatile, erm and then we moved around.' (Keisha)
	Ambivalence re birth family/ ambivalence re foster care	'...I haven't had a settled life because of being in care...' '...I had quite a stable childhood in care when I was with XXX...' (Freya)

Super-ordinate Theme	Subtheme	Illustrative Quotation(s)
Construction of identity – How I became me	Protection of identity	‘...We went to the hospital and I had black eyes (laughs) and mum (laughs) was like trying to cover it up with foundation and like, put hair in front of my face...’ (Chloe)
	Positive influences and turning points	<p>‘It’s like I broke that cycle when, that’s when I found myself actually when I was pregnant...’ (Freya)</p> <p>‘...She was a nice lady, she looked after us and she just said to us I was in the same position...’ ‘...talking to my foster carer cos she had been through experience, the same things we were and she was like it’s ok, it will get easier...’ (Nylala)</p>

Understanding identity – Who am I?

- I am an outsider.

Prese
Understan
d: How I
present
myself
(Who am
I?)

Super-ordinate Theme	Subtheme	Illustrative Quotation(s)
Understanding of identity – Who am I?	I am an outsider	<p>‘...I was again excluded and I felt very much on the outside of that social circle so regardless of where you’re put, you (sighs) your needs are never truly met...’ (Chloe)</p> <p>‘Being by myself and knew kind of thing and not having the baggage of my parents cos your whole life is just baggage. You’re like baggage until you reach your age when everyone says you’re an adult and nobody really care for your well-being...’ (Dana)</p>
	I am a survivor – my active construction	<p>‘I’ve come a long way; I’ve never given up. I’m brave and yeah.’ (Nyala)</p> <p>‘...I’m writing who I want to be, so I think there’s a need for strength for that, I needed strength to let go of a lot of things that had happened and build up a framework and then each day write down what do I want.’ (Ebele)</p>

Super-ordinate Theme	Subtheme	Illustrative Quotation(s)
<p>Understanding of identity – Who am I?</p>	<p>I am bad, undeserving and unlovable</p>	<p>‘...I just give people the sort of love and affection that I don’t get and what I wish I could sort of get back but it never seems to work that way, like I seem to give a lot more than I receive...’ (Chloe)</p> <p>‘...Sometimes I feel like it’s because she had me why she had to go through that and sometimes she makes me feel like that...’ (Dana)</p>
	<p>I help and care for others</p>	<p>‘...I’m volunteering at a mental health hospital erm like befriending people with mental health issues...I always wanted to like take care of people like that.’ (Amara)</p> <p>‘I was an ambassador at university, erm that inspires people, that’s so happy erm the Leah that would help anyone, the Leah that everyone that goes to for advice...’ (Leah)</p>

Experience of identity – How my identity plays out

- **Doing it alone.**
- **Taking back control.**
- **The mosaic self.**
- **Psychological impact.**

**Present
Experience: How
my
identity
plays out**

Super-ordinate Theme	Subtheme	Illustrative Quotation(s)
Experience of identity – How my identity plays out	Doing it alone	<p>‘...Then I came into care and then I had to start building a life for myself kind of thing.’ (Dana)</p> <p>‘So my social life is I stay at home most of the time or I go out by myself, shop, watch movies by myself and I love it (laughs)’ (Ebele)</p>
	Taking back control	<p>‘...So before I went into care I knew I wanted to go, I didn’t get put in to care, I didn’t get taken away I volunteered to come because I could just imagine what kind of life I would have lived...’ (Dana)</p> <p>‘...I can build my own identity, it’s my own home, I can do things how I want now...’ (Leah)</p>

Super-ordinate Theme	Subtheme	Illustrative Quotation(s)
Experience of identity – How my identity plays out	The mosaic self	<p>‘...It’s hard to talk about the person I am now without, I don’t know whether to refer to the sort of person I was or the person that I sort of am cos I don’t know if this is a temporary me or if that was the real me or if...’ (Chloe)</p> <p>‘...I was always taking identity from different places...the music I was in to the food I would eat a lot of the times were inspired by other people even the favourite colour it was inspired by other people not mine...’ (Ebele)</p>
	Psychological impact	<p>‘...One day I can be all there, the next day I can be all over the place but then I bring that down to my depression and anxiety...’ (Freya)</p> <p>‘...Obviously I suffer with depression and...I’m pretty sure as the years go on the list of mental illnesses will probably get worse...’ (Chloe)</p>

Discussion

In summary participants' construction of identity can be **understood in the context** of **early adverse environments** and **developmental trauma**.

For many participants **survival** was their main priority during childhood which influenced who they became as adults.

Discussion: Ways of coping

- Participants had a number of conscious and unconscious **ways of coping** with these adverse environments.
- During the interviews participants frequently minimised their experiences, disconnected from the impact and associated emotions and used positive reframes and splitting.
- This dismissing of past trauma seemed to

Discussion: Defences, ambivalence and keeping safe

- Psychodynamic theory discuss defensive mechanisms in response to early trauma (Freud, 1939).
- Defences are theorised to become activated when anxiety feels too strong. Splitting is thought to be one of the earliest defences, defending against feelings of both love and hate for the same object (Klein, 1935).
- In an unsafe environment it is necessary to feel ambivalent/conflicted about things in order to **keep safe** (Golding, 2008). The ambivalence regarding birth family and care is **understandable** given the intense need for and extreme fear of contact these individuals feel (Heller & LaPierre 2012).

Discussion: Internal and External Identity

- This study suggests these young women have an internal and external identity; parts that are acceptable to display and parts that need to remain hidden.
- This is a likely **survival strategy** given the numerous environments they found themselves in. By becoming a '**chameleon**' participants were able to adapt to different environments and people.
- The lack of belonging within a family or a given place, along with constant instability and inconsistency undoubtedly left participants feeling confused about who they are and where they belong.
- Presenting differently in different contexts is an

Discussion: Adaptive not pathological

- Cumulatively these experiences potentially lead to the mosaic or fragmented sense of self seen in the current study.
- In part, many of the ways participants construct, understand and experience their identity is in relation to **past survival strategies**.
- **In many ways identity for young female care leavers could be considered as a successful adaptation to trauma and shame rather than being pathologised.**
- Given that these are adaptations to early adverse environments, difficulties frequently arise when once useful survival strategies restrict individuals as adults when they are no longer in an environment that

Conclusions

- For these participants their construction of identity in part is based on survival strategies in the face of developmental trauma and adverse early life experiences.



Limitations and future research

- Recruitment through a charity helping care leavers find employment. This excludes many care leavers who are not in the position to make contact with services or find employment: for example, in 2015, 40% of care leavers aged 20 to 21 years were not in education, employment, or training (Department for Education, 2015).
- As this study focused on females, it is unknown whether this is a gendered experience or whether male care leavers would also take this role. More recent study indicates this is the case (Lensvelt, Hassett & Colbridge, in press)

Limitations and future research

- The narratives participants chose to share may have been shaped by a number of factors including sensitivity of the topic and the researcher as a White female in a mental health profession.
- Results are suggestive of an internal and external identity, the extent to which this played out in the interviewee–interviewer relationship is unknown. Some participants did make suggestions toward this “. . . I would never be able to tell you it if I’m in it, or let’s say any problem I have right now you’d never hear about it . . .” (Dana). When asked how else Leah would describe herself she replied, “Erm . . . I’m trying not to be negative to be honest . . .”

Clinical implications: resilient, adaptive, survivors

- The findings have significant implications for how professionals and wider society understand the identity development of care leavers.
- The identities of LAC and care-leavers are often labelled as pathological or maladaptive. Care leavers have higher rates of mental health diagnosis and are more likely to have contact with the criminal justice system than the general population (Tarren-Sweeney, 2010)
- However, this study offers an alternative construction of care-leavers as resilient, adaptive, survivors.

Clinical implications: the function of survival strategies

- The current research highlights the extent to which identity, for these individuals, is formed in the context of trauma and based largely on strategies for survival and as attempts to manage their distress.

Clinical implications: Trauma informed services

- Further research into the experience of mental health service engagement for LAC, and their views on how to improve it, may elucidate this.
- Mental health services often lack an understanding of developmental trauma, and therefore the adaptive function many 'treatment behaviours' serve.
- A trauma-informed approach to mental health services would acknowledge the adaptiveness of current coping strategies while supporting service users to find new ways of self-regulation and relating to others

Clinical implications: Hidden self

- A key aspect of participants' identity was that they were different to others. There was a sense that participants' early experiences made them outsiders, and meant others would struggle to understand them. This is commensurate with much of the previous LAC literature (e.g. McCormack & Issaakidis, 2018) and tied in with a sense of a 'hidden self' throughout the narratives; aspects of participants' identities that could not be shared.
- Kools (1997) similarly found that LAC did not present their 'real' selves to others, in particular their most vulnerable selves. However rather than hiding their 'real' selves, the hidden self was an adaptive and integrated part of participants' identities, which allowed them to survive in numerous and challenging environments.

Clinical implications: Resilience

- Resilience is a commonly used, but rarely defined for young people who have been in care. It is generally thought to relate to an individual's 'relative resistance to psychosocial risk experiences' (Rutter, 1990). This definition could be problematic in light of the results of this study.
- What is 'relative resistance' in care leavers? E.g. the adaptive survival mechanisms identified in this study, may be subject to pathologising discourse in mental health services and mainstream media.
- While strengths-based approaches may empower and destigmatise care-leavers (Murray & Goddard, 2014), further research is needed to fully explore the concept of resilience as it relates to this group.
- Resilience and surviving – are they allowed to experience the pain

Clinical implications: Self reliance and resilience

- Foster carers often associated resilience with the young person's ability to shut off and distance themselves from distress (South, Jones, Creith & Simonds, 2015) .
- Conflating self-reliance and resilience may feed into the relational dynamics where foster carers felt they did not need to provide emotional support, and therefore withdrew further into self-reliance and aloneness.
- It is important to acknowledge that this construction of resilience may serve as an understandable defence for foster carers faced with a child in considerable pain and distress, with little recourse to professional support themselves.
- This highlights the pressing need for ongoing psychological support and training for foster carers.

Conclusions

- Looked after children and care leavers need to be understood in the context of developmental trauma rather than focusing on symptoms of various diagnoses
- This study offers a unique understanding of identity development for these participants as highly adaptive within the context of their early experiences.

Conclusions

- It also emphasises the active and dynamic nature of identity.
- Participants actively constructed their identities in the context of their past, and developed their understanding of the past through experiences in the present.

Research implication

- The impact of developmental trauma is documented within the literature with known effects on neurodevelopment, self-regulation, information processing, and relationships (Streeck-Fischer & van der Kolk, 2000).
- However, the impact of trauma specifically on identity is absent from the literature.
- The current study, therefore, may serve to broaden this knowledge base. Future research could give fuller consideration to the role of developmental trauma in identity formation.

Reflections

- Initially research on reminiscing, family narratives and the impact of being in care on these processes in identify development.
- Trauma and loss in identity development
- Trauma: how it presents in research transcripts (disjointed, contradictions, 'splitting')
- Trauma: its impact on the researcher and the role of supervision
- Supervision of research needs to include the containment of the difficult feeling associated with reading the content but also about helping to regulate the disruption caused by the way the narrative is presented

References

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