



CREATE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

<http://create.canterbury.ac.uk>

Copyright © and Moral Rights for this thesis are retained by the author and/or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder/s. The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given e.g. Colbridge, Alicia K. (2016) The role of family stories, reminiscing and adverse life experiences in the development and understanding of individual identity. D.Clin.Psych. thesis, Canterbury Christ Church University.

Contact: create.library@canterbury.ac.uk



ALICIA K COLBRIDGE BSc (Hons.) MSc.

MAJOR RESEARCH PROJECT

**THE ROLE OF FAMILY STORIES, REMINISCING AND ADVERSE LIFE
EXPERIENCES IN THE DEVELOPMENT AND UNDERSTANDING OF
INDIVIDUAL IDENTITY**

**Section A: The role of family stories and reminiscing in the development of individual
identity**

Word count: 7730 (198)

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

Word count: 7981 (144)

Section C: Appendix of supporting material

TOTAL WORD COUNT: 15, 711 (342)

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church
University for the degree of Doctor of Clinical Psychology

MAY 2016

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

Acknowledgements

Firstly I would like to thank the young women who participated in this study. I feel truly privileged to have heard their stories which they shared so generously. Their openness and strength was hugely admirable. I hope I have done their experiences justice. I would like to thank the Charity for helping me with the long process of recruitment and I would like to thank Mark Kerr for putting me in contact with the charity in the first place.

I would like to thank my partner Aled for his continued support, for always being able to make me laugh and smile throughout everything.

I am grateful to my supervisors Alex Hasset and Emma Sisley for their continued support. For their enthusiasm and interest in the project that kept me going through difficult times.

I would like to thank my parents for their kind words, for reading drafts and for listening to me talk about this project on a daily basis.

I would like to thank my friends outside of the course who helped remind me of a world outside of the doctorate.

And finally I would like to thank Team Shambles for helping me get through the last three years!

Without this endless support from all of the above this would not have been possible.

Summary of the MRP portfolio

Section A reviews empirical literature relating to the role of family stories and storytelling in individual identity development. The review considers two types of family stories these being; 1) shared past events that families reminisce about at a later date and 2) intergenerational stories. Despite the overall limited research within this area, the review provides evidence for a possible relationship between stories and storytelling in families and different aspects of children's identity development. The review highlights and discusses limitation associated with the literature and outlines implications for clinical practice and areas for future research.

Section B presents a qualitative study that considers how young female care-leavers make sense of their identity development. Eight semi-structured interviews were conducted and were analysed using Interpretative Phenomenological Analysis. The superordinate- and sub-themes were outlined and discussed in relation to previous research. Limitations, clinical implications and future research directions are discussed.

Section C contains an appendix of supporting documentation

Table of contents

Section A: Literature Review

Abstract	12
Introduction	13
Layout of Review	13
Identity development	13
The importance of early life context	14
The role of stories	15
Review aims	18
Methods	19
Assessing the quality of studies	21
Literature review	22
Does reminiscing within families have an impact on individual identity?	22
Reminiscing with young children	22
Sense of self	23
Self-evaluation	24
Cross-Cultural	25
Reminiscing with adolescents and emerging adults	26
Summary	27
Is individual identity influenced by intergenerational stories?	30
Gender	30
Young peoples' understanding of the impact of intergenerational stories.	31
Summary	32
General Critique of research	33
Discussion	35
Implications for future research	36
Clinical implications	38
Limitations of the review	40
Conclusions	40
References	42

Section B: Empirical paper

Abstract	52
Introduction	53
Identity formation	53
Identity formation for Looked After Children	53
Clinical relevance of identity formation	55
Rationale for research	56
Research questions	57
Method	57
Design	57
Participants	57
Recruitment	59
Ethical approval	59
Interviews	59
Data analysis	60
Quality assurance	61
Results	61
Construction of identity – How I became me	65
No sense of secure base	65
Ambivalence re birth family/ambivalence re foster care	65
Protection of identity	66
Positive influences and turning points	67
Understanding of identity – Who am I?	68
I am an outsider	69
I am a survivor – my active construction	69
I am bad, undeserving and unlovable	70
I help and care for others	71
Experience of identity – How my identity plays out	72
Doing it alone	72
Taking back control	73
The Mosaic/fragmented self	74
Psychological impact	75

Discussion	76
Limitations and future research	80
Clinical implication	82
Reflexivity	84
Conclusions	84
References	85

List of figures

Section A

Figure 1.	Process model of self-development	17
Figure 2.	Literature search strategy flow	21

Section B

Figure 1.	Model highlighting the interactional nature of the superordinate themes on identity	64
-----------	---	----

List of tables

Section B

Table 1.	Participant demographic information	58
Table 2.	Superordinate themes and subthemes	62

Section C

Table 1.	Summary of literature included in review	92
Table 2.	Themes developed by hand	183

Section C: list of Appendices

Appendix A: Summary of literature included in review	92
Appendix B: Timeline of research	103
Appendix C: Ethical approval	104
Appendix D: Participant information sheet	105
Appendix E: Participant consent form	108
Appendix F: Interview Schedule	109
Appendix G: Main reflections from bracketing interview	110
Appendix H: Excerpts of research diary	112
Appendix I: Audit trail process	117
Appendix J: Coded interview transcript	118
Appendix K: Theme development by hand	183
Appendix L: Developing emerging themes at participant level	205
Appendix M: Developing emerging themes at group level	208
Appendix N: Superordinate themes	212
Appendix O: Extended list of quotes by superordinate theme and subtheme	213
Appendix P: Author guidelines for Adoption and Fostering journal	225
Appendix Q: End of study letter for Ethics Panel	235

ALICIA COLBRIDGE BSc (Hons.) MSc.

MAJOR RESEARCH PROJECT

SECTION A:

LITERATURE REVIEW

The role of family stories and reminiscing in the development of individual identity

WORD COUNT: 7730 (198)

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church

University for the degree of Doctor in Clinical Psychology

APRIL 2016

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

People are surrounded by stories from the moment they are born, including the story of their birth, stories of their parents and of other family members. The current review synthesises and evaluates the empirical literature with the aim of investigating the role that these family stories and storytelling have in the development of individual identity. Specifically aiming to answer the following questions: does reminiscing within families have an impact on individual identity? And is individual identity influenced by intergenerational stories?

PsychINFO, ASSIA, Web of Science, the Cochrane Library database and Google Scholar were searched for relevant studies, which were chosen for review based on specific inclusion criteria. This search identified 17 papers. The review suggests a possible relationship between stories and storytelling in families (including both parent-child reminiscing about shared past events and the sharing of intergenerational family stories) and different aspects of children's identity development. Methodological issues identified with these studies related to sampling, homogeneity of samples and research design. Future research needs to include more diverse samples, including those who are not brought up within the context of their birth family. Clinical implications include the promotion of rich and detailed reminiscing between parents and children to aid the development of future self-esteem, well-being and improving the quality of the parent-child relationship.

Keywords: Identity, Reminiscing, Intergenerational stories,

Introduction

Layout of Review

This paper offers a review of the literature on the role of family stories and storytelling in the development of individual identity. Having reviewed this area, the literature suggests that family stories can be broken into two types: shared past events that families reminisce about at a later date and intergenerational stories, which are frequently retold to various family members despite the story not directly involving those who hear the story. This area is introduced detailing theories of identity development and the role of the family context. Then current theories on parent-child reminiscing, autobiographical memory and intergenerational stories are described. The methodology used to identify and select papers for this review is outlined. Seventeen empirical papers were reviewed with the aim of answering the following questions;

- 1) Does reminiscing within families have an impact on individual identity?
- 2) Is individual identity influenced by intergenerational narratives?

In order to do this the review will be structured looking specifically at studies of family reminiscing and studies on intergenerational stories, followed by a critique of this literature. The last section outlines directions for future research and clinical implications.

Identity development

Identity development is considered to be a primary psychosocial tasks of adolescence and whether one achieves identity or not has significant consequences for psychological health, adjustment and well-being throughout the lifespan (Erikson, 1959; Meeus, Iedema, Helsen, & Vollebergh, 1999). Identity signifies “a person’s stable, coherent and integrated sense of self” (Perosa, Perosa, & Tam, 1996, p.818). According to Erikson’s model of psychosocial development, adolescence is the stage where individuals go through the

'crisis' of identity versus role confusion. During adolescence individuals explore their beliefs and values, relationships, social roles, career choices and other aspects of the self to help distinguish them from others, with the aim of resolving this 'crisis' by developing a coherent sense of self. Marcia (1966) continued Erikson's work and further highlighted that identity is achieved through exploration. He went on to suggest four identity statuses based on this exploration process; Identity achieved (exploration and committed), moratorium (still exploring), foreclosure (committed, no exploration) and diffusion (neither explored nor committed). Although identity development is thought to be a lifelong process, in order to 'achieve' identity during adolescence one needs to be able to assimilate different roles, relationships and values, which encompass the self as a whole (McAdams, 2011). Therefore if adolescents have formed "a sense of being at home in one's body, a sense of 'knowing where one is going' and an inner assuredness of anticipated recognition from those who count" (Erikson, 1968, p.165), identity is assumed. Difficulties developing one's identity are thought to arise when adolescents are unable to assimilate differing, and possibly conflicting, elements of either their past or current selves into the same self-configuration.

The importance of early life context

Erikson's concept of identity is multidimensional, including the self as an individual and also as a member of society in which group ideals are integrated into one's identity. Despite adolescence being considered the key time for identity formation, Erikson (1968) highlighted the contextual nature of identity development, developing within interpersonal experiences throughout childhood. For many this occurs within the context of family. Attachment theory (Bowlby, 1969) corroborates this, suggesting that exploration starts with a secure base, in which the child feels safe to try out new roles and make independent decisions knowing that parents are there to support and assist them should they require it. Furthermore, Beyers and Goossens (2008) suggest that the quality of relationships with parents has a direct

influence on identity development. Bowen's (1978) intergenerational family systems theory in turn suggests that the family's level of tolerance for difference determines the young person's level of differentiation of self. As the young person voices their options and differences in an accepting environment, they learn to see themselves as an individual whilst still being connected within relational contexts (Allison & Sabatelli, 1988). This evidence suggests that the family environment is an important context for individual identity development.

The role of stories

Mead's (1934) theory of self-development also suggests that self-understanding is inherently relational requiring an understanding of self in relation to others. It is assumed that self-understanding is a product of social interaction mediated through language (Miller, Mintz, Hoogstra, Fung, & Pots, 1992). McAdams (2011) further suggests that identity is a life story and we develop a sense of self through the stories we hear and tell about ourselves and others. People are surrounded by stories from the moment they are born including the story of their birth, stories of their parents and of other family members. These stories help people gain an understanding of their past, present and future selves.

Talking about past events and experiences is a common occurrence between parents and children (Fivush, 2008). Reminiscing is the act or process of recalling personally experienced episodes from one's past. Within the current review the literature cited and discussed defines reminiscing as the process of retelling events and experiences that both parents and children have a shared memory of. This telling and retelling, of particular life events makes use of autobiographical memory. Autobiographical memory is the recollection of personal life events and experiences (Rubin, 2005). Autobiographical memory also goes beyond basic recall of events to include the individual's thoughts and understanding of these events in relation to self, others and time, enabling the creation of a personal history (Fivush 2008).

Autobiographical memory therefore helps individuals to locate themselves within a continuous life narrative. Research has emphasised the significance of social contexts for children's developing autobiographical memories (Nelson, 1993; Welch-Ross, 1995). Furthermore a link between parent-child reminiscing and the development of autobiographical memory has been highlighted with a number of published theoretical papers and reviews within this area (Fivush, 2007; Fivush, 2008; Fivush, Berlin, Sales, Mennuti-Washburn, & Cassidy, 2003; Fivush & Nelson, 2006; McLean, Pasupathi, & Pals, 2007). Fivush (2007) hypothesises that shared reminiscing enables children to develop an understanding of how past experiences relate and connect to the current self, helping children to gain an understanding of self through time and in relation to others. Nelson and Fivush (2004) outline a social-cultural developmental model of reminiscing which reflects Vygotsky (1978) theory of "the relation between social interaction, language and the mind" (p. 236). Through language this scaffolding encourages children to actively share personal events. Research demonstrates that parents who reminisce with their young children in an elaborative way, have children who tell more detailed and coherent narratives about their own past (Reese, Haden, & Fivush, 1993). Mothers who reminisce in an elaborative way are not more "talkative" in general. Research has found that these mothers do not talk more during play or other caregiving activities (Haden & Fivush, 1996). This suggests that reminiscing may be a special conversational context with specific goals to be achieved. Previous research on reminiscing, from a range of domains, however, has highlighted a number of theoretical, methodological, and measurement issues that pose significant limitations in this area. These include a lack of conceptual clarity, a lack of appropriate psychometric measures, limited theoretical literature and poor experimental designs e.g. lack of control group, potential confounding variables and the use of homogeneous populations (Webster, Bohlmeijer & Westerhoff, 2010). These limitations may therefore make it difficult to draw concrete conclusions from the findings.

McLean et al. (2007) proposed a process model of self-development with storytelling at the heart of this model.

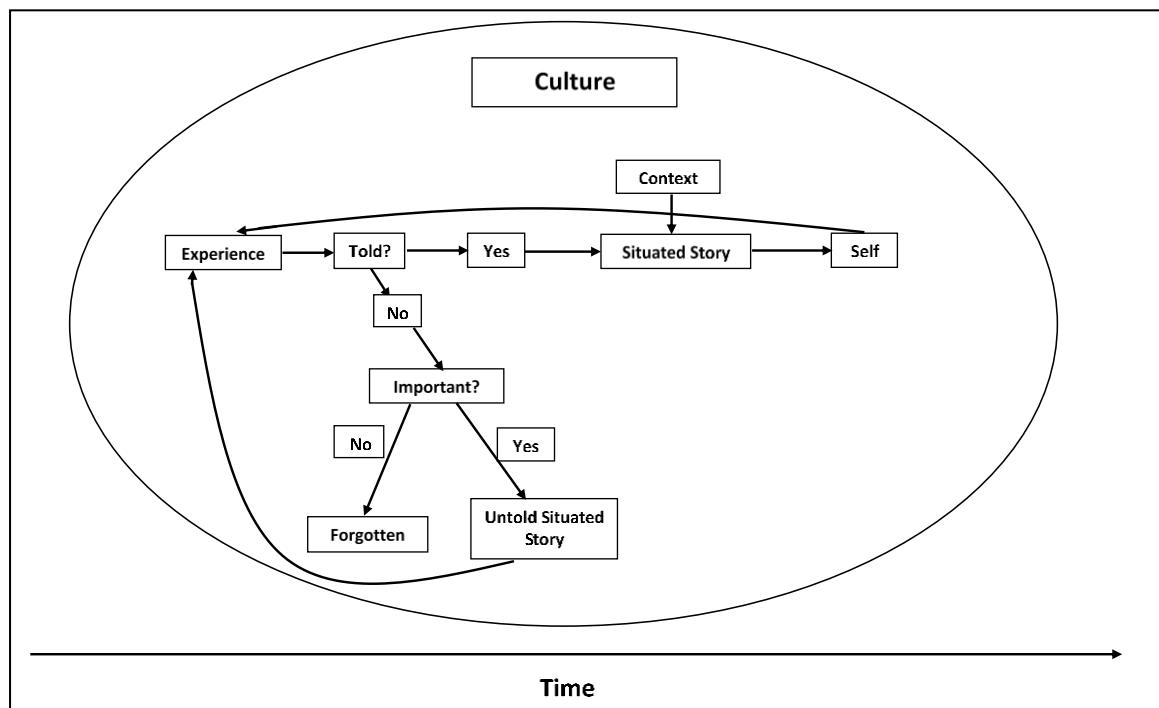


Figure 1. Process model of self-development (McLean et al. 2007, pp 264)

McLean et al. (2007) argue that stories are one of the main ways in which development or maintenance of self-concept occurs. Their model suggests that stories become part of the way people distinguish themselves and it is through the telling (to anyone) of these stories that self-change occurs. They too place parent-child reminiscing as a central context in which children first come to understand themselves as ‘storied’ (McLean et al., 2007). Many of the current theoretic papers within this area are not substantiated by empirical research and for those that do include empirical research they do not explicitly state how reviews were carried out in terms of inclusion and exclusion criteria, search terms or databases. The current review aims to make this more explicit and will include research up until December 2015.

Alongside the above, Smith and Logan (2004) suggest that for identity formation one needs to be able to place themselves within their family’s history. This suggests that aside from individual’s own autobiographical narratives, for identity to develop one requires

knowledge of events outside of their own experience. Adams and Marshall (1996) suggest that people require both a sense of individuality and a sense of belonging. Knowledge of intergenerational stories may help to place one's own experiences and stories, developed through reminiscing, in the wider context of the family, history and culture, providing a sense of belonging within these systems (Fivush, 2008). Families consist of endless stories related to the family as a system and individual members within the family that span multiple generations. Intergenerational stories include stories told about parents, grandparents and extended family. These stories are frequently discussed within families at the dinner table, over the phone, at family reunions and with others outside of the family. This review aims to consider whether intergenerational stories have an influence on personal identity.

Review Aims

This review aims to synthesise empirical studies examining the relationship between both parent-child reminiscing of shared past events, the telling of intergenerational narratives and children/young people's sense of themselves. Within this review identity is defined as 'the child's growing sense of self as a separate and valued person. It includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability, may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other culture groups' (Department of Health, 2000, p. 19)

The review will provide an overview of the literature, including some of the limitations. Furthermore, this review will endeavour to highlight clinical recommendations and directions for future research.

This review specifically aims to address the following questions:

- 1) Does reminiscing within families have an impact on individual identity?
- 2) Is individual identity influenced by intergenerational stories?

Methods

Electronic searches were carried out on PsychINFO, ASSIA, Web of Science, the Cochrane Library databases and Google Scholar between February 2015 and December 2015. Search terms were entered and combined to identify the relevant literature. The search terms included 'Family Storytelling' OR 'Family Stories' OR 'Family Narratives' OR 'Family Reminiscing' OR 'Family Memories' OR 'Joint Reminiscence' OR 'Autobiographical narratives' OR 'Intergenerational Narratives'. Each of these terms were searched individually and then each one was combined with the following 'Identity' OR 'Identity Formation' or 'Identity Development' OR 'Autobiographical Memories' OR 'Narrative Identity' OR 'Self-concept' OR 'self-esteem'.

Journal titles were initially screened and then abstracts read in order to assess relevance. Searches were limited to empirical, peer reviewed, journal articles, therefore conference, meeting, dissertation and book abstracts were excluded. Articles were to be written in English and were published within the last 20 years (1995-2015). Studies were included if they looked at young children, adolescents or young adults (under 30 years old). Studies were included if they looked at reminiscing/family stories and identity. Given the definition of identity above (Department of Health, 2000) papers were included if they discussed self-concept, self-esteem or perceived competence.

Studies were excluded if they focused on family identity rather than individual identity and if the reminiscing was exclusively with peers rather than families. Studies that focused on the impact of reminiscing on emotional well-being, behaviour or attachment were excluded, alongside studies focusing on reminiscing without an independent measure of self/identity. In relation to intergenerational stories, given the lack of research in this area empirical studies were included if the findings could be related to identity development

regardless of whether a specific independent measure of self/identity had been used.

Reference lists of articles deemed to be relevant were also manually searched.

Seventeen papers met the inclusion criteria. Ten of the papers focused on family reminiscing with younger children (up to the age of 12). One paper included two separate studies, therefore 11 studies will be reviewed in this section. Two focused on family reminiscing in adolescence or emerging adulthood. Five of the studies examined intergenerational stories and identity. Figure 2 provides an outline of the literature search strategy.

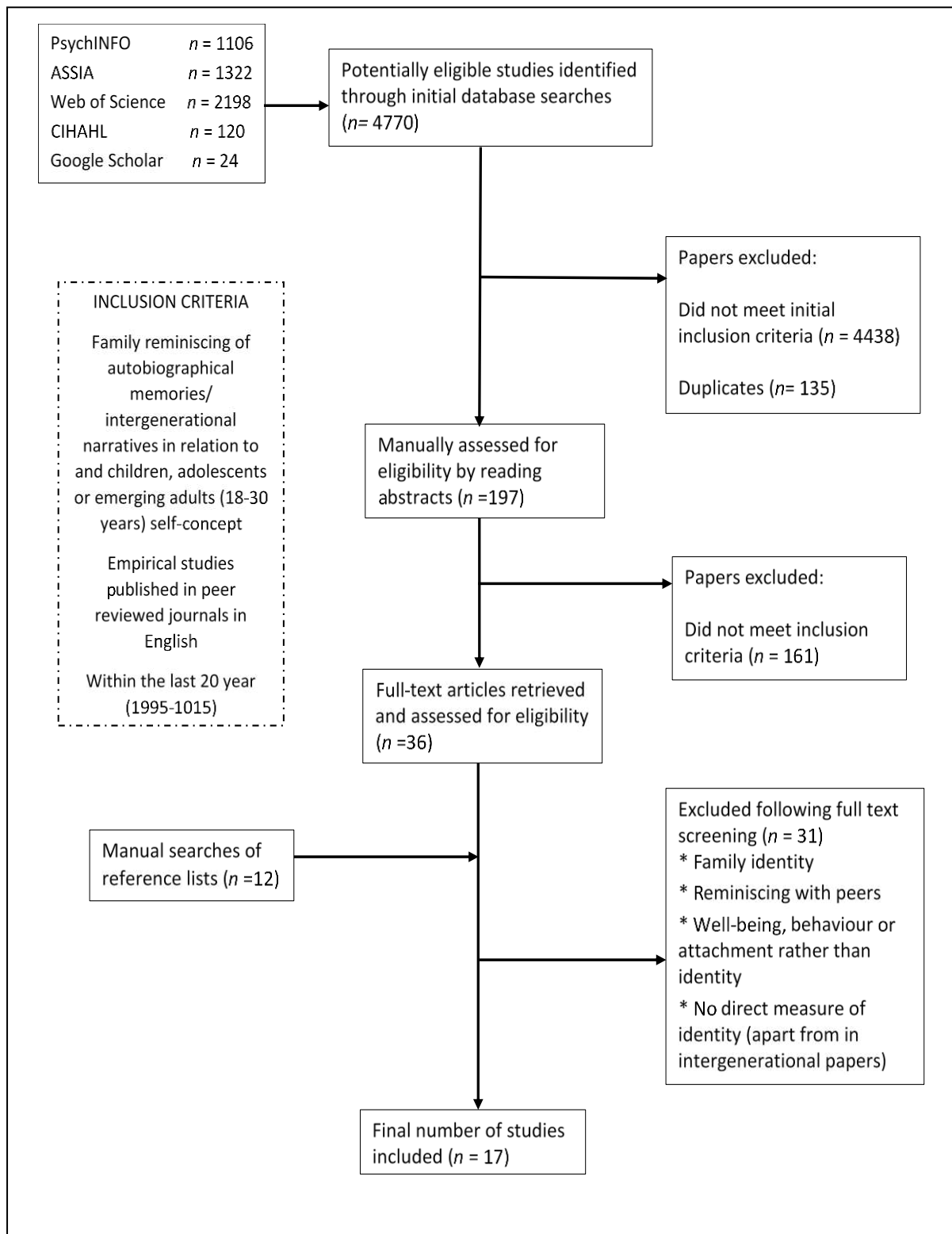


Figure 2. Literature search strategy flow chart

Assessing the quality of studies

Each article was read and summarised (See Table 1 in Appendix A). All studies identified for review use either mixed or qualitative methodology. Qualitative studies were

evaluated using the Critical Appraisal Skills Programme (CASP, 2013) checklist for qualitative research and was systematically applied to each qualitative paper. In order to evaluate the mixed methods, cross-sectional studies, a quality assessment framework was developed by combining criteria from CASP (2013) and the STROBE checklist for cross sectional studies (STROBE, 2007). The two longitudinal studies were critiqued using Tooth, Ware, Bain, Purdie, and Dobson, (2005).

Literature review

Each paper is described in more detail below, with key findings and methodological limitations discussed. With regards to the first question this review aims to answer, the literature on reminiscing included reminiscing with younger children and reminiscing with adolescents, therefore this section will be organised by age group followed by a summary of this section. Papers discussing intergenerational stories will be reviewed following this.

Does reminiscing within families have an impact on individual identity?

Reminiscing with young children

It is during early childhood that there are substantial developments in children's socio-cognitive understanding. Between the ages of two to five years children begin to develop an evaluative self-concept where they start to describe themselves and evaluate themselves positively or negatively (Harter, 2006). Autobiographical memory also begins to emerge between the ages of two and three years old when children develop a basic understanding of self and memories become personalised, with children gaining awareness that these events happen to them (Howe & Courage, 1997). Coplan, Findlay, & Nelson, (2004) that early childhood is an important time for this development and deficit's in the development of self-concept during early childhood can negatively impact later social and emotion development. Ten papers (11 studies) were reviewed in this section.

Sense of self. Four studies looked to specifically measure whether parent-child reminiscing had an impact on children's sense of self. All studies were with children aged three to six years old. The first such study was that of Welch-Ross, Fasig and Farrar (1999). They found that mothers who were more elaborative during reminiscing, specifically regarding emotions, had children who had more coherent self-concepts. However, the authors noted, that individual differences in children's social cognitive and mentalisation skills were not controlled for and therefore these may be confounding variables.

In replicating this study Reese and Bird (2006) found, longitudinally, that greater references to negative emotions was related to a less coherent sense of self. When qualitatively examining the narratives they found that 18% of negative emotions were explained (i.e. where parents and children discussed the experienced emotion) and 28% were resolved (where parents and children came to a resolution around the difficult emotion). The majority of negative emotions were therefore attributed without explanation or resolution. The authors concluded that the context and the manner in which negative emotions are discussed with children may be of particular importance. A limitation of this study was the used of pre-set categories for coding based on previous research findings, this may have produce biased results. In a second study, further to their previous findings, Reese and Bird (2006) found that mothers who provided more detailed explanation and also resolution of negative emotion during reminiscing had children with higher self-concept coherence. Given that only one of the parents was a father it is not possible to generalise these findings to fathers and alternative family make-ups.

Valentino et al. (2014) furthered the above studies to examine whether the elaborative quantity and quality of maternal reminiscing are associated with children's self-representations. They found that mothers who provided more open, organised and emotionally supportive discussions during reminiscing were associated with a coherent and

consistent sense of self and a positive working model in their children. This study benefitted from a larger and more diverse sample than previous studies, lending credibility and robustness to the findings. Despite this, the study took place in a laboratory setting with researchers present during parent-child conversations, reducing the ecological validity.

Self-evaluation. Two studies were conducted with children aged four to six years old. The first study (Reese, Bird, & Tripp, 2007) explored the relationship between reminiscing of past emotional events and children's self-esteem. They also aimed to test whether children's self-esteem was related to different types of parent-child conversations (e.g. reminiscing about past events or conversations about current on-going conflicts). Results indicated that parents who provided more explanations regarding emotion during reminiscing had children with higher self-esteem. Parent-child conversations about on-going conflicts were found to be unrelated to children's self-esteem. There may however be a number of alternative explanations for the results given that confounding variables such as attachment and parental education were not controlled.

Kulkofsky, Behrens and Battin (2015) aimed to examine the relationships between the structure and content of mother-child reminiscing and children's perceived cognitive competence, physical competence, maternal acceptance and peer acceptance. Correlational analysis demonstrated that mothers who support their child's contributions to the reminiscing and hold reminiscing conversations that are child-centred in content have children who view themselves as more accepted socially and more cognitively competent. In contrast to the studies on self-concept Kulkofsky et al. (2015) found that maternal elaboration was not correlated with any of the children's self-evaluate variables. The authors acknowledged that the open-ended directions for mothers to 'bond with their child' may have caused confusion or led mothers to participate in a range of unintended activities with their children, this makes

it difficult to replicate. Instructions specifically to bond with the child may have prompted more elaborative and highly social reminiscing characteristics.

Three studies focused their research with preadolescents and examined both mothers and fathers reminiscing together with the child, as opposed to a single parent-child reminiscing. Bohanek, Marin, Fivush and Duke (2006) found that during family reminiscing when several perspectives were highlighted, parents who integrated these multiple perspectives as opposed to those who did not integrate differing perspectives into a unified story had children who had higher self-esteem and self-understanding.

The other two studies (Bohanek, Marin and Fivush, 2008; Marin, Bohanek, and Fivush, 2008) found families who expressed and explained more emotion during reminiscing, providing greater understanding and resolution of emotional experience, had preadolescents and adolescents who displayed higher social and academic competence and overall self-esteem. Specifically, Bohanek et al. (2008) found that during reminiscing about negative past events, mothers who expressed more emotion had daughters with high self-esteem and mothers who explained more emotions had sons with higher self-esteem. The authors acknowledged that the results may be hard to interpret given the small sample size. Regarding Marin et al. (2008) a limitation of this study is the age range of the children: during the first visit children were aged between nine and 12 years old whereas during the second visit, two years later they were between 11 and 14 years old. It is unclear whether comparisons can be made within this sample given that these children are in different developmental stages generally and that the ages overlap across comparison groups. Implications of this disparity and overlap were not controlled for.

Cross-cultural studies. Two studies focused on cross-cultural differences in parent-child reminiscing. Both studies (Wang, 2006; Wang, Doan, & Song, 2010) found that European-American mothers were more evaluative and elaborative during reminiscing,

especially with regards to the causes and consequences of their children's thoughts and emotions. In turn European-American children focused more on their personal characteristics and independence in understanding themselves than Chinese children. Whereas, Chinese mothers spoke more about relationships during reminiscing helping children develop a sense of relatedness rather than self-agency. In addition Wang et al. (2010) found that regardless of culture all children were better able to recognise their personal attributes when mothers accepted children's input during reminiscing. The way these studies measured self – understanding in children differed. Wang (2006) used maternal reports to assess self-concept, given the age of the children this however may not correctly reflect children's self-understanding and alternatively they may be reflections of cultural difference in reporting. Wang et al. (2010) used a self-description interview with the children as opposed to maternal reports. However, this task requires the children to describe their personal traits verbally, which given how young the children were, may not be the best test to use due to developing language skills. Both methods highlight the difficulty of measuring self-concept in young children.

Reminiscing with adolescents and emerging adults

Habermas and Bluck (2000) suggest that it is during late adolescence that individuals begin constructing their life stories by making meaning of past events. It is thought that this begins to emerge with the onset of the formal operations stage alongside the multiple demands placed on adolescents via school, peers, work and family for them to establish themselves (McLean 2005). Two studies are reviewed in this section.

Given that research suggests that both parents and peers are fundamental to adolescent identity development (Grotevant & Cooper, 1985), both studies (McLean, 2005; Mclean and Mansfield 2012) considered the audiences with whom adolescents share their memories. Both studies found parents continue to be an important resource to help adolescents reflect on their

experience and develop meaning. Both studies highlight however, that younger adolescents were more likely to share their memories with parents than older adolescents. In addition to these findings McLean (2005) aimed to examine whether specific contexts of reminiscing (e.g. telling for entertainment or telling for self-explanation) exposed different aspects of self. The results found that males tell memories for entertainment more commonly than females although telling for self-explanation was the most commonly reported function for both males and females. The role of telling memories with regards to self-explanation helped adolescents to develop, reinforce and confirm understanding about one's self. Participants rated telling memories for entertainment purposes as also self-defining, suggesting that memories told for entertainment serve a purpose in identity development. Regardless of age, memories that were shared within one week of the event were more likely to be told to parents than peers and peers were told well developed memories.

McLean and Mansfield's (2012) analysis showed that age and gender appeared to moderate relationship between maternal scaffolding behaviour and adolescent narrative processes. Boys received more supportive scaffolding from mothers than girls. Although mother's were found to have less of a role in meaning making with older adolescents results did suggested mothers who used elaborative questioning enabled older adolescents to resolve 'vulnerability' in talking about important events (vulnerability defined here as being overpowered by negative emotions with an inability to manage them).

Summary: Does reminiscing within families have an impact on individual identity?

This review found evidence to suggest that the particular way in which emotion and past events are discussed during parent-child reminiscing may have an impact on young children's developing sense of self and self-evaluations. More specifically it may be possible to suggest from this review that certain features of maternal reminiscing are related to different aspects of children's developing sense of self. Parental elaboration and explanation

of events and emotions, as opposed to simple attributions during parent-child reminiscing may be linked to a more coherent self-concept within children. It may be that elaborating provides a structure and clarity in which children can meaningfully make sense of their past in a more coherent way. This elaboration may help children to develop associations between past experiences and current understanding of self, enabling children to develop their identity through time. This is likely to be more important in developing a coherent self-concept rather than evaluative judgments of self. This review also highlights that the quality of the reminiscing is important in that mothers who provided open, organised and emotionally supportive dialogues when reminiscing about past events assisted children in the development of coherent and consistent self-concepts. In terms of evaluative judgements of self, mothers who support the child's contributions during parent-child reminiscing conversation and whose reminiscing conversations are child-centred have children who view themselves as more accepted socially, more cognitively competent and who have higher self-esteem. This may be because children's perspectives are endorsed and integrated, enhancing their evaluations of themselves and their self-esteem. The research suggests that providing explanation and resolution specifically for negative emotions may be important for both self-concept and self-esteem. This is in line with Vygotsky's (1978) theory of sociocultural development, as children are likely to need support in how to deal with difficult emotions and events (Bohanek et al., 2006). These conversations help to explain the causes and consequences of negative events and emotions, which provide children with a framework for how to construct and organise their thoughts, emotions and potentially their sense of self. In this way family reminiscing is an activity which may enable children to make meaning of their past selves and integrate it into their current sense of self.

Similar to pre-schoolers, the content of emotional talk during past event reminiscing appeared to have an impact on pre-adolescent's developing sense of self. However, one

difference was that during pre-adolescence one study demonstrated possible gender differences. During reminiscing about negative past events Bohanek et al. (2008) found that mothers who expressed more emotion had daughters with higher self-esteem and mothers who explained more emotions had sons with higher self-esteem. This suggests that during preadolescence boys and girls may require different forms of scaffolding from parents during reminiscing.

The current cross-cultural research, albeit limited, appears to corroborate Pillemer (1998) who suggested that the way parents discuss shared past events with their children reflects' parents implicit or explicit goals of socialisation. American mothers were more elaborative and evaluative, initiating child-centred discussions during reminiscing with their children, in turn American children's understanding of themselves was focused more on their personal characteristics and agency. Chinese parents were less elaborative and spoke more about relationships helping children develop a sense of relatedness as opposed to personal attributes. These findings would appear to suggest that the research above detailing the importance of elaboration within parent-child reminiscing may be of particular importance in helping children to develop a coherent sense of agentic self rather than a sense of relatedness that is important within Asian cultures. Family storytelling practices of sharing memories appear to help children to construct a sense of self in line with prevailing cultural views and expectations of selfhood.

Although the research with adolescents and emerging adults was extremely limited both studies found parents continue to help adolescents reflect on their experience and develop meaning from these experiences. The role parents play appears to change as adolescents develop and other relationships, such as peers and romantic partners, may become increasingly more important. Despite this, parents appear to continue proving a safe base for adolescents to develop meaning from memories that can be integrated into a sense of

self prior to being shared with peers. This was highlighted in McLean's (2005) findings that regardless of age, peers were told memories that had already been well constructed, alongside McLean and Mansfield's (2012) findings that parents help older adolescents resolve vulnerability. Additionally, in contrast to research with younger children, adolescents tend to take charge over which memories are shared and when. This is likely to become more frequent as adolescent's age and become increasingly independent, highlighting that the role parents play in helping children develop a sense of self through storytelling changes with the age of the child.

Is individual identity influenced by intergenerational stories?

Stories about other members of the family including parents and grandparents emerge frequently within family conversations. Children's life narratives may develop in the context of wider family stories that influence how children construct and understand their own personal identity (Fivush, Bohanek, & Duke, 2008). Five papers were reviewed in this section.

Gender. Three studies looked specifically at how gender is played out within intergenerational stories. Fiese, Hooker, Kotary, Schwagler and Rimmer (1995) found that intergeneration storytelling was a common occurrence within families with 96% of participants talking about their own childhood with their children "occasionally". Fiese et al. (1995) reported that fathers told stories with stronger themes of achievement than mothers and mothers' narratives have stronger themes of affiliations. Alongside this, infants were more likely to be told stories with affiliation themes and preschool children were more likely to hear stories with stronger achievement themes. The authors suggested that family stories are one avenue for socialisation of children to both developmental tasks at difference ages and the transmission of gender roles.

Fiese and Skillman (2000) extended the above study to examine whether the content of stories differed depending on whether stories were told to sons or daughters. Their analysis found that boys heard stories of their parent's childhoods with stronger autonomy themes than did girls however there was no effect of child gender on strength of affiliation themes. Whether parents were classified as a 'masculine', 'feminine', 'androgynous' or 'undifferentiated' gender typed was also linked to the type of intergenerational stories children were told. Girls were told stories with stronger achievement themes by parents from non-gender-typed parents whereas boys were told stories with stronger achievement themes by parents who were more typically masculine and feminine gender-typed parents.

Zaman and Fivush (2011) further extended the previous two studies by examining gender differences in the stories adolescents know about their parent's childhood and then compared these intergenerational stories with adolescent's personal stories. Regardless of gender, stories told by children about their mothers were more affiliation-oriented and stories about fathers were more achievement-orientated. Stories about mothers contained significantly more affective content and more emotion words. Girls told significantly longer and more elaborative personal stories and included more affective content than boys. Children therefore retell intergenerational stories that are in line with gendered orientations depending on the gender of their parent about which the story is being told, whilst children's own stories are more in line with their own gender.

Young peoples' understanding of the impact of intergenerational stories. The final two studies both aimed to understand the impact young people felt their family's stories had on the development of their identity. The young people in Thompson et al.'s (2009) study provided stories to demonstrate how they have assimilated their family legacies into their own identity and day-to-day lives. Participants also reported that they modified and sustained family stories through enacting these stories in their day-to-day life. They also found that

participants were freely able to identify positive family stories however they had much greater difficulty identifying negative family stories. Positive family stories were generally embraced and negative stories were rejected in relation to identity, indicating a level of agency in the development of identity. Participants however were university students who received course credit for their participation which raises ethical issues and questions the reliability and validity of the results.

According to Taylor, Fisackerly, Mauren and Taylor (2013) young people believed that intergenerational stories had some kind of impact on their personal identity with the greatest impact on young adults' values and attitudes. Both males and females were most likely to narrate a story that featured a family member of the same gender as themselves. The types of stories retold also differed between men and women and therefore influenced different types of values and attitudes, with women indicating intergenerational stories had taught them to be 'appreciative, loving, or courageous, whereas more men shared stories that emphasised having a strong work ethic or being appreciative of and respectful to others' (p. 376). The high proportion of women (74%) in this study limits the generalisability and it is possible that differences between men and women may have been greater or smaller if more men had been included.

Summary: Is individual identity influenced by intergenerational narratives?

Although the number of studies were limited, within the scope of this review given the research suggests that intergenerational stories are regularly told within families. In line with to the cross cultural studies and Pillemer (1998) these studies highlight that intergenerational stories may be told in some respect to reflect implicit or explicit goals of socialisation, specifically with regards to socialisation of gender. These studies suggest that the types of stories that mothers and fathers tell about themselves differ with the focus on affiliations or achievement respectively. Additionally the types of stories told to sons and

daughters differed, with typically 'masculine' and 'feminine' parents telling sons intergenerational stories with stronger autonomy themes than girls. Furthermore it is possible that this gendered storytelling influences the types of stories girls and boys go on to tell about themselves and the way in which they tell these stories. The way stories are told and types of stories that parents and children tell are in line with Gilligan (1992) who suggests that female identity is centred on belongingness and relatedness whereas male identity is built on autonomy and achievement. This suggests that intergenerational stories and understanding of familial experiences may be one avenue that influences children's gender identity. Furthermore intergenerational stories may influence both men and women's values, beliefs, identity and behaviour and these stories are modified and sustained through the way young people enact these stories in their day-to-day life, helping them to develop a sense of their own identity in relation to and possibly as an extension of previous generations in the family. These findings corroborate Smith and Logan (2004) where knowledge about family background and the ability to incorporate these into a continuing narrative for the self may be an important part of identity development.

General Critique of the research

The findings of this review must be considered in relation to numerous methodological limitations in the studies. One limitation was the homogenous samples. The majority of the studies were based on Western and Caucasian samples mostly based within the USA. The diversity within the Western and Caucasian samples was also limited to traditional, nuclear and middle-class families. This is likely to limit the generalisability of findings to other social or cultural groups. Alongside this, none of the studies provided inclusion/exclusion criteria for participants which makes it difficult to replicate the studies. Furthermore participants were recruited via convenience sampling and self-selection which leads us to question the extent of reliability and validity of the results specifically for the

studies using mixed-methods (Marshall, 1996). This method of sampling could create a bias in the findings as the population may not be representative of the wider population.

Another limitation was the cross-sectional nature of the majority of the studies. As the studies were conducted at a single time point inferences cannot be made about temporal influences on identity. Additionally, given the correlational design of the studies causal relationships cannot be stated, neither is it possible to determine the direction of the possible relationships. It is therefore, unclear within the current review to what extent different types of reminiscing between parents and children elicit positive or coherent self-concepts in children or whether children with more coherent and positive self-concept prompt different types of reminiscing from their parents. Bird, Reese and Tripp (2006) found that children's temperaments may be associated with characteristics of mother-child reminiscing, which suggests a likely bidirectional process.

A significant amount of the studies relied on self-report measures with the children or parental measure completed on behalf of their children. Inherently it is an obvious difficulty measuring self-concept in very young children given their limited linguistic and cognitive abilities. Therefore this may not be a reliable or valid measure of self-concept. Additionally, Harter (1999) suggested that children may express their global self-worth behaviourally and that it is not until middle-late childhood that they begin to express this verbally. No study to date has used a behavioural measure of self-concept.

Many of the studies within this review are conducted by the same researchers with a clear interest in this area. The studies were frequently based upon previous research conducted by the same authors and pre-set codes were often used based on the earlier research. This highlights a potential source of bias with researchers possibly pursuing their own interests and ideas within the area. Only one of the studies critically examined their own role, influence and potential biases on the analysis. No other study details researcher

reflexivity, over the course of the research therefore it is not possible to position the findings in relation to the researchers' perspectives. More inductive research may be needed within this area.

Another limitation is the different procedures used by the various studies (e.g. some studies focused on mother-child reminiscing, some with both parents either together or separately and other studies were retrospective studies with young people alone). These variations make it difficult to draw conclusions across the studies as a whole. Additionally different definitions and aspects of identity and self-concept were used across the different studies, also limiting the extent to which comparisons can be drawn. These differing definitions made it challenging to come to an inclusion/exclusion criteria for the current review. This research does however highlight the multifaceted nature of identity, which intrinsically makes it difficult to research and compare studies where a unified conceptualisation and measure of identity is not available.

Discussion

This paper reviewed 17 papers (18 studies), published since 1995 that explored how stories and storytelling within families impacts individual identity. The review is suggestive of a possible relationship between stories and storytelling in families (including both parent-child reminiscing about shared past events and the sharing of intergenerational family stories) and different aspects of children's identity development. Specifically the way in which shared family stories are spoken about during reminiscing may be linked to a more coherent self-concept and higher self-esteem in children. Intergenerational stories however, may be more likely to influence values and beliefs in children and young people. Research within this area indirectly highlights the role of attachment within the act of reminiscing. More securely attached mothers and children are likely to be better able to converse and elaborate on shared past events and may be more likely to share stories about themselves and previous

generations, than those who have insecure attachments or children who have experienced developmental trauma in which relationships are inherently chaotic. Reese and Farrant (2003) found greater maternal elaboration with securely attached parents and children. In turn these children were more likely to internalise the emotional features of their mothers' reminiscing style than those who were insecurely attached (Newcombe & Reese, 2004). This suggests that although stories and storytelling may play a role in children's identity development the process appears to be complex and embedded within a relational context rather than reminiscing in isolation.

Implications for future research

The literature is currently limited due to methodological issues. However, given the emergence of a potential relationship and potential implications of this relationship the review highlights that future research is warranted. The majority of studies focused on parent-child reminiscing, with younger children, about shared past events. Nelson and Fivush (2004) suggest that the increased attention given to preschool years within the literature is reflective of the interest in the development of autobiographical memory, which occurs during these years. More research is required to further understand the role of family stories and storytelling in identity development within adolescence given that this is an important period for the development of identity and those narratives may be critical in this process (McAdams, 2001). Fundamentally future research should take a longitudinal approach to determine the long term effects of reminiscing and intergenerational stories on children's developing identity. This would allow for an examination of the impact of family stories and storytelling on development as it relates to levels of maturity. It may be that the role and impact of reminiscing and intergenerational stories changes as children age and enter different stages of development. Experimental research is also required to test causal

pathways and attempt to answer how change in aspects of individual identity is mediated by different kinds of reminiscing and storytelling.

Virtually all of the current research focuses on reminiscing between mothers and their children on a one-to-one basis. It may be important for future research to look at how the family as a whole reminisce about shared past events and intergenerational stories. Fitness and Duffield (2004) suggest that it is important to examine the whole context in which children are socialised given that families are complex and dynamic systems. Currently it is unclear what role sibling reminiscing plays. When directly asking caregivers why they engaged in joint reminiscing with their children Kulkosky and Bee Kim Koh's (2009) analysis outlined seven functions including emotional regulation, directive (teaching), positive emotionality (bonding), individual in relation to others (relationship maintenance between the child and other family members, identity development and self-continuity), conversation, cognitive skills (memory and language) and peer relationships (helping children understand peer relationships). Given that the functions of sibling reminiscing are likely to differ to that of parent-child reminiscing, the results may also differ to that of parent-child reminiscing. Research suggests that siblings appear to have an influence on each other's identity in relation to 'sibling identification' (Bank & Kahn, 1976) and 'sibling differentiation' (Sulloway, 1996). Birth order has also been suggested to have an influence on identity development (Whiteman, Mchale, & Crouter, 2007). Therefore this may be an important avenue for future research.

This review has highlighted that current research has focused on self-concept, self-esteem, perceived competency and gender. Considering both Erikson's definition of identity and the definition used by the current review (Department of Health, 2000), identity is considered to be a multifaceted construct. With this in mind the current research fails to consider the role family reminiscing and intergenerational stories have in developing these

other aspects of identity including knowing where one is going in life, a sense of assimilating different roles, sexuality, belonging and self-image.

Future research needs to include more diverse samples. The current research tends to focus on caucasian, middle-class, Western families with high levels of education. Current research is therefore, unable to comment on whether maternal reminiscing styles vary as a function of social class. The cross-cultural research is sparse and only includes middle-class families. Future research could look to answer how class and culture, including subcultures, interact. It may also be important to include clinical samples, including parental and child mental health difficulties and disability. Alongside this, the majority of current literature focuses on children from traditional, nuclear families however, children and adolescents are growing up in a variety of environments and family constellations (e.g. single parent families, same sex parents, mixed race families, adoption and Local Authority care). The number of children living in foster care is increasing year on year (Department for Education, 2015) and little is known about identity development for these particular children and adolescents (McMurray, Connolly, Preston-Shoot, & Wigley, 2011). As this current review highlights the potential importance of family stories and storytelling in identity development it would seem important to further our understanding of alternative sources of identity development. Of particular interest are children who do not grow up surrounded by family and even more so for those who have lived in multiple placements throughout their life where a consistent person with whom they can reminisce about shared past events is extremely limited.

Clinical implications

The findings discussed have potentially important clinical implications given that the literature begins to suggest that the way emotions are spoken about during reminiscing may aid children to understand and regulate their emotional experiences and their ability to mentalise. Reminiscing appears to offer children the space to reflect on their experiences and

gain an appreciation and understanding of the personal meaning of past events and to develop coping strategies in relation to negative experiences. This in turn may lead to a more coherent self-concept, higher self-esteem and over-all wellbeing.

According to Erikson, (1968), confusion regarding one's own identity it likely to result in low or unstable self-esteem and feelings of insecurity. Low or unstable self-esteem has been linked to the a variety of mental disorders as outlined in the Diagnostic and Statistical Manual of Mental Disorders V (American Psychiatric Association, 2013). Positive self-esteem however, is thought to be a protective factor against mental health difficulties (Rutter, 1985). Research suggests that narratives of difficult and traumatic experiences have a significant impact on memory, identity, and recovery (Pennebaker & Chung, 2007; White, 2004). Therefore from a pro-active, preventative perspective, the promotion of rich and detailed reminiscing between parents and children should be encouraged in order to aid the development of future self-esteem and well-being. Helping children to understand the causes and consequences of their emotions is critical as research has highlighted that when children try to make sense of difficult emotions alone it can negatively impact their well-being (Fivush, Marin, Crawford, Reynolds, & Brewin, 2007). Valentine, Comas, Nuttall and Thomas (2013) demonstrated that brief training together with parents who maltreat their children enhanced the elaborative and emotional quality of parent-child reminiscing. This suggests that reminiscing –based parent training may be beneficial in developing children's well-being and their sense of self, including children who have been abused. In addition to this, prior research has also indicated that the act of reminiscing may improve parent-child relationships through bonding and intimacy (Nelson & Fivush, 2004). This also has important clinical implications given the significance of the attachment relationship for multiple aspects of child future development.

Given the findings that intergenerational stories may potentially influence young people's values, beliefs, identity and in turn their behaviour, alongside helping them to develop a sense of their identity in relation to and possibly as an extension of previous generations within the family, this corroborates NICE (2013) guidance regarding the importance of life story work for those in foster care. Life story work is a social work intervention prominently designed to help children understand the background and history of their family and to develop a sense of identity. Through life story work children in care can gain an understanding of intergeneration family stories and familial history which may otherwise not be known to these children. This knowledge may help them develop a sense of self and identity.

Limitations of the review

There are a number of limitations that should be considered. Firstly this review only included papers that were peer reviewed journal articles that were written in English. It may be that a significant amount of research within this area was excluded because of this. It is also well known that significant results are more likely to be published therefore there may be a positive bias reported in the studies included within this review (Scargle, 2000). The variability between research designs, study focal points and definitions of identity also makes it difficult to compare and contrast findings.

Conclusion

This review sought to investigate the evidence for a relationship between family stories and storytelling and personal identity development in children. Despite the overall limited research within this area, the review provides evidence for a possible relationship between stories and storytelling in families and different aspects of children's identity development, specifically self-concept, evaluative aspects of self, attitudes and values and possibly gender. Findings from the current studies reviewed suggest that parent-child

reminiscing offers children the space for reflection about the meaning of past events for themselves, which is not possible to do during the actual experiencing of the event. Further research will be needed to expand the evidence base and provide stronger support for this relationship and how identity develops for those who do not have the opportunity to reminisce or hear intergenerational stories.

References

- Adams, G. R., & Marshall, S. K. (1996). A developmental social psychology of identity: understanding the person-in-context. *Journal of Adolescence*, 19, 429-442.
doi:10.1006/jado.1996.0041
- Allison, M. D., & Sabatelli, R. M. (1988). Differentiation and individuation as mediators of identity and intimacy in adolescence. *Journal of Adolescent Research*, 3, 1-16.
doi:10.1177/074355488831002
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, DC: American Psychiatric Association.
- Bank, S., & Kahn, M. D. (1976). Sisterhood-brotherhood is powerful: sibling sub-systems and family therapy. In S. Chess & A. Thomas (Eds.), *Annual progress in child psychiatry and child development* (pp. 493-519). New York: Bruner/Mazel.
- Beyers, W., & Goossens, L. (2008). Dynamics of perceived parenting and identity formation in late adolescence. *Journal of Adolescence*, 31, 165-184.
doi:10.1016/j.adolescence.2007.04.003
- Bird, A., & Reese, E., & Tripp, G. (2006). Parent-child talk about past emotional events: Associations with child temperament and goodness-of-fit. *Journal of Cognition and Development*, 7, 189-210. doi: 10.1207/s15327647jcd0702
- Bohanek, J. G., Marin, K. A., & Fivush, R. (2008). Family narratives, self and gender in early adolescence. *Journal of Early Adolescence*, 28, 153-176.
doi:10.1177/0272431607308673
- Bohanek, J. G., Martin, K. A., Fivush, R., & Duke, M. (2006). Family narrative interaction and children's sense of self. *Family Process*, 45, 39-55.
doi:10.1111/j.15455300.2006.00079.x
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson

Bowlby, J. (1969). *Attachment and loss*. New York: Basic Books.

Coplan, R. J., Findlay, L. C., & Nelson, L. J. (2004). Characteristics of preschoolers with lower perceived competence. *Journal of Abnormal Child Psychology*, 32, 399-408.
doi:10.1023/b:jacp.0000030293.81429.49

Critical Appraisal Skills Programm. (2013) CASP checklists. Retrieved from
http://media.wix.com/ugd/dded87_29c5b002d99342f788c6ac670e49f274.pdf

Department for Education. (2015). *Children looked after in England (including adoption and care leavers) year ending 31 March 2015*. Retrieved from
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464756/SFR34_2015_Text.pdf

Department of Health. (2000). *The Framework for the assessment of children in need and their families*. London. Retrieved from
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014430.pdf

Erikson, E. (1959). *Identity and the life cycle: Selected papers*. New York: International University Press.

Erikson, E. (1968). *Identity, youth and crisis*. New York: Norton.

Fiese, B. H., Hooker, K. A., Kotary, L., Schwagler, J., & Rimmer, M. (1995). Family stories in the early stages of parenthood. *Journal of Marriage and the Family*, 57, 763-770.
doi:10.2307/353930

Fiese, B. H., & Skillman, G. (2000). Gender differences in family stories: Moderating influences of gender role and child gender. *Sex Roles*, 43, 267-283.
doi:10.1023/A:1026630824421

- Fitness, J., & Duffield, J. (2004). Emotion and communication in families. In A. L. Vangelisti (Ed.), *Handbook of family communication* (pp. 473-494). Mahwah, NJ: Erlbaum.
- Fivush, R. (2007). Maternal reminiscing style and children's developing understanding of self and emotion. *Clinical Social Work Journal*, 35, 37-46.
doi:10.1007/s10615-006-0065-1
- Fivush, R. (2008). Remembering and reminiscing: How individual lives are constructed in family narratives. *Memory Studies*, 1, 45-54. doi:10.1177/1750698007083888
- Fivush, R., Berlin, L., Sales, J. M., Mennuti-Washburn, J., & Cassidy, J. (2003). Functions of parent-child reminiscing about emotionally negative events. *Memory*, 11, 179-192.
doi:10.1080/741938209
- Fivush, R., Bohanek, J. G., & Duke, M. (2008). The intergenerational self: Subjective perspective and family history. In F. Sani (Ed.), *Individual and collective self-continuity* (pp. 131-144). New York: Psychology Press
- Fivush, R., Martin, K., Crawford, M., Reynolds, M., & Brewin, C. R. (2007). Children's narratives and well-being. *Cognition & Emotion*, 21, 1414-1434.
doi:10.1348/026151005X57747
- Fivush, R., & Nelson, K. (2006). Parent-child reminiscing locates the self in the past. *British Journal of Developmental Psychology*, 24, 235-251.
doi:10.1348/026151005X57747
- Gilligan, C. (1992). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Grotevant, H. D., & Cooper, C. R. (1985). Patterns of interaction in family relationships and the development of identity exploration in adolescence. *Child Development*, 56, 415-428. doi:10.2307/1129730

- Hambermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin*, 126, 748-769.
doi.org/10.1037/0012-1649.44.3.707
- Haden, A. C., & Fivush, R. (1996). Contextual variation in maternal conversational styles. *Merrill-Palmer Quarterly*, 42, 200-227. Retrieved from
<http://www.jstor.org/stable/23087877>
- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York: Guildford Press
- Harter, S. (2006). The self. In N. Eisenberg (Ed.), *Handbook of child psychology vol 3: Social, emotional and personality development* (6th Edition, pp. 505-570). Hoboken, NJ: John Wiley & Sons.
- Howe, M. L., & Courage, M. L. (1997). The emergence and early development of autobiographical memory. *Psychological Review*, 104, 499-523. [doi:10.1037/0033-295X.111.2.486](https://doi.org/10.1037/0033-295X.111.2.486)
- Kulkofsky, S., & Bee Kim Koh, J. (2009). Why they reminisce: Caregiver reports of the functions of joint reminiscence in early childhood. *Memory*, 17, 458-470.
[doi:10.1080/09658210902729509](https://doi.org/10.1080/09658210902729509)
- Kulkofsky, S., Behrens, K. Y., & Battin, D. B. (2015). The bonds that reminds us: Maternal reminiscing for bonding purposes in relation to children's perceived competence and social acceptance. *Infant and Child Development*, 24, 469-488. [doi:10.1002/icd](https://doi.org/10.1002/icd)
- Marcia, J. E. (1966). Development and validation of ego identity status. *Journal of Personality and Social Psychology*, 3, 551-558. [doi:10.1037/h0023281](https://doi.org/10.1037/h0023281)
- Marin, K. A., Bohanek, J. G., & Fivush, R. (2008). Positive effects of talking about the negative: Family narratives of negative experiences and preadolescents' perceived

- competence. *Journal of Research on Adolescence*, 18, 573-593.
doi: 10.1111/j.1532-7795.2008.00572.x
- Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, 13, 522-525.
doi: 10.1093/fampra/13.6.522
- McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology*, 5, 100-122. doi:10.1037/1089-2680.5.2.100
- McLean, K. C. (2005). Late adolescent identity development: Narrative meaning making and memory telling. *Developmental Psychology*, 41, 683-691.
doi:10.1037/0012-1649.41.4.683
- McLean, K. C., & Mansfield, C. D. (2012). The co-construction of adolescent narrative identity: Narrative processing as a function of adolescent age, gender and maternal scaffolding. *Developmental Psychology*, 48, 436-447. doi:10.1037/a0025563
- McLean, K.C., Pasupathi, M., & Pals.(2007). Selves creating stories creating selves: A process model of self-development. *Personality and Social Psychology Review*, 11, 262-278. doi: 10.1177/1088868307301034
- McMurray, I., Connolly, H., Preston-shoot, M., & Wigley, V. (2011). Shards of the old looking glass: Restoring the significance of identity in promoting positive outcomes for looked-after children. *Child and family Social Work*, 16, 210-218.
doi:10.1111/j.1365-2206.2010.00733.x
- Mead, G. H. (1934). *Mind, self and society*. Chicago: University of Chicago Press.
- Meeus, W., Iedema, J., Helsen, M., & Vollebergh, W. (1999). Patterns of adolescent identity development: Review of literature and longitudinal analysis. *Developmental Review*, 19, 419-461. doi:10.1006/drev.1999.0483
- Miller, P. J., Mintz, J., Hoogstra, L., Fung, H., & Pots, R. (1992). The narrated self: Young children's construction of self in relation to others in conversational stories of

- personal experience. *Merrill-Palmer Quarterly*, 38, 45-67. Retrieved from <http://www.jstor.org/stable/23087275>
- Nelson, K. (1993). The psychological and social origins of autobiographical memory. *Psychological Science*, 4, 7-14. doi:10.1111/j.1467-9280.1993.tb00548.x
- Nelson, K., & Fivush, R. (2004). The emergence of autobiographical memory: A social cultural developmental theory. *Psychological Review*, 111, 486-511. doi:10.1037/0033-295X.111.2.486
- Newcombe, R., & Reese, E. (2004). Evaluations and orientations in mother-child narratives as a function of attachment security: A longitudinal investigation. *International Journal of Behavioural Development*, 28, 230-245. doi:10.1080/01650250344000460
- National Institute for Clinical Excellence (NICE). (2013). Looked-after children and young people. Retrieved from <https://www.nice.org.uk/guidance/qs31>
- Pennebaker, J. W., & Chung, C. K. (2007). Expressive writing, emotional upheavals and health. In H. Freidman & R. Silver (Eds.), *Handbook of health psychology* (pp. 263-284). New York: Oxford University Press.
- Perosa, L. M., Perosa, S. L., & Tam, H. P. (1996). The contribution of family structures and differentiation to identity development in females. *Journal of Youth and Adolescence*, 25, 817-837. doi:10.1007/BF0153745
- Pillemer, D. B. (1998). *Momentous events, vivid memories*. Cambridge, MA: Harvard University Press.
- Reese, E., & Bird, A. (2006). Emotional Reminiscing and the development of an autobiographical self. *Developmental Psychology*, 42, 613-626. doi:10.1037/0012-1649.42.4.613

- Reese, E., Bird, A., & Tripp, G. (2007). Children's self-esteem and moral self: Links to parent-child conversations regarding emotion. *Social Development*, 16, 460-478. doi:10.1111/j.1467-9507.2007.00393.x
- Reese, E., Farrant, K. (2003). Origins of reminiscing in parent-child relationship. In R. Fivush & C. A. Haden (Eds.), *Autobiographical memory and the construction of a narrative self: Developmental and cultural perspectives* (pp. 29-48). Wahwah, NJ: Lawrence Erlbaum.
- Reese, E., Haden, A. C., & Fivush, R. (1993). Mother-child conversations about the past: Relationships of style and memory over time. *Cognitive Development*, 8, 403-430. doi.org/10.1016/S0885-2014(05)80002-4
- Rubin, D. C. (2005). A basic-systems approach to autobiographical memory. *Current Directions in Psychological Science*, 14, 79-83. doi: 10.1111/j.0963-7214.2005.00339.x
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598-611. doi:10.1192/bjp.147.6.598
- Scargle, J. (2000). Publication bias: The "file-drawer" problem in scientific inference. *Journal of Scientific Exploration*, 14, 91-106.
- Smith, C., & Logan, J. (2004). *After adoption: Direct contact and relationships*. London: Routledge.
- STROBE. (2007). STROBE statement: Checklist of items that should be included in reports of cross-sectional studies. Retrieved from http://stroke-statement.org/fileadmin/Strobe/uploads/checklists/STROBE_checklist_v4_cross-sectional.pdf
- Sulloway, F. J. (1996). *Born to rebel*. New York, NY: Pantheon Books.

- Taylor, A. C., Fisackerly, B. L., Mauren, E. R., & Taylor, K. D. (2013). "Grandma, tell me another story": Family narratives and their impact on young adult development. *Marriage and Family Review*, 49, 367-390. doi:10.1080/01494929.2012.762450
- Thompson, B., Kellas, J. K., Soliz, J., Thompson, J., Epp, A., & Schrodt, P. (2009). Family legacies: Constructing individual and family identity through intergenerational storytelling. *Narrative Inquiry*, 19, 106-134. doi:10.1075/ni.19.1.07
- Tooth, L., Ware, R., Bain, C., Purdie, D. M., & Dobson, A. (2005). Quality of reporting of observational longitudinal research. *American Journal of Epidemiology*, 161, 280-288. doi:10.1093/aje/kwi042
- Valentino, K., Comas, M., Nuttall, A. K., & Thomas, T. (2013). Child abuse and neglect training maltreating parents in elaborative and emotion-rich reminiscing with their preschool-aged children. *Child Abuse & Neglect*, 37, 585-595. doi:10.1016/j.chiabu.2013.02.010
- Valentino, K., Nuttall, A. K., Comas, M., McDonnell, C. G., Piper, B., Thomas, T. C., & Fanuele, S. (2014). Mother-child reminiscing and autobiographical memory specificity among preschool-age children. *Development Psychology*, 50, 1197-1270. doi:10.1037/a0034912
- Vygotsky, L. S. (1978) *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Wang, Q. (2006). Relations of maternal style and child self-concept to autobiographical memories in Chinese, Chinese Immigrant and European American 3-year-olds. *Child Development*, 77, 1794-1809. doi:10.1111/j.1467-8624.2006.00974.x
- Wang, Q., Doan, S. N., & Song, Q. (2010). Talking about internal states in mother-child reminiscing influences children's self-representations: A cross-cultural study. *Cognitive Development*, 25, 380-393. doi:10.1016/j.cogdev.2010.08.007

- Webster, J. D., Bohlmeijer, E. T., & Westerhoff, G. J. (2010). Mapping the future of reminiscence: A conceptual guide for research and practice. *Research on Aging*, 32, 527-564. doi: 10.1177/0164027510364122
- Welch-Ross, M. K., Fasig, L. G., Farrar, M. J. (1999). Predictors of preschoolers' self-knowledge: Reference to emotion and mental states in mother-child conversations about past events. *Cognitive Development*, 14, 401-422. doi:10.1016/S0885-2014(99)00012-X
- White, M. (2004). Working with people who are sufferent the consequences of multiple trauma: A narrative perspective. *The International Journal of Narrative Therapy and Community Work*, 1, 45-76.
- Whiteman, S. D., McHale, S. M., & Crouter, A. C. (2007). Competing processes of sibling influences: Deidentification. *Social Development*, 16, 642-661. doi:10.1111/j.1467-9507.2007.00409.x
- Zaman, W., & Fivush, R. (2011). When my Mom was a little girl...: Gender differences in adolescent's intergenerational and personal stories. *Journal of Research on Adolescence*, 21, 703-716. doi:10.1111/j.1532-7795.2010.00709.x

ALICIA K COLBRIDGE BSc (Hons.) MSc.

MAJOR RESEARCH PROJECT

SECTION B:

EMPIRICAL PAPER

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

WORD COUNT: 8171 WORDS

For submission to Adoption and Fostering

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church
University for the degree of Doctor in Clinical Psychology

APRIL 2016

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

Background: Identity formation may be more complex for those who have been in foster care in the face of childhood abuse, difficult relationships, unstable environments and multiple care contexts but this does not imply there is anything pathological about it. Given the higher levels of mental health difficulties in looked after children and the known role identity has in mental health, whether as a risk or a protective factor, it seems clinically significant to investigate what factors help construct or hinder the formation of identity for those who have been in care.

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

Results: Three superordinate themes emerged which encapsulated participants' identity development. These included Construction of identity – How I became me, Understanding of identity – Who am I and Experience of identity – How my identity plays out.

Conclusions: Participants' construction of identity can be understood in the context of early adverse environments and developmental trauma. This construction of self, in turn mediates how participants understand and experience their identity. Findings were discussed in relation to previous research and limitations were outlined. Implications for future research included giving fuller consideration to the role of developmental trauma in identity formation. Clinical implications encourage understanding of looked after children and care-leavers in the context of developmental trauma, rather than focusing on symptoms of various diagnoses.

Keywords: identity, looked after children, care-leavers, developmental trauma, mental health

Introduction

Identity formation

There is no consensus in the definition of identity (Bosma, Graafsma, Grotevant, & de Lavita, 1994). Common to all definitions, importance is placed on the sameness and continuity of identity overtime (Bosma et al., 1994). The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) defines identity as ‘The child’s growing sense of self as a separate and valued person. It includes the child’s view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other culture groups’ (p. 19). This definition is utilised within the current study.

Erikson (1959) outlined a life-span model of human development. Although identity formation is considered to be a lifelong progression, its initial development is thought to be a primary task of adolescence (Blos, 1970; Erikson, 1950; Marcia, 1980). With adulthood and independence on the horizon adolescents attempt to discover and stabilise a sense of personal identity incorporating their past, present and future. It has been suggested that the process of identity formation may be different for males and females (Gilligan, Ward, Taylor, & Bardige, 1988). Gilligan (1992) argues that female identity is built around belongingness and affiliation whilst male identity is centred on personal experiences that demonstrate aspects of achievement and autonomy.

Identity formation for Looked After Children

Although social policy highlights the importance of supporting Looked After Children (LAC) to develop a positive identity, McMurray, Connolly, Preston-Shoot, and Wigley (2011) stress that identity development in LAC is a somewhat subordinated area in terms of

theoretical literature, with limited empirical research looking at young people's own sense of self (McLeod, 2007). In other broader literature, identity is conceptualised as a central part of human development and critical to mental health and well-being across the lifespan (Oyserman & Markus; Ruvolo & Markus, 1992) yet few researchers have gained an understanding about identity development for those in foster care.

Within his model Erikson highlighted the contextual nature of identity development, arguing that an individual cannot be understood in isolation from their social context. In his model of psychosocial development Erikson also emphasised the role of earlier experience, especially within the family, to subsequent phases of development (Erikson, 1968). Additionally, attachment theory (e.g. Bowlby, 1969, 1988) suggests that a loving and consistent caregiver provides children with a safe environment in which to explore and develop. Alongside this Smith and Logan (2004) suggest that knowledge about one's personal and familial background is important in identity formation in order to integrate one's history into a continuing sense of self. Maintaining relationships with family and respecting cultural background is known to be important for LAC. Winter and Cohen (2005) illustrated the 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. This underpins the NICE (2013) guidelines regarding the importance of life story work. Possible difficulties with identity formation for LAC may arise in the face of childhood abuse, difficult relationships, an unstable environment and multiple care contexts. Identity formation, consequently, may be more complex for those who have been in foster care but this does not imply there is anything pathological about it.

McMurray et al. (2011) interviewed adolescents (12-16 year olds) in foster care and found young people's identity is shaped by their relationships, that identity can act as a protective factor and can be delayed or put on hold. Within this study social workers argued

that young people 'may not have had the opportunity to start developing a coherent sense of self because they were still in the midst of very difficult situations' (pp. 216). Young people themselves also recognised that a lack of independence and control whilst awaiting for outcome of decisions regarding their lives resulted in their future identity being put on hold. Kools (1997) interviewed 15-19 year olds in foster care and found that the foster care status had a detrimental impact on identity. The stereotypical view of children in foster care contributed to the devaluation of the adolescents' sense of self. Despite this research there remains a significant gap in our understanding of the process of identity formation in the context of growing up in foster care.

Clinical relevance of identity formation

Erikson (1968) highlighted that confusion regarding one's identity can result in low or unstable self-esteem and feelings of insecurity. According to 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, 2004). LAC are much more likely to have experienced risk factors, such as abuse, neglect, family dysfunction, poverty and parental mental health for a range of mental health problems (Richardson & Lelliott, 2003). Research suggests the prevalence of mental health and behavioural problems among LAC are significantly higher than children in the general population (McCann, James, Wilson, & Dunn, 1996). Outcomes for those who have experienced multiple placements tend to be worse than those who experience stability within foster placements (Courtney & Barth, 1996) and those in kinship care as this increases children's sense of belonging through continued family identity (Selwyn, Farmer, Meakings, & Vaisey, 2013). Reoccurring messages of rejection, a lack of stability or a sense of

belonging can negatively impact self-esteem (Yancey, 1992). Given the higher levels of mental health difficulties in LAC and the known role that identity and self-esteem have in mental health, whether as a risk or a protective factor, it seems clinically significant to investigate what factors help construct or hinder the formation of identity in LAC.

Rationale for research

Of the limited research in this area most studies have interviewed individuals who are currently within foster care, aged 12-19 (Kools, 2007; McMurray et al., 2011). This is a similar age range to research on 'typical' identity formation. It has however, been repeatedly demonstrated that achievement of identity has seldom been reached by the end of adolescence (Waterman, 1982) and that identity formation continues into the twenties (Arnett, 2000). The current study therefore aims to look specifically at those who are slightly older, 19-25 year olds, in the hope that they will have had a chance to reflect on their experiences and have gone through the process of identity formation for longer. Alongside this, as Kools, (1997) found that foster care had a negative impact on identity, it was deemed important to identify how young people who are no longer in the care system view themselves and the meanings they ascribe to their experience of identity formation.

Interpretative phenomenological analysis requires homogeneity within the sample. Given that within mainstream literature females are thought to strive to incorporate their identity in terms of affiliation (Gilligan, 1992), and the known attachment and relationship difficulties common within LAC (Golding, 2008) the current study focused on female experience of identity only. This study hopes to further the knowledge of how young women understand their identity and its formation within the context of having previously been in foster care.

Research question

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

Method

Design

Interpretative phenomenological analysis (IPA) was employed to explore how individuals reflect on their experiences and the meaning people make from these lived experiences (Smith, Flowers, & Larkin, 2009). IPA employs a dynamic and interactive process in which both participants and researcher play integral roles in the analytic account produced (Smith et al., 2009). It was for these reasons that IPA was chosen to explore how young women who have previously been in the care system make sense of their experiences in relation to the question 'Who am I?' and the understanding they give to how they constructed this sense of themselves. This study utilised in-depth semi-structured interviews.

Participants

During the recruitment process eight young women were identified and expressed interest but did not turn up to the initial meeting. Two others did not meet inclusion criteria and one changed her mind during the initial meeting. Given difficulties recruiting, the inclusion and exclusion criteria were altered during the course of recruitment. The initial criteria included; females, 19-25 years, significant period in care; multiple placements (3+), in the care system until independence; fluent in English. Exclusion criteria included; adopted children, brief period in care (e.g. days/weeks); unaccompanied asylum seekers; kinship care; learning disability. During later stages of recruitment unaccompanied asylum seekers were included and multiple placements was redefined as multiple homes (e.g. having lived with different people prior to care and/or more than one placement in care).

Following IPA guidelines a small sample was recruited (Smith et al., 2009). Although including participants from diverse ethnic backgrounds and unaccompanied asylum seekers contradicted the recommendation for homogeneity, the research question focused on identity formation in relation to significant instability and a substantial period in care. It was this similar experience and gender that provided homogeneity. Participants were eight young women (Table 1.). All experienced significant developmental trauma and were subject to a full (local authority) care-order. All participants experienced multiple homes prior to and/or during care e.g. passed around family members, friends, strangers, residential placements and foster placements.

Table 1. Participant demographic information

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

Recruitment

Participants were recruited through a charity for care leavers. Staff identified potential participants and the research was discussed with them. If the young person expressed an interest and demonstrated clear understanding what participation would involve, consent to be contacted was gained. Initial contact between researcher and young person took place in person. The research was explained and participants were given the space to ask questions. Confidentiality and its limits were discussed. The potential for distressing material to arise and participants' freedom to pause or stop at any time was also stressed. When the young person demonstrated significant knowledge of the study to make an informed decision the consent form was completed.

Ethical approval

Ethical approval was obtained from Canterbury Christ Church University's Ethics Committee (Appendix C). Risk of harm was considered and monitored throughout the interview process and appropriate safeguarding put in place. The study was conducted according to the British Psychological Society code of ethics and conduct (2009).

Interviews

In developing the semi-structured interview schedule (Appendix F) current literature was considered and consultations were undertaken with two psychologists experienced in working with LAC and a social worker in a leaving care team. A pilot interview was

conducted with a care leaver. Following feedback and reflection, the questions were amended. Information derived from these sources was used to ensure questions would elicit information relevant to the aims of study. The same procedure was used for the participant information sheet (Appendix D) and consent form (Appendix E).

Interviews took place in a private room within the charity. The interview schedule served as a guide, while the interviewer focused on actively listening to participants' accounts and following their lead. Interviews lasted between 64 and 97 minutes, guided by how long the participant wanted to talk about their experiences. At the end participants were provided with a space to debrief. All participants reported they found it a positive experience some reporting that it was insightful, supportive and therapeutic. Participants expressed their happiness at being given the chance to have a voice. No participants wanted to talk further with a clinician to discuss any issues following the interview. Participants received a £10 voucher as a way of thanks. Interviews were digitally recorded, transcribed and anonymised for analysis. Interviews took place over a period of six months and data was stored in line with ethical guidelines and data protection.

Data analysis

As recommend in IPA (Smith and Osborn 2008) repeated reading of each transcript allowed an immersion in and familiarity with the data. Exploratory comments of descriptive, linguistic and conceptual features of the data were recorded. Emergent themes were reviewed in light of the original transcript, and quotes were identified for each theme to ensure that all themes encapsulated direct participant experience (Appendix J). A list of all themes made on the transcript was printed out (Appendix K) and similar themes were clustered together and given a new title to represent a subtheme (Appendix L). This process was completed for all interviews individually. Themes were subsequently compared across all participants (Appendix M). Associated themes were grouped together under superordinate themes

(Appendix N). The researcher returned to the original transcripts to ensure goodness of fit between the analysis and data and to confirm that the quotes used to support themes adequately represented the breadth of participants' experience.

Quality assurance

Currently there are no standard criteria for the evaluation of qualitative research. The data analysis was subjected to quality assurance guidelines taken from Mays and Pope (2000) and Yardley (2000). The need for the study was evidenced by the limited existing literature. Commitment and rigour was accounted for by following established IPA methodological guidelines (Smith et al., 2009). Inter-coder agreement (Yardley, 2008) was used through comparisons with a supervisor's analysis of four transcripts, to ensure that the themes were grounded in the data. 'Transparency' was detailed through a clear description of the data collection and analysis, an example annotated transcript is provided (Appendix J) and an audit trail to demonstrate theme development. Direct quotes from the data were highlighted to support themes in order to make the analysis transparent and easier to evaluate by others. To allow for reflexivity (Yardley, 2000) a bracketing interview (Ahern, 1999; Fischer, 2009) was conducted with the research prior to conducting this study (Appendix G) which allowed any preconceptions or assumptions to be identified that may bias interpretation. A reflective research diary was also kept throughout (Appendix H).

Results

Whilst the journey for each participant was unique, three superordinate themes emerged from the data which reflected the process and outcome of identity development. The outcome of identity development highlighted two dimensions; 1) how individuals saw themselves and 2) how their identity played out practically day-to-day. Twelve subthemes were subsumed under these three superordinate themes.

Table 2. Superordinate themes and subthemes

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)
		‘...I’ve never lived with my family for a long time because of erm where I grew up there was war in my country so there was a need for always travelling...’ (Ebele)
	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)
		‘...When I went back to my mum I felt I was really happy and stuff then I realised after seeing my mum’s behaviour this is the worse decision I ever made...’ (Leah)
Understanding of identity – Who am i?	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	‘I don’t really think anyone knows me’ ‘...sometimes I think erm like will I ever be able to form a long term relationships with people because I’ve never been able to do that...but other than that it’s fine’ (Amara)
		‘It’s like I broke that cycle when, that’s when I found myself actually when I was pregnant...’ (Freya)
		‘...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)
	I am an outsider	‘...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) you’re needs are never truly met...’ (Chloe)
		‘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)
	I am a survivor – my active construction	'I've come a long way, I've never given up. I'm brave and yeah.' (Nyala)
		'...I'm writing who I want to be, so I think theres 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)
	I am bad, undeserving and unloveable	'...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 seem to work that way, like I seem to give a lot more than I receive...' (Chloe)
		'...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)
	I help and care for others	'...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)
		'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)
Experience of identity – How my identity plays out	Doing it alone	'...Then I came into care and then I had to start building a life for myself kind of thing.' (Dana)
		'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)
	Taking back control	'...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)
		'...I can build my own identity, it's my own home, I can do things how I want now...' (Leah)
	The mosaic/fragmented self	'...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)
		'...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)
Psychological impact	'...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)
	'...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)

In order to make sense of the results the following model was created.

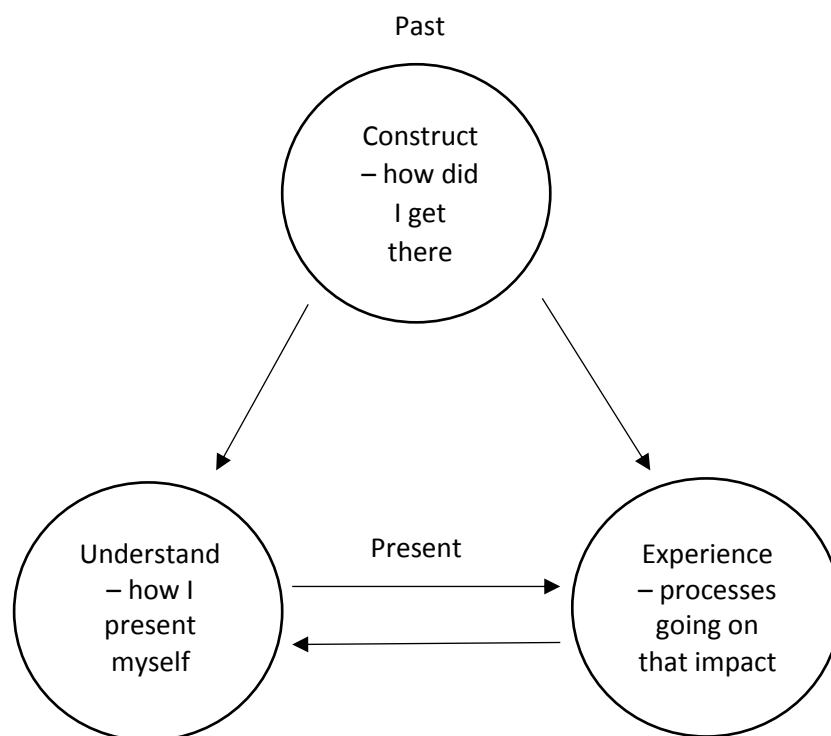


Figure 1. Model highlighting the interactional nature of the superordinate themes on identity

The results from the current study demonstrate that past experiences shape how participants understand their identity and influences how their identity plays out in day-to-day life. There are also bidirectional effects within and between how participants understand their identity and the actual experience of their identity.

Construction of identity – How I became me

This superordinate theme encapsulates the influences that have contributed to the participants' sense of self.

No sense of secure base. This refers to a lack of security in relationships and home instability. Instability characterised many participants' experience both before and after going in to care, frequently moving house and caregivers, receiving inconsistent care and having no sense of belonging. The experience of instability and the powerlessness surrounding this was highlighted and ultimately affected participants' internal working models of themselves and others:

'It's like I stay there and then it's like woah ok they just move me, I can't trust no one, like I literally don't trust no-one' (Leah, p31, 635-637).

Participants spoke about receiving unsafe care-giving before going into care, leaving them believing that adults don't keep you safe;

'...before I came into care cos he was an adult, he was someone that said he would take care of me, not even to me but just to my mum and I thought that I was safe...'
(Dana, p47,

Experiences of unsafe and uncaring caregiving in foster care frequently mirrored participants' earlier family experiences;

'Erm, then we got moved to this carer, who was just so abusive and it was verbally like she'd say things cos she knew about our files and stuff, "You're going to end up like your mum" ...' (Keisha, p8, 148-150)

Ambivalence re birth family/ambivalence re foster care. Participants demonstrated simultaneous conflicting reactions, beliefs, or feelings towards their birth families and/or

foster care. Participants both knowingly and unknowingly spoke about having mixed feelings regarding their birth families. Some participants spoke of unconditional love and loyalty towards their birth mother, which was accompanied by resistance, blame and disappointment:

'...seeing my mum it was like, are you really my mum? Like it gave me mixed emotions cos I love her but it's difficult because I don't want to show her too much affection for her to just drop it like she did before...' (Freya, p5, 91-95).

'...I remember feeling so emotional about that, like seeing her make an effort even though she she'd, of course it doesn't make up for all the years of abuse...' (Chloe, p.72, 1481-1483) *'...she wasn't a bad woman...'* (p72, 1485) *'...from a very young age I remember looking at my mother and deciding that I was going to be everything that she wasn't...'* (p29 575-578)

Alongside this many participants also felt ambivalent regarding their experience in care.

'..I'm so grateful for that (being given a childhood) cos otherwise I wouldn't have had it even living with my nan I wouldn't have had the experiences I've had being in care, but care's still horrible (laughs).' (Freya, p29, 573-576)

'Care was stressful, the beginning the middle and the end, everything was stressful because at the beginning you're like shit you just realised you're not going to see your family for ages ...' (Dana, p23, 396-399) *'Going into care was the best thing that could have happened to me.'* (p28, 491-492)

This ambivalence regarding both birth family and foster care demonstrates how conflicted and torn many of the participants felt and continue to feel.

Protection of identity. All participants described backgrounds of adversity including physical, emotional and sexual abuse, neglect, domestic violence, loss, parental mental health

or substance misuse, poverty and war in their birth country. Participants developed coping strategies as a way of surviving these adverse environments and recounting these experiences in order to protect themselves and their identity. One coping strategy was the use of humour to minimise recounts of traumatic memories:

'...my arm was broken and I had these black eyes and I took my top off and the nurse just burst into tears and ran out and then my mum looked at me like you bitch, you're going to get it (laughs) when you get home (laughs)...' (Chloe, p7, 137-141).

Participants frequently disconnected from any emotion related to experiences. When asked what it was like for Dana to have had multiple changes in home and caregivers she replied;

'Not good, because it affected school I think' (Dana p18, 303).

A positive reframe of experiences allowed participants to feel as if they had gained something from these traumatic experiences:

'I wouldn't take back anything that's happened to me I think that I've actually got a massive advantage of the majority of people...I've been through shit times and I've come out the other end of it.' (Chloe, p46 945-947)

Escapism enabled participants to survive the difficult situations they found themselves in.

These strategies provide distraction and temporary relief from an unpleasant reality:

'...I've always found something fun out of the situation. Like we could be walking around for ages with my mum... and I'd be like to my sister let's play a game...but just trying to find the fun in every situation because everything's so negative anyway...' (Keisha, p32, 619-624).

Positive influences and turning points. All but one participant talked about positive influences in their lives including people, relationships or events. Positive influences seem to

have helped people in a number of ways, one being encouraging self-confidence and self-belief;

'...My tutor (college) was like "you're so capable of going to uni" and I was like "no I'm not", I'd lost my confidence and then she brought me up again' (Leah, p36, 727-729)

A number of participants highlighted turning points in their lives where significant change occurred for them. For several the loss of key figures in their life was a major turning point;

'It was such a great loss (death of grandparents) I can't explain it...' (Keisha, p51, 1015) '...it just made me realise that I can't keep being how I was like and just thinking the world's against me and defeated and stuff that I need to be something they could be proud of...' (p52 1018-1020)

For one participant becoming pregnant and being allowed to keep her child was a major turning point, providing her with a purpose, self-belief and an identity outside of her care status;

'...I had to have all these assessments and I passed all of them, which was more like it lifted me up even more to think I can do it and I can break this cycle...like my family goes in the care system back from four generations ago...' (Freya, p20, 384-387)

'Cos I was never a reliable person but it, that all changed as well when I was pregnant, I was reliable, on time, organised just everything got into shape when I was pregnant' (p24, 486-488)

Understanding identity – Who am I?

This superordinate theme encapsulates how participants make sense of who they are and how they present themselves.

I am an outsider. This subtheme represents the self in relation to others. All participants spoke of feeling like an outsider, feeling different to others and that something was wrong with them, that they were not ‘normal’. Having no sense of a secure base and ambivalence regarding birth family and foster care left participants having never experienced a sense of belonging either within their birth family or within the care system:

‘...there’s actually quite a lot of racism towards me (laughs) funnily enough my mother is mixed race, my brother is black so I was the white kid in a black family and she actually sort of hated me for it...’ (Chloe, p5, 89-92)

This lack of belonging resulted in participants feeling like an outsider whoever they are with.

‘...If I’m part of a group I’m not really part of the group, I’m just there.’ (Amara, p38, 675-676)

Participants spoke of not having a normal ‘family’ and the impact that this had, compounded by being in foster care, which further sets them apart from their friends;

‘I think if I wasn’t in the care system, I had a normal family I’d have been like all my other friends who’ve graduated by now...’ (Keisha, p60, 1182-1183)

I am a survivor – my active construction. Given the adverse environments participants grew up in they had to actively construct themselves in survive both dangerous and abusive environments and living with constant instability and inconsistency. The strategies used in protection of identity, positive influences and turning points enabled participants to see themselves as a survivor. Participants had to create a self in order to survive the different environments they found themselves in:

‘...maybe I’m just adaptable...’ (Leah, p34, 692) ‘...like I call it adaptable...’ (Chloe, p34, 698)

Participants spoke of how their experiences shaped them and they found strength in enduring difficult experiences:

'It shapes me to be who I am, I think I'm really strong in comparison to a lot of people I know...' (Keisha, p37, 733-734)

All participants were immensely resilient and resourceful. Some participants spoke of actively attempting to try and provide themselves with a better future:

'...I was on a mission...for a better life. I've been taken out from a situation that was really bad and I'm here...but I thought you know what I'm going to give my best in education and I'm going to try and make something good out of myself.' (Ebele, p25, 499-504)

Participants took pride in their survivor identity:

'Cos I've come out the other end...I can actually say I've been there and you can come out.' (Leah, p4, 62-69)

I am bad, undeserving and unloveable. This theme relates to an internalising sense of self understanding. All participants spoke of feeling bad, undeserving and unloveable. As highlighted in the model above (figure 2), this theme has bidirectional links with feeling like an outsider. Participants' experiences of multiple homes and caregivers (no sense of a secure base), for many both before going in to care and whilst in the care system, resulted in feelings of rejection and abandonment and had an impact on internal working models of themselves;

'...it feeds my need to prove to myself that...like no-one likes me, no-one loves me, no-one cares about me...' (Chloe, p39, 802-804)

'...thing is right now I feel like such a bad person after what happen with my ex...he didn't want to be with me...I feel like am, I am a bad person...' (Leah, p55 1131-1136)

Some participants believed that the reason they ended up in care was because they were unwanted and unloved by their parents. This ultimately led participants to believe it was their fault they were in care and that they are clearly unloveable;

'...you're in care cos you're mum doesn't want you, I've had that said to me hundreds of time...' (Freya, p13, 258-260)

Many participants experienced repeated rejection within the care system, the devaluing of self and disregard by others that they previously encountered within their birth families, reinforcing the view of themselves as bad, undeserving and unloveable;

'...I could never have someone in my house and treat them like you're not wanted or I'm, you're just here because I'm getting paid for you, I don't want you. I think being in the care system theres already enough reason to feel isolated and rejected...'
(Keisha, p50, 990-995)

I help and care for others. In relation to not having their own needs met throughout childhood (no sense of a secure base) and having to meet the needs of others e.g. parents or younger siblings, all participants spoke about helping and caring for others in their current life whether this was birth family, friends, young people in care, and other vulnerable individuals. Reflecting on their experiences, some participants were able to identify why helping others was a part of who they are;

'I think it's given me a very mumly nature because I try to be a mum to everyone'
(Leah, p39, 790-791)

Helping others also provided participants with a sense of personal value and achievement;

'...I like to help people and I, it just makes me happy to see that you can actually help someone...' (Nyala, p41, 828-830)

Some participants spoke about being indispensable to others, which provides participants with a sense of worth and the feeling of being needed by others;

'I seem to be there to help her a lot like my sister says stuff to me like I'm her rock, and you know she don't know where she would be without me...' (Keisha, p40, 788-789)

Other participants had aspirations of having a career within a helping profession and some were currently volunteering with charities;

'...I'm really in to charity and volunteering...I'm about to go to India for three months...to raise livelihoods in rural villages and raise awareness of vector-bourne diseases...' (Chloe, p3, 43-50)

Experience of identity – How my identity plays out

This superordinate theme encapsulates how participants' identity plays out practically on a day-to-day basis.

Doing it alone. In a context of relational trauma, rejection and abandonment, as a way of protecting their identity and through feelings of ambivalence regarding birth family/foster care, participants became increasingly self-reliant, ultimately leading to increased isolation from others and reinforcing negative self-beliefs. Doing it alone also links bi-directionally to being a survivor becoming self-reliant is in part how they survived and is also a way of taking back control. Their experience, however, was of loneliness and solitude;

'I feel really isolated from everyone, like not that people have isolated themselves from me it's just what I've done because living by myself and just trying to live...that's why I'm probably lonely quite a lot...' (Freya, p1, 14-44)

Participants spoke about relationships with others being difficult and not having longevity, ultimately leaving them feeling alone;

'...like me and people just grow apart so, yeah' (Amara, p3, 41)

Based on past experiences of people and relationships, participants spoke about being increasingly self-reliant as others cannot be relied upon or trusted.

'...I've had to be my own mum, my own, my own person and it pained me at times but every day I say to myself I'm going to get this, and I'm going to get this done because then I know I did it, I, I helped myself...' (Ebele, p40, 825-828)

Participants also frequently isolate themselves as a way of protection;

'...I didn't realise I was doing it but I took my chair and I sat outside the circle...I sort of already socially exclude myself because I expect to be excluded...' (Chloe, p49, 1005-1012)

Taking back control. Similarly to doing it alone, taking back control was developed as a way of protecting themselves in the face of frequent feelings of powerlessness.

Uncertainty and danger in the past meant participants needed to take back control of their own lives since others cannot be trusted to do the right things for them. Control was used to reduce anxiety related to an intolerance of uncertainty:

'...I like things done in a certain way...and if it's not done in a certain way I tend to let it get to me and then I worry about it...' (Nyala, 33, 626-629)

For some participants control was about being prepared and limiting potential dangers in the future;

'Analyse everything and I always do some weird things where I think about what I would do in certain scenarios like I'm trying to prepare myself for a life or different kind of scenarios....so I know what's coming.' (Dana, p35, 624-632)

Another way this control was displayed was in relation to participants' emotions. Participants frequently felt unable to display emotions as this would demonstrate weakness and vulnerability. If they displayed these emotions, people's responses would no longer be within their control, therefore it is safer to protect themselves by keeping emotions hidden;

'I don't like being emotional with people...people see a weak part of you...when you're emotional, cos people can then try and tap in to that...' (Dana, p57-58, 1031-1044)

The mosaic/fragmented self. All participants displayed this mosaic/fragmented sense of self. Participants spoke of having to constantly adapt to different environments and having to change themselves in order to fit in. To combat feeling like an outsider and being different to others, participants spoke of how they become a reflection of those they are around as a way of managing social situations:

'you're constantly being moved your sense of self changes because you're just sort attaching yourself on to whoever you're living with...you're there trying on loads of different personalities...you try so hard to fit yourself in to these sort of social groups or even sort of boxes...' (Chloe, p69, 1422 - 1430)

'...I try to be...what's that thing I don't know, malleable like I can be different around different people.' (Amara, p27, 475-477)

The ambivalence participants feel in relation to their birth family and foster care, alongside having to be a different person depending on who they are with and where they are is likely to have led to a conflicted sense of self. Most participants frequently made contradictory statements about the sort of person are they:

'.....I don't really open up...' (Kiesha, p20, 394) '...I don't like people knowing too much about me...' (399) '...I'm like an open book...' (p21 420)

For all participants there was a sense of an external and an internal identity or a two-part self:

'...people say I come across very confident but... it's a facade you know, it's a front I'm not, I'm dying inside (laughs) but like you've obviously got to put on this front to people and that's something that I've become very, very equipped with and very on point I'd say it's my act.' (Chloe, p49-50, 1013-1017)

Many participants spoke about the sense of confusion and loss this two-part self created for them;

'I forget that it's the other side of me that everyone sees that they don't see at home erm and it's really people love that Leah but they never really see the...that's why I'm lost I'm lost inbetween the two.' (Leah, p16, 311-314)

There were some aspects of themselves that induced feelings of shame. In order to protect themselves from these feelings participants kept these aspects hidden from others:

'...nobody knows I'm in care unless I tell them so if I don't tell them they don't know....hiding it from people I feel strong and capable...' (Freya, p26, 516-521)

Psychological impact. This theme describes the impact past experiences have had psychologically on participants, in relation to mental health and well-being. All participants spoke about difficulties with mental health, some more severe and enduring than others.

Participants spoke of ways in which they tried to manage the psychological impact, one method being self-medicating:

'I used to drink a lot, I would to drink myself to sleep, I would cry myself to sleep because when you've been through abuse when you've been through moving around and no family the emptiness crave in you.' (Ebele 27, 553-556)

Another way of managing the psychological impact was through self-harm:

'...that sort of led me to sort of like self-harming and sort of other mental issues...'
(Chloe, p11, 224-226)

Participants were able to reflect on how their experiences had an impact on them psychologically:

'...we were talking about why I have mental health issues but I wanted to say because of my mum, because of my dad, because of what happened...' (Leah, p9, 170-172)

Most participants were able to relate the impact their history had on present day low self-esteem:

'...I've got low self-esteem because I don't feel confident and I don't wanna talk to anyone' (Amara, p19, 337)

Discussion

In summary participants' construction of identity can be understood in the context of early adverse environments and developmental trauma. Developmental trauma has been conceptualised as "...multiple, chronic or prolonged exposure to developmentally adverse interpersonal trauma in early life..." (Rahim, 2014, p.549). This construction of self, in turn mediates how participants understand and experience their identity. For many participants survival was their main priority during childhood which influenced who they became as

adults. This resonates with Erikson's theory regarding the contextual nature and role of earlier experience within the family, in identity development.

Participants' early environments were characterised by fear, unpredictability and instability. All participants experienced parental unresponsiveness or absence. Many also experienced repeated physical and emotional abuse from their parents and others. Frequent changes of primary care giver was also common, never being with one person long enough to develop significant relationships. Within the attachment literature this is conceptualised as a lack of a secure base (Bowlby, 1988) the absence of warmth and security within early relationships is considered to have significant effects on later development (Waters, Crowell, Elliott, Corcoran, & Treboux, 2010). All of these changes reiterate the repeated experiences of loss participants encountered.

Participants' survival strategies were and remain as 'doing it alone' and to 'take back control'. Participants spoke of providing their own safety as children and adolescents: it was, and remains, too frightening and dangerous to let others be in control. This need for control is driven by anxiety and fear (Howe, 2005) in relation to an insecure attachment (Golding, 2008). Control provides an environment that is more predictable. The results of 'doing it alone' and 'taking back control' supports Kools (1997) findings of considerable emphasis on autonomy and control. Participants in the current study highlighted difficulties within relationships, feeling vulnerable around others and recurring worries of rejection and abandonment. As a way of managing this participants became increasingly self-reliant which, unknowingly, increased their isolation from others and reinforced the belief of having to be self-reliant.

Participants' needs were frequently unmet in the context they grew up in. Unlike the holding environment described by Winnicott (1960), in which parents hold in mind the needs of the child, participants were instead used to meeting the needs of their parents. Given that

parents' needs take priority, children learn to survive by attuning to other people's needs and disregarding their own (Heller & LaPierre, 2012). Heller and LaPierre (2012) speak of a shame-based identification in which individuals believe having their own needs is bad and they are not entitled to be fulfilled. Howe (2005) suggests that abused children often feel responsible for causing their carer's hostility, leading them to feel bad for upsetting their parents. Similarly as Shengold contends, "The child needs his abusing parent. Since the parent cannot be bad, it is the child who must be the bad one" (1979, p. 535). The current study corroborates these theories with participants feeling bad, undeserving and unlovable. Alongside this Heller and LaPierre (2012) suggest that as pride-based counter identification strategy, individuals become caretakers. Having others depend on them suppresses feelings of shame about having needs or the fear of rejection if they express their own needs. Caring and helping others may be an indirect way participants within the current study have of getting their own needs met.

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 provides protection through avoidance of negative affect that as children they learned not to express (Purnell, 2010). Attempts made by participants to manage difficult early experiences accorded with psychodynamic concepts of 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).

Given the inconsistent nature of their experiences, children exposed to developmental trauma have difficulty piecing together a coherent narrative (Byng-Hall, 1995; Rustin, 2005). The care system frequently exacerbates this incoherence through multiple moves, new

environments, new attachment figures and new ways of living (Conway, 2009). This disjointed narrative was a common feature for the current participants. In an unsafe environment it is necessary to feel ambivalent 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). As a result of volatile and threatening caregiving, participants may have developed a fragmented strategy for managing this stress (Main & Solomon, 1990). Cumulatively these experiences potentially lead to the fragmented sense of self seen in the current study.

Both the social workers and young people interviewed by Kools (1997) described young people not presenting their 'real' selves to others. This study extends those findings suggesting an internal and external identity; parts that are acceptable to display and parts that need to remain hidden. Similarly Kools (1997) also found that young people presented different identities in different contexts. Social workers described this as a protective mechanism to avoid dealing with their history. The current study, however, suggests this was used as a 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 adaptive way to manage this anxiety and allow participants to fit in to the different environments they find themselves in.

Unlike current literature this study highlights the role of developmental trauma in the construction, understanding and experiences of identity for these young women. Kools (1997) drew on how past experiences impacted identity, however, this was not specifically related to trauma. In part, many of the ways participants construct, understand and experience

their identity is in relation to past survival strategies. This provides some support for Heller and LaPierre (2012) who suggest that the identity of abused children becomes based on the persistence of survival strategies that continue beyond when they are needed. In many ways identity for young female care leavers could be considered as a successful adaptation to trauma and shame rather than being pathologised, as is frequently done so within the literature. 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 requires them (Heller & LaPierre, 2012).

The cultural heterogeneity of the sample represents the diverse population of care leavers. Those from black and ethnic minority groups appear to be overrepresented in the looked after population (DoE, 2015). Despite being more representative of the looked after population, having a culturally heterogeneous sample makes it more difficult to identify where differences were due to different care experiences, individual factors or cultural influences. With the main focus of the research being on their experience of care and the impact having been in care has on identity, it is possible I may have missed or overlooked differences that were due to socio-cultural beliefs.

Limitations and future research

A number of limitations and biases may have been introduced by recruiting through a charity helping care-leavers find employment. Participants were willing to engage with services and actively sought employment or were in employment and/or university. This excludes many care-leavers who are not in the position to make contact with services or find employment, e.g. in 2015 40% of care-leavers aged 20-21 were not in education, employment or training (Department of Education, 2015). Furthermore the sample was self-selected. Nothing is known about those who were approached but declined the research. It is unknown to what extent these findings apply to those or to male care-leavers. Findings from the current

study may outline a gendered experience to identity development. For example participants in the current study frequently help and care for others, which resonates with Gilligan's (1992) theory that female identity is in part constructed in terms of affiliation. 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. This would therefore be an important area for future research.

The narratives participants chose to share may have been shaped by a number of factors including sensitivity of the topic and myself 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 towards 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, p57, 1032-1035). When asked how else Leah would describe herself she replied 'Erm...I'm trying not to be negative to be honest...'. (Leah, p45, 915-916).

The cultural heterogeneity of the sample may have had an impact on the analysis given that IPA requires a homogeneous sample. As cultural differences may have been missed or overlooked this research may simplify cultural differences in experience of the impact of foster care on identity formulation, by suggesting that those from different ethnic and cultural backgrounds develop identity in a similar way.

Participants experiences prior to and in foster care also varied e.g. the level and type of abuse and trauma, the number of homes prior to care and number of foster placements. Participants also differed in the age they entered care, the knowledge they had about their history, experience of therapy and current contact with birth family and/or foster carers. Additionally, as this interview was a snapshot of one time point, interpretations cannot be made about temporal aspects of experience. These factors would be helpful to consider in future research.

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.

Clinical implications

All participants spoke of difficulties with current or historical mental health, some receiving diagnoses of depression, anxiety, bipolar or personality disorder. Ackerman, Newton, McPherson, Jones, and Dykman, (1998) acknowledged that most children and young people who have experienced developmental trauma receive diagnoses for things other than trauma. Ackerman et al., (1998) highlight that treating the symptoms of these disorders does nothing in addressing the underlying distress caused by years of trauma. Many of the behaviours displayed by LAC and care-leavers can be understood in the context of coping strategies and attempts to manage their distress as highlighted in the current study. These efforts to maintain their own safety are frequently considered to be maladaptive, dysfunctional and oppositional (Van der Kolk, 2005). Individuals in the current study already feel bad, different and defective. Mental health services, therefore, may indirectly serve to enhance these self-beliefs with the diagnostic system focusing solely on deficits located within the individual.

LAC and care-leavers' identity is frequently termed pathological in some way. Thomas and Holland (2009) found social worker descriptions of children's identity tended to be negative. 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. These behaviours are frequently deemed in need of 'treatment', with no consideration of the function these behaviours serve for the individual. Intervention should be based on the

individual's needs and personal goals, not the goals of social services, foster carers or other professionals, whilst taking account of their strengths. A key task for clinicians may be the provision of a containing, holding space, in which LAC and care-leavers feel adequately secure. This may facilitate the lowering of defences enabling the exploration and testing of current beliefs. Additionally a key task for clinicians will be to enable significant others to better understand a young person's identity and behaviour.

The aim here is not to deny that LAC and care-leavers have mental health difficulties. The literature consistently finds that children in care are more likely than not to have psychological difficulties (Tarren-Sweeney, 2008). Participants in the current study themselves highlighted the distress they face psychologically. It is essential to identify the difficulties and struggles that many LAC and those caring for them have in order to support them most appropriately. The current study highlights that LAC and care-leavers need to be understood in the context of developmental trauma, rather than focusing on symptoms of various diagnoses. Mental health and psychological well-being within the LAC population is clearly a complex issue and without specialist knowledge and understanding of developmental trauma and young people's survival strategies those working with these individuals will struggle to understand and support them in the most appropriate way. Tarren-Sweeney (2010) highlights that generic child clinical assessment methods, including psychometrics and formulations are unsuitable for LAC, suggesting this in part highlights gaps in the knowledge base for this population. The current study may therefore serve to broaden this knowledge base and provide a way of formulating with this population. This will become increasingly important as children transition into adult mental health services where less knowledge of this area exists than in specialist LAC mental health services.

Reflexivity

Throughout this study I reflected on my experience as it arose during the research and in the context of previous experience both professionally and personally. Prior to undertaking the research I engaged in a bracketing interview (Appendix G) in order to 'bracket' off any pre-existing assumptions I had. During the interviews, transcribing and the analysis, the traumatic accounts expressed by participants evoked strong reactions in me as I listened to the abuse and the intensely painful stories the participants shared. I recorded these experiences in a research diary and made use of supervision.

Conclusion

A search of the literature regarding identity development for LAC suggested a large gap in the research, especially for those who have since left care. The current findings suggest that 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. This construction of self in turn mediates how participants understand and experience their identity presently. 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). This is, however, one of the first known studies to highlight the impact of trauma specifically on identity in this group of young people. These findings therefore require further investigation.

References

- Ackerman, P. T., Newton, J.E., McPherson, W. B., Jones, J. G., & Dykman, R. A. (1998). Prevalence of post-traumatic stress disorder and other psychiatric diagnoses in three groups of abused children (sexual, physical and both). *Child Abuse & Neglect*, 22, 759-774. doi:10.1016/S0145-2134(98)00062-3
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, DC: American Psychiatric Association.
- Ahern, K. J. (1999). Ten tips for reflective bracketing. *Qualitative Health Research*, 9, 407-411. doi:10.1177/104973239900900309
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from late teens through the twenties. *American Psychologist*, 55, 469-480. doi:10.1037//0003-066X.55.5.469
- Blos, P. (1970). *The young adolescent, clinical studies*. New York: Free Press.
- Bosma, H. A., Grassfsma, T. L. G., Grotevant, H. D., & de Lavita, D. J. (1994). *Identity and development*. Thousand Oaks, CA: Sage
- Bowlby, J. (1969). *Attachment and loss*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- British Psychological Society (2009). *Code of ethics and conduct*. Leicester: British Psychological Society
- Byng-Hall, J. (1995). *Rewriting family scripts: Improvisation and systems change*. New York/London: Guildford Press.
- Conway, P. (2009). Falling between minds: The effects of unbearable experiences on multi-agency communication in the care system. *Adoption and Fostering*, 33, 18-29. doi: 10.1177/030857590903300103

Courtney, M. E., & Barth, R. P. (1996). Pathways of older adolescents out of foster care:

Implications for independent living services. *Social work*, 41, 75-83. doi:

10.1093/sw/41.1.75

Department for Education. (2015). Children looked after in England (including adoption and care leavers) year ending 31 March 2015. Retrieved from

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464756/S

FR34_2015_Text.pdf

Department for Health. (2000). The framework for the assessment of children in need and their families. London. Retrieved from

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014430.](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014430)

Pdf

Erikson, E. (1950). *Childhood and society*. New York: Norton.

Erikson, E. (1959). *Identity and the life cycle: Selected papers*. New York: International University Press.

Erikson, E. (1968). *Identity, youth and crisis*. New York: Norton

Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters.

Psychotherapy Research, 19, 583-590 doi:10.1080/10503300902798375

Freud, S. (1939). *Moses and monotheism*. London: Hogarth Press.

Gilligan, C. (1992). *In a different voice: Psychological theory and women's development*.

Cambridge, MA: Harvard University Press.

Gilligan, C., Ward, J. V., Taylor, J. M., & Bardige, B. (1988). *Mapping the moral domain*.

Cambridge, MA: Harvard University Press]

Golding, K. S. (2008). *Nurturing attachments: Supporting children who are fostered and adopted*. London: Jessica Kingsley Publishers.

- Heller, L., & LaPierre, A. (2012). *Healing developmental trauma: How early trauma affects self-regulation, self-image and the capacity for relationship*. Berkley, California: North Atlantic Books.
- Howe, D. (2005). *Child abuse and neglect: Attachment, development and intervention*. Basingstoke, Hampshire: Palgrave Macmillan.
- Klein, M. (1935). *Love, guilt, and reparation*. London: Hogarth Press/Institute of Psychoanalysis.
- Kools, S. M. (1997). Adolescent identity development in foster care. *Family Relations*, 46, 263-271. doi: 10.2307/585124
- Main, M., & Solomna, J. (1990). Procedures for identifying disorganised/disorientated infants during the Ainsworth strange situation. In M. Greenberg, D. Cicchetti, & M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121-160). Chicago: University of Chicago Press.
- Mann, M. M., Hosman, C. M. H., Schaalma, H. P., & de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19, 357-372. doi.org/10.1093/her/cyg041
- Marcia, J. E. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology* (pp. 159-177). New York: John Wiley & Sons.
- Mays, N., & Pope, C. (2000). Assessing quality in qualitative research. *British Medical Journal*, 320, 50-52. doi:10.1136/bmj.320.7226.50
- McCann, J., James, A., Wilson, S., Dunn, G. (1996). Prevalence of psychiatric disorders in young people in the care system. *British Medical Journal*, 313, 1529-1530. doi.org/10.1136/bmj.313.7071.1529

- McLeod, A. (2007). Whose agenda? Issues of power and relationship when listening to looked-after young people. *Child and Family Social Work*, 12, 278-286. doi: 10.1111/j.1365-2206.2007.00493.x
- McMurray, I., Connolly, H., Preseton-Shoot, M., & Wigley, V. (2011). Shard of the old looking glass: Restoring the significance of identity in promoting positive outcomes for looked-after children. *Child and Family Social Work*, 16, 210-218. doi: 10.1111/j.1365-2206.2010.00733.x
- NICE. (2013). Looked-after children and young people. Retrieved from <https://www.nice.org.uk/guidance/qs31>
- Oyserman, D., & Markus, H. R. (1990). Possible selves and delinquency. *Journal of Personality and Social Psychology*, 59, 112-125. doi: 10.1037/0022-3514.59.1.112
- Purnell, C. (2010). Childhood trauma and adult attachment. *Healthcare Counselling and Psychotherapy Journal*, 10, 1-7. <http://www.iasa-dmm.org/images/uploads/Attachment%20and%20trauma,%20Purnell,%202010.pdf>
- Rahim, M. (2014). Developmental trauma disorder: An attachment-based perspective. *Clinical Child Psychology and Psychiatry*, 19, 548-560. doi.org/10.1177/1359104514534947
- Richardson, J., & Lelliott, P. (2003). Mental Health of looked after children. *Advances in Mental Health and Learning Disabilities*, 9, 249-257. doi: 10.1192/apt.9.4.249
- Rustin, M. (2005). Conceptual analysis of critical moments in Victoria Climbié's correspondence. *Child and Family Social Work*, 10, 11-19. doi: 10.1111/j.1365-2206.2005.00351.x
- Ruvolo, A. P., & Markus, H. R. (1992). Possible selves and performance: The power of self-relevant imagery. *Social Cognition*, 10, 95-124. doi: 10.1521/soco.1992.10.1.95

- Selwyn, J., Farmer, E., Meakings, S., & Vaisey, P. (2013). The poor relations: Children and informal kinship carers speak out. Bristol, Retrieved from <http://www.bristol.ac.uk/sps/research/projects/current/rj5314/report.pdf>
- Shengold, L. (1979). Child abuse and deprivation: Soul murder. *Journal of Analytical Psychology*, 27, 533-559.
- Smith, C., & Logan, J. (2004). *After adoption: Direct contact and relationships*. London: Routledge.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. London: Sage.
- Smith, J., & Osborn, M. (2008). Interpretative phenomenological analysis. In G. Breakwell (Ed.), *Doing social psychology* (pp. 229-254). Oxford: Blackwell.
- Streeck-Fischer, A., & Van der Kolk, B. A. (2000). Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, 34, 903-918. Doi:10.1046/j.1440-1614.2000.00827.x
- Tarren-Sweeney, M. (2008). The mental health of children in and out-of-home care. *Current Opinion in Psychiatry*, 21, 345-349. doi: 10.1097/YCO.0b013e32830321fa
- Tarren-Sweeney, M. (2010). It's time to re-think mental health services for children in care and those adopted from care. *Clinical Child Psychology and Psychiatry*, 15, 613-626. doi: 10.1177/1359104510377702
- Thomas, J., & Holland, S. (2009). Representing children's identities in core assessments. *British Journal of Social Work*, 1-17. doi:10.1093/bjsw/bcp154
- Van der Kolk, B. A. (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35, 401-408.

Retrieved from

http://www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf

Waterman, A. S. (1982). Identity development from adolescence to adulthood: An extension of theory and a review of research. *Developmental Psychology*, 18, 341-358.

doi: 10.1037/0012-1649.18.3.341

Waters, E., Crowell, J., Elliott, M., Corcoran, D., & Treboux, D. (2010). Bowlby's secure base theory and the social/personality psychology of attachment styles: Work(s) in progress. *Attachment & Human Development*, 4, 230-242.

doi:10.1080/14616730210154216

Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis*, 41, 585-595. Retrieved from <http://icpla.edu/wp-content/uploads/2012/10/Winnicott-D.-The-Theory-of-the-Parent-Infant-Relationship-IJPA-Vol.-41-pps.-585-595.pdf>

Winter, K., & Cohen, O. (2005). Identity issues for looked after children with no knowledge of their origins: Implications for research and practice. *Adoption and Fostering*, 29, 44-52. doi: 10.1177/030857590502900206

Yancey, A. K. (1992). Identity formation and social maladaptation in foster adolescents. *Adolescence*, 27, 819-831.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 512-228. doi: 10.1080/08870440008400302

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to methods* (2nd Edition, pp. 235-251). London

ALICIA K COLBRIDGE BSc (Hons.) MSc.

MAJOR RESEARCH PROJECT

SECTION C:

Appendix of supporting material

All identifiable information had been removed

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church
University for the degree of Doctor in Clinical Psychology

APRIL 2016

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

Appendix A – Table 1. Summary of literature included in the review

Part of review first referenced	Authors	Title	Methods	Participants	Summary/Relevant findings
Reminiscing Young children	1. Welch-Ross, Fasig & Farrar (1999) USA	Predictors of Preschoolers' Self-Knowledge: Reference to Emotion and Mental States in Mother-Child Conversations about Past Events	Mixed methods cross sectional design. Mother-child discussions about four past events. Discussions took place at home whilst research was not present. No time restrictions. Discussions were audio recorded. A week later, children completed the children's self-view questionnaire (Eder 1990) this consists of 62 items that were presented in a puppet show.	N=32 or 33 mother-child dyads (17 girls, 16 boys) Aged 3.5-4.5 Mostly white and middle class	Mother-child talk about emotion in conversations about past events may influence the development of the child's self-knowledge.
Reminiscing Young children	2. Bird & Reese (2006) New Zealand	Emotional reminiscing and the development of an autobiographical self.	Mixed methods longitudinal design Home visits <u>Study 1</u> Both time points involved parent – child reminiscing Children's receptive and expressive language was assessed using the Peabody picture vocabulary test. Time point 2 also involved	<u>Study 1</u> 50 mothers and children were visited when children were 4:3 years old and again when they were 5:6 years old. 25 boys, 25 girls. 44 were European decent, 5 New Zealand Mauri descent and 1 Asian. <u>Study 2</u>	<u>Study 1</u> They found a consistent longitudinal negative correlation between reference to negative emotions and self-concept consistency. <u>Study 2</u> Greater maternal explanation and resolution of negative emotion was associated with

			<p>Eder's CSVQ measure (designed to assess self-concept in 3.5-7.5 year olds.) reminiscing was audio recorded and there were no time restrictions.</p> <p><u>Study 2</u> Dyads were asked to discuss times when the child felt angry, sad, scared and happy. Order of negative events were counterbalanced and everyone ended on the happy event.</p> <p>CSVQ was used to measure self-concept consistency.</p>	<p>N=51 children and their primary caregiver (23 girls, 28 boys, 50 mothers, 1 father) aged 5:3-6:11. 44 European, 3 Maori, 3 Pacific Island descent and 1 Asian descent Middle socioeconomic status,</p>	<p>greater self-concept consistency in children. Additionally children's external evaluations of positive events were also associated with self-concept consistency.</p>
Reminiscing Young children	3.Valentino, Nuttall, Comas, McDonnell, Piper, Thomas & Fanuele (2014) USA	Mother-child reminiscing and autobiographical memory specificity among preschool-aged children	<p>Mixed methods cross-sectional design. Laboratory setting. Psychometrics 1)the autobiographical memory test – preschool version (adapted from Williams & Broadbent 1986) 2)The PPVT-4 (Dunn & Dunn 2007).</p>	<p>N=95 mother-child dyads. Children aged 3.5-6 years Mothers aged 20-53 years (54.2% males, 45.8% females) Predominantly low income and from minority ethnic groups. 53% single parents English speaking</p>	<p>There was support for an indirect pathway between maternal reminiscing quality and child memory specificity through children's positive self-representations. That is maternal construction of open, organized and emotionally supportive dialogues about past events assists children in the development of coherent,</p>

			<p>3) Expressive vocabulary test 2nd edition (Williams 2007)</p> <p>3) Storytelling task and open ended questions – children were asked to spontaneously say as many things as possible about themselves.</p> <p>Mother-child reminiscing, 4 past events conversations were videotaped.</p>		consistent and positive working models of the self.
Reminiscing Young children	4. Reese, Bird & Tripp (2007) New Zealand	Children's Self-Esteem and Moral Self: Links to Parent-Child Conversations Regarding Emotion	<p>Mixed methods cross sectional study.</p> <p>Parent-child discussions about either a past event or a conflict discussion. Discussions took place at a university conversations were audio and video recorded.</p> <p>Children completed a number of psychometrics</p> <p>1) Test for Early Language development, third edition (TELD-3) (Hresko & Hammill 1999)</p> <p>2) The moral self scale (Kochanska, Murray & Coy 1997)</p> <p>3) Global self-esteem subscale (Harter 1982,</p>	N=51 children and their primary caregiver (23 girls, 28 boys, 50 mothers, 1 father) aged 5:3-6:11. 44 European, 3 Maori, 3 Pacific Island descent and 1 Asian descent Middle socioeconomic status.	Parent-child emotion talk in reminiscing is linked to children's-self-concept. Parent's reference to children's positive emotions and evaluations were linked to children's self-esteem. A child who is learning to evaluate past events in a positive way is also learning to evaluate themselves positively.

			perceived competence scale for children).		
Reminiscing Young children	5. Kulofsky, Behrens & Battin (2015) USA	The Bonds that Remind Us: Maternal Reminiscing for Bonding Purposes in Relation to Children's Perceived Competence and Social Acceptance	Mixed methods, cross sectional design. Mother- child discussions any about past events. Mother- child discussions took place at home. Conversations were video recorded. No time restrictions Child-research reminiscing task then two child psychometric measures 1)Pictorial scales of perceived competence and social acceptance for young children (Harter & Pike 1984) 2)Peabody Picture Vocabulary Test (PPVT-4, Dunn & Dunn 2007).	N=52 mother-child dyads (25 girls, 27 boys) Aged 4. Parent age range 22-48 years. 12 only children, 13 first born, 27 later born. Working class and middle class backgrounds 58% Euro-American 42% Hispanic	Mothers who provide an autonomy supportive conversational context (mothers who support the child's contributions to the conversation) and child-centred content have children who view themselves as more accepted socially and more cognitively competent.
Reminiscing Young children	6. Bohanek, Marin, Fivush & Duke (2006) USA	Family Narrative Interaction and Children's Sense of Self	Participants were part of a larger longitudinal study. Mix-methods, cross-sectional design. Family reminiscing discussion regarding a positive and a negative event that the family had experienced in the last 2-3 years.	N=40 two-parent families (20 males, 20 females) Aged 9-12 Middle class Most families had additional children 29 Caucasian 6 African/African-American 5 Mixed race 30 nuclear families	There are individual difference in how families narrate their shared past and these differences are related to adolescent's developing sense of self. Results highlight the importance of family narrative interaction as a critical site for meaning

			<p>Conversations took place at home. The researched moved to a different room or to an inconspicuous corner of the room . No time restrictions.</p> <p>Conversations were audio-recorded.</p> <p>Preadolescent then filled out two psychometrics</p> <p>1)The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965)</p> <p>2)Children’s Nowicki Strickland Internal-External Scale (Nowicki & Duke, 1974).</p>	<p>8 blended families</p> <p>2 extended</p>	<p>making and sense of self in adolescence.</p>
Reminiscing Young children	7.Bohanek, Marin & Fivush (2008) USA	Family Narratives, Self and Gender in Early Adolescence	<p>Mixed methods longitudinal design.</p> <p>Same procedure as above, different psychometrics</p> <p>Children filled in Rosenberg self-esteem inventory (RSI) (Rosenberg 1965)</p> <p>Mother’s filled in the CBCL (Achenback, 1991).</p>	<p>N=24 (12 girls, 12 boys) aged 9 - 12 two-parent families,</p> <p>Middle class</p> <p>19 Caucasian</p> <p>2 African-American</p> <p>3 mixed race</p> <p>19 nuclear families</p> <p>2 extended families</p> <p>3 blended</p>	<p>Mothers express and explain more emotion than do fathers and maternal expression and explanation of emotion within family narratives is generally related to positive self-esteem and adjustment of children.</p>
Reminiscing Young children	8. Marin, Bohanek & Fivush (2008) USA	Positive Effects of Talking About the Negative: Family Narratives of Negative Experiences and	<p>Mixed methods longitudinal design.</p> <p>Family discussion (with all family members present) about a negative family event. Discussions took</p>	<p>N=24 (12 girls, 12 boys) aged 9 - 12 two-parent families,</p> <p>Middle class</p> <p>19 Caucasian</p> <p>2 African-American</p>	<p>More collaborative, explanatory family narratives of specific negative emotion is positively related to preadolescent’s perceived</p>

		Preadolescents' Perceived Competence	place at home, no time restrictions. Discussions were audio recorded. Two years later the preadolescents completed the following psychometrics 1) Rosenberg self-esteem inventory (RSI) (Rosenberg 1965) 2) Self-perception profile for children (SPPC) (Harter 1985).	3 mixed race 19 nuclear families 2 extended families 3 blended	competencies and self-esteem.
Reminiscing Young children – Cultural	9. Wang (2006) USA	Relations of maternal style and child self-concept to autobiographical memories in Chinese, Chinese immigrant and European American 2 year olds	Qualitative, cross-sectional design. Free play between child and mother. Mothers then asked to talk with their child about two specific, one-time events in which both mother and child participated. One positive, one negative. Out of child earshot mothers then told researchers two other stories which the researchers then spoke to the children about. Discussions were audio-recorded.	N= 58 Chinese mothers – child dyads from Beijing (25 girls, 22 boys, age 30-40 months, only child families), 60 Chinese immigrants (30 girls, 30 boys, age 30-43 months, 26 only children, 7 first borns, 27 later borns) & 71 European American (34 girls, 37 boys, age 30-42 months, 21 only children, 10 first born, and 40 later borns) Middle class families. All parents college education or beyond.	Family narrative practices of memory sharing constitutes an important resource from which children learn to construct life stories that are precipitates of prevailing cultural views of selfhood.

			Children completed a self-description interview (Wang 2004) Mothers filled out 1)SDQ (Stipek et al 1990) which assessed children's self-concept 2)child development inventory (CDI; Ireton 1992).		
Reminiscing Young children - cultural	10. Wang, Doan & Song (2010) USA	Talking about internal states in mother-child reminiscing influences children's self-representations: a cross cultural study	Qualitative, cross-sectional design Mothers were asked to talk with their child about two specific, one-time events in which both mother and child participated. One positive, one negative. No time restrictions Out of child earshot mothers then told researchers two other stories which the researchers then spoke to the children about. Children completed a self-description interview (Wang 2004).	N=60 Chinese immigrant mother-child dyads (30 girls, 30 boys, aged 30-43 months) and 71 European American mother-child dyads (34 girls, 37 boys, age 30-42 months) Middle class families, all parents college education or beyond.	There is a link between mother-child discussions of internal states during reminiscing and children's development of trait and evaluative self-representations. It also sheds new light on the role of culture as a context of mother-child reminiscing in children's developing self-understanding.
Adolescence and emerging adulthood	11. McLean (2005) USA	Late Adolescent Identity Development: Narrative Meaning Making and Memory Telling	Mixed methods cross-sectional design. Participants filled out the Self-Defining memory	N=185, (96 females, 89 males) 16-27 years (mean 18.7) 62% Caucasian	In terms of functions, telling for self-explanation was the most commonly reported function of sharing past

			<p>Questionnaire (adapted from Signer & Moffit 1991-1992). Participants then told researchers 3 self-defining memories (<i>event narrative</i>) they then indicated how many people they had shared this memory with and described the telling episode (<i>telling narrative</i>). Then asked if and how telling the memory helped them better understand it (<i>understanding narrative</i>).</p>	<p>17% Asian 144% Mixed race 6% Latino 4% other 1% African-American</p>	<p>memories. No difference in telling functions for parents and peers, but peers were increasingly likely to be recipients of self-defining memory telling across adolescence, whereas parents were audiences at earlier ages.</p>
Adolescence and emerging adulthood	12. McLean & Mansfield (2012) USA	The Co-Construction of Adolescent Narrative Identity: Narrative Processing as a Function of Adolescent Age, Gender and Maternal Scaffolding	<p>Mixed methods, cross-sectional design. Mother-child discussions about 3 past events 1. an important personal memory that says something about you as a person 2) sad memory 3) happy memory. Conversations took place at home, without the researcher present. No time restrictions. Conversations were audio-recorded. Mother and child also filled in questionnaires, not</p>	<p>N=63 mother-child dyads (32 boys, 31 girls) age range 11-18 53 white 2 Asian 4 Latino/Hispanic 4 other</p>	<p>Mothers continue to play a role in the processes of narrative development in adolescence, particularly for boys, in the discussion of personally important events and in challenging their adolescent's point of view.</p>

			stated which questionnaires.		
Intergenerational	13. Fiese, Hooker, Kotary, Schwagler, Rimmer (1995) USA	Family Stories in the early stages of parenting	Qualitative cross-sectional design. Couples were interviewed in their home. Interviews were audio-recorded. Parents were asked how frequently they told children about their own childhood and were asked to tell a story about when they were growing up.	N=115 couples who were new parents (data was analyzed from 91 husbands and 97 wives) Half had child who was 1 year old or less, and half had an oldest child between 2 & 4. 50 boys, 47 girls Middle to upper class 96% Caucasian	Storytelling about childhood experiences is a relatively common activity in families. The story themes differed according to gender of parent and stage of parenthood.
Intergenerational	14. Fiese & Skillman (2000) USA	Gender Differences in Family Stories: Moderating influence of Parent Gender Role and Child Gender	Mixed measures cross-sectional design. Parents told their children a story from their own childhood. These were audio-recorded. Psychometric measures were completed by parents 1) Bem Sex Role Inventory (BSRI; Bem 1974) 2) Child behaviour Checklist (CBCL; Achenbach & Edelbrock 1983)	N=120, 4 year old children and their parents. (56 boys, 64 girls). 25 only child 38 first born 39 youngest with older siblings 18 both older and younger siblings 91% white, 4% Black, 2% Hispanic, 2% Asian Middle and upper class	Fathers told stories with stronger autonomy themes than did mothers and sons were more likely to hear stories with themes of autonomy than were daughters. Findings were also linked to children's behaviour.
Intergenerational	15. Zaman & Fivush (2011) USA	When my mom was a little girl...: Gender differences in adolescent's intergenerational and personal stories.	Participants were part of a larger study. Qualitative cross-sectional design Adolescents told two stories about each of their parent's childhoods.	N=65 14-16 year olds, two parent families, middle class families (33 boys, 32 girls) 46 Caucasian, 16 African-American, 2 Mixed race, 1 Indian.	Adolescents may be narrating parent's experiences through gendered lens of the parent but personal experiences through their own gendered lens.

			Adolescents then told two positive narratives	3 children were adopted Highly educated parents	
Intergenerational	16. Thomspen, Koenig-Kellas, Soliz, Thompson, Epp & Schrodtt (2009) USA	Family legacies: Constructing individual and family identity through intergenerational storytelling	Qualitative cross-sectional design. Participants were asked to tell a family story, they were asked who told the story and when the story was told to them Participants were then asked to list as many family legacies as they could, both positive and negative. Participants then told stories which helped to illustrate each legacy. They then told stories which illustrated how they have embraced, rejected and extended these legacies. All stories were audio-recorded.	N=17 third generation family members. (12 females, 5 males) aged 18-25. 14 Caucasian, 2 mixed race, 1 African-American.	Third generation family members embrace, extend and reject family legacies. Family stories help to create both family and individual identity across generations.
Intergenerational	17. Taylor, Fisackerly, Mauren & Taylor (2013) USA	"Grandma,, tell me another story": Family narratives and their impact on young adult development	Qualitative, cross-sectional design. Students wrote a three-page paper about a meaningful family story. They were then asked how much that story had impacted their identity, values, attitudes and behaviours. They also described the feelings they	325 young adults (238 females, 87 males) aged 18-25 63.4% white, 20.3% black, 8.3% Latino. Participants were from a private university.	Young adults recognise their family stories as having had a significant impact on the development of their personal identity, values and attitudes. Grandparents represented the most frequently featured character in the stories, the majority of both genders (60%) told stories that

			experienced when hearing the story.		featured a family member of the same sex. Retelling stories about family members may be one way young adults can continue to integrate familial values and roles into their individual self-concepts.
--	--	--	-------------------------------------	--	--

Appendix B - Timeline of Research

November 2013: Research fair

January 2014: Meet with potential internal supervisor who agrees to supervise my project

February 2014: Hand in supervisor selection form

May 2014: Found an external supervisor and hand in MRP proposal

June 2014: MRP proposal review

July 2014: Make minor revisions to proposal and resubmit to Research Committee

November 2015: Submit university ethics application

December 2015: Receive conditional approval. Make revisions and receive full approval

May 2015: Consultation with social worker in care leavers team

June 2015: Pilot interview

July 2015- January 2016: Carry out interviews

December – January 2016: Transcribe interviews

January 2016: Submit draft Section A

February 2016-April 2016 – Data analysis and write up draft Section B

April 2016 – Submit final draft of Section A and B and complete final draft of MRP

May 2016 – Viva examinations

June- September 2016: Make any revisions and submit for publication

Appendix C: Ethical Approval

This has been removed from the electronic copy

Appendix D: Participant Information sheet

Information sheet for participants

Hello my name is Alicia Colbridge, I am a doctoral student studying clinical psychology at Canterbury Christ Church University. I am carrying out a research project and I would like to offer you the opportunity to take part in this research. The project aims to find out how people who have lived in foster care develop their sense of themselves or their identity.

Before you decide to take part in this study it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. You can get in touch with me on the contact details listed below if there is anything that is unclear or if you would like more information.

Why are we doing this research?

We are interested in how young people, who have previously been in foster care, answer the question ‘Who am I?’ and what influences have helped them build and develop a sense of who they are.

Your personal identity is the way that you see yourself and is closely related to your self-image. It is very important to you because it will affect the way you feel about yourself and how you behave in challenging situations. It influences hopes, personal goals and relationships with others.

Little is known about what living in foster care means to young people who experience it. Gaining this understanding directly from those who have lived in foster care is essential to provide appropriate services to young people who need support. This study therefore aims to contribute to the limited existing literature.

Why have I been invited?

You have been chosen because this research project is looking at young adults, like you, who have previously lived in foster care. I will be asking other young adults to take part too – 8 - 10 young people, all from around the south of England.

Do I have to take part?

No. It is up to you whether you wish to take part in the study. I am happy to answer any questions you may have about the study, please do not hesitate to contact me on the details below.

If you agree to take part, I will ask you to sign a form saying you agree to take part (a consent form). You are free to withdraw at any time, without giving a reason. If you choose to stop, this will not affect you or any help you receive in any way.

What will happen to me if I take part?

If you are interested in taking part I will make an appointment to meet with you. This meeting will last roughly one hour and it will involve me asking about your experience of living in

foster care and how you think about yourself as an individual. There are no right or wrong answers. I am interested in your experience and this will be different for each and every person I meet.

The meeting will be recorded using a digital voice recorder as I will need to listen back to the discussion we had.

What are the possible disadvantages and risks of taking part?

Some of the issues I ask you to think about may be sensitive and upsetting. If you feel upset during our meeting, we can think about ways in which we can manage this e.g. taking a break or re-scheduling for a different day. Should you want to discuss any of your previous experiences further I will provide you with details of professionals you can contact to talk through any issues that have come up in our discussions.

What are the possible benefits of taking part?

This research will help us to learn more about how people who have lived in foster care develop a sense of themselves, which we think is a really important area to learn more about. This may help those involved with people living in foster care e.g. health professionals, social workers, foster carers and schools to consider how they might adapt the way that they work with and provide services to young people in foster care. This might also lead to more research in the future.

Will my taking part in this study be kept anonymous?

Yes. Any information will be regarded in the strictest confidence. When you take part in the study, you will be given a participant number and this code will also be kept separately from the data. This means it will not be possible to identify you personally – it will be anonymous. This research will be supervised by a Clinical Psychologist who works with children and young people who currently live in care and also a Clinical Psychologist who works for Canterbury Christ Church University. It is possible that these two people may look at some of the recorded information in order to help me. If this happens, all of your personal details such as your name will NOT be shared.

Storage of data

The recorded interviews will be stored on an encrypted USB stick and transcripts of the recordings will be stored on a password-protected computer that only I can access. When the project is finished it is a requirement by the university that the anonymised data will be stored on a password protected CD in the university psychology office, in a locked cabinet for 10 years, after which time it will be destroyed.

What will happen if I don't want to carry on with the study?

If you decide to withdraw from the study you may be asked whether the data collected up until your withdrawal can be used. If you do not wish for it to be used your decision will be respected.

What will happen to the results of the research study?

I will write up the results for my doctoral thesis at Canterbury Christ Church University. This may be written up and submitted to a psychology journal. No one who took part in the study will be identified in any part of the write-up or article.

Who is organising and funding the research?

Canterbury Christ Church University is funding and facilitating this project.

Who has reviewed the study?

This study has been reviewed and has been given ethics approval by: Salomons Ethics Panel, Canterbury Christ Church University

Contact details

You are very welcome to contact Alicia Colbridge (Trainee Clinical Psychologist) on 01892 507 673. You will reach a 24 hour voicemail service. Please state your name and who the message is for (Alicia Colbridge). This telephone number should only be used for research purposes only.

Alternatively please you can email XXX

Or write to:

Canterbury Christ Church University,
Salomons Campus at Tunbridge Wells,
Broomhill Road,
Tunbridge Wells,
Kent,
TN3 0TF

If you decide to take part in the research study, you shall be given a copy of this information and a signed consent form to keep.

Appendix E. Participant consent form

CONSENT FORM

Study: How people who have lived in foster care develop their sense of themselves or their identity.

Name of Researcher: Alicia Colbridge

Please initial box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.

3. I agree that an audio recording may be used to record the interview. This will be deleted once a written record is accurately noted.

4. I understand that relevant sections of the recorded interview may be looked at by another member of the research team. I give permission for these individuals to have access to the recorded data.

5. I agree that anonymous quotes from my interview may be used in published reports of the study findings.

6. I agree to take part in the above study.

Name of Participant _____

Date _____

Signature _____

Name of Person taking consent _____

Date _____

Signature _____

Appendix F. Interview Schedule

Interview Schedule

- Introduce self. Explain rationale and procedure (including self-care for participants)
 - Check participant has signed consent form
 - Ask if they have any questions about the research project
1. I wondered if you could start by telling me a bit about yourself.
 - Prompt: How old you are, ethnicity, what you do, who you live with at the moment, who is in your family, current social life, interests etc.
 2. It would be helpful to gain a brief timeline of your life, in order to develop a chronology of your journey to date.
 - Prompt: what you know about why you went into care, how many placements you've had, who was in these placements, location/school changes, experience of care system – good/bad experiences etc. Do people know you are in care?
 3. How would you describe yourself as a person? If you were trying to describe yourself to someone who didn't know you what words would you use?
 - Prompt: How do you feel about yourself? What makes you tick? What are your values/beliefs? Your personality and character? How you see yourself in relation to others? How do you think others see you e.g. Partner, family, friends, work colleagues? Were you different when you were younger?
 4. What influences have helped develop who you are?
 - Prompt: influence of birth family, foster families – how do they differ, role of friends, alternative influences, role of social workers, experience of care system, influences could be people, life events, experiences, relationships etc.
 5. How do you see yourself in the future and where do these aspirations come from?

Those were all my questions. Is there anything that you think I should have asked that I didn't ask?

Debrief

How was the interview? Were there easier or more difficult sections?

How are you feeling? Do you feel I need to talk to anyone about how you are feeling?

Give contact details of local professionals should they wish to speak to someone further about issues brought up in the interview.

Appendix G: Main reflections from bracketing interview

This has been removed from the electronic copy

Appendix H: Excerpts of research diary

This has been removed from the electronic copy

Appendix I: Audit Trail Process

The following documents were reviewed by the lead supervisor:

- 1) Two annotated transcripts during the initial stages of coding
- 2) Three complete, annotated transcripts
- 3) One document with emerging themes
- 4) Theme table which documented emerging superordinate-themes and associated subthemes with example quotes from multiple interviews.

Appendix J: Coded interview transcript

This has been removed from the electronic copy

Appendix K: Table 2. Themes development by hand

This has been removed from the electronic copy

Appendix L: Theme development stage two: developing emerging themes at participant level

Outcome of process - who I am

⑤ Self belief (22) ⁽⁴³⁾ ⁽⁵⁷⁾ proung others wrong (22) ⁽⁴¹⁾ ⁽²⁵⁾ strength (23) ⁽⁴¹⁾ ⁽⁴³⁾

① Independence brings isolation (1) Independence brings responsibility (2) Friendship or protect self (3) Lonely (3) Building on identity (26) Alone (25) little expectations of others (29) Independent/make our future (31) difficulty with trust (33) Fear of losing people (37) Insecurities in relationship (38) Self reliant (39) Doing it alone (39)

② Helps others (5) Defined by core status (41) Strength of core status (64) Shame around core status (13)(41)

② Conflicted sense of self (1) ⁽⁵⁷⁾ ⁽¹⁶⁾ ⁽⁵⁸⁾ Hidden core status (11)(3) ⁽²⁶⁾ External v internal identity (26) ⁽⁴⁹⁾ Hidden aspects of self (26) difficulty describing self (36) How should I be? (37) ⁽⁴⁰⁾ ⁽⁶¹⁾ ⁽⁶⁴⁾

③ Feelings of being different (13) need to be normal (13) negative core identity (24) wishing to be normal family (46) Dream to be normal (46)

④ unwanted (7) ⁽¹³⁾ ⁽²³⁾ Self blame (11) ⁽⁸⁵⁾ ⁽²⁷⁾ ⁽⁴⁶⁾ ⁽²⁸⁾ ⁽⁵¹⁾ Self as bad (15) Self as not deserving love (29) Guilt (38)

⑤ motivated to build future (52) ⁽⁶³⁾ ⁽⁵⁵⁾ motivated/resilient (16) ⁽⁵⁹⁾ ⁽²¹⁾ Confidence in being better mum (19)

⑥ low self-esteem (18) ⁽⁴¹⁾ Depression (18) ⁽³⁶⁾ ⁽²⁷⁾ ⁽³⁹⁾ Emotional scars (32) messed up (35) Anxiety (38) Fluctuating self-esteem (39) Embarrassed of past (55) Anger re past (57) Worry about future (63)

Process to identity - how I become me

① Survival (1) minimising (2) redefining family (4) disconnect from impact (7) Escapism (36) pretending no one can see her (39) Humour (47) reflection (51) ⁽²⁴⁾ ⁽⁵⁴⁾

② Future influenced by (52) ⁽⁶³⁾ ⁽⁵⁵⁾ basic needs for future (63) Future motivated by loss (6) Past (61) ⁽⁶¹⁾ ⁽⁶¹⁾ not to be remembered (53) past makes future (54)

③ Abandonment (2) loss (3) lifelong instability (11) Birth parents in bad place (4) parental alcoholism & drug addiction (5) Hopelessness (7) Disregarded by others (7) ⁽³¹⁾ ⁽⁴⁵⁾

④ powerless (7) powerless in core (50) Judgement of others (5) difficulty having multiple families (2) Unloved by mum (14) death of daughter (6) repeated rejection (7) sexual abuse (17) separated from siblings (18) DV (16) Paid to care (19) life is hard (21) -ve experiences become normative (31) ⁽⁴⁰⁾ ⁽⁴⁷⁾

⑤ No contact with siblings (45) multiple losses (46) criminality surrounding family (30) powerlessness (50) uncertainty hinders personal growth (51)

⑥ Expectations of others (24) instability (25) no sense of belonging (29)

⑦ Better life with FC (25) Care provided childhood (29) Conflicted views re care (29)(34) care system hinders identity (20) trapped by care system (20) care as a controlling (21)

⑧ identity in contrast to maternal family (24) Blames mum (16) leaving stability of care life went downhill (18) Birth family as real family (18) Unremembered (22) ⁽⁴¹⁾ ⁽⁴¹⁾

⑨ Importance of birth family (4) care brought instability (6) disappointment in birth mum (5) stores provided connection to mum (5) let down by SW (32) ⁽²³⁾

⑩ unconditional love for birth mum (3) needs birth mum (6) value of family in identity (17)(19) Multiple SW (22) system reflects experience (32)

⑪ identity in contrast to birth mum (5) ⁽⁵²⁾ ⁽⁵³⁾ ⁽⁵⁷⁾ Care as something you need coming from (5) loyalty to birth family (1) Belonging with b. family (2)

⑫ out of control after contact with b. family (12) identity located in family background (13) Core messes with head (26)

⑬ non as support / identities with non (13) non as role model (7) non influenced self esteem (10) non as protective factor (10) dancing (14) ⁽³⁶⁾ ⁽⁴⁶⁾ not only one in care (15)

⑭ normalised thoughts & situations (15) Counselling (27) travel created hope (29) influence of F.C (31) YPA (31) mixed race placement (34) Partner (46)

⑮ pregnancy instigated change (20) ⁽²⁵⁾ ⁽²⁴⁾ pregnancy instigated independence (20) pregnancy instigated (20) pregnancy instigated (20) pregnancy instigated (20)

⑯ develop an identity (25) ⁽²⁴⁾ ⁽²⁴⁾ Break core (25)

Process no identity

- ① Protecting identity
- ② Trauma / no safe base
- ③ Ambivalence re family
- ④ Ambivalence re core
- ⑤ Positive influences
- ⑥ Turning points
- ⑦ Future influenced by past

Outcome of process

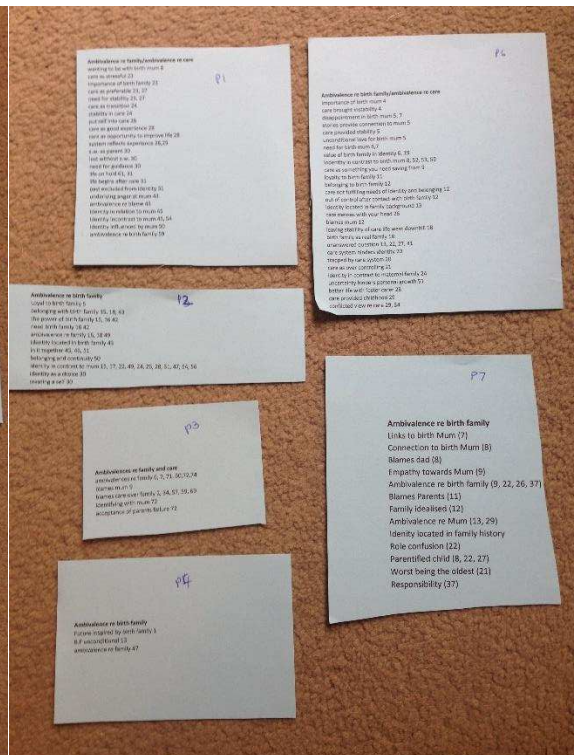
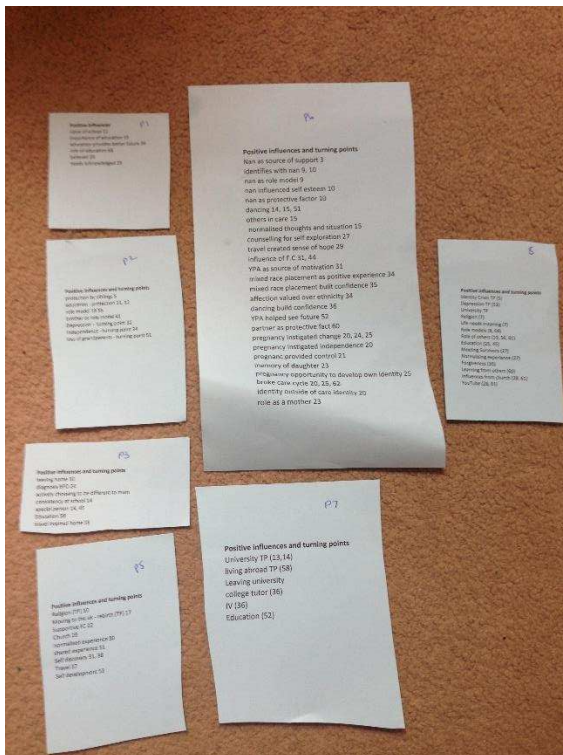
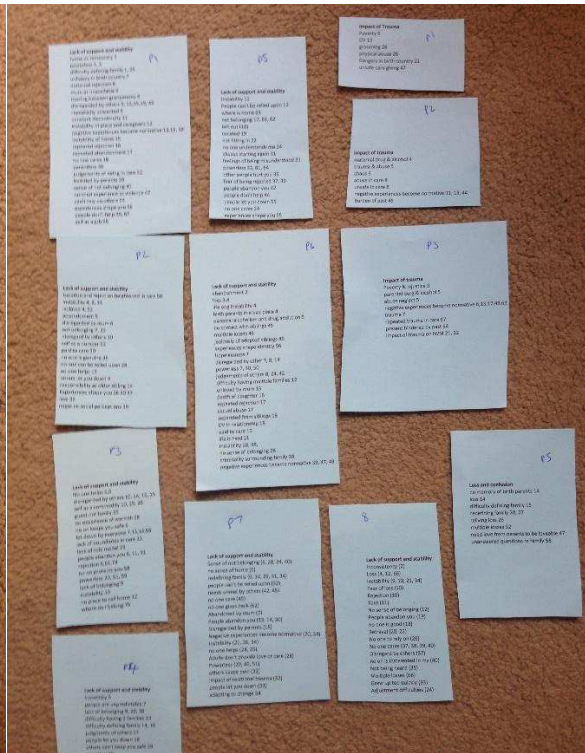
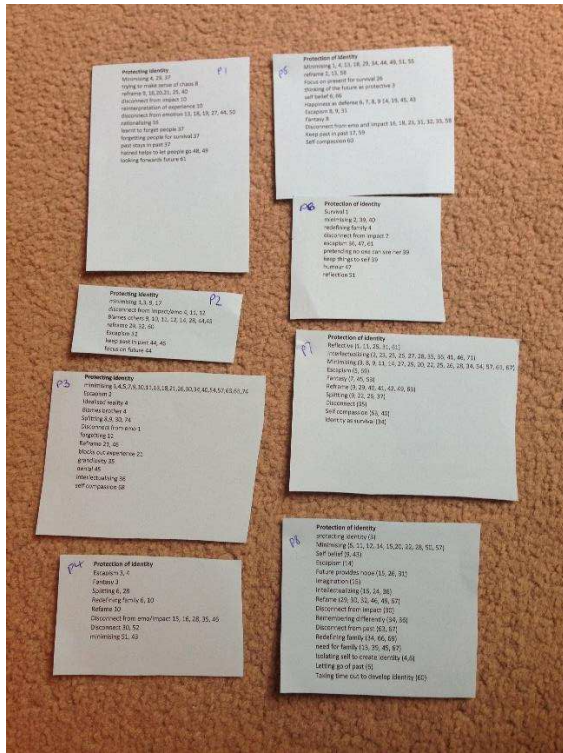
- ① Doing it alone *
 - ② Conflicted sense of self *
 - ③ I am different
 - ④ I am unwanted
 - ⑤ Survivor - I am.
 - ⑥ Ψ impact *
 - ⑦ unable to show vulnerability *
- } Self understanding

*How it plays out??

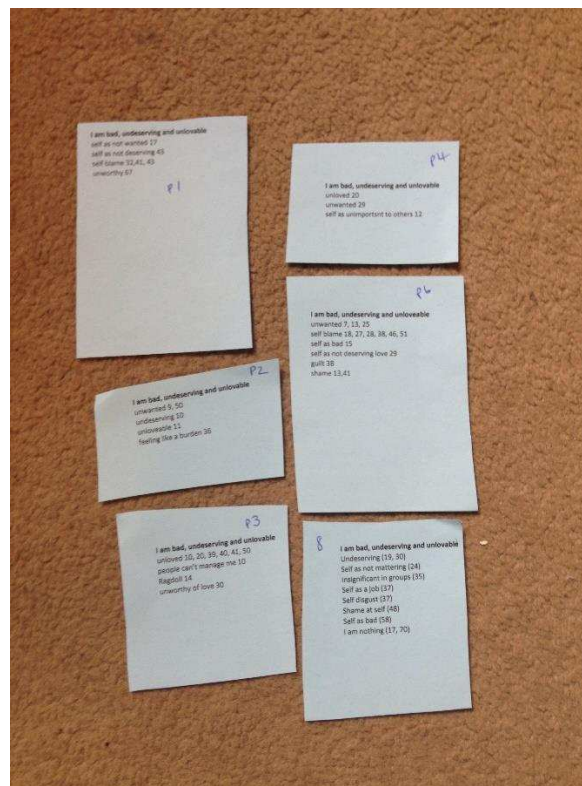
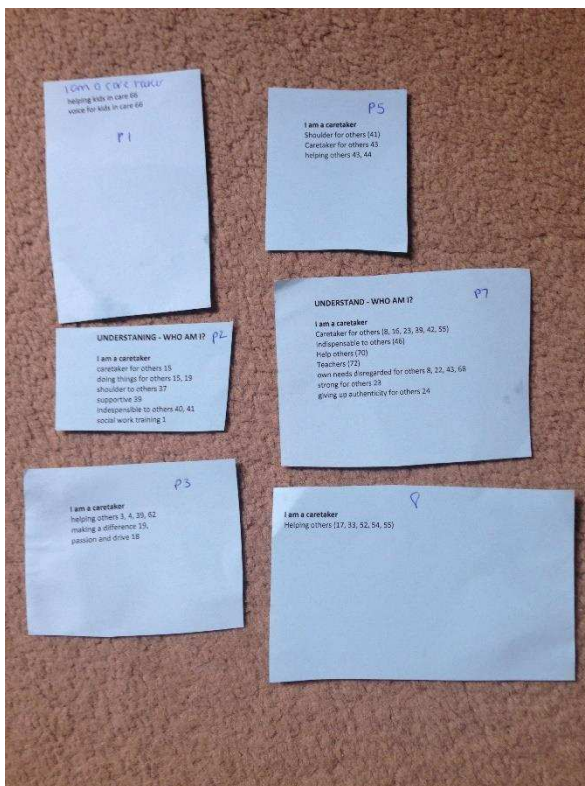
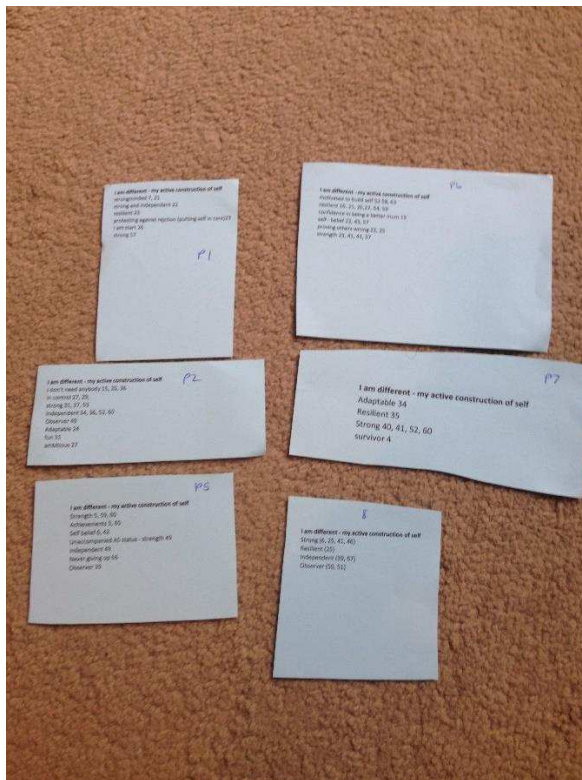
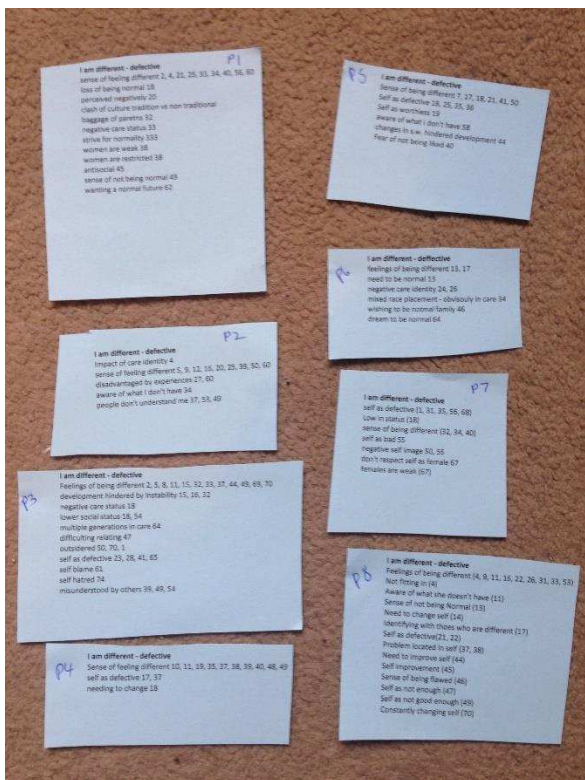
This may be two different superordinate themes

Appendix M: Theme development stage three: developing emerging themes at group level

Construction of identity

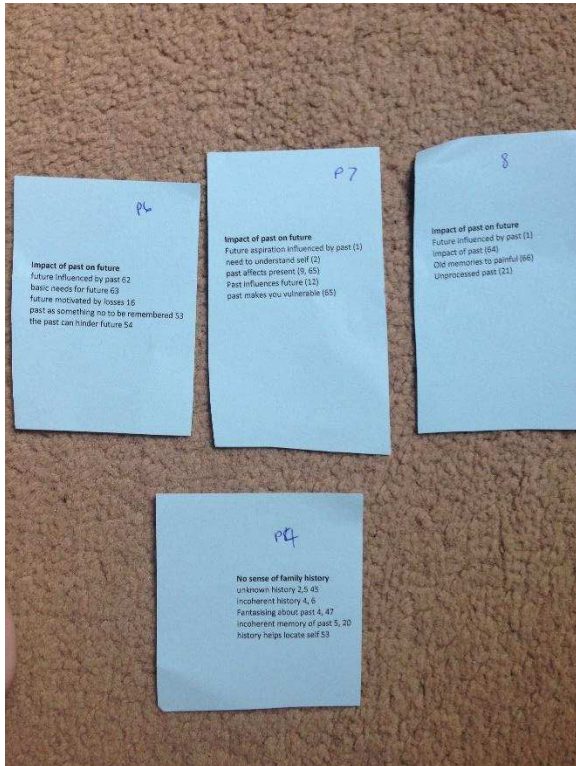


Understanding of identity

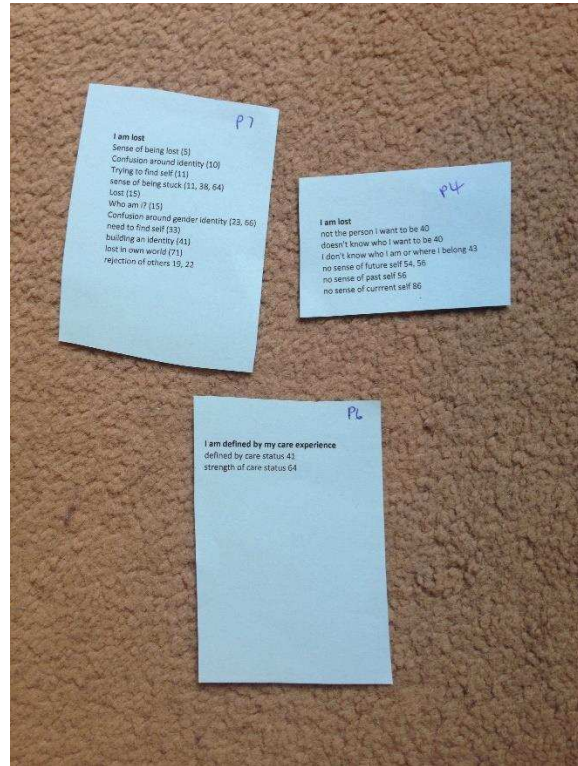


Discarded themes

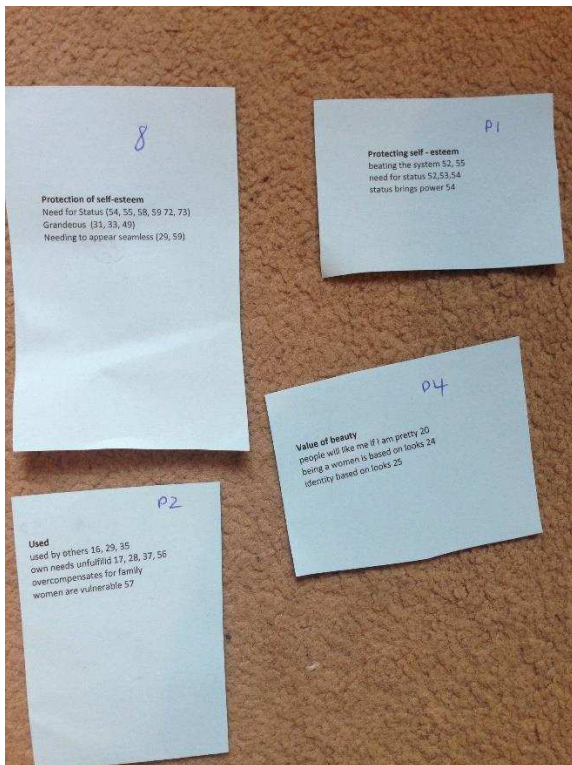
Construction of identity



Understanding of identity



Experience of identity



Appendix N: Superordinate themes

Construction of identity – How I became me

1. No sense of secure base
2. Ambivalence re birth family/ambivalence re care
3. Protection of identity
4. Positive influences and turning points

Understanding identity – Who am I?

1. I am an outsider
2. I am a survivor - my active construction
3. I am bad, undeserving and unloveable
4. I help and care for others

Experience of identity – How it plays out

1. Doing it alone
2. Taking back control
3. The mosaic/fragmented self
4. Psychological impact

Appendix O: Extended list of quotes by superordinate theme and subtheme

This has been removed from the electronic copy

Appendix Q: End of study letter to Ethics Panel

[Trainee name]
Salomons Centre of Applied Psychology
Canterbury Christ Church University
Salomons Campus
Broomhill Road, Tunbridge Wells
Kent, TN3 0TG

[Address]
[Address]
[Address]
[Address]
[Address]

[DATE]

[To Salomons Ethics]

re: Study entitled “Who am I? How female care-leavers construct and make sense of their identity.”

Following completion of the above study, please find enclosed a copy of the study report.

Yours sincerely,

[Signature]

[Trainee name]

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

Background: Within his model Erikson highlighted the contextual nature of identity development, arguing that an individual cannot be understood in isolation from their social context. In his model of psychosocial development Erikson also emphasised the role of earlier experience, especially within the family, to subsequent phases of development (Erikson, 1968). Additionally, attachment theory (e.g. Bowlby, 1969, 1988) suggests that a loving and consistent caregiver provides children with a safe environment in which to explore and develop. Alongside this Smith and Logan (2004) suggest that knowledge about one’s personal and familial background is important in identity formation in order to integrate one’s history into a continuing sense of self. Maintaining relationships with family and respecting cultural background is known to be important for LAC. Winter and Cohen (2005) illustrated the 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. This underpins the NICE (2013) guidelines regarding the importance of life story work. Possible difficulties with identity formation for LAC may arise in the face of childhood abuse, difficult relationships, an unstable environment and multiple care contexts. Identity formation, consequently, may be more complex for those who have been in foster care but this does not imply there is anything pathological about it. Given the higher levels of mental health difficulties in looked after children and the known role identity has in mental health, whether as a risk or a protective factor, it seems clinically significant to investigate what factors help construct or hinder the formation of identity for those who have been in care.

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. Participants were recruited through a charity for care leavers. Interviews took place in a

private room within the charity. The interview schedule served as a guide, while the interviewer focused on actively listening to participants' accounts and following their lead. Interviews lasted between 64 and 97 minutes, guided by how long the participant wanted to talk about their experiences. Risk of harm was considered and monitored throughout the interview process and appropriate safeguarding put in place.

Table 1. Participant Demographic Information

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

Results: Three superordinate themes emerged which encapsulated participants' identity development. These included Construction of identity – How I became me, Understanding of identity – Who am I and Experience of identity – How my identity plays out.

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) '...When I went back to my mum I felt I was really happy and stuff then I realised after seeing my mum's behaviour this is the worse decision I ever made...' (Leah)
	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	'It's like I broke that cycle when, that's when I found myself actually when I was pregnant...' (Freya)
Understanding of identity – Who am i?	I am an outsider	'...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) you're needs are never truly met...' (Chloe)
	I am a survivor – my active construction	'I've come a long way, I've never given up. I'm brave and yeah.' (Nyala)
	I am bad, undeserving and unloveable	'...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 seem to work that way, like I seem to give a lot more than I receive...' (Chloe)
	I help and care for others	'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)
Experience of identity – How	Doing it alone	'...Then I came into care and then I had to start building a life for myself kind of thing.' (Dana)

my identity
plays out

Taking back control	‘...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)
The mosaic/fragmented self	‘...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)
	‘...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)
Psychological impact	‘...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)

In order to make sense of the results the following model was created.

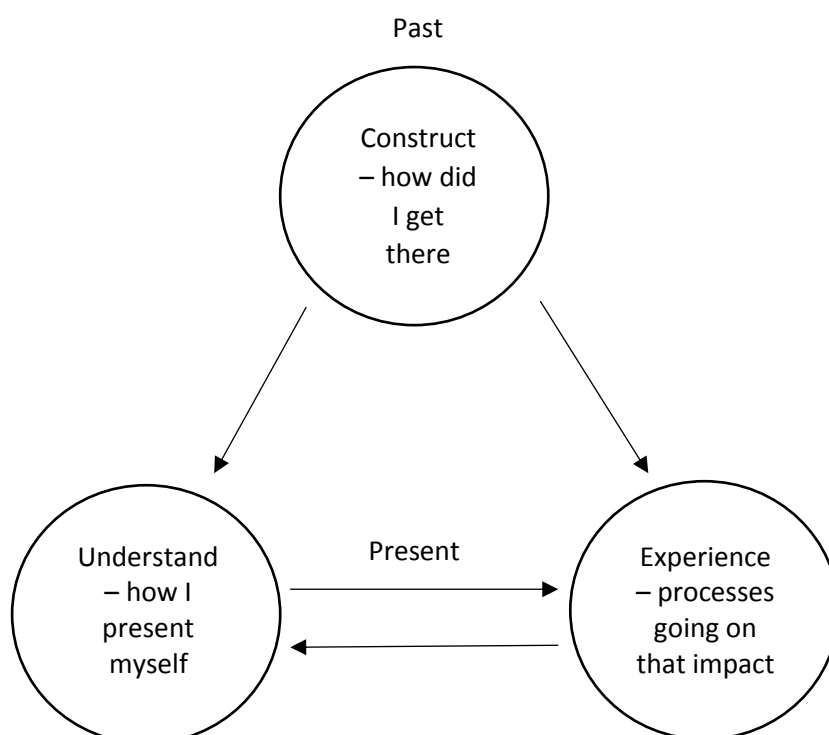


Figure 1. Model highlighting the interactional nature of the superordinate themes on identity

The results from the current study demonstrate that past experiences shape how participants understand their identity and influences how their identity plays out in day-to-day

life. There are also bidirectional effects within and between how participants understand their identity and the actual experience of their identity.

Conclusions: Participants' construction of identity can be understood in the context of early adverse environments and developmental trauma. This construction of self, in turn mediates how participants understand and experience their identity. Findings were discussed in relation to previous research and limitations were outlined. Implications for future research included giving fuller consideration to the role of developmental trauma in identity formation. Clinical implications encourage understanding of looked after children and care-leavers in the context of developmental trauma, rather than focusing on symptoms of various diagnoses.