

Chapter 1: Introduction

Background

My motivation for conducting this research is partly personal from having spent the first 18 years of my life in the care system, and partly professional from working with children in care as an advocacy and participation manager and then as a research interviewer. The experience of being in the care system is widely assumed to have negative consequences for the children concerned that last a life time. Another assumption is that institutional care will invariably provide care that is seen as second best to being raised by one's own family. In the last few years widespread evidence of decades of physical and sexual abuse of children within the care system has emerged. Therefore it is assumed that being in care as a child can be thought of as a risk factor in a person's life, one which subjects them to considerable adversity from which only the most resilient emerge unscathed. However, from my own personal and professional experience I saw this as possibly an oversimplified picture. It could be that for some children being in care provided a relief from abusive and traumatic family environments. Or perhaps out of a range of adverse factors - loss, neglect, abuse, discrimination, and stigma that impinge upon the lives of those who experience being cared for away from their families - the origins of some of those adversities do not originate from being in care itself. Moreover, it might be the case that perhaps these ranges of adverse factors are experienced in different ways and in different combinations by different individuals.

These are the kinds of questions that motivated me to embark upon my doctoral research. This research process has been a long journey which began in one university and has ended in another and this thesis inevitably reflects this journey. The first university stressed the importance of systematic literature reviews of existing bodies of research, whilst in the second I encountered a way of thinking and a method of doing research (psycho-social studies) which was very different. I found this to be more attuned to the subjective experience of both the researcher and the research participants (including the more affective and less conscious aspects of

experience). My hope is that I have found a way of integrating these two different experiences within this thesis.

There are two fields of traditional research that I draw from. These are: i) research on adults who were in care as children, and ii) research on human resilience. Whilst both of these research traditions yield many insights, I was aware, even before starting my own research, that the voices of the subjects of this research were often absent. I was determined therefore to conduct research in which the lived experience of those who have been through the care system was foremost.

i) Being in care in the UK refers to children and young people who are in the care of a local authority. This can include those who live in foster care, residential care or secure facilities and those who are cared for by friends or relatives in kinship care. Some contributors use the term substitute care for all forms of care including adoption. This research focuses on adults who spent time in at least one or more types of substitute care during their childhood.

ii) Resilience when used in everyday language is suggestive of individuals who have the strength or capacity to withstand a setback or hardship. An image that is commonly used is that of a tree which bends in a strong wind but without breaking. Another everyday metaphor describes resilience as the capacity to bounce back from adversity. However, as we will see in this thesis, the concept of resilience is a slippery one, much of whose certainty dissolves when subject to close scrutiny. A review of the resilience literature reveals that one definition has become widely accepted. In a keynote review of the research literature, Luthar and his colleagues define resilience as, “a dynamic process encompassing positive adaptation within the context of significant adversity.” According to this definition there must have been exposure to significant threat or severe adversity and the achievement of positive adaptation, despite major assaults on the developmental processes (Luthar et al., 2000:1).

1.1 Research on adults who were in care as children

In the UK these individuals are known as care leavers, ex-care people, adult care leavers or care experienced adults. They are referred to in this research as care experienced adults because the emphasis is on exploring the lived experience of the care system.

This group is thought to be at greater risk of social exclusion than the general population and over represented amongst the homeless, the prison population and those experiencing poor mental health. They are also thought to be predisposed towards educational underachievement, drug and alcohol addiction and difficulties with relationships and parenting (Quinton & Rutter, 1984; Pecora et al., 2005; Cashmore & Paxman, 2006). However, there are some care experienced adults who are not as vulnerable as their peers in relation to the assumed risks and achieve success in many areas of life (Jackson & Martin, 1998; Mallon, 2007). In other words, they appear to be more resilient.

1.2 Resilience research

Resilience research has created an asset based way of thinking. This offers a fresh approach to those working in the fields of social policy, including social work, by placing the emphasis on strengths and positive outcomes as opposed to weaknesses, deficiencies or pathologies (Flynn et al., 2004; Mohaupt, 2009; Bottrell 2009). Resilience has been viewed as consisting of risk and protective factors and, more recently, as a set of processes which incorporate both factors (Rutter, 2000; Ungar, 2011).

1.3 Gaps in the existing literature

The lived experience of being in care is one area that not enough is known about (Hammond & Cooper, 2011). Researchers tell us that being in care exposes children to risks but what do we know about how it *felt* to be separated from one's birth family, to be institutionalised, to be different? How does it feel at the time and how does it feel later on life? As Mallon points out this is because researchers investigating themes such as educational achievement have largely concentrated on the experiences of

children and young people currently in care (Mallon, 2007). This lack of a life span approach may create the assumption that successful outcomes are not achievable at later stages in life. Rutter has also identified that it is still unclear as to why some care experienced adults achieve better outcomes than others (Rutter, 2000). Few studies have focussed on resilience (Stein, 2005) and research to date is thought to have focussed overwhelmingly on both the negative aspects of the care system and the vulnerabilities of the children within it (Knight et al., 2006).

Resilience research has addressed issues such as whether it is individual or environmental factors that assert the greatest influence on life trajectories, yet few studies have adopted a psycho - social approach (Schofield & Beek, 2005; Rutter, 2006). Because most resilience studies focus primarily on children and adolescents, there is a lack of understanding about resilience over the life span (Windle, 2010). The majority of studies do not honour participants' own constructions of resilience (Ungar, 2008; Mohaupt, 2009). The most significant weakness within the field is a lack of consensus about how resilience should be defined as a concept, and this has undermined theoretical development (Mandleco & Peery, 2000; Windle, 2011).

1.4 Aims of this research

1. To understand the lived experience of having been in care and the impact of this experience over the life span.
2. To explore the way in which care experienced adults construct their resilience, in other words, their vulnerabilities and strengths.
3. To contribute to the task of developing an adequate theory of resilience and resilient processes.

1.5 Overview of methods

As few researchers have given participants in their research an opportunity to voice their own perceptions of their lived experience, it was decided to adopt a life story approach to enable participants to reflect on their life experiences. It was thought that this may also help to shed light on such extreme variations in outcomes. This is a qualitative study which also seeks

to capture the participant's own constructions of their lived experience, something advocated by Ungar (2008) and Mohaupt (2009). Therefore grounded theory (Glaser & Strauss, 1967) was incorporated into the methodology in order to examine how individuals construct their social world and how they make meaning of interactions with others. A small sample of seven adults was interviewed (three of those dropped out) who were aged between 35 and 70 and had all been in care for a minimum of five years during childhood. As another important aim was to capture the impact of the researcher throughout the entire process, a psycho-social approach (see chapter 5 for explanation of the use of the hyphen) that incorporated researcher reflexivity (Hollway & Jefferson, 2000; Clarke, 2002; Elliott et al., 2011) along with positionality (Falconer Al-Hindi & Kawabata 2002) was incorporated into the methodology.

1.6 Overview of chapters

Chapter 2: Autobiographical chapter. This covers the eighteen years that I spent in the care system, the key events in my life since leaving care, my motivation for conducting this research and the key life experiences which have contributed to the process. This means there are three personas that I bring to this research who each speak with their own voice. They are, the insider who grew up in care, the activist who has worked with and campaigned for children in care and the researcher. As the research interviews progressed a fourth voice emerged: the mother. I discuss these voices more fully in chapters 6 (Methods) and 9 (The Experience of Conducting Psycho-social Research).

Chapter 3: Care Experienced Adults. This chapter surveys some of the most significant literature on adults who grew up in care. It examines the findings from 38 studies conducted in America, Australia, Canada, Israel and the United Kingdom. The focus of this research is on outcomes across the following domains: relationships, parenting, education, employment, mental health, homelessness, crime and substance abuse. There is a full critique of concerns in regard to the methodologies employed in the studies and the consequences for drawing conclusions from those studies. Appendix 1

provides details for each study including sample size, research question and methodology.

Chapter 4: Resilience. This chapter provides a brief summary of the evolution of resilience research, followed by an exploration of the problems around attempting to conceptualise, operationalise and measure resilience. The final section provides a discussion of current debates within the field.

Chapter 5: Thinking Psycho-socially about Resilience. The aim of this chapter is to provide an alternative means for exploring resilience to counteract the deficit from existing approaches in the study of care experienced adults and resilience. Such deficits include viewing the environment and the individual as largely separate spheres. The aim here is to present a newer, psycho-social approach to go beyond this separation, to look at the ways in which the inside and the outside constantly affect each other. Psychoanalytic thinking, in particular the concept of inter subjectivity – the unconscious stream of mental states between two or more individuals – provides a means to explore the interaction between the inner and outer worlds.

This chapter also attempts to address the differences between risk, adversity and trauma. Living in poverty constitutes a risk and a hardship. However, a traumatic experience is one which overwhelms the individual's capacity to bear it. Psychoanalytic thinking around trauma is employed to enable us to understand the unconscious processes involved in managing what is unbearable and traumatic. Coping mechanisms for managing trauma are discussed: splitting (dividing the self and others into good and bad), dissociating (emotionally distancing oneself from the trauma) and projecting (transferring unwanted or unacceptable parts of the self onto others).

Chapter 6: Methods. This chapter provides a rationale for adopting a qualitative methodology combining grounded theory, life story and psycho - social approaches as well as researcher reflexivity and positionality. The chapter outlines the processes involved in preparing for the interviews, taking care of the participants and the researcher during the interviews, and the

research ethics. The chapter describes the conduct of the life story and resilience interviews and concludes with a description of the sample, the collection of the data and the four different stages of data analysis. Figure 1 provides a diagram explaining the research process.

Chapter 7: Four Life Stories. This chapter provides an account of the lives of four care experienced adults. Rather than a cross-case analysis focusing on shared themes, this chapter provides an in-depth within case exploration in which something of the individual gestalt emerges. It therefore highlights what is unique and particular to the lived experience of each individual and represents the key themes and events for each adult over the life span.

Chapter 8: Analysis of the Findings: The Dynamics of Resilience. This chapter examines some of the common themes as well as individual differences emerging from a comparison of the four life stories. It deepens the exploration of the impact of having been in care on the life course and how resilience is manifested. Psychoanalytical theory is employed to explore themes of trauma and resilience. Figure 2 provides descriptors for the 24 themes that emerged from the data.

Chapter 9: The Experience of Conducting Psycho-social Research. This begins with a section on the impact that the researcher has on the research process and the overlap between clinical and research skills. Other themes explored are vicarious trauma, vicarious resilience and how psycho-social research can be therapeutic for both the researcher and the participants. This chapter also incorporates a discussion about how reflexive journals, emails and dreams can be an important part of the research process.

Chapter 10: Conclusions. The key findings in relation to the lived experience of being in care and the impact of being in care over a life span are presented as well as what factors contributed towards shaping resilience and how resilience manifested over the life span. Then follows a recap of the rationale presented for this study in the early chapters of this thesis. There is a synthesis of my findings in relation to the original research questions and to the new research question that emerged. The theoretical implications of my findings and specifically the contribution of my concept of the dynamics of

resilience to the task of developing an adequate theory of resilience are discussed. How my findings might affect future policy and practice relevant to my research is also discussed. The limitations and dilemmas of my research in terms of the small sample size, the lack of comparison groups, and the difficulty of interviewing participants who are still experiencing the life long impact of historic abuse and/or multiple traumas are presented next. Then recommendations for future research in regard to what has not been covered in my research are given. Finally, at the end of the chapter I make my concluding remarks.

Chapter 2: Autobiography (2007)

Introduction

The thinking behind this autobiographical chapter was to chart my journey from being an insider (someone who grew up in care), and then an activist (advocate and campaigner for children in care), to where I am now, a researcher. I wanted to capture the significant events and experiences that have not only shaped my life but also have the potential to influence my research. This is in keeping with the notion of researcher reflexivity, or continuous reflection about the research, and positionality – how one positions oneself in the research - as proposed by several writers (Finlay, 2002; Herz, 1997). In addition, I knew that during the interviews I was going to be asking care experienced adults to talk about experiences that might be painful and difficult to recall; I felt I should be prepared to do the same, so that I could understand what that feels like. Chapter 9 (The Experience of Conducting Psycho-social Research) was written towards the end of the research process and continues where this chapter leaves off with new reflections on my earlier life and on my experience of conducting this research.

Living with my mother, father and brother

This is what I knew about how I ended up in care before I got my official records. I was born in 1962 in the west midlands. My mother was white and my dad was Jamaican. When I was about twelve months old my older brother, who was then about three years old, and I were taken away from our parents and placed in foster care. The neighbours who reported us to social services said that we were left on our own a lot, we were dirty, and they saw us hanging out of a window. My brother can remember us being taken away, but I have no memory of that day. Much later, as a grown up, I asked both my parents about why we went into care, but they blamed each other. My dad said my mum was not up to being a mother and my mum said my dad put us into care because she had gone away for the weekend for a badly needed break, so I never got to the truth. I do know that my dad's sister tried to look after us, but needed to work herself, so she couldn't manage. When I

spoke to my aunt years later she said that my Jamaican grandparents never even knew we had been born. My father felt he could not tell them such was the taboo about mixed race relationships for black and white people at that time.

My first foster family

My brother and I went to different foster families. He lived with his family until he was 27 and although his foster parents have passed away he remained in contact with them after leaving home. The family I went to wanted to keep me and my records say I was settled there. Unfortunately, after just five months my new foster father became really ill. The Children's Department decided to move me to another foster family and I stayed there for 13 years.

My second foster family

This family already had two girls of their own, an adopted boy and another foster child. Sometimes, other foster children came to live with us for a while. I remember I came home from school one day when I was about six and there was a little mixed race boy having a bath in the washing up bowl. One day, three years later, I came home from school and he had gone. My foster parents said he was too naughty to stay with us. I knew I was very naughty because I was always getting told off and hit, so I was really worried that I might be sent away too. It didn't stop me from being naughty though. I never saw my real mother the whole time I was in care and I don't remember talking about her either, but I grew up thinking that she was a bad person. My foster parents gave us the impression that all our real parents were bad people. My foster brother's real parents had broken nearly every bone in his body and gone to prison for battering all their children (as we called it in those days) and we knew all about this. I saw my real dad now and then in an office at the Children's Department and sometimes at wherever he had lodgings. He was very black and I didn't always know what he was saying because of his Jamaican accent. I do remember that he always brought me a colouring book or something and my brother a football as a present. I stopped seeing my real father when I was about nine or ten

years old because my foster parents wanted to adopt me and take us all to Australia. However, my real father said no, so we couldn't go. This was not long after my naughty mixed race foster brother was sent away. I remember having nightmares that my foster parents took us anyway and threw me overboard on the way. I remember being told that I wasn't going to see my real father anymore around this time and we moved as well to a new county. I think I was getting very confused by then, but I am not sure whether I really wanted to stop seeing my father or whether I stopped seeing him because I felt my foster parents would prefer it. I did think of my foster father as my dad because he was there all the time. My foster father's brothers and sisters lived on the same council estate as we did. So, everywhere I went I knew there were people that I thought of as my aunts, uncles and cousins.

I saw my real brother a lot until I was seven and we moved away; I knew he was my brother because he was the only person for miles around that wasn't white, just like me. He lived on the way to my school on the same council estate and sometimes he came round to play or I went to play at his house. There were lots of things that I didn't understand as a child. Things like, why my real brother lived on my way to school or why the man they said was my real dad lived somewhere else. I was totally confused as to why I was a different colour to my foster family and everyone else. I hated the word half-caste and I never liked the word foster: it didn't mean anything, it made me feel funny. As far as I was concerned, I had a family; they were just a different colour. Because I had a foster sister who was the same age as me we wore the same clothes; the other children said you can't be sisters, because you aren't the same colour. Wherever I went, as a child, people stared at me. I didn't mind people looking at me if they were being nice. Some people said coloured people shouldn't be here. Other children called me names, so I would run away, fight with them, or make them laugh. I was always trying to explain myself, but I didn't have all the answers. I can remember walking down the road when I was a child and imagining that an alien would come to earth and be my friend because I felt really lonely. When I was five, I went to school and I was in the same class as my foster sister. I didn't like school. I thought it was boring because you had to sit

down all day and I didn't have any friends. I used to crawl out the door on my hands and knees and go and explore the corridors.

When I was seven we moved to a more rural area. I liked it there, because we could play in the fields and on an old bomb site. There were lots of things that I liked as a child: riding my bike, our dog, playing out, and going on holiday. I can remember really happy times. We had so much freedom, like most children back then; we could go off on adventures all day.

When we moved to our new town there were Italian, Polish and Irish people living there, because they came to work in the mines. I wouldn't have been conscious of it at the time, but I think it helped to have non-English people around. I had more friends there; I started getting invited home for tea with my new friends, but it didn't mean I was always welcome. I had a friend who was one of seven children and one evening her mum and dad took us to a working men's club. The steward came over and asked them to take me home: some of the other members did not want me there. I can remember my friend's mum grabbing me angrily by the hand. I knew she wasn't angry with me, but I didn't understand why I had to leave when I was having a nice time, or what I had done wrong. When I think about this now I can't imagine the wound that was inflicted on my nine or ten year old self.

I was a very polite child when I wanted to be. My foster sister and I had elocution lessons because my foster mother wanted us to speak nicely and do well. I used to stand up in front of a group and recite poetry regularly and it taught me not to be nervous in front of an audience. My foster mother told me I would always have to be better than anyone else and try harder because I was coloured and people wouldn't always accept me or like me.

I still didn't like school apart from reading, writing stories, seeing my friends and sport. I had a teacher who didn't talk to me for a whole term, so I put the lid up on my desk and read all the books in the classroom library instead. When my foster mother found out what was going on with that teacher they had an argument. The teacher said she didn't see why she had to teach children like me. There was only me and one very dark girl at that school who weren't the same as the other children. Only now as an adult can I

understand the destructive effect this teacher had on me with regards to my self worth and my feelings around trying to get an education. My immediate response at the time was that although I got moved to my foster sister's class the next day where my new teacher was much nicer, I was getting naughtier. When I was eleven, I got picked to run for the local athletic club. I became the county champion. I ran in the 800 metres, which was hard. I had a very fast finish and I was very good at cross country too. I liked sports because I was good at them, I got to feel good about myself and it made my parents proud.

Ours was a turbulent household. There was a lot of hitting in our house – we called it a good hiding back then. Now it would be called child abuse. When I think about it now, it doesn't matter what the current terminology is or how hard I try to understand the mental health difficulties of my foster parents; at the time it is happening, it feels dehumanising and humiliating. My foster mother got angry really easily and I was always naughty, so I was always getting hit and told I would be sent away, but it never stopped me from being naughty. When I was about twelve years old my foster parents split up. I was very sad because I really loved my dad; he played with us a lot and took an interest in our sports. When my dad left my temper got worse. I didn't go to school, I played truant a lot and I argued with my foster mother all the time. We weren't allowed to tell anyone what was going on at home - I think I was just bottling it all up and then exploding now and then. At the end of the summer term, when I was 14, the school said that they did not want me back after the summer holidays because my behaviour was so bad. All I wanted to do was go out and have fun. I loved dancing more than anything and Northern Soul was popular then at the youth club. We hardly saw my foster father after he left and my real brother stopped coming to visit as well. I began to be frightened of what might happen if my foster mother lost her temper and I lost mine as well.

When I was 14, I came home from the youth club one night and my brother who was fostered had gone. I left a few months later, after my foster mother hit me and I hit her back for the first time. I asked my children's officer to come and take me away and she did the next day. I wanted to go to a

children's home near where we lived, because a girl at school lived there and she said it was alright. My foster mother and I both cried a lot when I left - we clung to each other and sobbed. My children's officer took me miles away. First, to a home just for one night, which I really liked, then she came back the next morning and took me even further.

Residential homes

I lived in a huge house in the countryside with 30 other children who were all different colours. Some children lived there all the time and some came just for the holidays. One black boy who came for the summer holidays was really burnt, all over, and he used to stand in the dining room and turn round in circles, all day long. He scared me a lot. However, sometimes it was brilliant there. There were three of us girls who were the oldest, and we all had younger children, who were our babies. We used to put them to bed and pretend they were our little families. I had five children in my family, all mixed race. They were quite a handful to look after, especially getting them ready for school. Sometimes we couldn't be bothered with our families - we wanted to go to the youth club or dance to our records instead. When I think about this now I see us as little girls trying to be mums to those who were smaller and more vulnerable, as a kind of vicarious mothering. In the evenings we used to make up plays. The other girls told me about Jamaica and showed me how to grow an Afro and take care of it. I had never had the opportunity to learn about my Jamaican culture and I loved it.

There was a male member of staff, who lived on the boy's floor. We used to talk about his behaviour as, "getting into their beds" and also, "hitting them a lot." Now that is called physical and sexual abuse and new stories emerge in the media almost weekly of this kind of historical child abuse in institutions. The matron's husband used to get into the girl's beds but we wouldn't let him into our room. He was after what was known then as the retarded girls and we used to barricade the door to protect the two sisters in our room. On one occasion, the police picked us up and took us to the police station. Matron told them to keep us there, until the morning, so we slept in a police cell. We

had to go and clean Matron's own house sometimes. We used to spit in the sugar and leave it in more of a mess than when we got there.

Sometimes I was very unhappy in that place. I got beaten up once for leaving cigarette ends under the carpet near my bed. When the staff found them all our trips and outings were cancelled. I ran away with blood streaming down my face. A man stopped and talked to me. He said he wanted to help me. I fobbed him off and carried on – I just couldn't trust anyone by then.

There was never enough to eat in that place and we were always hungry because we sold our school dinner tickets to buy cigarettes. If we had cigarettes then life was bearable - they were extremely important to us. We weren't always given letters from home so I lost touch with a lot of friends and family. Sometimes it was all too much and I would lie in bed at night and pray that I wouldn't wake up in the morning. There were some adults there, who were nice and used to talk to us and take us out. However, we all used to wear the same jumpers and we went around in a big blue van. You could still see the word police showing through the paint on the side, so it was just really embarrassing.

I was lucky because I made friends with a gang of boys who were much older than me. They had a car and used to take me out wherever I wanted to go and they protected me. I told them what was going on at night in the home. I made a new friend whose parents wanted to foster me, but for some reason it wasn't allowed. Now I think it was because at that time in the late 1970s social workers were beginning to question transracial placements. One of my teachers told me that he knew things were not alright in the home, but I don't know if he did anything about it. Another teacher used to get me to stay behind after class and tell me I was pretty. I would just smile and run off as soon as I could. Finally, I got expelled from school because I used to get so angry and lose control, or I would miss school to go shoplifting. Matron told me one night that I was going to Borstal the next day and locked me in my room. I got really angry and I smashed the room up. Saying goodbye to the other children the next morning was really sad. They came

up to my table at breakfast on their way to school, one by one. We all swapped our favourite things and we all cried. I think now I was worried about leaving them as much as they were worried about where I was going. Those children are still a big part of me. Then my social worker came to get me. I was only in that place for six months, but it left an indelible print on me.

After I left, my older friends from the village went to the police and told them about the matron's husband and the other staff member. I had to go back months later and give evidence. Eventually, the home had to make a lot of changes, but it was still a children's home. Nobody went to prison for what they had done, and probably had been doing for decades, in that place. My children's officer told me that Matron's husband died not long after that and I was really happy because he couldn't get his hands on any more children. I remember hoping that the other male staff member would die too.

I didn't go to Borstal - Matron was lying again. I went to a Barnado's home instead and stayed there until I was nearly seventeen. I was much happier there. It was very small; only seven children and for ages I was the only girl so I could be a real tomboy with the boys. We lived in two houses knocked together on a small estate and we had lots of friends. They all came to ours to watch Happy Days and Top of the Pops. The people looking after us could be strict but very fair. We used to really get into trouble if we were naughty, but really, they just wanted us to have a good time. They never shouted at us, or hit us, or tried to get into bed with any of the children. I think being there saved me from self destructing completely.

I made friends at my new school; everyone thought I was really grown up. The father of one of my best friends owned a casino and sold second hand cars. I used to go to parties for his friends when they came out of prison. I still retain a tremendous fondness for criminals because they have often been very kind and accepting of me. At that time it was a bit more okay to be coloured except we were now thought of as black. The boy next door told me he wished that he was black, as it was so cool. I thought he was mad and that it wasn't so cool when a car full of white men shouted horrible racist things at me when I was on my own - a fourteen year old school girl. I did

not do any better at school. By the time I was 16, there were only two teachers who would have me in the classroom. I left with only CSE geography and O level English language. I used to get everyone else to be naughty too, so the teachers could not get anything done. I was a very disruptive presence, but I didn't know why I did it. The Headmistress refused to expel me, although she did have to send me home sometimes to calm down.

When I left school my headmistress asked me if I wanted to live in her house in my own bedsit and I didn't know what to say. I didn't really want to go anywhere. I wanted to stay at Barnado's and this wasn't possible: you had to leave when you were sixteen. In the end I went to her house, otherwise I would have been in a bedsit all on my own somewhere else. I was back in touch with my second foster father and I regularly visited him and his girlfriend. Sometimes I saw my two foster brothers there too, but never my foster sisters. I wanted to live with my foster father and he wanted me to, but his girlfriend didn't really like me, so that was that. One Easter, when I was fifteen, I visited my foster mother, who I had lived with for thirteen years. The visit went really badly. I honestly can't remember what happened, but I came away feeling that something had been ripped out of me and I still do. I haven't seen her or my foster sisters since then.

Before I left Barnado's I started working for a firm that specialised in home decorating. I started in one branch where the female workers were really nice to me. Unfortunately the manager was always trying it on with me, until I was moved to another branch where they were short staffed. Before I moved, the workers in the other branch were allowed to hold a vote to see if the staff wanted to work with a coloured girl. The manageress didn't want to, but the others did, so the manageress had it in for me. When I think about these things now, I remember how normal they seemed. I was used to the fact that some people really didn't want me around, not because of anything I had done or said, but because I wasn't white.

Living with my third foster family

When I went to live with my headmistress, my third foster family, I carried on working for a bit and then she encouraged me to go to college to do a pre-nursing course. The college was in Handsworth so everyone was black, except three mixed race and two white girls. I learned a lot more about Jamaica - the food, the culture, the music, everything. However, coming into contact with more and more black people, was not always positive. I had to learn about the way that the caste system and the tone of your skin were still very divisive amongst the Caribbean population. That meant some black people didn't like me because I was light skinned. One day, I was in the toilet at college and two girls were washing their hands, having seen me go in. They were talking about a black girl who was pregnant by a white guy, and they said that they would rather have a disabled child than a mixed race one.

I saw one of my foster aunts around this time; my second foster dad was her brother. She told me that all the wider family had been concerned about the amount of violence in my foster family where I lived for thirteen years. She said they hadn't known what to do at the time because two of us were actually already in care, so they didn't do anything. My real father popped up around this time and we met up. I just didn't feel any connection to him whatsoever. At around that time, when I was eighteen, my second foster father, who I had known since I was a baby, who had never let go of me, died suddenly. It hit me really hard and I missed him very much. Then, around that time, my real father wrote to me and I saw him again; all in all, it was a very confusing time. Too many fathers and too much to make sense of in one go.

I really struggled to fit in with my new and third foster family, although we all tried. My new foster mother took me to the theatre and gave me interesting books to read. I can't say it ever really worked. I was just too old, with too many bad experiences, to be part of a family again. I started having terrible headaches and depression when I left Barnardo's. I took an overdose, which I never told anyone about. My new foster sister, the one closest in age to

me, was seeing a psychiatrist: she was exhibiting symptoms of schizophrenia. I was sent to see him too and he put me on Valium and Lithium (uppers and downers) and asked me how often I masturbated; I thought he was disgusting. I passed my nursing course and got another O level, in English literature. My foster mother got a new job in London and I went with her. I went to college for a couple of years. I didn't pass anything; I could not settle down to anything, my head was full of crazy stuff. I loved London though and when I felt good I ran around having a good time, singing in a band and messing about.

My last contact with social services was when I was 20. They had been paying me a grant whilst I was still in education and that stopped. Around that time, I took an overdose that put me in hospital and I had to have a stomach pump. I then started to see a counsellor, arranged for by one of my foster sisters who had become a social worker, which did really help me. My counsellor introduced me to Winnicott and Bowlby and I became really interested in psychology. I saw her for four years. I calmed down a lot and got another two O levels in psychology and sociology. But then things got difficult again and my foster family was really under pressure. My foster mother got Parkinson's; she had to retire early, at the same time as her daughter became really ill with schizophrenia. With the help of my counsellor, I distanced myself from my foster family more and more; I really didn't want to have a family. I thought then that families destroyed people: my foster sister was mad and I was always trying to kill myself.

After care

When I was 22, I had been homeless for about ten months. A friend helped me to get my first council flat. He had grown up fostered by relatives in South Africa and we became really good friends. I loved having my own place. The first thing I did was to go and get my cat from my foster mother's; he had been there for several years. I did start to move forward and got my A level psychology. Around that time, I met my son's father and had my son, just before I was 24. I loved having my son and although we got a lot of love and support from his father's family, sadly the relationship did not survive. When I think about it now I could see all the problems that I had back then

that I thought contributed towards us not making it, but I couldn't see that the two of us contributed equally to the problems. I really got my act together when I had my son. I had been working as a nanny for a couple of years and had seen how nice families could be, so that helped a lot. I was still seeing my counsellor and that helped me, when I was pregnant and when my son was born, to be - a good enough mother as Winnicott (1953) put it.

I got my A level sociology at night school. It took me such a long time - nine years in total to get my O and A levels. I have no idea what made me so tenacious. When my son was nearly two years old I started my sociology and psychology degree. Although I was now a single parent, I loved being a student. I read so many books, about race, class, gender, anything that interested me. I finally began to understand that some of the things which had happened to me were down to how I was perceived in society and not, who I was as a person. I became a Marxist and thought that everything was wrong in the world because of capitalism. I became involved in revolutionary politics. I found a great channel for my anger protesting against the Thatcher government, the apartheid system in South Africa and any regime that exploited those on the bottom layers of society. I read books by black authors - Alice Walker, Maya Angelou, and Buchi Emecheta - and realised that I had suffered a great deal as a child and young adult because of racism. I struggled with and learnt greatly from Foucault, Bourdieu, Gramsci and many others. I studied very hard; my teachers said I was reading more than they were and I got a really good degree.

Searching for my real mother

After I finished my degree, I saw a lot of programmes about care experienced adults searching for their birth relatives and decided to trace my real mother. I made a commitment that I would see it through whatever happened. It didn't take me very long at all, just a few months to find someone I hadn't seen for a quarter of century. I was able to meet her three times in all. It was not easy; she was ill with heart problems and worn out by her life. She told me she had given birth to five children who were all taken away from her including me and my brother. Her life had always been very

hard, she told me. Her mother, my grandmother, had never been around due to the fact that she had been in hospital with something like multiple sclerosis and my mother's father had been in the army. My mother was raised by her maternal grandmother who did not want or like her. As a young adult my mother was attracted to the joyful and colourful immigrants who were arriving from the former colonies. The downside to this was that as a white woman going out with black men in the 1960's my mother was no longer welcomed by the white community.

Just after I found my real mother, my third foster mother, the one who had been my headmistress, died. The Parkinson's wore her out. I was really sad - she had really tried to help me and she believed in me. She told me before she died how happy she was that I had got my degree and done it all on my own.

My real mother and I were just starting to understand each other, a little bit, when she died very suddenly of heart attack only months after we were reunited. So I lost two mothers in one year. I was with my real mother when she died; I sat with her for two days in the hospital when she was unconscious. Her death was the most terrible shock; I could not believe that life could be so unfair. I could not eat or sleep and I saw a psychiatrist at the university where I was studying for an MPhil on transracial fostering and adoption. I was trying to write a chapter about birth mothers who had become separated from their children and I kept breaking down. Eventually, I gave up my studies. My psychiatrist gave me some brilliant advice, which was to go away and work out who I was. I also wanted to just be a good mother to my son; I loved being with him, we didn't have a lot of money, but we had a lot of fun and we were very close. In some ways I enjoyed a second and a much happier childhood with him.

I decided to leave London when my son was about ten. My good friend, who had also been fostered, died of Aids and I was heartbroken. In Bristol, after we settled, I trained as a psychodynamic relationship counsellor (I was the first non-white counsellor ever to train in Bristol, alongside an Asian man), which was really good for me. Through studying object relations I realised

what other people had projected onto me, what they still did and vice versa. I think this was the most significant learning experience of my entire life. I also realised there were parts of my behaviour that I could change, that I didn't have to be ruled by them. I had some very wise and kind female supervisors, who really supported my emotional development and helped me to feel a lot more positive towards women. I began to understand how traumatic my childhood really had been and how it still affected me. Around that time I also worked in an alternative burial firm for a year. It helped me a lot to come to terms with all the death I had experienced - five deaths in as many years, because my son's paternal grandparents died in that period too and I was very attached to them.

When my son was twelve, he went to live with his father abroad. It was very hard for me, although I understood that he wanted to get to know his father. He stayed for seven years, so I didn't see him very much. We stayed in touch through phone calls; we used to talk for hours. I let him go because he wanted to go and I did not want him to see his father as a stranger, as I had done with mine. I met my wonderful, funny, loving, current partner around that time and eventually his two children became part of our little family. When my son came back we were as close as we had ever been and still are.

I worked as a counsellor for seven years. I also worked in the voluntary sector, managing services for some of society's most vulnerable individuals and families, after gaining an NVQ3 in business admin. I always enjoyed my work and learnt a lot from the people I worked with. I didn't realise then that all the time I was using my social science knowledge, my own experiences and my counselling training in my work. I was constantly realising new things and making new connections.

When I was 40, I decided to go and get my case file from when I was in care. Having my partner and being older I felt ready to find out some more of my past. It had taken me almost ten years to pluck up the courage. It took ages for social services to get the file ready and I had no idea what a big deal it would turn out to be emotionally. I sat and read through my notes and cried

for hours. Seeing my life, in a folder, confirmed not just all the awful things that had happened to me - some really good things were in there too. There were so many things which surprised me and things that made me really angry. I saw letters from the very first couple who fostered me as a baby. They kept writing and saying how much they loved and wanted to keep me and that they just needed some more help whilst the husband was ill. That really upset me, to think that they had looked after me so well and that I had been made to leave them. I was really angry when I saw what had been written about my real parents, the way my mother was automatically seen as unfit because she lived with black men. The worst thing was when I read about how my real father had tried to get us back and how, when social services found out that he was living with another white woman, they said that was an unsuitable environment for children. I saw all the letters that I had written to my social worker and that really surprised me. I had no idea that I had written to her so often. The saddest thing was seeing my school reports. They started off saying I was above average intelligence and very gifted. Then they ended up saying I was underachieving and disruptive. That was really, really sad to read. I could see clearly that my children's officer had no idea what was really going on in the family because I had never been allowed to tell her. I had no idea that she was supposed to make sure that no one harmed me. Whenever she visited I was told to keep my mouth shut and so I did. It took years for the impact of seeing those records to settle. There was so much new information to take in. The hardest thing really for me was to start believing that it really had not been my fault that I had experienced such terrible situations.

When I went to get my case notes from when I was in care I felt that I was taking something back, something very personal, yet at the same time I was aware that it was written by other people, professionals who thought that they knew me. Yet how could they? For one thing they never asked me the right questions and they never created enough trust between us for me to tell them what my experience was really like at the time.

In 2004 I started working as the project manager for an advocacy project for looked after children and it really changed my life. Working with looked after

children gave the activist inside me plenty to think about and do. I saw that there had been some changes; there is now much more awareness of children's cultural needs and children are not taken into care as lightly as I was. However, I saw that they are still not seen as whole people. I saw this reflected in the service provision when I saw the way that services are still not being delivered when the children need them most and that lack of resources undermines their legal rights. The children have told me too that there is no mention of love or compassion in the services that they receive. What I saw in those children was their pain, anger, sadness and their strength, courage and potential. I loved the work and fought really hard for the children to get their needs met and their rights honoured. I never lost a single advocacy case and my team had a 90% strike rate. Most of all, I liked supporting them to fight for the right to be allowed to take part in decisions about the services they were receiving. I supported young people trying to stop unwanted placement moves and to get the proper funding for education or to receive support for as long as they felt they needed it as opposed to arbitrary time scales. I found a positive channel for all the anger that I felt about my own time in care. I found my own voice which enabled me to speak for children in care, past and present in that job and it led me to this PhD.

The motivation for doing a PhD came after attending several conferences about children in care. There were rarely any young people present, therefore their stories were being told second hand by adult experts. I found it hard to sit and listen to someone else's version of their lives and my own and decided to undertake a PhD that would enable their stories and mine to be told first hand. Researchers ask children in care and adults who have been in care about parts of their experience, the parts that the researchers are interested in and then apply theories to explain these children. Neither the children nor the looked after child inside me can relate to their writing; we can not see ourselves in amongst their long words and their abstract theories. I cannot see myself because there is no word or term for adults who grew up in care, so that makes me feel invisible as if I don't exist. Or

am I left in Peter Pan twilight; an eternal looked after child, as if that is where my identity stops?

The newest of my voices is that of researcher. I feel confident about my interviewing skills, having interviewed young people from the general population before. In addition, having interviewed children and young people in care more recently, children with significant mental health problems, I do know some of the challenges that lie ahead. A lot of my confidence also comes from years of experience of counselling and advocacy. What was new to me and what I felt less confident about on starting was all the other stages of the research process. The design, the analysis, the writing up and so forth were all new challenges. I also felt nervous about challenging so many recognised experts. This may be where my anxieties and my defences as a researcher, as described by Hollway & Jefferson (2000), may impact on the research process. During the literature review stage I have struggled with feelings of powerlessness and oppression when reading the work of some of the other contributors to existing studies of care experienced adults and to the resilience literature. Their intentions are to help. However, sometimes when I have read what they think about our experiences, despite the fact that we have survived and triumphed over so many traumas, it has left me with the feeling that whatever we do there is little hope of us having a good outcome without professional interventions; or that our resilience is not as it should be, not as they would like it to be, not positive enough. This feels to me like the infliction of another psychic injury, like being colonised mentally as Hoggett (2001) and Fanon (1967) put it.

I have been seeing a very gifted healer for several years now who is also a wise therapist, and he has helped me with all the feelings that I still have about my childhood experiences. He has supported me as I have worked through my anger, learnt not to be ashamed of it and to channel it positively. I now understand what the shame and stigma did to me as a child. It made me feel that I *was* wrong as opposed to my having been *treated* wrongly as a child by the adults around me. I have also learnt to be proud of all my achievements. I realise that I can never undo any of things that happened to me: I have to live still with the anger, the pain and the sadness.

In summary, what I bring to this research is all of my experiences, as insider, activist, and researcher - my pain, sadness, anger, happiness and unshakeable positivity.

Chapter 3: Care Experienced Adults

3:1 Introduction

The format of this literature review is perhaps unusual for a psycho-social study; it is a reflection of the many twists and turns of a long PhD journey, which began in an academic institution where systematic reviews are the norm. It also imparts my desire to robustly examine this body of research to see how it relates to my personal experience as a care experienced adult.

Children who are in care in the UK are those looked after by a local authority, which primarily means those who live in foster care, residential care or secure facilities. It includes those who are cared for by friends or relatives, formally or informally, in what is known as kinship care and some contributors would include adoption. This literature review focusses primarily on adults who were in foster care or residential care during childhood as this was the original focus of my research. However, as two of the participants in my research had experienced kinship care and another had been transracially adopted, a short section on each of those forms of care has been incorporated.

This literature review aims to test assumptions about care experienced adults; namely, that they are predisposed towards certain risks in childhood and in adult life across the following domains: social exclusion, homelessness, imprisonment, poor mental health, educational underachievement, drug and alcohol addiction and difficulties with relationships and parenting (Quinton et al., 1984; Pecora et al., 2005; Cashmore & Paxman, 2006). The total number of studies in this review is 38. Appendix 1 provides the key characteristics for each study, that is, the research focus, methodology and sample. Where appropriate the reader will be referred to this appendix 1 throughout this chapter. It was decided to include studies from America, Canada, Australia and Israel to fill some of the gaps in the UK literature, particularly the lack of longitudinal or large scale studies (see appendix 1). The time span of care experience covered by this

research ranges from the period between World War I and World War II up until approximately the mid 2000s. In terms of methods, there is a fairly even distribution of qualitative, quantitative and combined methods (see appendix 1.) As some studies incorporated explorations of resilience, they feature again in the chapter on resilience (see chapter 4).

The findings are grouped into 10 key themes: relationships (social and intimate), parenting, education, employment, crime, housing, substance abuse, mental health, support after leaving care and accessing care records. This list of key themes is slightly different to the outcomes previously mentioned in the previous paragraph in that support after leaving care and accessing care records were added after the literature review because they emerged as key themes. There were studies which focussed primarily on only one or two themes, for example, Mallon (2007) on education and resilience and Carlen (1987) on gender and crime. Although they contributed to existing knowledge about those particular themes, it was felt they did not present a holistic picture of the lives of care experienced adults. Therefore in order to present a coherent, holistic summary, it was decided to group the findings across all the studies thematically, as many of the studies had already done (Kahan, 1979; Festinger, 1983; Weiner & Kupermintz, 2001). The findings for each individual theme are presented as follows. Firstly, general findings about care experienced adults. Secondly, wherever possible, comparisons between care experienced adults and other groups. Thirdly, comparisons *between* groups of care experienced adults. There is a discussion of the overall findings at the end of the chapter followed by conclusions and my reflections as a care experienced adult on this literature review.

3:2 Findings: Foster & residential care

Relationships

1. Intimate relationships

Most care experienced adults had been able to form intimate relationships which were successful, supportive and protective. Indeed finding companionship was a high point in the post care experience. Spouses in

particular played an important, supportive role even for those who had experienced the most childhood trauma (Perry et al., 2006; Mallon, 2007; Barth, 1990; Beuhler et al., 2000; Weiner & Kupermintz, 2001; CLAN, 2008; Heufner et al., 2007; Carlen, 1987; Festinger, 1983; Quinton et al., 1984; Tyrer et al., 2005; Buchannan & Ten Brinke, 1997; Kirton et al., 2001).

Not enough comparative studies were conducted (see appendix 1) to be able draw conclusions as to whether care experienced adults were as likely to marry as other adults, have greater relationship problems, higher divorce rates or more domestic violence than other adults. Due to the lack of comparative studies it was not possible to conclude if there were differences between groups of care experienced adults, for example, according to the type of placement they had lived in or their race or gender that had influenced their intimate adult relationships in any significant way (see discussion).

ii. Social relationships

Most of the care experienced adults encountered rewarding social relationships. Some had found support from in-laws, or churches and community organisations and helpful individuals along the way who had made a real difference. There were care experienced adults who gave more problematic accounts around social interactions which they believed to be the result of having been in care. Some talked about feeling apprehensive in social situations because they were afraid they might feel different when with others or that other people still perceived them as different, pitied them or negatively stigmatised them. Other problems reported were: not trusting others, being overly compliant, perfectionism, getting angry too easily and approval seeking and taking life-endangering risks.

When researchers compared care experienced adults to other groups, most care experienced adults were observed as being similar to the general population in their ability to acquire social support, to access community resources and to accept help from others (Cashmore & Paxman, 2006, Brannigan et al., 2008; Mallon, 2007; Weiner & Kupermintz, 2001; Perry et

al., 2006; CLAN, 2011; Beuhler et al., 2000; Festinger, 1983; Kahan, 1979; CLAN, 2008). It is difficult to conclude whether gender, race or placement type had any influence on adult social relationships as so few studies made comparisons between groups of care experienced adults (see appendix 1 and discussion).

iii. Relationship with birth families after leaving care

Seeking a reunion with birth families, particularly mothers and siblings, was an important goal for many care experienced adults, whilst others turned to wider family members. Most care experienced adults resumed contact just after leaving care; others attempted to find birth families as late as 70 years of age. For the majority, the outcome of a reunion was not positive and long term relationships with immediate birth family were unsustainable.

Some care experienced adults were currently living with their birth family, either because of a lack of other options or out of a need to satisfy an old hunger for contact. However, this could lead to deep frustration, indifference, hostility or active abuse from parents. For some a positive reunion was harder if the birth parents were mentally ill. Yet some care experienced adults remained loyal to their birth parents, especially their mothers, even those who said they had been affected by having a selfish mother.

For some care experienced adults the loss of siblings was a trauma that lasted into adulthood; for example, when they became parents their children were deprived of an extended family. The separation from siblings was said to lead care experienced adults to search for each other as they pursued a deep seated need to reclaim the past. If parents were lost, but siblings were not, evidence suggests that siblings played a key role in protecting identity, security and self worth. Finding out about siblings, if they had previously not known about them, produced a complex range of reactions in care experienced adults. These included delight, disappointment and in some cases indifference (Kirtton et al., 2001; Prynn, 1999; Weiner & Kupermintz, 2001; Mallon, 2007; Festinger, 1983; Beuhler et al., 2000; Ince, 1998; Branigan et al., 2008).

Some triggers were identified that precipitated an attempted reunion, but there may be others that were not identified in these studies. It is hard to ascertain to what extent poor relationships with birth families in later life can be attributed to pre-care experiences or to the amount of contact with birth families whilst in care. None of the studies explored what happens when birth family members were the ones who initiated a reunion with a care experienced member of the family. As support services for care experienced adults and their birth families were found to be inferior to those for adoptees and their birth families this begs the question as to whether this affected attempted reunions. So few comparison studies were conducted between care experienced adults and other groups of adults that it is not possible to say if care experienced adults had poorer relationships with their birth families. Nor were there enough comparisons made between groups of care experienced adults to be able to say if placement type, gender or race influenced adult relationships with birth parents (see appendix 1 and discussion).

iv. Relationships with former carers after leaving care

Many care experienced adults sustained contact with former carers, particularly with former foster carers. Some saw a foster parent as a psychological or real parent and even some of those who had been transracially fostered, and others whose foster placements had broken down in their teens, were now in regular contact with their former foster carers. It was often the need to access birth records or the seeking of information about birth parents that led to renewed contact with former care agencies (Barth, 1990; Schofield, 2002; Pugh & Schofield, 1999; Kirton et al., 2001; Branigan et al., 2008).

There is substantial evidence that good relationships with carers are facilitated by the skills of the carers; however, the question that has not been asked is whether it is possible that good relationships with carers comes at the expense of good relationships with birth families or indeed vice versa. It is not possible to say if race or gender impacted on this aspect of relationships as so few studies made comparisons. It is also not clear why

adults from foster care were more likely to sustain contact than adults from residential care (See appendix 1 and discussion).

Parenting

The overwhelming majority of care experienced adults became parents. Of the few who were childless some regretted not having had children, some had made a conscious decision not to be parents and a few said they did not trust themselves to have children. Having children was highly significant for many care experienced adults and an important part of their own healing. Children were seen as a positive turning point in a life trajectory, or they embodied hope for the future. Despite having few points of reference for the task of parenting, care experienced adults managed to find the right resources. Even those who had felt too young or unprepared for the task described themselves as good or excellent parents. Only a minority of care experienced adults had become teenage parents or single parents. Significantly few care experienced adults had their own children taken into care, or were the offspring of parents or Grandparents who had been in care or had any other relatives who had been in care (Branigan et al., 2008; CLAN, 2008; Weiner & Kupermintz, 2001; Festinger, 1983; CLAN, 2011; Kahan, 1979; Ince, 1998; Kirton et al., 2001; Quinton et al., 1984; Viner & Taylor, 2005). This challenges the assumption that care experienced adults create further generations of care experienced adults.

Some care experienced adults had experienced difficulties as parents, including managing without the support of a family, feeling anxious, being overprotective of their children and separation anxiety. Having children triggered a realisation for some care experienced adults that they needed help in dealing with their own childhood experiences. Some young care experienced adult males said they were often labelled as deviant by many social care agencies and felt unsupported around their parenting role. A very tiny percentage of care experienced adults had abused their children (Quinton & Rutter, 1984; Weiner & Kupermintz, 2001; CLAN, 2008; Kahan, 1979; Ince, 1998; Tyrer et al., 2005; CLAN, 2011; Branigan et al., 2008).

Because so few comparative studies were conducted with other adults it was not possible to establish whether care experienced adults were more likely to have difficulties as parents, be more unsatisfied with the role, have unplanned pregnancies or become single parents. Nor was it possible to establish any differences between groups of care experienced adults for parenting outcomes that could be related to placement type, gender or race because so few comparative studies were conducted (see appendix 1 and discussion).

Education

There were wide variations in the level of educational achievement for care experienced adults, but the majority achieved qualifications at the level of secondary and further education. Foster carers, teachers, mentors and the individual motivation of care experienced adults were all factors that supported educational success (Barth, 1990; Festinger, 1983; Mc Kenzie, 2003; Ringle et al., 2010; Mallon, 2007; Jackson & Martin, 1998; Schofield, 2002). Educational success was seen by researchers as a possible escape route from the risks of growing up in care and possibly a crucial factor in determining adult life styles and ensuring social inclusion. The timing, grants and support for care experienced adults when entering higher education needed to be more flexible, as some were not ready at 18 years of age in terms of emotional, social or financial maturity (Jackson & Martin, 1998; Pecora et al., 2005; Beuhler et al., 2000).

Factors that were said to undermine educational achievement were: emotional, behavioural or family problems, Post Traumatic Stress Disorder (PTSD), depression, the negative stigma of being in care and social phobia. Other factors included early pregnancy, the need to work for income whilst in college, loss of interest in school, exclusion from school and the educational aspirations of care experienced adults being limited by the low expectations others had for them. Furthermore, learning problems that had persisted throughout childhood carried on into adult life for a minority of care experienced adults (Pecora et al., 2005; Beuhler et al., 2000; Festinger, 1983; Weiner & Kupermintz, 2001; Ince, 1998; Kahan, 1979). Where

comparisons with other groups were made there were also wide variations. Some care experienced adults had achieved better results than the general population but overall educational achievements were lower than average (Mc Kenzie, 2003; Duncalf, 2010; Beuhler et al., 2000; CLAN, 2011; Jackson & Martin, 1998).

It was not possible to establish from these studies whether there were any differences which could be attributed to the type of care placement, gender or race in relation to educational achievement because not enough comparative studies were conducted (see appendix 1 and discussion).

Employment

The majority of care experienced adults were employed and able to sustain steady employment, but there were wide variations around levels of income and job satisfaction. For some, work was a supportive factor in sustaining mental health and some of those with the poorest job conditions had not lost their sense of optimism about the future, nor had it affected their satisfaction with their relationships (Viner & Taylor, 2005; Pecora et al., 2005; Barth, 1990; Kerman et al., 2002; Kirton et al., 2001; Festinger, 1983; Branigan et al., 2008; Buchannan 1999). Where difficulties around finding employment were explored, some care experienced adults said they needed more support around finding jobs and others lacked the educational qualifications for better paid and more rewarding jobs. Mental health issues were a factor for some or they found it hard to work with others. A tiny number had worked in the sex industry (Weiner & Kupermintz, 2001; CLAN, 2008; Pecora et al., 2005; Duncalf, 2010).

Care experienced adults were no more likely to be unemployed when compared to groups from the general population or to socioeconomically matched groups. In relation to income there were large variations as some care experienced adults earned more than the general population whilst the earnings of others was below the poverty level (Mc Kenzie, 2003; Beuhler et al., 2000). Both mental health and education appear to be significant factors which influence the ability to find and sustain employment.

It was not possible to establish whether there were significant differences around employment in terms of race, gender or placement type, largely due to the small number of studies that explored this area (see appendix 1 and discussion).

Crime

A small number of care experienced adults had been arrested, convicted or imprisoned. Within that minority there were overwhelmingly more men than women, and these men were more likely to engage in criminal behaviour than adult males in the general population (Festinger, 1983; Viner & Taylor, 2005; Heufner et al., 2007; Festinger, 1983).

Where studies attempted to explain criminal behaviour the findings were conflicting. In Festinger's (1983) sample respondents who had been in trouble were more likely to have come into care because of parental neglect or abandonment and would have had less contact with their birth family if placed in a residential setting. They were also more likely to have lower educational attainments, learning difficulties and social or emotional problems when discharged from care. However, Kraus (1981) found that neither the age at which children come into care, the reasons for coming into care, pre-care delinquency or the length of time in care were related to crime in adult life. Kraus established a link between multiple placements and the probability of committing minor and serious offences as adults. Kraus concluded that some children entered care with certain predispositions to adult delinquency and if these predispositions interacted with the breakdown of placements they intensified.

On the basis of these two studies it is not possible to establish what caused criminal behaviour or why criminal behaviour amongst care experienced men was greater than for care experienced women and the general population; nor was it possible to draw conclusions as to whether there were any significant differences for race and placement type in relation to crime because not enough studies explored these areas.

Homelessness

Some care experienced adults had been affected by homelessness and more men than women had been affected (Viner & Taylor, 2005; CLAN, 2008). Where the actual quality of the housing provision was explored, care experienced women were living in poorer standard accommodation than the general population (Quinton et al., 1984). Housing agencies were also found to have provided unsuitable accommodation to both male and female care experienced adults (Carlen, 1987; Tyrer et al., 2005).

It is not possible to draw conclusions as to whether homelessness or poor quality housing was caused by a structural lack of jobs, benefits, affordable/suitable housing or an individual inability to secure those resources because so few researchers explored this theme. The paucity of studies also makes it impossible to determine whether homelessness was more likely to be an issue for care experienced adults than for the general population, or for any particular group of care experienced adults (see appendix 1 and discussion).

Substance abuse

The majority of care experienced adults did not have problems with drug or alcohol abuse. However, amongst those care experienced adults who had substance abuse issues, there were currently higher levels of drug use than for the general population although the level of substance abuse had decreased over time (Viner & Taylor, 2005; Heufner et al., 2007; Beuhler et al., 2000; Buchannan, 1999; Festinger, 1983; Tyrer et al., 2005). Women who were suffering with anxiety were found to be more likely to take drugs (Festinger, 1983). There is some evidence that some women were affected by a persistent drug problem that began as a way to escape their problems whilst in care (Carlen, 1987), but it is not clear if all the problems stemmed from the care experience or if the substance abuse was happening for any other reasons, for example, peer pressure. Carlen's study also indicated that some drug dependent women had been given drugs whilst in care to control their behaviour (Carlen, 1987).

It is not clear if substance abuse was happening in the absence of other forms of support or why it decreased. Not enough studies looked at the relationships between race, gender or placement type for any conclusions to be drawn that might explain differences between those groups in relation to substance abuse (see appendix 1 and discussion).

Mental health

The majority of care experienced adults did not have mental health problems, but amongst those that did there were wide variations in the incidence and severity of mental health problems: breakdowns, suicide attempts, Post Traumatic Stress Disorder (PTSD), flashbacks, depression, low self esteem, sleep disorders, panic attacks and postnatal depression. Some care experienced adults were still experiencing problems, which they attributed to having been in care as children: nightmares about their time in care, a fear of being locked in, symptoms of guilt, grief, feelings of loss, feeling forgotten, feeling inferior to others or ashamed as a result of the negative stigma of having been in care (Mc Kenzie, 1997; 2003; Buchanan, 1999; Barth, 1990; Weiner & Kupermintz, 2001; Viner & Taylor, 2005; Kahan, 1979; CLAN, 2011; Branigan et al., 2008; Perry et al., 2005a).

When researchers looked at possible causes of poor mental health, it was thought that being removed from birth parents may have caused a trauma resulting in PTSD and hypervigilance (persistent watchfulness). One study found that rates of PTSD in care experienced adults were higher than for either the general population or for Afghanistan, Vietnam or Gulf war veterans (Pecora et al., 2005). Beuhler et al. (2000) thought that multiple placements had a detrimental affect in later life but Perry et al. (2005a) found that poor childhood relationships did not have significant effects in later life. In studies where the relationship between mental health and educational achievement was explored, high achievers had better mental health than low achievers; however, high achievers also had more internal anxieties and fear of failure. Therefore education could be seen as a protective factor. On the other hand it could be that those who succeed educationally had better mental health in the first place, or both might be true (Mallon, 2007; Jackson

& Martin, 1998). Other factors identified as potentially having a significant positive influence on mental health after leaving care were: qualifications, employment, healthier lifestyles, successful partnerships, early identification and treatment of mental health problems, increased funding for professionals who can spot mental health problems in the early stages and access to therapy and medication. If the child had felt secure in one or two placements this outweighed the negative effects of multiple placements and could even reduce the risk of suicide after leaving care. In addition, successful foster placements were thought to promote self esteem and confidence (Buchanan & Ten Brinke, 1997; Pecora et al., 2005; Buchanan, 1999; Cashmore & Paxman, 2006; Schofield, 2002).

It was not possible to determine if care experienced adults had greater mental health problems than the general population or matched groups because, whilst roughly half the studies found that care experienced adults had more problems, the remainder did not find any differences (Pecora et al., 2005; Festinger, 1983; Beuhler et al., 2000; Buchanan, 1999; Quinton et al., 1984). It was not possible to determine any differences between groups of care experienced adults when they were compared to each other because there were not enough studies (see appendix 1 and discussion).

Support after leaving care

Most care experienced adults had not received enough support when they left care and the period immediately after discharge from care was the most difficult time as the majority were not prepared for independent living. There were more reports of negative experiences of leaving care than positive ones: negative reunions with birth relatives, feeling abandoned, poor accommodation and inadequate levels of support (Duncalf, 2010; Kirton et al., 2001; CLAN, 2011). Respondents in one study thought that advice and counselling at any time after leaving care, a follow up service which reached out to people at different points in time, as well as reunions with other adults that had been in care were all much needed services (Festinger, 1983). There were care experienced adults who had felt supported when they left care. Some enlisted in the army and older respondents recalled more

supported transitions where work with accommodation had been set up for them to be domestics, farm labourers or apprentices; yet making the transition from institutionalisation to independent living had still been difficult for many (Branigan, et al., 2008; CLAN, 2011; Weiner & Kupermintz, 2001).

When care experienced adults had found support it had come from a wide variety of sources: the agencies that had discharged them from care, former foster carers, counselling and therapy (if they could access it), spouses, in-laws, community or religious groups. Others found support from their care leavers association and a few had been helped by post care mentors. Some researchers found better outcomes were supported by good quality, ongoing support from carers and care agencies, whilst others warned of the danger that support agencies could undermine care experienced young adults as they struggled for independence (Kerman et al., 2002; Weiner & Kupermintz, 2001; Pecora et al., 2005; Festinger, 1983; Carlen, 1987; Ince, 1998; Kirton et al., 2001; Tyrer et al., 2005; Mallon, 2007; Branigan et al., 2008; CLAN, 2011). There is some indication of what support was like immediately after leaving care, but little evidence regarding what kind of support is needed at different stages over the life span. Many care leavers were able to find informal sources of support, but it is not clear whether this was because they could not access formal services or because they did not want to use them. It is also hard to establish whether informal or formal support or perhaps a combination of the two is best. Very few studies looked at race, gender or placement type so it was not possible to determine whether there were any significant differences between these groups around receiving support after care (see appendix 1 and discussion).

Accessing care records

It was not possible to gauge what proportion of care experienced adults had accessed their care records. Where studies looked at the age of the enquirers seeking information the ages ranged from 49–60 years. This is older than for adoptees, but researchers could not account for these differences. The motivation for accessing records varied and most enquirers just wanted information rather than a reunion with birth families. Seeing

other care experienced adults obtain their records on television programmes had prompted some to search, but in the UK the biggest influence was changes in legislation: the Adoption Act 1976, the Data Protection Act 1988 and the Access to Personal Files Act 1987 (Kirton et al., 2001; Duncalf, 2010).

Pugh & Schofield (1999) found that for many care experienced adults the lack of knowledge about birth relatives made them feel as though parts of themselves were missing, a kind of genealogical bewilderment. Some needed to assimilate knowledge and others to construct an alternative identity. Searching for information about birth families could add to the seekers' self image or alter it depending on how secure or positive people felt in terms of their sense of self. Those who were generally happier in life began to see that birth parents were not necessarily bad and that perhaps they had been victims themselves – often mothers who could not cope and had given away illegitimate but much loved babies. If enquirers had a strong identity with foster families then knowledge about birth families may have only been sought in order to satisfy mild curiosity. In contrast, those who were described as rootless felt that something was needed to complete themselves and information took on a magnified importance.

Finding information was not always easy. There had been times when respondents could not gain access to information or had become too ashamed to ask if they had been rebuffed in the past. A small proportion did not even know they could access their records. Obtaining records was not always a positive experience and not all respondents were pleased with the contents of their care records. Some were unhappy about how long it took to get them or were frustrated by the lack of content. Others could not understand the content, felt frustrated by the censorship, shocked by the content or disappointed by the level of detail. Other negative experiences included finding the file having been lost or destroyed, having to have a social worker present when reading it and finding missing sections or inaccuracy (Pugh & Schofield, 1999; Duncalf, 2010; CLAN, 2011).

Whilst some felt overwhelmed by the information in their case records others felt little impact. A few found it was what they expected or felt they could now get on with their life. Many had not been offered counselling and although accessing care records could be traumatising and difficult some thought it was still worthwhile (Duncalf, 2010; CLAN, 2011; Branigan et al., 2008; Kahan, 1979; Kirton et al., 2001; Pugh & Schofield, 1999; Prynne, 1999).

Accessing care records is a fairly recent phenomenon, which demonstrates how changes in legislation can have a huge impact on care experienced adults long after they have left care. We need to know more about other factors that trigger the decision to seek information, how much information it is that individuals want and what impact acquiring that new information has on identity and on life trajectories. Further exploration is also needed about how much the level of support available during and after the process of accessing records impacts on the experience. It was not possible to establish whether there were any differences in relation to gender, race or placement type between groups of care experienced adults seeking access to information, largely because not enough studies looked at those differences (see appendix 1 and discussion).

3:3. Findings: Kinship care

Both kinship care and transracial adoption are under-researched areas. Two studies are included here to provide some idea of the key issues around kinship care (see appendix 1 for key characteristics of the studies). Benedict et al. (1996) compared outcomes for adults who had been in kinship care (raised by relatives or friends) with those who had been in general foster care. There were no significant differences found for education, employment, income, housing, mental health, life stresses, social support and violence; nor were there any differences when comparisons were made for race, although gender did impact negatively on educational achievement for males. The kinship care group had slightly higher levels of heroin usage than those from general foster care and respondents from kinship care whose birth mothers had been drug addicts had poorer mental health than

those from general foster care. Carpenter & Clyman (2004) compared women who had grown up in kinship care with women raised by either one birth parent or one adoptive parent throughout childhood. The care experienced women were slightly less likely to obtain a high school education or beyond. They were more likely to experience poorer emotional wellbeing. There was also a greater risk of unhappiness with life, which increased the risk of suicide, and mental health problems persisted into adulthood because they were not detected. The researchers concluded that it could be the factors leading to kinship care which have the most impact on adult outcomes, in that people have experienced such deeply adverse conditions with their own birth families before they enter kinship care.

After reviewing the literature on kinship care Geen (2004) observed that as with many other areas of research around care experienced adults, there is currently no methodologically rigorous research around kinship care. Therefore we have no idea if children from kinship care have better developmental outcomes than children in general foster placements and from the few longitudinal studies of children in kinship foster care there seems to be little difference in adult functioning.

3:4 Findings: Transracial adoption

Out of all the different types of placements, adoption is thought to provide the best results for psychological and social adjustment. Studies of transracially adopted adults have predominantly concentrated on young adults. Two studies are included here to illustrate the key issues (see appendix 1 for key characteristics of the studies). Kirton et al. (2000) concentrated on the relationship with the adopted parents and cultural and racial identity. Most transracially adopted adults in his sample had enjoyed loving relationships with their white adoptive parents, but some felt racially alienated within their adoptive family. Roughly half had been treated differently because of their race by members of their extended adopted family and the majority had been racially isolated in the wider community. The majority had been confused about their racial identities as children and half still struggled to relate to their own racial group. Feigelman (2000) concentrated on social and

psychological adjustment and found that transracial adoptees were no more likely to get arrested, run away from home or indulge in substance abuse than whites. However, when comparisons were made between the racial groups, blacks had more problems than Latinos or Asians and black children also experienced more racism whilst growing up with their adoptive families. The researchers concluded that growing up in multicultural areas meant that transracial adoptees felt more comfortable about their racial appearance, which in turn supported overall adjustment.

In their critique of the literature on transracial adoption Alexander & Curtis (1996) argue that most studies claim that the practice has no harmful effects. However, the authors believe that these conclusions are accepted without any criticism of the limitations of current research. They went on to highlight the issue of the lack of focus on pre-care experiences in current research and how delays in placement and physical and emotional problems, which occur pre-placement, have a negative impact on the development and adjustment of these children.

3:5 Discussion

This literature review gives us some idea of what happened to the respondents in these studies as they negotiated adult life. However, to attempt to construct an all encompassing profile of a care experienced adult or to generalise about the experience is difficult because, although there are aspects of being a care experienced adult that are shared, it is ultimately a highly individual journey. To understand the uniqueness of each journey requires starting at the beginning of the life course. Not all the respondents in these studies were taken into care because they were abused or neglected; some parents could not cope due to poor health, lack of social support or economic hardship. In these studies the age at which respondents entered care varied greatly. What happened within placements varied, some respondents lived for many years with one loving and supportive foster family, whilst others experienced multiple or abusive foster placements or a mixture of foster and residential placements. Some respondents went back and forth from home to care, or lived with relatives or friends. The amount of

time spent in care and the age at which respondents left care varied enormously. The respondents had different levels of qualifications when they left care, the level of support at that critical time was far from uniform and most were not successfully reunited with birth families. Throughout their adult lives respondents negotiated similar milestones such as finding employment, perhaps undertaking further education, forming relationships and becoming parents. However, these too were highly individual experiences in terms of the timing of these milestones and what resources were possessed to assist with negotiating them. In summary, care experienced adults are incredibly complex subjects to research and there are significant methodological problems within these studies that compound the problem of attempting to generalise about their experiences. Festinger (1983) and Mc Donald (1996) came to similar conclusions after conducting their own literature reviews.

Methodology issues

There were differences in the method of data collection (see appendix 1) as in some studies the respondents were asked about their experiences through face to face interviews, whilst other researchers administered surveys by phone, post or online. Some studies looked at case files or sought the opinions of former or current professionals and carers. Other researchers used national census data that included statistics about people who had been in care but were not specifically designed for the purpose of researching care experienced adults, which as Kirton et al. (2001) point out omit the perspective of the care experienced adult.

There is a mixture of qualitative, quantitative and mixed method research, but overall there is a scarcity of studies which employed a follow up, longitudinal, life story or psycho-social approach, that is, one which could help us understand what influences outcomes over the life span. It seems as though outcomes can improve as care experienced adults get older, even for some of those with the most traumatic childhood experiences (Weiner & Kupermintz, 2001; Duncalf, 2010; Perry et al., 2005a). However, not

knowing how things unfold over the life course compromises our ability to understand why or when improvements occur.

Another concern is that not all studies provided comparison groups. Where comparisons were made this tended to be with the general population, but differences or similarities were not explored or explained beyond being ascribed to the fact that the care experienced adults had been in care. There are exceptions, because Quinton et al. (1984) linked the greater problems with mental health and parenting that care experienced women had in comparison with women from the general population to the fact that they also had socioeconomic problems. Beuhler et al. (2000) found that foster care placed individuals at greater risk in adult life in terms of education, economic well being and marital relationships when compared to the general population, but not when compared to other groups who experienced socioeconomic disadvantages. Buchannan (1999), who compared care experienced adults with other disadvantaged families, attributed differences to pre-care experiences, accumulative stresses, chain reactions and different levels of vulnerability at different developmental stages. However, in all three studies the respondents were younger adults (twenty to early thirties) so it is not known if their situation might have altered later on in the life course. Furthermore, the experience of being in care cannot be isolated from other experiences (pre-care or post-care), because care experienced adults do not live in total isolation from the rest of society.

Other studies made comparisons between types of placement, but not all researchers were explicit about the type of placement. This means that studies of residential care contained individuals who had also experienced foster care, and foster care studies included those who had been in residential care or had been adopted, in other words a mixed care career. There were respondents who spent short or even long periods reunited with birth families whilst in care or in kinship care. It has to be noted that some of these omissions are due to the fact that when asked, not all respondents knew the full details of their care career or they were unable to remember all of it. What can be concluded about care placements is that some care

experienced adults from all types of placements were found to have had significant problems in adult life across some or all of the domains, whilst others did not, but we do not know why these differences occurred.

Not all studies specified the gender or ethnicity of respondents and even where a few studies made comparisons it was not possible to make any conclusions with the possible exception of the relation between care, crime and gender. It was found that care experienced men were more likely to be arrested, convicted and imprisoned than care experienced women or the general population, but it is not known why. Most researchers failed to explore race or gender in any depth with the exceptions of Carlen (1987) and Ince (1998) who found that both gender and race impacted negatively on some care experienced adults in the care system and afterwards. The age of respondents across the studies and even within some studies ranged from 16 to 90 years. As Duncalf (2010) points out, this makes it very hard to generalise findings as some of the studies included in their sample respondents from the period between the two world wars as well as others who were in care much more recently. Such a wide time frame encompasses many changes in social values, legislation, policy and practice and not all researchers addressed the effect that being in care at different time periods had on the care experience of the respondents. Most research tended to focus on one or two themes – gender, crime or education - and there are significant aspects of care experienced adults' lives that we know virtually nothing about: stigma, social class, sexual orientation, disability and physical health. This means there is still a great deal about the experience which has not been captured.

The studies in this review span three different continents. The aim here was not to attempt a cross-cultural analysis, because that is a huge area in itself. What can be said is that wherever they were in the world some respondents had positive and some had negative experiences whilst in care and later, in adult life. Also, to narrow the focus to what was either positive or negative does not explain why some of those respondents with the most traumatic childhoods were functioning well in adulthood. Another concern is about the

type of respondent who took part in these studies. Some researchers believed that there was a bias towards those who had the best outcomes because those with the poorest outcomes did not come forward or they were harder to identify and recruit (Barth, 1990; Buchannan, 1999; Beuhler et al., 2000). However, other researchers believe the bias was towards those with the poorest outcomes because those with good outcomes may not have wished to revisit a difficult past or they dropped out of the study and no reason was given (Jackson & Martin, 1998; Weiner & Kupermintz, 2001), whilst some researchers thought the bias might be towards both the best and worst outcomes (Perry et al., 2005). In addition, it has been argued that when discussing outcomes how and who constructs definitions of positive outcomes should be questioned and we should also strive to understand how research participants define outcomes (Mohaupt, 2009; Festinger, 1983).

3.6 Conclusions

After reviewing these studies about care experienced adults tentative conclusions can be drawn despite the many problems around methodology. The majority of care experienced adults were able to overcome the risks attributed to being in care and did not suffer long term disadvantages in the domains of intimate relationships, social relationships, employment, mental health, parenting, crime, homelessness or substance abuse. What is also clear is that many care experienced adults did suffer from long term disadvantage. What these studies have not been able to show is at what stages in adult lives which outcomes in which domains were achieved, or if there were particular life stages at which care experienced adults were more vulnerable to poor outcomes. It has been possible to establish that outcomes can improve as care experienced adults get older, even for some of those care experienced adults with the most traumatic experiences in care, but what is not clear is which factors support this or when they exert an influence. Where care experienced adults were found to be most in need of support was when leaving care, during higher education, when parenting, dealing with mental health problems, when seeking information about the past and when attempting to reunite with birth families.

When compared to the general population, socioeconomic factors were seen to be associated with poorer outcomes amongst care experienced adults in three domains: education, employment and relationships. Moreover, within the population of care experienced adults, education and employment were factors which played a key role in supporting mental health. When comparisons were made between groups of care experienced adults it was not possible to draw conclusions about the impact of gender, ethnicity or placement type on adult outcomes (with the exception of care experienced men being more likely to be arrested, convicted or imprisoned than women).

Further research requires more studies about care experienced adults that adopt longitudinal, life span, follow up and/or psycho-social approaches. These approaches are required for two reasons. Firstly, in order to identify more clearly the impact of pre-care, in care and post-care influences over the life span. Secondly, in order to identify at what stages in the life span good outcomes are achieved and at what stages the risk of poor outcomes is greater.

My personal reflections, having completed this review, bring to mind something a colleague once said to me when I told her I had been in care as a child. She looked at me with total surprise and told me that I did not look like someone who had been in care (I was actually her manager at the time). This left me feeling that she must have had some picture in her mind of a care experienced person being someone who would not or could not succeed in life because they had been in care. The very fact that I am undertaking a doctoral thesis means I have surpassed my care experienced peers and a lot of the general population educationally. I have a loving relationship, a family and, at this present moment, reasonably good mental health. Therefore in my current situation I seem to be doing well in all of the domains. What needs to be remembered is that it has been a long journey (see chapter 2) since I left the care system. Sometimes I struggled in some domains whilst doing well in others; moreover, at other times I was struggling in all of them.

Chapter 4: Resilience

4.1 Introduction

I want to understand what it is that enables care experienced adults to cope with having been in care. As resilience research focusses on the ability to overcome adversity this is very relevant to the aims of my research.

Possible forms of adversity that care experienced adults may have encountered would be separation from parents, siblings and wider family members either temporarily or permanently. They may have encountered significant instability due to multiple foster or residential placement disruptions. Some care experienced adults may have come into care because of violence or abuse either emotional or sexual and some may have been victims of abuse whilst in care. Resilience research began in the 1970s with studies of children growing up with schizophrenic parents (Garmezy & Streitman, 1974; Masten et al., 1990). These children had grown up in adverse and hazardous conditions, yet many had been able to overcome the risks and develop normally, psychologically and socially. Their coping skills or ability to adapt came to be defined as resilience and this new approach was keenly taken up by social scientists. It was a way of thinking that emphasised the resources, competencies and strengths of individuals and positive outcomes rather than focussing on qualities that appeared to be lacking, on vulnerabilities, weaknesses and negative outcomes. It has now evolved into a considerable area of research, which includes fields as diverse as psychology, social policy, health, genetics, war and disaster studies.

The adverse conditions characterising the lives of children were construed by the early contributors in terms of risk factors. These included factors such as parental mental health, poverty, exposure to violence, the incidence of loss in childhood, etc. Resilience was originally something that was attributed to character traits or other qualities that the individual possessed. Later it was recognised that aspects of the environment, such as the family or neighbourhood, might also contribute to resilience. Attributes of the

individual or the environment that contributed to resilience became known as protective factors because literally these were things that appeared to protect a child from adversity. More recently, the theory of critical moments has been employed by researchers looking at emotional resilience in the general population. These concepts are discussed more fully in 4:2.

Resilience is a complex concept that is difficult to comprehend and some of the difficulties stem from the lack of consensus amongst contributors regarding terminology. One of the most commonly used definitions is that resilience is, “a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000:10). However, there are numerous definitions of resilience, some of which do not view adaptation as necessarily positive. Currently, whilst most contributors agree that resilience is about adapting to adversity, there is no single or widely accepted definition of resilience. Section 4:2 discusses the findings from studies of children exposed to trauma and significant risk to give an understanding of various attempts to conceptualise resilience. The findings from some of the key studies on the resilience of care experienced children and adults are then discussed in section 4:3. This section includes relevant studies from chapter 3 (Care Experienced Adults) which also featured aspects of resilience such as coping mechanisms - see appendix 1 for key characteristics of those studies. The section ends with an overview of the literature on the resilience of care experienced children by Rutter (1987, 2000). Appendix 2 provides a list of the major resilience studies referred to in sections 4:2 and 4:3 (12 in total) and gives the key characteristics of each study, that is, the research focus, methodology and sample. Section 4:4 incorporates key reviews of the considerable volume of resilience research (Luthar, 2000; Mohaupt, 2009; Rutter, 2012; Ungar, 2011) and discusses why, despite numerous attempts to define resilience as a concept, there is still no consensus as to what resilience actually is. The chapter ends by attempting to draw conclusions from these findings, to outline how my research aims to contribute towards conceptualising resilience and, finally my reflections as a care experienced adult on the literature reviewed within this chapter.

4.2 Resilience in children at risk

As previously mentioned in the introduction, resilience research began with a perception of resilience as positive adaptation in the face of adversity and contributors were preoccupied with trying to understand why, when faced with similar adversities, some individuals seemed to adapt better than others. In the beginning, researchers believed that protective factors resided within the individual in terms of personal characteristics or qualities. One of the earliest examples of this is the work of Garmezy et al. (1984). In a study of children exposed to significant stress Garmezy and his associates were able to isolate competence or the ability to perform effectively in one's environment as a variable which distinguished resilient children from those who were more stress affected and were therefore doing less well.

As resilience research developed, further contributors were able to establish that protective factors resided externally, in families and communities, as well as within individuals. A major contribution to our understanding emerged from the work of Werner & Smith (1982). In a longitudinal study on the island of Kauai of children who had been exposed to poverty, biological risk and family instability the authors identified what became known as a triad of protective factors. Protective individual factors included high levels of activity, being socially responsive and autonomy; protective environmental factors included support from the family (a parent, sibling or spouse) during times of stress, supportive peers and adults outside the family and positive role models in the form of teachers or members of the clergy.

At this stage researchers had been able to identify protective factors, but what they did not understand was how these factors worked, what the underlying mechanisms or processes were and how they contributed to resilience. The work of Rutter & Quinton (1984) demonstrates how researchers began to identify the processes underlying resilience. In a study of care experienced women the authors identified the influence of three protective factors: a successful marriage, positive school experiences and the women's ability to plan their lives. When the authors went on to examine the underlying mechanisms or processes they discovered that for the women

in a harmonious marriage to a non deviant spouse their adult psycho social outcomes were much more positive than the authors had assumed they would be at the beginning of the study (they were functioning well socially, as parents and were free of personality disorder). Therefore a successful marriage was found to have a direct effect of being able to reduce or ameliorate the worst effects of the risks they had been exposed to in childhood. The authors also discovered the influence of indirect protective factors. The care experienced women who had successful marriages had also enjoyed positive experiences at school. Positive school experience did not necessarily equate with successful exam results because good relationships with peers and a positive recall of aspects of the curriculum were also significant. The link between experience of school and marriage outcomes was indirect rather than direct. Women who had a positive school experience were three times more likely to adopt a more planned approach to their lives; they were not at the mercy of fate and did not drift from one adversity to the next. They were also more likely to plan their marriages, which in turn increased the possibility of having a successful marriage. Having pleasure, success and accomplishments in a few specific areas of their lives gave the care experienced women a sense of self worth and an ability to control their own destinies, which strengthened their ability to cope adaptively with major life decisions. The authors concluded that a *process of resilience* was composed of protective factors which were linked together, sometimes indirectly, in a chain effect and it is important therefore to understand each link in the chain.

By the 1990s resilience was no longer thought of as something static or simply composed of factors which were protective or risky because there were factors which had the potential to be protective and risky, at different times and in different contexts. Further advances in the field led researchers to question whether adaptive behaviours in the face of adversity were something that should be labelled as simply positive or negative. Researchers also became aware of how resilience is culturally and contextually relative and of the importance of honouring research subjects own constructions of their resilience.

Hunter & Chandler (1999) challenged the idea of positive adaptation and the dominant notion that the portrait of a resilient individual is, “one who has a healthy sense of self, is self-efficacious, bold, determined and able to find equanimity and meaningfulness in life” (p.243). The authors looked at resilience amongst young people living in a violent and traumatic environment with high levels of gang activity and concluded that for these young people resilience was not about positive adaption, it was primarily about surviving:

“resilience in adolescence may not be an adaptable, flexible, competent process of overcoming adversity, but a process of defence using such tactics as insulation, isolation, disconnecting, denial and aggression, or as a process of survival using such responses as violence” (Hunter & Chandler, 1999:246).

Hunter & Chandler (1999) also found that resilience existed along a continuum of behaviour. At one end of the continuum was what they termed optimum resilience, which includes flexibility, adaptive distancing, self esteem, trust, connecting and sociability. However, when a young person feels threatened they employ less optimum tactics, which would include violence, high risk behaviours and social and emotional withdrawal. Furthermore, the kind of behaviour that was conducive to resilience during childhood or adolescence may not work in the adult world. This means professionally successful adults may not be successful emotionally or socially. The authors also challenged the notion of resilience being necessarily a positive or healthy state because although the young people they interviewed had overcome risk and adversity, which meant they were resilient, many had also suffered from depression, anxiety and post-traumatic traumas. Furthermore, the authors warned that if young people get stuck in what they saw as less optimum tactics - violence, high risk behaviours, and social and emotional withdrawal – then psychopathology and maladaptation can occur.

Michael Ungar has made a considerable contribution to our understanding of resilience in children at risk over the last decade and has worked with a range of issues that affect young people: homelessness, mental health problems, crime and families under stress. Using the findings from a global, cross cultural study of children and young people confronted by risks that took the form of social deprivation, institutionalisation, mental health problems, migration and political conflict, Unger (2008:225) concluded:

“In the context of exposure to significant adversity, whether psychological, environmental or both, resilience is both the capacity of individuals to *navigate* their way to health-sustaining resources, including opportunities to experience feelings of well being, and a condition of the individual’s family, community and culture to provide these health resources and experiences in culturally meaningful ways.”

Ungar (2008) is acknowledging the personal agency required of each individual young person as they strive for resilience, but he gives equal emphasis to the ability of the family, community and society to provide resources. This focuses our attention on the fact that not all families and communities possess equal resources to offer their young people. Therefore if resilience is a dynamic interaction between the individual and their environment, then some individuals will be more disadvantaged than others. Perhaps most importantly, Ungar moves the exploration of resilience away from predominantly western, scientific investigations based on mainstream populations with an emphasis on individual resilience to a cross cultural approach which explores how different populations define resilience and how it manifests in every day life. Ungar found that different families and different communities have different resources, which they can make available for their children and that even when young people are confronted by the same adversities they do not respond in the same way. One example of this (Ungar, 2008:26) was the different methods employed by two teenage girls, both facing the same risk of living in communities facing violence and social disintegration. One turned to her family and community elders for guidance,

but she also emphasised the need for personal agency in order to survive, whilst another girl thought the path to survival lay in wholly relying on formal faith organisations and her own religious beliefs. Ungar is therefore also acknowledging the importance of belief systems as a resource in resilience and that resilience is multi dimensional and culturally contextual.

Bottrell (2009) also challenged dominant concepts of resilience with her concept of, “resistance based resilience” (p.321) in a study about socially marginalised youth. The author also questioned what she called a normative approach to resilience because previous researchers had prescribed a standard for resilience; a one size fits all approach which did not reflect different cultural experiences or social positions. By exploring young people’s own constructions of their resilience, Bottrell discovered that it included both positive adaptation and delinquent behaviour, as the young people confronted social deprivation at the individual and local level, along with inadequate resources, stigmatisation and stereotyping at school. Most of the young people eventually become competent young adults in relation to work, independent living and parenting, but they first had to pass through a delinquent stage. These young people were seen as bad kids and were treated as inferior at school because of where they lived, which led to truancy and delinquent group behaviour. They felt they had been ascribed an identity which was intolerable and stigmatising and they adopted resistant models of coping, including antisocial behaviour, youth offending and truancy, as part of their struggle to resist being rejected by mainstream society. They found ways of demonstrating competence (although it got them into trouble), acceptance, belonging and support amongst their peers within their own close knit social networks. It was the *same* social networks which eventually enabled them to support each other, emotionally and practically, as they strived for and achieved positive outcomes as young adults and young parents.

Critical moments

This body of work has yielded numerous definitions of what critical moments are. According to Denzin (1989), epiphanies represent interactional

moments and experiences that leave marks on people's lives by altering their fundamental meaning structures. Giddens (1991) holds that individuals experience fateful moments. These may constitute either a cross road in their existence or the learning of information that has fateful consequences. Fateful moments possess the potential to be empowering. The individual must consider the consequences of choices and actions and conduct a risk assessment. They may then make use of expert systems, seek advice, conduct research or develop new skills. The empowerment and skills gained as a result of a fateful moment has the potential to alter behaviour and identity. The individual has to be able to recognise such a significant event and such events can be the result of the action of the individual or there is also a role for fortuna or luck, chance and opportunity. Furthermore, Giddens argues that the use of critical moment's theory does not reduce the analysis to individual psychology which is a criticism that has been levelled at more psychological, positivist studies of emotional resilience. When Thomson et al. (2002) interviewed young people from the general population they mapped critical moments, exploring the relationship between the social and geographical location and the kinds of events that were reported as significant. Their findings were that the character of these critical moments is socially structured as are young people's responses to them. The relationship between timing, opportunity and identity lies centrally to these contemporary concerns. Not all young people have the same risks and their response to them will depend on their social and cultural resources to hand. Individuals are not entirely determined by their circumstances. Some will confound expectations through a combination of timing, fortune and individual skill. These three resources may be structured by circumstances. However, in combination they can transcend both determination and prediction. Henderson et al. (2007) found that the majority of young people that were interviewed were only able to identify critical moments in hindsight. This section has illustrated some key developments in resilience research. There are some problems because resilience research has adopted a synchronic or snap-shot approach to the study of children and young people which means there is a lack of life span or longitudinal approach, so we have no idea how resilience develops over the life trajectory. What happens, for

example, to those whose response to trauma and stress, when young, was violence, aggression and other forms of so called negative adaptation? Are they then stuck in that pattern of behaviour, or can they change as they age in order to lead more positive and meaningful lives? What would it take to make that happen? And there is still the problem of the lack of consensus as to how we conceptualise and define resilience. Section 4:4 discusses these issues in greater depth.

4:3 Resilience in care experienced children and adults

There are similarities between the findings from studies of care experienced adults and children and studies of other at risk groups: the role of protective and risk factors, positive and negative adaptation and resistance to stigma and stereotyping have all been identified.

Protective and risk factors whilst in care

It is important to note that being in care itself can be both protective and risky. As chapter 3 illustrated some care experienced adults enjoyed supportive foster families or residential placements. However, others experienced multiple foster placement breakdowns or abuse and neglect when placed, for instance, in the type of children's homes that have recently featured in the media, on the Isle of Jersey and in North Wales.

Two studies that looked specifically at education and resilience found that education had been protective for some care experienced adults. A positive experience of education led to educational success and contributed towards increased employment opportunities and higher earning potential. Personal motivation and support from teachers and carers were vital for those who did well (Jackson & Martin, 1998; Mallon, 2007). However, there is also evidence that care experienced children may experience stereotyping and stigmatisation at school. In Kahan's (1979) study respondents had been stigmatised by teachers and fellow pupils because they were in care. They responded by adopting what they remembered as a, don't care attitude, which got them into trouble and led to educational underachievement. The black and minority ethnic respondents interviewed by Ince (1998) had endured not just the stigma of being in care but also the stigma of being

racially different whilst at school and they responded with what Ince called a making it alone strategy. This included behaviour such as aggression, criminal activity, emotional avoidance, internalising racism, truanting and becoming pregnant, which lead to educational underachievement and exclusion for many and psychological problems in later life.

What remains unexplored is why it is that some care experienced adults regardless of their racial group, are successful educationally, whilst others are not. Mallon (2007) found that those who were successful educationally in his sample also suffered from more self doubt, low self esteem and were more likely to feel abandoned by the care system than low achievers. Mallon also found that high achievers had a fear of failure and some turned the fear of failure into strength by striving for achievements, and these achievements then became a further protective factor. This implies that success in one area does not mean an absence of problems in other areas.

It is not only within the area of education that differences in development trajectories occur. Rutter (2000) uses the studies of Romanian orphans who were adopted by families in the UK to illustrate how children can recover from or improve greatly from severe disadvantage, stress and adversity. Even children adopted as late as the age of four can make great gains in development. However, not all do, and after observing Romanian orphans adopted by UK families for over two decades Rutter is still unable to say why it is that some fare better than others.

Another way of trying to understand the resilience of care experienced adults may be to adopt a more holistic approach. Flynn et al. (2004) argue that resilience can happen in a single area of a person's life at a specific time whilst resilience in other areas may happen at different points of the life course. Furthermore, the authors concluded that care experienced adults may appear to be resilient in one area, but not in other areas, so they need to be assessed across a range of outcomes.

How do care experienced adults construe their own resilience?

There has been a tendency for contributors to focus on the negative aspects of care experienced adults and their struggles and failures. Some of the respondents in the study by Weiner & Kupermintz (2001) who appeared to be doing very well had composed their life narrative in ways that balanced the disadvantage in their lives with a need to be normal and to preserve their dignity and self control. Many of the respondents had also adopted a coping strategy, which meant being resigned to accept the best possible under the circumstances, as opposed to attempting to achieve the best that could be attained. This is important as something that has always concerned me, when reviewing the literature, is whether the expectations that professionals have for care experienced adults are compatible with what care experienced adults themselves feel is achievable. A quote that clearly illustrates how important it is to honour research subjects' own constructions of resilience comes from one apparently competent young adult who said, "I look so strong, but there are holes in my soul" (Weiner & Kupermintz, 2001:230).

Protective factors over the life span

Rutter & Quinton (1984) concluded from their study of care experienced women that protective factors did not just contribute to resilience in childhood. Protective factors could have what the authors referred to as an ameliorating influence throughout the life span and help individuals to overcome some of the risks from having been in care. A significant number of other researchers (Kahan, 1979; Barth, 1990; CLAN, 2011; Duncalf, 2010; Weiner & Kupermintz, 2001; CLAN, 2008; Cashmore & Paxman, 2006; Branigan et al., 2008; Mallon, 2007) found that finding partners and becoming parents ameliorated some of the harmful effects of earlier traumatic or abusive experiences and contributed towards a more positive life trajectory for some care experienced adults – see appendix 1 for study characteristics. These researchers identified many other influences, post-care, which were seen to have supported a positive life trajectory: counselling or therapy, writing the life story, self-help books, getting records, sport, education, religion and enlisting in the armed services. The research revealed that others found help from joining support groups, especially care

leavers' groups, and becoming actively involved in campaigning around care leavers' issues.

A critical appraisal of the literature on care experienced children and adults

Michael Rutter has made a significant contribution, spanning four decades, to the study of the resilience of children at risk, of care experienced children and adults and of Romanian orphans adopted in the UK. Rutter concluded from his reviews of existing literature (Rutter, 1989, 2000) that children who end up in care are more vulnerable to psycho social difficulties, having higher rates of emotional, and social, educational and behavioural problems than the general population. Some care experienced children function well across all those domains, although others still have problems even when the environment around them improves significantly. Because of these differences Rutter argues that there is a need to establish whether any emotional or behavioural difficulties stem from being in care or from other factors. The author used a life span approach to identify a list of potential risk and protective mechanisms which included genetic influences, physical trauma, preadmission psycho social experiences, experiences in care and experiences after leaving care. Rutter suggests that exposure to adversity can have a steeling effect which increases resistance to stress in later life, but only if a child is not overwhelmed by the experience. He argues that more research is required to understand instances where relatively good outcomes follow risk experiences. Furthermore, we need to take into account the possibility of multiple, interacting risk and protective factors, rather than single factors, and that the processes involved in resilience are likely to involve mechanisms that operate before, during and after the risk experience. Finally, Rutter suggests there may be multiple pathways to resilience and a diversity of end points across the life span.

To summarise the literature on resilience in care experienced children and adults, it seems that this review has found many similarities with the resilience of other children challenged by adversity and risk. Care experienced adults can be resilient in some areas and not in others, and where studies have looked at resilience in adult life it has been possible to

identify ameliorating influences. A significant omission is the lack of exploration of the impact of pre-care and post-care experiences of care experienced adults. Furthermore, it is still not possible to explain any differences in outcomes.

4:4 A critical appraisal of existing resilience research

This section incorporates critical appraisals of the current literature and highlights the lack of consensus about the concept of resilience and how it should be investigated. According to Luthar et al. (2000), confusion stems from the way some contributors have viewed resilience in terms of personal traits, whilst others have viewed it as a process. Further confusion has arisen when terminology such as resilience and resiliency has been used interchangeably. For example, ego-resiliency is a construct which stems from the work of Jeanne & Jack Block (1980) and refers to a personal characteristic of the individual which encompasses a set of individual traits, including resourcefulness, sturdiness of character and flexibility of functioning in response to varying environmental circumstances. Luthar goes on to say that an individual labelled as ego-resilient may have experienced adversity, but we should not assume that they have. Luthar is at pains to construe resilience as outcomes of individual and environmental factors:

“a dynamic process encompassing positive adaptation within the context of significant adversity. Implicit within this notion are two critical conditions: (1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation despite major assaults on the developmental process” (Luthar et. al., 2000).

Luthar et al. (2000) also highlight the lack of consensus around terms such as protective factor or vulnerability. The level of disadvantage experienced by those who are deemed to be vulnerable has been found to be stable and unchanging in some cases, even when stress (risk) increases. On the other hand, the level of disadvantage has been found to increase because vulnerability in some individuals is reactive when stress (risk) increases. For

Luthar, resilience is not transient, ephemeral or static as new strengths and new vulnerabilities can appear at any time. Luthar holds that future research needs to be theory based rather than empirically driven and needs to take into account the particular circumstances of the individuals being studied.

Olsson et al. (2003) analysed the concept of resilience applied to adolescence and concluded that research lacked consistency in terms of the risk settings investigated and the impact of different protective processes. This means that resilient outcomes have been compared using different criteria. Resilience has been seen as both an outcome and a process of adaptation and this has contributed to the lack of consistency in the findings. Furthermore, according to Olsson and his colleagues, multiple factors appear to have more significance than single factors in a young person's life and a chain of negative events can be counteracted by providing positive opportunities in order to start a positive chain reaction. Olsson holds that what future research needs now in order to integrate the diversity of research is a structure that unites these studies. This would entail assessing the risks, the interaction of those risks with protective processes and the adaptive outcomes that result.

Ungar (2011) has recently taken the position that resilience is largely influenced by social ecology and that the individual is a less active player than was originally thought. He advocates that any future resilience research should focus on the context first and the child second, placing the emphasis on the environment rather than the individual. In order to do this he recommends that research should adopt four key principles. First, decentrality: the environment and not the child should be the main focus of investigation otherwise an expectation is placed on children to be resilient even though some are enduring life in toxic environments. Second, complexity: many different starting points can result in many different endings, through different processes relevant to different ecologies. Third, atypicality: resilience does not always manifest in ways that are socially acceptable to the majority population. However, such manifestations which include delinquency nonetheless enable some children to survive. Finally,

cultural relativity: specific cultural groups may resist dominant cultural norms, relying instead on their own coping strategies and may then have to negotiate with cultural elites to have their strategies recognised. The author gives the example of Aboriginal people who have successfully negotiated for children from abusive homes to be informally adopted by extended family members in kinship adoptions rather than go to foster homes outside their own communities because this is believed to be better for the child's healthy development, even if the extended family is thought to be doing less well than a state approved foster family.

Rutter (2012) came up with very different considerations for future research which keep the emphasis on the interactive relationship between an individual and the environment. First, if research is to focus on individual differences in outcomes, then a specific identification of key risk factors is required. Second, any hypothesis that risks are environmentally mediated or genetically mediated (or both) must be rigorously tested. An example that the author gives is that to be a child of parents with mental disorders constitutes a genetic risk, but to be raised by parents with mental disorders also constitutes an environmental risk. Third, if individual differences in outcomes are to be examined then there must be systematic investigation. The author goes on to say that systematic investigation should be ideally combined with biological measures because resilience is accompanied by biological changes both neural (changes in the brain and changes in perception) and neuroendocrinic (hypothalamus, pituitary and adrenal).

Coming from a social policy perspective, Mohaupt's (2009) review suggested that unreflected values were being used to define positive outcomes in resilience, "definitions which are created by, for example, white middle class male academics in the Western World," and may not be applicable to developing nations (p. 66). In terms of future research the author insists that there needs to be first more focus on the experiences of adults and older people as well as children. Second, complex adversities, which happen simultaneously, need to be analysed together. Third, methods need to be devised that deal with complex combinations of factors and processes and

wide ranging outcomes, as currently there is too much use of quantitative methods which are not sophisticated enough to deal with this complexity. Fourth, there are insufficient studies that cover longer time frames, too much focus has been placed on resilience at the individual level and there are not enough comparative studies.

There are aspects of resilience which have been overlooked by the contributors included so far in this review. Although much resilience research describes itself as psychosocial this simply means that it tries to keep in mind both psychological and social factors. But it tends to be psychologically naïve, avoiding any concept of self or identity, let alone 'internal world', and most of it draws upon mainstream cognitive and behavioural psychology. This excludes an appreciation of the more affective, non rational and unconscious dimensions of resilience. As a consequence, for example, mainstream resilience research hasn't explored the wide variety of different human responses to overwhelming emotional experiences which to the observer may appear to be neither conscious nor rational. The following chapter (Thinking Psycho-socially about Resilience) looks at how a psycho-social approach may provide depth to our conceptual understanding of resilience through the use of psychoanalytic theory to explore how these responses help to defend against trauma. Another key aspect that has been overlooked in the studies contained within this review is what happens between the researcher and the research subject during the process. A further concern is that many of the researchers in this review have interviewed respondents who have experienced trauma, yet have not commented on whether this has impacted on them in any way. According to Hernandez et al. (2007) psychotherapists found that their own resilience increased as they witnessed how their clients coped constructively with trauma and adversity and this phenomenon is known as vicarious resilience. More importantly, although there is some recognition that researchers may have defined resilience in ways that are not compatible with the way in which respondents construct their resilience, researchers have not reflected on the impact of the researcher on the construction of knowledge during the

research process (I provide a more detailed discussion of this issue in chapter 9).

4:5 Conclusions

There is currently a general consensus that resilience is the capacity to overcome adversity, risk or trauma. It is generally accepted that adaptation is a dynamic process of interaction between the individual and the environment; however, what is still contentious is which exerts the greatest influence and whether adaptation is always positive. There are gaps in our existing knowledge that have been identified through this review. Any future research needs to differentiate between trauma, risk and adversity and in particular there is a need for more research that looks at the relationship between trauma and resilience. There needs to be an increase in qualitative methods, and longitudinal or life span approaches if we are to understand the complexities of resilience, how resilience develops over the life course and the nature of individual differences. Research needs to be more aware of the relationship between researcher and research subject and what impact each has on the research process, particularly if this involves in depth interviews. This might also tackle some of the issues relating, for instance, to the impact of unreflected researcher's values and perhaps facilitate greater understanding of research subjects' own constructions of resilience. It has been acknowledged that resilience research is currently weak both conceptually and theoretically and this is something that my research aims to contribute towards improving.

When I reflect on the findings from this review as someone who was in care as a child, it seems that many of the concepts and definitions do apply to my life at different times and sometimes more than one at the same time.

However, there is no single concept or definition that can be used which would adequately describe my resilience over the whole of my life, which could capture the variety and depth of my individual experience. I feel that the studies in this review have tried to find one definition or explanation that fits everyone who has ever overcome adversity, trauma or risk; it is not just that one definition cannot be applied to everyone, one definition also cannot

be applied to any one individual as an attempt to define what happens over their life span. I feel there have been two phases of resilience during my life; the first was survival resilience, the kind of resilience that was about distancing, disconnection and aggression, and it could be antisocial and self destructive. This typified my childhood, adolescence and young adult life because of the racism, oppression, abuse and trauma that I experienced and this survival phase has been difficult to move on from. During that time there were many supportive people and institutions, but I couldn't always recognise them. The second phase of my resilience is what I see as quality of life resilience. This has been about leading a meaningful life, having goals and achieving them, making a contribution, forming positive and trusting relationships and finding peace of mind and stability. I wanted all of those quality of life things during the survival phase, but they weren't always there or I didn't believe that I deserved to have them. Most importantly, I sometimes revert to types of survival resilience from the first phase of my life, even very recently when I found myself in situations where I again was confronted with racism, injustice, oppression and abuse.

Chapter 5: Thinking psycho-socially about resilience

5.1 Developments in psycho social understanding

Much of the resilience literature has adopted what might be called a conventional psycho social approach to examining the interplay between the individual and the environment. Olsson et al. (2003) hold that providing positive opportunities can start a positive chain reaction to counteract negative chain reactions. Rutter (1987) holds that a child is both shaped by and shapes its environment. However, in recent years a distinctively different approach to psycho social theory and research has emerged, particularly in the UK, which provides a critique and alternative to earlier attempts to integrate psychological and sociological accounts. As Hollway & Jefferson (2012:13) argue, “the conventional, atheoretical usage of the term psychosocial, often in medical and health studies, that rolls together the two terms without attention to the problems created by individual-social dualism.” What do they mean by this? In relation to dualism, if you take Rutter then he offers us a way of thinking about resilience which says environmental factors are important and psychological factors are important (and indeed some physiological factors may also be important), but he sees these as largely separate spheres – this is what is meant by dualism. The newer psycho social approach wants to go beyond this separation to look at the ways in which the inside and the outside constantly affect each other, indeed that it is impossible to think inner without understanding how inner is also the result of outer and vice versa. This argument is put clearly in the first edition of Hollway and Jefferson’s *Doing Qualitative Research Differently* who:

“argue for the need to posit research subjects whose inner worlds cannot be understood without knowledge of their experiences in the world, and whose experiences of the world cannot be understood without knowledge of the way in which their inner worlds allow them to experience the outer world” (Hollway & Jefferson, 2000:4).

Only a very small number of studies within the existing fields of research about care experienced adults and resilience research adopt this stance. For example Ince (1998) tell us that racism and the stigma of being in care which originate in the environment can become internalised. But neither Ince's study, nor any other current contributions to resilience work, provides a sophisticated account of the interaction between the internal and external world. This means that they can't explain how something from the outer world ends up inside an individual as part of the inner world. A psycho-social approach (hence the use of the hyphen) to understanding this inner-outer world traffic, which includes the psychodynamic (the unconscious workings of the mind), might compensate for this weakness.

Using the paradigm of a psycho-social subject provides a more complex understanding of human behaviour. Thinking psychoanalytically, according to Hollway & Jefferson (2001) anxiety is a constant in human behaviour and social relations which creates unconscious defences to protect us from that anxiety. These defences take the form of denial, projection and introjection. Psychoanalytic thinking, in particular the concept of intersubjectivity – the unconscious stream of mental states between two or more individuals - provides a means to explore the interaction between the inner and outer worlds.

5.2 Resilience, adversity and trauma

As we have seen in chapter 4, resilience is linked to the capacity to adapt to adversity. Adverse circumstances such as poverty can cause great hardship but they are not necessarily traumatic. A traumatic experience is one which overwhelms the individual's capacity to bear it. In chapter 3 I suggested that care experienced children and adults are likely to have been subject to traumatic experiences. From the literature on care experienced adults it is clear that the type of adversity experienced might include the loss of loved ones, emotional or sexual abuse and violence: all of which have the potential to be traumatic. Care experienced adults have often experienced more than one of these forms of trauma and not all care experienced adults encounter the same forms of trauma. Ince (1998) described how black children isolated

from their racial origins in the care system have to create defence systems against the isolation, stress and anxiety caused by the double stigma of being in care and racism. This implies that for care experienced adults resilience is likely to involve the capacity to overcome serial traumas. In Khan's (1963) concept of cumulative trauma the role of the environment is to adequately support the physical and psychic developmental needs of the child by providing what he refers to as the protective shield. When the protective shield fails traumas build up or cumulate silently and invisibly. These incidents may not have been traumatic at the time or in the context in which they happened. In addition, they can be difficult to detect in childhood when they happen and their effects may not emerge until later on in life. Moreover, depending on the extent to which individuals are able to think about or get a perspective on and work through these overwhelming experiences, they may or may not be doomed to repeat what they are unable to process. Tisdale (2007) describes working with a patient who experienced a violent childhood. This patient gravitated towards people and situations that replayed the sad drama of her early life.

A psychodynamic perspective could help to deepen our understanding of the lived experience of care experienced adults, to allow us to understand the influence of the past upon the present. For example, how does a 55 year old feel about having been taken away from his/her family home and placed in a children's home at the age of five? How do individuals make sense of adversity when it occurs - imagine a ten year old child trying to make sense of being sexually abused in a foster placement? How do individuals continue to make sense of these kinds of experience over the life span?

Attachment theory

Bowlby's work on attachment originated from his observations of infants and their parents. Bowlby proposed that an infant will first establish a strong attachment with its primary caregiver. When an infant is attempting to explore new aspects of its environment it uses the primary care giver as what is known as a secure base, meaning something to return to when it feels frightened or scared. Bowlby noticed that when infants became separated

from their parents the infant's first response was to search for the lost parent or to cry out for them; if they remained separated for long periods of time then despair and depression set in (Bowlby, 1969).

Ainsworth's attachment theory advances Bowlby's by introducing three types of attachment: secure, avoidant and resistant. A secure attachment is possible when the infant seeks and receives protection or comfort from their parent and the quality of the parenting is said to be consistent. The avoidant type is when the infant tends to pull away from their parent or ignore him/her and the parenting is said to be rejecting. Resistant attachment is when the infant remains in close proximity to the parent and the quality of the parenting is seen as inconsistent (Ainsworth & Bell, 1970).

This early work around attachments created a rather fixed notion that children who have been separated from their parents find it difficult, as adults, to form emotional attachments, and would experience difficulties in social relationships or even intellectual impairment. Bowlby defined a healthy attachment as, "A lasting psychological connectedness between human beings" (Bowlby, 1969:194) that can be maintained, "Across time and space." In his later work Bowlby (1989) acknowledged that the attachment process is more flexible and that attachments have the capacity to develop at any point over the life span. Other contributors have explored the impact of other factors on attachments such as the age of the child when separated. Rutter (1987) highlights that for some children their age itself might be a protective factor because when infants are separated from their parents they have not yet formed attachments and when older children are separated they have already developed the cognitive skills required to maintain attachments across time and space. Toddlers are thought to be the most affected because they are just beginning to establish attachments and toddlers lack the cognitive skills necessary to maintain an attachment across time and space. In addition, (Rutter, 2000; Schofield & Beek, 2005) hold that for children who then go on to be fostered the quality of the substitute care giving also influences the attachment relationship.

Projective identification

This concept originates in the work of Melanie Klein (1952), who viewed *projection* as an unconscious defence mechanism used to expel uncomfortable thoughts and feelings, for instance, when an individual is feeling inferior and projects those feelings of inferiority onto other individuals or other groups. *Introjection* occurs when an individual takes inside the views or attributes of others, particularly those on whom that person depends or people who are significant to an individual's sense of themselves. A black child may introject aspects of its parents or its community into its own persona, for example, a strong work ethic or being a good neighbour. Similarly, that same child may internalise racism or misogyny from the community, coming to see itself as bad or other. Projective identification involves projection of parts of the self (a form of splitting) *into* another object (often a person) and then identifying with the object. Introjective identification occurs with the *taking in* or acquiring of parts (again splitting) of another object (often a person) - a two way process.

Sometimes projective identification can be seen as a self-fulfilling prophecy. X may believe something about Y which isn't entirely true, but by the process of relating to that Y as if it were true Y may succumb and identify with X's beliefs in a process called introjective identification, thus altering their usual behaviour to make it true. For example, a mother may be struggling with a negative body image, but can't manage this negative aspect of her, so she projects this onto her daughter. If the daughter is genuinely struggling with a negative body image this could make her feel embarrassed or exposed. If the daughter actually has a healthy relationship with her body image, she may just shrug off her mother's comments. At this stage her mother has projected her unwanted split off parts, but her daughter has not introjected them. However, if the daughter becomes identified with her mother's projections, even if she has a healthy body image, she might start feel self-conscious, keep looking in the mirror, not trust what she sees and may begin to think that she is too thin or too fat. This leaves the daughter holding the feelings that don't belong to her because they belong to her mother; she has introjected and identified with the parts that her mother has projected.

Dissociation

What is considered to be traumatic and mechanisms for defending against trauma have been widely interpreted. Some contributors (Lifton, R. 1993; Mulder et al., 1998; McNally, 2003) perceive dissociation, or the ability to separate a traumatic portion of the mind from the whole, to be one mechanism for protecting against traumatic experience. Carlson et al. (2009) relate dissociative processes in childhood to multiple maltreatment including sexual abuse, physical abuse and neglect and in adulthood to experiences of loss in childhood and to witnessing violence (Carlson et al., 2009).

Dissociation has also been likened to psychic numbing. It can affect how the present is experienced. Dissociated individuals exist in a state where they are isolated from their actions and associations, their surroundings become unreal or they feel as if they are disconnected from their bodies. Time itself can seem distorted as if it is speeding up or slowing down. In some cases there is no recall or only partial recall of significant events (Mulder, 1998; Lifton, R. 1993). However, dissociation does not provide permanent protection. Lifton, B. (1996) holds that the dissociation can wear thin in places and, like the ozone layer, no longer protects individuals from the ultraviolet rays of reality. When this happens the trauma of the past can eventually intrude on the present. Carlson et al. (2009) hold that dissociation is a process which begins as a protective mechanism to promote the integrity of the self in the face of trauma, but may become a threat to optimal functioning if employed routinely or pervasively as a response to either real or anticipated threat. Lifton R. (1993) holds that dissociation can lead to fragmenting of the self which can affect how the self is shaped; when associated with violence thus can affect one's capability for vitality, agency and empathy.

Krippner (1997) holds that concepts like dissociation and their meanings are both particular and culturally constructed and can change over time. It can be seen on the one hand as life de potentiating, maladaptive and negative and on the other hand as life potentiating, adaptive and positive. He argues that the term dissociation should not be reified, pathologised or imposed on

other people and cultures. Furthermore, he suggests that dissociation can even be seen as a basic skill or a capacity similar to imagination and absorption.

I just want to make clear that dissociation is similar but different to defence mechanisms like suppression because dissociation is viewed as an unconscious process – it is not something that is done intentionally and suppression can be unconscious and intentional. According to Boag (2010) suppression may occur both unconsciously and intentionally. An example of this would be where an individual may have suppressed his/her feelings unconsciously as a child, but as an adult suppresses them intentionally to keep them at a safe distance. However, as with most defence mechanisms, in the long term they can become problematic. According to Iwaniec et al. (2006) suppression of feelings can cause internal distress, detachment, withdrawal and depression.

It is important to note that not all dissociation is the result of trauma and it is something that we all do. According to Mc Nally (2003) at the normal end of the spectrum would be day dreaming whilst driving, tuning out when bored and fantasising or daydreaming whilst being creative.

Splitting

A commonly used definition of splitting comes from the work of Klein (1946). She proposes that splitting originates in infancy, when an infant does not know it is a separate entity from its mother. This means that he or she cannot tolerate the fact that his or her mother can be the source of comfort and love, when the baby's needs are met and it is warm, dry, being cuddled and fed; yet the source of rage and frustration when the infant is cold, wet, alone and hungry. An infant cannot cope with these overwhelming feelings of rage and so it splits the mother into what Klein refers to as objects – two of them. One object is a good breast, the one that takes care of all its needs, and the other object is a bad breast, the one that doesn't. As the child matures it gradually becomes aware that it is a separate entity from his/her mother and that the mother is both good and bad; in other words a whole person.

Splitting is something that we are all capable of, indeed Klein sees the capacity to split as an essential part of development. We all have the tendency to think of some people as wholly good and sometimes wholly bad and vice versa. Splitting becomes destructive when objects - other people or oneself, are seen as entirely good or entirely bad: not as whole people. An example of this would be a child who has experienced an abusive relationship with a parent and splits that parent into a good side which the child can accept and a bad side which they can't. Alternatively, the result is that the child has a distorted perception of itself. The good self and bad self cannot be integrated and remain divided, which can lead to a fragmented self. Dissociation and splitting are therefore different, but linked, processes. According to Carlson et al. (2009) multiple influences affect the process by which normal dissociation leads to pathological dissociation (splitting): the severity of the trauma, early experiences of trauma (especially in care giving relationships) and the level of emotional support received by the child at the time of the trauma.

Undigested experience

Earlier I argued that trauma results from breaches of the protective shield. If all goes well in child development this protective function of the environment becomes internalised giving rise to an internal sense of security. Bion (1984) called this containment. He holds that in the same way that we have the capacity to digest physical nourishment we need to develop the capacity to digest (i.e. contain) our experience, to transform it into something that we can make sense of and grow from. However, Bion thought that right from birth experience always has the tendency to outstrip our capacity to contain it, giving rise to what we can think of as the ordinary traumas of ordinary living. Britton (1992) develops Bion's thinking further in terms of what happens to experience which cannot be processed or digested. He proposes that it must go somewhere and there are three possibilities: that it becomes embodied, enacted or projected. Embodied experience can produce psychosomatic symptoms, something we often think of in terms of stress reactions. Sometimes overwhelming experiences become enacted. It is as if we try to get rid of the experience through action, and this can include

behaviours which are construed as manic, antisocial or aggressive. Finally, when undigested experience is split and projected on to others it can lead to the kinds of difficulties I have previously discussed in relation to projective identification.

Agency

So far, psychoanalytic thinking has provided examples of how internal world processes function as protective mechanisms against the threat of being overwhelmed during the interaction between the self and the external world. Hoggett (2001) suggests that exploring psychoanalytic thinking could lead to greater understanding of a form of psychic injury which is created by the powerlessness that some individuals experience in society; this psychic injury is caused by injustice, oppression, inequality and marginalisation. Hoggett suggests that the concept of unconscious processes may be useful in helping to explain forms of human agency that are sometimes difficult to understand: acts which are self-destructive or destructive to others. Those who adopt a rationalistic perspective believe human beings possess the capacity to think about their actions, to be aware of what they do, and why they do it. In other words they are seen as conscious and rational, capable of reflexive thinking and able to make choices. Hoggett argues that a non-rationalistic perspective is needed because human beings are not always aware of what they are doing. The self is not unitary but consists of different parts, some of which are well integrated in the self, some of which are poorly integrated. The individual does not always know which part of the self is doing something, or what it is doing, or why it is doing it. These poorly integrated parts of the self therefore give rise to non-reflexive or unconscious forms of agency, very different to the reflexive agent who thinks and chooses. Non-reflexive agency is not rational, yet neither is it irrational. Hoggett also holds that when individuals experience powerlessness and domination at the hands of other individuals or groups, they become objects of circumstances rather than subjects who have the ability to shape their own lives. Here reflexivity may not help; individuals are aware of the obstacles in their path but are powerless to do anything about those obstacles and to be aware of their powerlessness is painful. Powerlessness makes it hard to

think about difficult or painful feelings that we have about our circumstances, ourselves or others. Powerless individuals often have feelings of anger, rage and hopelessness, which can become directed inwards, as depression: a collapse of agency that becomes self-destructive – or those difficult feelings are projected outwards and become destructive to others in social, intimate and work relationships.

5.3 Conclusions

A psychodynamic, psycho-social approach provides some explanations of how inner-outer world traffic operates through concepts such as projective and introjective identification. Psychoanalytic thinking has illustrated how all experience, not just obvious trauma, has the potential to be troubling, to inflict psychic injury. Internal world coping resources such as dissociation, suppression and splitting can be helpful initially. They provide protection against the threat of being overwhelmed. But, these are precarious states; the possibility of the trauma breaking through is ever present and these defences can distort the relationship with oneself and others leading to conflict.

Chapter 6: Methods

6.1 Introduction

This chapter outlines the methods used in my research and comprises three sections. Part one (sections 2-9) contains the research design. This begins with the rationale for a qualitative study in order to acknowledge my role in the process. Section 6.2 discusses the merits of adopting a grounded theory approach first, in order to deepen our understanding of the lived experience of having been in care and the meanings that care experienced adults attach to their experience and second, to ground the lived experience in the data. Section 6.3 is concerned with the advantages and disadvantages of a life story approach. Section 6.4 discusses the tensions around adopting a psycho-social approach. Tensions, for example, about an approach that on the one hand has the potential to facilitate understanding of inner-outer world traffic, and on the other hand contains the risks of using of psychoanalytic concepts in a research setting. Section 6.5 examines issues such as researcher reflexivity, how one becomes aware of oneself during the research and one's impact on the research process, and positionality, how one positions oneself in the research process. Section 6.6 is an account of how I prepared for the interviews: making use of previous research experience, conducting a practice interview and participating in a psycho-social research module. Section 6.7 is concerned with duty of care to participants and research ethics. Section 6.8 discusses the overlap between research skills and counselling skills, particularly when researching sensitive subjects. Finally, section 6.9 focusses on the selection and recruitment of the sample and the ethical dilemmas of conducting research with individuals who have endured multiple traumas some of which are historic, institutionalised abuse.

Part two (sections 10-12) contains the data collection. Section 6.10 describes the life story interviews and their transcription. Section 6.11 describes the analysis of the life story interviews. Section 6.12 describes how a resilience table was created from the life story interviews in

preparation for the resilience interviews. Section 6.13 describes how during the resilience interviews the participants were involved in the first part of the analysis of their resilience.

Part three (section 14) contains the four stages of the data analysis. Stage 1 describes the transcription of each resilience interview and the composing of a life story for each participant. Stage 2 describes the individual in depth analysis of the life stories, the resilience tables, and the resilience interviews in order to establish concepts of resilience and create individual resilience profiles (see appendix 4). Stage 3 describes how concepts were lifted into categories. Stage 4 describes the cross sample analysis. At the end of the chapter is Figure 1, a diagram explaining the research design and methods.

Part 1: Research Design

I decided to adopt a qualitative rather than a quantitative approach in order to facilitate a deeper understanding of the lived experience of care experienced adults and the impact of that experience over a life time. My goal was not to “generate incontestable facts”, which according to Stroebe et al. (2003:238) is often the goal of quantitative researchers. In addition, I wanted to position myself firmly within my role as a researcher. There are concerns about the reliability and validity of adopting such an approach; the issue of validity is a large part of the debate as to which is most effective, quantitative or qualitative methodology. Stroebe et al. (2003) describe how, in order to ensure validity, quantitative researchers aspire to being detached from the research process and their role within it, whereas qualitative researchers actively engage with their role and their involvement in the process. Such involvement is thought by quantitative researchers to reduce the validity, yet for qualitative researchers denying one's role within research also threatens the validity of the research.

Having to work with the existing literature on care experienced adults and resilience which stem from a more positivist tradition has certainly created tensions in a thesis that is meant to be grounded in a psycho-social approach. The two literature reviews (chapters 2 and 3) where I adopted a

positivist tone in their execution are where such tensions manifest most clearly.

6.2 Grounded theory

Grounded theory evolved as a reaction to the extreme positivism that had permeated social research. It emerged from symbolic interactionism, a sociological approach that views human beings as active in creating, defining and shaping their world (Mead, 1934; Suddaby, 2006). According to Gephart (2004), the founding fathers of grounded theory, Glaser and Strauss (1967), conceived it as a methodology that enabled researchers to understand the perspectives of others. It allowed for changes in how perceptions of circumstances changed over time and facilitated both the creation and construction of individual action and reality. Grounded theory also focuses on the interpretative process in research through analysis of, “the actual production of meanings and concepts used by social actors in real settings” (Gephart, 2004:457). This approach grounds the data in the experience of those under investigation and the research evolves from this as opposed to evolving from previous research or existing theories (Gephart, 2004).

In relation to the timing of different stages of the process, Glaser (1992) argues against a literature review until enough data has been collected and codes and categories have been generated. The author holds that to do otherwise means that preconceptions could contaminate the researchers perspective and impede direct observations. Coase (1998) offers a counter perspective; grounded theory is not supposed to ignore existing empirical knowledge, rather to make use of it as a catalyst for conceiving and creating grounded, yet formal theory. Coase also holds that research conducted without a clear research question and no theory is likely to produce, “a random mass of descriptive material waiting for a theory or a fire” (Coase, 1988:230). I opted to undertake a literature review before the data collection as advised by Strauss & Corbin (1990). I felt this would achieve several aims: first, to facilitate awareness of the theories about care experienced adults and resilience; second, to create an additional source of data to that gleaned from the interviews; third to help generate questions and design the methodology.

6.3 A life story approach

One of my research aims was to explore the impact of having been in care over a life span. Elder (1994) proposes that a life span approach enables us to track social changes, how they affect people's lives and to explore how time, context and process relate to each other. According to Frank, A. (2008) the aim of a life story or narrative approach is to let the stories breathe during the telling, not to analyse them to death or fragment the experience of the participants. The objective is to avoid sharing any analytical thoughts as far as possible during the story telling and allowing participants to tell the stories in the way that they want to. When listening to the stories of others, Frank, A. uses a persona, "a collection of voices that remain distinct, speaking from different perspectives but sharing commitments about how human life works and what is good for humans" (Frank, A. 2004:8). The task for me, in my research, was to manage and honour three voices: that of researcher, insider (care experienced adult) and activist (advocate and campaigner for those in care). After reading Frank A., I was able to imagine them as one voice, yet all having different perspectives, with the shared commitment of trying to understand how life in care is experienced.

Retelling somebody else's story is fraught with pitfalls as the following two examples illustrate. Frank, G. (2000) wrote the biography of a disabled woman, Diane (*Venus on Wheels*). The author admitted that eventually a great deal of sharing, borrowing, and cross fertilisation had taken place between Diane's version of her own life and Frank's version. Frank concluded, after 20 years collaboration with one person, that that person alone determines the metaphor of self, the myth or myths by which she lives and that she is the sole legitimate author of her life story. Additionally, the material that is included in research outputs, "will always mask or exclude something else that could have been said and it is true of my understanding of Diane's life" (Frank, G. 2000:157).

Masters (2005) also struggled with the retelling of someone else's story. Eventually, he decided that he could neither justify nor explain Stuart (the

homeless man who was the subject of his book), all he could do was to staple him to the page. The author described how:

“in biography most of the time the real person is a nuisance. One wants them out of the way. If only they would stop muddying the waters with inconsistencies, denials and different interpretations of your language. The heart of it is probably this: the subject fears that if you get what they are down on the page then you have debased them, so they flap about like aboriginals claiming photographs steal their soul” (Masters, 2005:213).

6.4 A psycho-social approach

A psycho-social approach was adopted in order to understand the interaction between the individual and their social world. According to Hollway & Jefferson (2000:4), we have:

“research subjects whose inner worlds cannot be understood without knowledge of their experiences in the world, and whose experiences of the world cannot be understood without knowledge of the way in which their inner worlds allow them to experience the outer world.”

The authors also propose that a psychosocial approach is the most appropriate method for examining the interaction between the interviewee and the interviewer and adds to our understanding of the unconscious processes at play in the interview process. Whilst there is an emotionally defended subject, the researcher is also anxious and defended, with porous mental boundaries. The researcher too can project and introject emotions and feelings in their encounter with the research subject (Hollway & Jefferson, 2000).

However, Frosh & Baraitser (2008) argue that not only is subjectivity a very difficult subject to theorise, but that nobody to date has worked out how to do it. They also raise concerns about using psychoanalytic interpretations in a context that is not a consulting room and that the attempt to apply the notion of countertransference to how participants make researchers feel represents

a strong and present danger, which could be used as a covert expert system of knowledge. Hollway (2008) acknowledges that terms such as transference and countertransference are problematic, however they can alternatively be characterised as unconscious intersubjective dynamics that occur in many other social encounters. Frosh & Baraitser argue that psychoanalysis is normative or untruthful if the therapist or researcher claims that their reflexivity enables them to know subjects better than the subjects themselves. They also believe, “there is also a risk of separating and reifying the inner and outer in a manner that goes against the psychosocial ambition to theorise them together” (Frosh & Baraitser, 2008:363). Hollway (2008) acknowledges that there are other problems within the approach such as wild analysis or subjective speculation that is untested on the part of the researched and brings our attention to other issues - power relations and the unsophisticated use of psychoanalytical concepts. In addition, the author advocates the need for researcher reflexivity and to avoid falling into a static dualism over inner and outer. Hoggett et al. (2010) offer a more democratic approach to the interpretation and analysis of research data. One can involve the participants in the analysis which also creates the possibility for reality testing to counterbalance any wild analysis or subjective speculation on the part of the researcher. Having worked with children and young people in the care system and from my knowledge of other care experienced adults I knew that official records often contained hurtful, bewildering or incorrect versions of their lives written by experts. I was keen to employ a democratic approach to address the power imbalance between researchers and researched by involving the participants in some of the analysis of the data.

I wanted to understand the individual and particularly the internal world interaction with external care systems and other significant relationships. Frost (2008) suggests that a psycho-social approach is an approach that enables us to avoid privileging the external (social) at the expense of the internal (psycho), or vice versa, and enables understanding of how they impact upon each other. The author also holds that a psycho-social approach enables us to understand the fundamentals of interpersonal relationships and ways of knowing.

Working as a counsellor and with young people currently in the system and other disadvantaged and disempowered groups I had witnessed destructive behaviour towards self and others. In addition, my training as a psychodynamic counsellor had enabled me to acknowledge my own tendencies to be destructive to myself and others. From the work of Hoggett (2001:37) I was interested in the idea that, “we need to confront the real experiences of powerlessness and psychic injury that result from injustice and oppression and that we need to acknowledge human capacities for destructiveness between self and others.” The author also suggests that some researchers may not be capable of looking at the destructive parts of themselves or others.

I did have reservations about using a psycho-social approach after having initially reviewed some of the literature in 2007. I was concerned about the impact on researchers of working so intensively with participants who would possibly be recounting destructive incidents and experiences. None of the proponents of a psycho-social approach had at that time discussed this in any great depth or detail, although this has since been addressed by Elliott et al. (2011). My concern was that to be so intimately immersed in a psycho-social approach would surely require a great deal of emotional investment as well as extremely robust personal and professional resources. I was experienced at containing such difficult material as a counsellor but had not been trained to do this as a researcher. The experience of conducting psycho-social research and the impact on me as a researcher is discussed in chapter 9.

To turn a psycho-social approach into a workable methodology I adopted a similar approach to that of Clarke (2002). He proposes that to devise a systematic method for researching psycho - social subjects and a framework for identifying the effects of unconscious forces in empirically derived data, there needs to be six guiding principles in the production of data: (1) the use of unstructured interviews; (2) the use of open-ended questions which allow us to explore meaning with reference to the respondent's life experience; (3) the process of eliciting a story tells us a great deal about the subject, or

respondent, and allows us to identify unconscious communications; (4) the avoidance of why questions discourages clichéd and rehearsed responses; (5) the use of the respondent's ordering and phrasing avoids imposing rigidity on the structure of the interview and lessens the risk of analysis taking place in the interview environment; (6) central to this method is the use of free association. By allowing the respondent to structure and guide the interview, we are able to gain some insight into unconscious motivations and anxieties (Clarke, 2002:190).

6.5 Reflexivity and Positionality

Elliott et al. (2011:3) addressed the complex nature of the type of reflexive research that I wanted to undertake with three important questions that mirrored my own concerns.

1. How does one become sufficiently aware of oneself in the fieldwork process to work in this way?
2. How does one make reflexive data available to others?
3. How can the emotional labour involved in undertaking reflexive work be acknowledged and supported?

To address the first question of how one becomes aware of oneself in the field work process I decided to incorporate both positionality and reflexivity. In relation to positionality, the fact that I was conducting the research as an insider researcher meant I was researching a group of people that I also belonged to - adults who had been in care as children. One of my supervisors identified through his own reflexivity that I spoke about the research with three internal voices: researcher, activist (the advocate and campaigner) and insider (the care experienced adult). Writing an autobiographical account of my time in care and post-care (see chapter 2) allowed me to hear what each voice had to say and when it was said and to reflect on possible implications for the research. Whilst writing the autobiographical account I grew concerned about the effect it might have on the reader because I had experienced so much loss and trauma. However, I realised that if I had survived the lived experience then the reader might

survive reading it. This exercise also made me aware of the impact writing it had on my mental and physical health. I struggled greatly with crippling headaches, anger and sadness as I recalled my past. I also felt overwhelmed, paralysed and powerless at times just as I had as a child. Ultimately, it felt therapeutic to have all these painful things committed to paper. The process made me reflect on whether the participants might also find it very gruelling but perhaps therapeutic too to recall their experiences during the interviews. It also gave me the opportunity to experience what it might be like for participants to recall painful childhood experiences and to see those experiences written up as transcripts, or for others to read them. This process of positionality is illustrated by Falconer Al-Hindi & Kawabata (2002:14):

“Writing about research conducted in the more fully reflexive mode...requires that the researcher identify and locate herself, not just in the research, but also in the writing. She must be willing to write and so relive discomfoting experiences, to look awkward and feel ill at ease. She must commit to paper and thus to the scrutiny of peers and others that which she might prefer to forget.”

The decision to adopt a reflexive approach was partly triggered by my frustration when reading expert opinions about the experiences of those who had been in care as such opinions seemed to be privileged over the ‘insider’ accounts of those with the lived experience. I knew little about the majority of researchers who had conducted research as they did not expose themselves in terms of their individual biographies or in terms of what they brought to the research encounter. Herz holds that:

“Through personal accounting, researchers must become more aware of how their own positions and interests are imposed at all stages of the research process – from the questions they ask to those they ignore, from whom they study and whom they ignore, for problem formulation to analysis, representation, and writing – in order to produce less distorted accounts of the social world” (Herz, 1997:8).

Others claim that reflexivity has been dismissed as, “woolly unscientific bias” (Finlay, 2002:543). Geyla Frank offers a counter argument, “the challenge is not to eliminate bias to be more neutral, but to use it as a focus for more intense insight.” The author defines reflexivity as, “a process of continually reflecting upon our interpretations of both our experience and the phenomena being studied so as to move beyond the partiality of our previous understandings” (Frank, 1997:89).

To address the second question, about making reflexive data available to others, Elliott et al. (2011) used field notes and supervision. Hollway (2009) found that reflexive field notes provided a record of the immediate and embodied texture of fieldwork and subjectively experienced data could be incorporated into the write up. I used my research journal to record the field notes after an interview and any dreams or reflections before interviews, during supervision sessions and whilst transcribing.

The third question posed by Elliott et al. (2011) is the issue of acknowledging and supporting the emotional work involved in field work, and this they found could be addressed largely through supervision. As with their study, the nature of the supervision for my research needed to be psychoanalytic and boundaried to enable me to remain emotionally engaged and to create a reflective distance. Having worked as a researcher with young people currently in care who were experiencing significant mental health problems I had sometimes struggled with the lack of clinical supervision to process any residual feelings from those encounters. Dickson-Swift et al. (2007) describe other issues that affect a researcher engaging with sensitive research, including having to manage feelings of guilt and vulnerability, exhaustion and desensitisation to traumatic material. Kellehear (1996) adds that the emotions encountered in research have not been recognised and this is seen as the legacy of positivism which calls for detachment between the researcher and subject. To address all of these issues, I specifically chose a psychoanalytic psychotherapist with considerable experience of psycho-social research as my research supervisor. I was already engaged in individual therapy and this continued throughout the research process. This enabled me to use the PhD supervision to talk about feelings that arose

during the research and the individual therapy to talk about what was resonating for me personally.

6.6 Preparing for the interviews

Before starting data collection I took a module in psycho-social research methods which gave me the opportunity to practice psycho-social interviewing with the other course participants and to conduct a practice interview. New and useful insights were gained about the experience of psycho-social data collection. They can be briefly summarised here because in chapter 9 I have reflected on the experience of psycho-social interviewing and the impact on me and the participants. Using reflexivity, I realised that I had experienced embodied responses (anger and tears) to the material presented by interviewees on the methods course. One interviewee reported a sense of emotional release after being interviewed by me. I also had an emotionally frustrating encounter when interviewed by someone who was very uncomfortable with emotions and refused to acknowledge them during the interview. Keeping a reflexive journal about the experience of the module and recording all of my experiences and perceptions led to another realisation that was very important for the process of data collection. This was that the accumulation of all of my previous educational and professional knowledge could lead me to impose my interpretations during the story telling and reduce the stories of my participants through analysis to simple theories, rather than allowing them to breathe. Yet the thought of going into an interview and not using my theoretical knowledge felt like an intellectual death and made me feel very vulnerable. However, after the practice interview I realised that whilst the researcher's knowledge is always present it need not intrude on the story telling. Moreover, the researcher may be able to use their reflexivity to notice when there were intrusions and to examine why they occurred.

The psycho-social methods module gave me the opportunity to practice free association and to analyse my practice interview transcript using the group process. I was able to appreciate the positive and negative aspects of this approach. The group offered insights that I as a lone researcher could not

see, but also created a conflict between their flights into wild (subjective and ungrounded) analysis and the interviewees' own perceptions of their experiences. Some members of the group felt that the interviewee in my practice interview was in denial about his absent father during this childhood. I felt the group had ignored how the interviewee had put this into context as he recalled that as this was during the second World War many fathers were absent, so this was neither a source of stigma, nor a unique experience. I also became aware of how sensitive one has to be when sharing insights with research participants that are generated by the free association of a group. The interviewee became very angry when I shared the reflections of some of the group about him being in denial. My supervisor and I reflected on this and he enabled me to realise that one has to be very sensitive when sharing such insights about participants.

The decision to undertake lengthy life story interviews resulted from the experience gained from interviewing young people currently in care and the practice interview. This practice interview was conducted with a person in his sixties who had experienced being brought up by relatives during his teens and had never known his father. The interview was scheduled for one hour and I found that this proved to be insufficient time to go through the whole life story of someone of that age. In addition, I found I was interrupting the flow of the story to try and elicit information about resilience. In conjunction with my supervisor I decided that the life story interview needed to be as long as the participants wanted it to be and there would be a second interview that would then focus on resilience.

I realised after the practice interview that there was a possibility that the participants would talk implicitly and explicitly about aspects of their resilience during the life story interview without any prompts from me. Allowing interviewees control over the method and time for the telling of the life story also created trust during research interviews. I had discovered this when I was working on an earlier research project with young people who were currently in care (CaPE, 2012). The young people often wanted to tell me some of their life stories and not stick to a semi-structured questionnaire designed by the research team, which focussed on care placements, mental

health and education experiences. I decided to let them talk about what was important to them and then do the questionnaire with them afterwards. A ten year old boy that I interviewed helped me to realise that some participants also like to be able to control the process because he insisted upon being allowed to read for himself the questions from the questionnaire and then to write down his answers. I accepted this on the understanding that this was fine but that I needed to check that he hadn't missed anything out. As it turned out he hadn't, and it impressed me greatly that this was an effective approach to allow participants greater control over the process. A teenage girl in a secure unit refused to do the interview and told me some of her life story instead. I accepted this and then she told me she was having real mental health problems and wanted me to disclose them to her social worker, which I did; she then completed the questionnaire. Although my interviews took twice as long as the other interviewers', the consultant on the project was in agreement with this approach. It was generating what was needed for the research whilst also giving the young people something they needed – an opportunity to talk about what was most important to them in an environment that inspired trust. This experience of interviewing young people encouraged me to be more relaxed about letting the interviewee control the duration, pace and flow of the life story interview.

6.7 Taking care of the participants and ethics

Edwards (2001:2) proposes that, "research is a matter of coming into and intervening in another(s) world of knowledge/being." I knew my research was going to require participants to talk about having been in care, something which, according to the existing literature on this group, had the potential to include themes of loss, separation, abandonment and possibly emotional, physical or sexual trauma. In their study of bereaved adults Stroebe et al. (2003) asserted that a researcher must protect the rights, dignity and well being of the participants. For Dickson-Swift and colleagues, sensitive research is about engaging with people who are allowing you to enter their lives. The participants disclose difficult, personal information and it is much more than just words - it is their lives and their experience. Therefore the researcher has to exercise discretion, respect and, most

importantly, appreciation for the interviewees' contributions (Dickson-Swift et al., 2007).

In my research the following measures were taken to minimise possible negative impacts on the participants. I (the researcher) am an experienced psychodynamic counsellor which meant I was equipped to identify and intervene if participants exhibited signs of emotional distress. Regular breaks were suggested and often taken throughout the interviews. As previously mentioned, I also had previous experience of working on a research project specifically aimed at interviewing young people currently in care who had been identified as having significant mental health problems. My research supervisor is a psychoanalytical psychotherapist and an experienced psycho-social researcher who was able to monitor the wellbeing of myself and the participants. Each participant was interviewed initially by telephone in order to establish what their care experience was and any significant lasting impacts of the experience. As advocated by Branigan et al. (2008) they were also asked to confirm that they had a robust support network in order to be deemed suitable to undertake the interview process. I informed potential interviewees that their contributions would be anonymous and confidential. There was a list of helpline and support agencies available which provide general and specialised counselling or specific support for care leavers if the participants felt the need for further support after the interviews (see appendix 5). The university ethics committee approved all of these measures as part of the duty of care and the maintenance of wellbeing for the participants. All of the participants knew that I had been in care. They were given this information during the telephone interview in order to address the hierarchical relationship between us, to create a level playing field and to enhance rapport as suggested by Dickson-Swift et al. (2007).

6.8 Using counselling skills in qualitative research

According to Ely et al. (1991:49), "If we undertake to study human lives then we have to be ready to face human feelings." I already possessed counselling skills and had found them useful as an advocate and a

researcher with young people in care. I wanted to be able to use them to support the participants in this research as part of my duty of care. Dickson-Swift et al. (2007) suggest that qualitative research can blur the distinction between research and therapy. Some participants may not see the two as separate and some find the experience therapeutic. Coyle & Wright (1996) advocate the use of counselling skills during in depth interviews as such skills can be cathartic, therapeutic and assist with clarification and development of the narrative account. For Polkinghorne (2005), interview skills and skills used in counselling and psychotherapeutic work overlap because both require the capacity to form a relationship, to listen actively and to focus on the other's experiential world; it is the aims that are different. The goal of the researcher is to generate relevant data whilst the aim of counselling is to achieve the psychological goals of the client. The counselling skills that I chose to use in the research included: paraphrasing, to demonstrate both hearing and understanding; containing difficult emotions and feelings; reflecting feelings back to the participant to convey empathy and personal reflection during the encounter; maintaining confidentiality and boundaries; using supervision in order to debrief, reflect upon and to process the experience; and finally, signposting participants to appropriate agencies for specific issues arising from the process of the research as part of duty of care.

6.9 The sample

Seven adults were recruited via websites for care leavers (two participants) and informal and formal social networks, including local charities and self-help groups (five participants). The sample included adults who had been in relative (family) care, foster care, or residential care or had been adopted. In some cases a combination of any of three of these applied. All of the participants in the sample had experienced a minimum of five years in care as children; this period of time was assumed to have had a significant impact as suggested by Festinger (1983). The participants had to be at least thirty five years old at the time of the interview so that they had significant distance from the time in care to reflect upon it. Following the approach employed by both Festinger (1983) and Barth (1990) they would hopefully have had other

major life experiences such as education, work, and relationships and would be able to talk about the significance of those experiences as well as having been in care. The actual age range was from forty to seventy years old at the time of interviews. The rationale for interviewing older participants was because most existing research is aimed at young adults and I wanted to adopt a life span approach with older participants. Four participants were white British and three were of mixed racial heritage. There were four women and three men.

The original aim was to interview twelve participants. However, after interviewing seven the decision was taken to stop because the transcribing was taking a very long time because of the length of the interviews. It was also thought that my own wellbeing and that of the participants might be compromised if any more interviews were conducted because of the traumatic nature of the material, given that some of the participants were still impacted by historic abuse and or multiple traumas (see chapter 9). Out of the seven that took part the material from three has not been included. One participant's material was withdrawn after the life story interview. She decided she did not want a significant proportion of the material in the research used because she was also worried about repercussions for third parties as well as for herself. This woman had previously been part of a police investigation into a historic institutional abuse case which she believed had failed to prosecute the perpetrators and in her opinion had led to the suicide of a victim. Given the current emotionally and politically charged atmosphere around revelations about historic child abuse, I felt she had made the right decision. We spoke in person for a long time, but she did not want to do the resilience interview. She was afraid it might destabilise her psychologically at a time when she was feeling quite vulnerable. Another interviewee withdrew just as I was writing up the thesis; no reason was given and she declined to discuss her reasons for withdrawing from the research. Both of these women were firmly embedded in support networks for care experienced adults before the interviews for my research began, so I knew they would find support to process the experience in those networks. The consent form that both had signed gave permission to withdraw from the

research at any time and assured them that their material would not be used. The material of a third interviewee was not included after consultation with my supervisor where we decided that he was possibly delusional. Clearly we are not psychiatrists; however his narrative fitted the definition developed by Jaspers, who stated that delusions are believed completely by those that hold them and that no argument or proof of the belief's falsity is able to sway a patient's mind (Jaspers, 1963). This particular interviewee gave numerous examples of evidence within his own narrative that actually disproved his own rather unusual beliefs, but he could not recognise this himself. He also asked me to interview a friend of his who he claimed was the incarcerated, illegitimate offspring of a prominent member of society. As part of my method was to unpick the coping mechanism employed for survival it seemed unethical to even address, never mind unpick, his delusions, and I did not offer him a resilience interview. It was a great disappointment when each of the participants dropped out as in each case we had both taken the time to participate in the interviews. In the case of the woman who dropped out whilst I was in the process of writing up it was particularly disappointing, particularly as she gave no explanation as to why. The ethics and duty of care built into my research enabled each participant to tell their story and after they had reflected on the process to then decide if they wanted to withdraw the material. Each life story interview was part of the process and all the individuals who dropped out have informed my thinking even if they are not explicitly part of the final analysis. What I can say is their inclusion would not have altered the findings significantly. To include their material would not have added any significantly different themes because what is unique about each individual story is the ratio of threats to resources, internally and externally, and the interaction between them (see chapter 8).

Part 2: *Data Collection*

6.10 *The life story interviews*

My role in these interviews was to facilitate the telling of the stories, to allow the participants all the time they needed and to proceed at the pace that they felt comfortable with. I attempted to adopt a neutral, empathic and non-judgemental stance to build a sense of trust with the participants. The aim was to help them to feel that they were in control and able to speak freely about their experiences. An analogy for this approach comes from Kurtz (1990:29), who describes a non violent approach to psychotherapy, “nonviolence is the practice of organicity, or staying with what is natural for the client.” The interviewees were invited to reflect in their own time, in their own way and at their own pace, about their time in care and post-care. Separating the time in care from the time post-care was done in order to create a structure to the interviews that would keep the focus first on the care experience and then on the impact of this. A Free Association Narrative Interview or FANI (Hollway & Jefferson, 2000) is a standard method of biographical interview. Free association is the method traditionally used in psychoanalysis to gain access to the unconscious by allowing the patient to freely express thoughts, ideas and impressions that arise in the mind, without constraint or direction by the analyst.

The average life story interview lasted two and a half hours. Only one interview was not conducted in the interviewee’s own home because that particular individual felt more comfortable coming to the university. Most of the participants were alone in their homes during the interviews and if other people were around they did not interrupt. The participants were told before the interviews began that they could stop for a break at any time that they wanted to and there were frequent breaks for cups of tea and toilet breaks. I generally left it up to the participants to say when they wanted a break unless we had been talking about something very upsetting and then I would suggest one. The longest interview ran to four hours with approximately four breaks of ten to fifteen minutes each. After three hours I gave that particular participant the choice whether to continue for another half an hour or so or

for me to come back for another session. The participant asked that we continue because she would feel better if we finished that night, so we negotiated to continue for another half an hour after a short break.

6.11 Initial analysis of the life story interviews

When using a grounded theory approach, Strauss & Corbin (1990) recommend that the data analysis should begin as soon as the first bit of data is collected in order to direct the following interviews and observations. Every concept that is discovered is considered provisional and can only be included after constant scrutiny which shows there are multiple occurrences or multiple absences. Concepts can be sub-divided to form categories or themes that are related and these are the foundations that can be integrated into a grounded theory.

For my research, at this initial interview stage, there were two tasks. One was to explore the lived experience over the life span of care experienced adults and the other was to explore themes of resilience emerging from the life stories in order to guide the conduct of the resilience interviews. After each life story interview I reflected in the research journal as soon as possible on everything that I could remember and a debriefing phone call or email was exchanged with the research supervisor in order to monitor my wellbeing and that of the participants. I transcribed all of the interviews and as the average interview was two and a half hours this enabled considerable submersion in the material and lengthy reflection. In supervision sessions we listened to recordings of sections of the interviews. This was done in order to give my supervisor a sense of what was happening during the interviews - sounds and tone of voice, impressions not available from the transcripts. I was able to check my performance, for example, that I was not asking leading questions. We also read parts of the transcripts using free association to reflect on the life stories. One of the insights that came out of this was when my supervisor noticed the impact of the social mores of the time, for example, the taboo around unmarried motherhood and how oppressive they were. Processes like free association, or literally being allowed to be free with one's thoughts, are well established in

psychoanalysis for revealing unconscious processes. Alexandrov (2009) suggests that much of the analysis of social science research takes place at an unconscious level so processes like reverie and free association can add an important dimension to research. It was the process of free association that led me to link what Mac said in his first life story interview about not being aware of his own behaviour to Hoggett's (2001) theory of non-reflexive or unconscious agency. This eventually became the theme I refer to in terms of *unconscious means of structuring experience* and a category that could be generalised across the sample. I realised at this stage that there was a possibility that the participants would talk implicitly and explicitly about aspects of their resilience during the life story interview without any prompts from me.

6.12 Creating a table of resilience for each participant

Whilst designing the methodology I had analysed both the practice interview and my own autobiographical chapter using the existing resilience theories. The result was that all of the theories seemed to be potentially relevant; therefore the decision was taken to not prioritise any one theory in particular during the interviews in keeping with the aim of understanding the participants' own perceptions of their resilience. In preparation for each person's resilience interview I read the entire transcript from their life story interview. All of the four participants included in the thesis also read their life story transcripts before their resilience interviews. I analysed the life story transcripts for each individual participant for any data relevant to resilience that had spontaneously emerged and used this to construct a resilience table for each participant (see appendix 3). The language that each participant had used was repeated in these tables to capture their own perceptions. Relevant experiences from the time in care and post-care were distinguished and it was then possible to see which experiences relevant to resilience had altered and what had remained the same over the life span. For example, some participants felt that education had contributed to their resilience whilst in care and some felt it contributed both in care and post-care, whilst some felt that it was only relevant post-care. At this stage of the analysis all of the relevant experiences, behaviours and personal qualities were grouped

according to whether they appeared to constitute protective or risk factors, according to my understanding of resilience at that time. This led to the realisation that some aspects of resilience had been both risky and protective. This was the case, for example, with the ability to shut down emotionally which had often helped in childhood but then caused problems with relating to other people in later life. It was also possible to see how the material was beginning to fit with existing literature on defences against trauma (Lifton, R. 1993; Mulder, 1998; McNally, 2003; Carlson et al., 2009). A further distinction was made between protective factors attributable to the individual, capabilities such as intelligence, for example, and those attributable to external or environmental factors such as family, education and friends.

6.13 The resilience interviews

All participants had a life story interview and then a resilience interview with a gap of several weeks or months between interviews depending on our mutual availability. The objective of this second interview was to enable participants to map the factors that enabled them to cope with life both in care and post-care with the aim of facilitating a dialogue about the participant's own constructions of resilience, as suggested by Ungar (2008). During the resilience interviews each participant was invited to talk first about their own understanding of anything that they felt had helped them to cope or had been unhelpful during their time in care and since. This approach was taken in order to reduce the risk of imposing existing theories and concepts before I had elicited and understood interviewees' own perceptions. I asked interviewees to expand on the themes that they were talking about to make sure I had understood. I then introduced themes from the resilience table that I had constructed for them. Sometimes, these were themes that had emerged from my initial analysis but had not been mentioned explicitly by the participants and they had the opportunity to accept or reject them until a mutual understanding had been reached. The average resilience interview was about two hours. Each participant was given the opportunity to initiate the conversation. They all struggled at the beginning of these interviews; my reflection on this is that the life story had been very much about the struggle

and what they had gone through. I also think that in some ways the life story interview was perhaps the often told, familiar story, whereas the resilience interview required them to think about *how* they had coped - this was unfamiliar. I had to prompt them to talk about anything they felt had helped them to cope, or had been unhelpful during their time in care and since. For example, if in their life history interview they said they had been able to stand up for themselves I might remind them of this and then invite them to expand on it. As I previously mentioned, Hoggett and his team suggested that this democratic approach to the interpretation and analysis of research data also creates the possibility for reality testing to counterbalance any wild analysis or subjective speculation on the part of the researcher (Hoggett et al., 2010).

Part 3 Data Analysis

6.14 Analysing the data

As soon as possible after each resilience interview I reflected in the research journal as much as I could and later sent an email to the research supervisor to capture initial impressions. I arranged for a telephone debriefing with the research supervisor to monitor my well-being and that of the participants and discuss initial impressions. I then transcribed the resilience interviews which again meant considerable time spent immersed in the stories as the transcription took one hour for each five minutes of dialogue, therefore the average transcription took about a week.

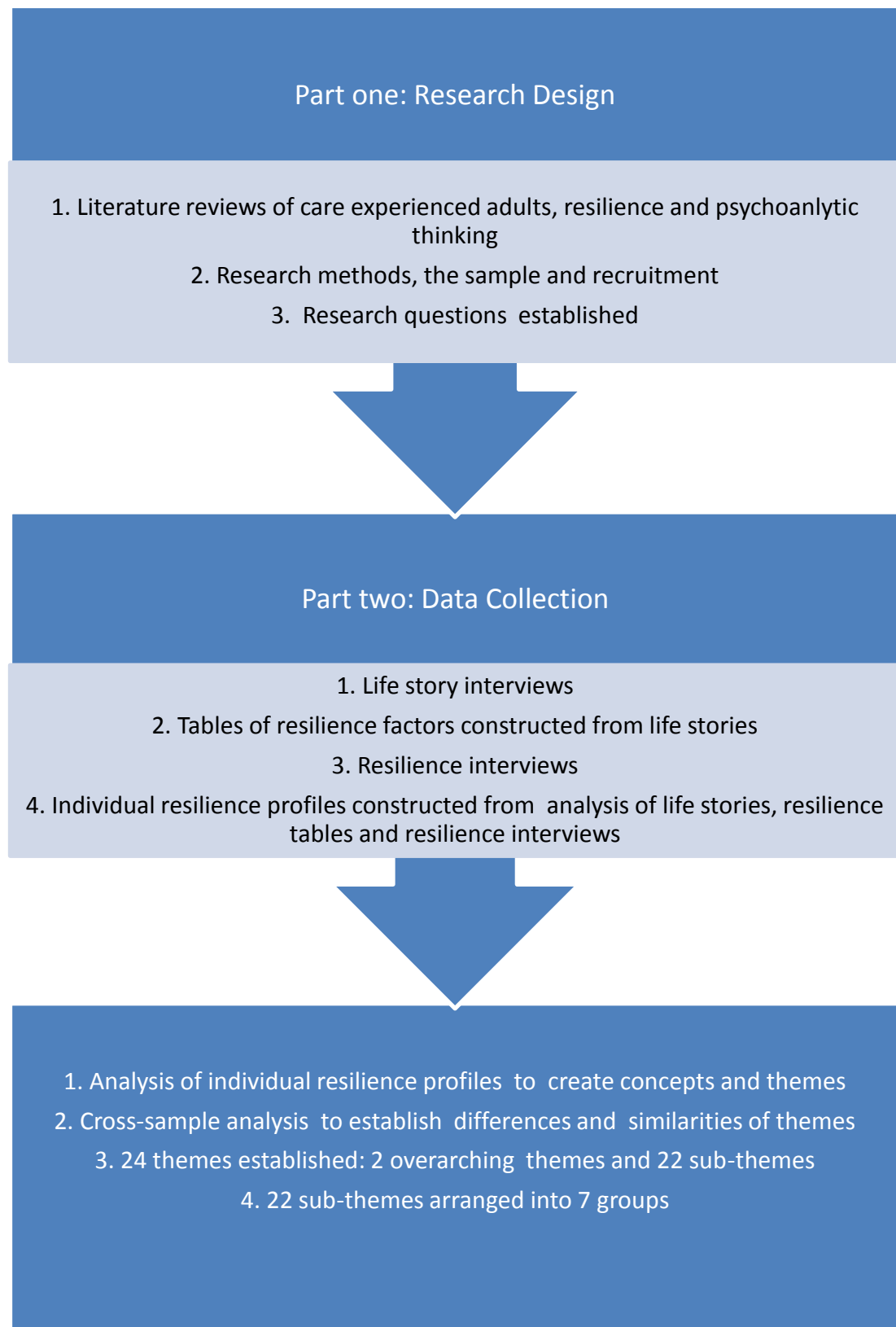
Stage 1: Before I began the final analysis I composed a life story for each participant that was derived mostly from sections of the transcripts from the life story and resilience interviews. This was done in order to give them their own version of the story as told. It also gave me the opportunity to compose something that held the integrity of the stories as lived experiences before I began the in depth analysis. Each life story was first shared with the relevant interviewee to give them a chance to check for confidentiality issues and to see if I had composed a version of their lives that was acceptable to them. The four life stories are presented in chapter 7 and their responses to the stories feature in chapter 9.

Stage 2: The next step was the in depth analysis of the life stories, the resilience tables and the resilience interviews, in order to establish concepts of resilience for each individual. In summary, four participants, out of the seven, I began with had their interviews analysed in depth. All four had completed both a life story and a resilience interview and they were comfortable with all the material that they had talked about being used as long as it remained anonymous. The resilience profiles (individual analyses) are in appendix 4.

Stage 3: The analysis started with Mac and then proceeded in the order of the interviews, Reggie, Irene and Joy. This time I adopted a life span approach to the analysis and divided each story in to time periods - pre-care, in care, post-care. In addition, I created subdivisions such as: 1) trauma/adversity during a particular time period and the impact on the participant; 2) what was supportive / protective during the same time period and the impact of that support / protection. The final part of this process involved lifting the concepts into themes (categories). An example of this would be the theme of *things that got lost*, to convey the notion of the loss or distortion of people, identity or memories.

Stage 4: I undertook an analysis of concepts and themes that emerged across all four cases and this was also informed by my own biography and the existing literature. The results of this thematic analysis are presented in chapter 8. For example, the theme of things that got lost was not just relevant to Mac, but also generalisable across the sample. The next step was to find ways to organise the thematic analysis. Two overarching themes emerged, which I have termed survival and beyond survival. The 22 sub-themes were arranged into seven groups: external and internal threats, external and internal resources, unconscious ways of structuring experience, learnt strategies for dealing with self and others and transformational events.

Figure 1. Research design



Chapter 7: Four Life Stories

These life stories were written in order to provide a chronological account of significant events over the life span of each participant and how they responded to those events. The stories were constructed from the life story and resilience interview transcripts and approved by each participant for accuracy and anonymity. They were placed in this part of the thesis to give a holistic sense of each individual before the analysis across the four cases.

Mac

Before going into care

Mac was born in the 1960s. His father was an Irish loyalist and his mother was English. He was the youngest of five children, with three older sisters and one older brother. He could not remember his mother, who died from pernicious anaemia when he was seven, but did think that being with her had given him a good start in life. He also knew that during the Second World War his mother was evacuated and when the war ended her mother did not want her back. This meant she had to live with her maternal grandfather and Mac thought this must have been difficult for her. He was able to remember his father, who was still alive at the time of the interviews, but not the period when the whole family was together. His father was an ex boxer and a violent alcoholic, but Mac said he was also:

“A very charming man, a very charming man, women really liked him... He was this kind of soldier who had been sent around the world; to fight for British colonialism basically.”

Not long after Mac's mother died, his father was sent to prison for sexually abusing one of their daughters. The eldest daughter tried to look after her younger siblings for almost a year until social services finally became aware of their situation and the children were separated. The oldest two went briefly into care and the three youngest went to live with their maternal grandmother as wards of court. By this time Mac said that he had, “switched off” emotionally:

“So, I... Obviously there was a moment at which I kind of switched off and went whatever; I am not going back to that stuff. My dad is an alcoholic, a sexual abuser; you know it was just a fucking nightmare for them. Although the reason why I switched off, ‘cos there was quite a lot of pain going on around it.”

Being in care

Mac had his official records from when he was in care, which meant he had a lot of information. He had always had problems with remembering events, but he did remember living with his nan and his sisters:

“She did potty things on occasions. Like, she would tie us to beds and all that kind of stuff. But the final stroke for my middle sister was I think when she had long hair and she would eat her hair and so my nan just cut her hair off... ‘Cos she was quite violent... I mean she used to hit us with dog leads.”

On one occasion his nan had him taken away by social services when she discovered he had been stealing from a lodger. After that they formed what he called, “a partnership” and he stayed with her for three more years:

“I used to watch the news with my nan every night at ten o’clock. I was about eight. We used to sit there and she used to give me a little jar a glass of Southern Comfort. And she would say, ‘This is so you don’t turn out like your dad.’”

Mac sometimes had to care for his nan because of her deteriorating health (due to a blood disorder), but he had no idea that she was dying. As she grew frailer, his nan arranged for him to attend the same boarding school that his brother had previously attended. He thought it was really a ploy to keep him away from his father who was out of prison and seeking custody of his youngest children. Mac spent a year at the boarding school and during that time his grandmother died. He recalled how heartbroken he felt, “I think my nan really loved me, although she was barmy at times and expressed it in some very strange ways.”

Despite the fact that his eldest sister took up the fight to keep the younger children away from their dad, Mac's social worker asked Mac if he wanted to go and live with his father:

"I did not remember him. I had no memory at all and I did not know what had happened. I had no idea, so I went there for Christmas... He bought me a bike and there was a dog."

He returned to his father and was joined by his youngest sister. She had been in a secure unit for a while, which had been run by nuns. Their father was now remarried and he and his new wife began drinking heavily. They were often violent to each other and Mac described his home life at that time, "So, it was mad you know. Just a mad, dysfunctional, fuck knows what is going on, potty place to live."

His sister began asking Mac to sleep in her room. He now thinks that she wanted to keep their dad out. One night his sister got into a physical fight with their dad and their stepmother. Mac and his sister ran out of the house and called Mac's social worker from a telephone box. They were removed from their dad's home and separated. Mac recalled how unstable his sister was at that time, "So, after she left she was then returned to that secure unit. I think she had a bit of a mental breakdown. I think stuff started to happen to her."

Mac recalled how chaotic that period was:

"So, it went. Between leaving my dad's, it went children's home, sister, children's home, children's home and fostering. Then assessment centre, assessment centre, children's home, in just a very short space of time."

There were mixed experiences in these placements, but he remembered liking some of them, "I love [sic] assessment centres. I love [sic] them and I just played. You know, which was really nice."

He was fostered for a short time and was clear about why it didn't work out,

“I just didn’t really like them. The father and the mother obviously didn’t really like each other very much, and they were racist basically.”

Mac also talked about a very abusive manager in one residential placement:

“She was diddling the finances in the children’s home. Mentally and physically abusing some of the children who were being forced to eat cigarettes and stand up all night, washing pots.”

After a police investigation all the children were moved. He believed that it was his strong social network at that time which stopped this woman from abusing him.

Mac recalled another placement, G. House:

“It was kind of ‘break you down and build you up to our standard’ therapy that they had at that time... I had a great time there ‘cos there were loads of girls there. It was fantastic. So I then started to lead this strange double life. Which was at school I was kind of this short bloke, who was kind of, did his homework and who was a bit strange and was clearly not somebody who anybody would fancy.”

Mac had been sexually assaulted by older male relatives and adults, but said he was able to have a different and more enjoyable kind of sexual experience in this placement:

“And it was great. We were having a lovely time. It was all perfectly equal and nice... As is the case with people in care you are always abused by somebody... So, I had gone through all that. My older cousins and all that stuff and some adults, not seriously, but not nice... So, this kind of stuff in the children’s home was actually, sex is quite good, it was quite nice.”

He finally settled into a caring and supportive foster home:

“They were absolutely fantastic. A big house, big garden, there was a dog. It was a completely normal, functioning household and it was amazing, absolutely amazing.”

Unfortunately, after he had been there for three months his youngest sister, who had attempted suicide on several occasions previously, succeeded in killing herself. When Mac found out it upset him so much that he said wanted to leave his foster home:

“Basically it was the final fucking straw. By that time my world had been split into two... Good people who were on the right side and there were people who abused power and were the fucking enemy... And although I never thought about my foster parents like this, it affected the way I thought about living with them... I felt quite mentally unwell and I found it quite unbearable being there. Eventually it became more and more unbearable and I said I have to leave...”

He was sent back to G. House and he liked it there. It was only when he got his records years later that he realised how much the staff there had hated him:

“I think the reason for that was that I had fought my way through quite a lot of adults who really were a load of shit. Or abused their power or were you know, were [sighs] just kind of as fucked up as anyone else, but had power over a child. So, by that point I had no respect for adults at all... none at all...”

There are several things which he believed saved him as a child. He said he was mad about football and reading was also very important:

“Yes, my mum taught me to read and my nan bought me the books. And it was absolutely crucial ‘cos it allowed me to have a conversation with myself and it meant I was able to do all right at school.”

Mac remembered school as a happy place, “It is in my primary school reports. ‘Mac is really happy and gets on with everybody. He is a very sociable character.’”

He had a great deal of support from his teachers and because of them he was able to continue interrupted at the same primary school and then, when he grew older, at the same secondary school throughout his school years, in

spite of numerous placement moves. Some teachers even took him home at the weekends. Mac had a very good relationship with one female social worker who looked after him for several years:

“It was a personal relationship where she stuck up for me and we had these conversations, and during some of the quite critical moments she was very straightforward... She was the first adult that I came into contact with and stayed in contact with who didn’t harm me in any way.”

At seventeen his social worker arranged for him to receive financial support to enable him to live independently whilst he was studying for his A levels. Mac talked about how he became involved in politics, “Yes. So, I was so involved with left wing politics and I completely blew my A levels.”

His social worker managed to convince the local authority to give Mac another year’s funding so that he could retake his A levels and this time he passed. Once he had finished his A levels he was no longer in the care of social services.

Since leaving care

Mac went on to university and obtained a degree. He recalled how important education was to him, “I think getting a reward or feeling that I was valued ‘cos of my academic ability was really, really important.”

Mac had a strong sense of injustice and was able to use his skills and knowledge to fight for others. He went on to be very successful in his career as a campaigner and political activist. He thought that politics has also provided him with a personal structure, “I think having a view of the world, which made sense and was kind of progressive, held me in place.”

One of his coping mechanisms, namely his ability to be focussed, was very useful in terms of succeeding educationally and attaining a career, “So, that was kind of helping me to fight my way through to adulthood.”

On the downside he recalled how it became really problematic in other ways:

“The funny thing is that the thing that did me in was the thing that really helped me... Because the closing down, being very focussed, not really listening to what people had to say to me... Finding it very difficult to accept other people’s point of view...”

Mac talked about how relating to other people had sometimes been difficult:

“I had a very idealised view of injustice, but it was all very distant. My friend A. said, ‘You can express what is going on in Africa, but you are not very good at expressing emotion, about the impact that you have on people close to you.’ I was not a horrible person although some people hate me and hated me... I can see why, but that was the other side of the coping mechanism... I really hurt people, I had no idea I was doing it... so, that’s what I think cutting off did. It stops you from being able to empathise with somebody else’s experience.”

Mac reflected on the repercussions of being cut off from his emotions. Two women had terminations of what would have been his children. One woman’s parents hated him so much that they arranged for the abortion. Another woman became pregnant just as they were splitting up. He described her as:

“Madder than me [laughs] basically is the only way to put it... maybe there is nothing you can do until it emerges. Maybe it is one of life’s little tragedies.”

His mental health deteriorated over a long period of time until he had what he described as a breakdown. He really fell apart in his thirties after he visited the house his family had lived in. He recalled a conversation with a neighbour:

“She told me all about my mum. She also told me that we used to go round and ask for food when my mum had died ‘cos we were hungry... and what I was like. She looked at me and said, ‘you were lovely... everyone in the street loved you they all loved you.’”

It was unbearable that someone else could remember his mum and he could not. He described another serious problem that kept recurring, which was a sleeping disorder:

“So, I would do some very weird things. I would wake up and start to try and find her [his girlfriend’s] leg you know and then find various parts of her body... I would be in a really weird state and this went on for a couple of weeks and she said, ‘There is something really, really wrong actually,’ and I said ‘I know it’s really scary [laughs] I am really scared. I am really, really afraid.’”

One woman in his past had become very upset after he had a similar episode of sleep disturbance while they were together; she made a complaint against him. The situation was badly mishandled and as a result he lost a lot of friends. This event had a devastating effect on Mac and he believed he coped by shutting down completely emotionally. As a child adults had warned him that he would turn out like his dad. He remembered how just before his breakdown he suffered tremendously with anxiety and nightmares about this coming true:

“Just, an unending stream of anxiety and really, really violent images in my head. Sexually, really violent images in my head and being really afraid and just not knowing, where the fuck this shit was coming from. Walking down the road, seeing a woman and having a huge story in my head about how I was going to attack her; really frightening.”

After several attempts Mac found a therapist who specialised in the field of attachments. He talked about how helpful this was:

“I worked out that I had survivor guilt and I had been struggling tremendously with survivor guilt... self blame. Huge amounts of misdirected anger... a lot to be angry about actually... but never able to talk to anybody about it properly because of the detailing.”

Two years of therapy followed. Initially things got worse he said until he realised that there was a good Mac and a bad Mac:

“I managed to uncover during two years of therapy that bad Mac was actually scared; really scared and upset and angry... For a long time I thought I had to mentally kill that person... The seven year old and the fourteen year old... She [the therapist] said, ‘You don’t have to, you are looking after them now.’ Once I had worked out that I could look after them. What they always wanted was for me to look after them. All that shit ... The scary shit in my head, it went.”

He thought that understanding himself more made it harder for him to judge other people:

“I think I hurt a lot of people. I cannot honestly say that I feel personally responsible, which is quite a weird place to be. A lot of the things about being human is [sic] that you take responsibility for the things that you do... but it is very hard to take responsibility for things when you don’t feel that you were in control of your own fucking mind. How do you square that?”

Mac found it hard to talk to people that he didn’t agree with. However, working with Quakers in his thirties created a pivotal moment. He realised that he could talk to people who he didn’t agree with and that he didn’t have to be at war with everybody. Mac always believed that people were on one side or the other and generally women were good and men were bad. If people did something bad to him then they had crossed the line.

He had to overcome the anxiety that people might find out that he was in care. Mac had also had to learn social skills, which he felt he didn’t learn in care. For example, to offer people cups of tea when they visit and how to go shopping without using clothing vouchers. On a positive note he believed that being in care had made him very adaptable socially:

“Being in care, going into new environments all the time, it allowed me to step through different environments... being able to adapt, slightly chameleon like, actually.”

Mac said he was still trying to understand what enabled him to cope:

“Always the hypervigilance came in very handy... I am very finely tuned and I think that helped a lot. So, as an adult there have not been many people who have been able to harm me. The trauma that you get actually gives you some of the tools, if you can use them right, to get you through.”

Before therapy he used to see everyone as a threat. Now he can distinguish between who poses a threat and who doesn't. In the past, even having people in his home caused him tremendous anxiety.

Mac encountered many people who have been supportive throughout his life. He spoke about how he had maintained long term friendships with a couple of people he met at university:

“Some people could have run away from me when I was mad and angry. My mate P he is my hero, 'cos he had to deal with more of my anger and shouting and screaming than almost anybody else I know.”

Mac believed that the good people around him as a child played a vital role in preventing him from becoming like his dad:

“I believe that we are ourselves, but I believe that we are composed of those around us and our experiences. And so I think my mum is in here [points to his heart.] I think my nan who shouted at me when I drew a swastika on my folder when I was eight and gave me a right old bollocking, she is in here. Do you know what I mean? They are in here and my social worker and my foster mum. And actually and he probably didn't realise it and I must tell him before he dies because he is seventy six, my foster father... He is a paragon in my head.”

Mac was in contact with his other siblings, but they had never been able to talk as a group about what happened to them as children. He thought that if they could, this would enable them to move on and possibly become closer. This had proved to be impossible with his oldest sister and his brother, but he had been successful with his middle sister and they are able to talk about the past and to support each other. Although they are not a close group, he says his siblings are a significant part of his life, "In terms of my sense of place in the world they are very important."

At the time of the interviews Mac had lots of friends, yet often felt very lonely because, he said, "Nobody puts me first." However, at the time of my writing this, three years after the interviews, he had met someone and he told me it was going really well. Mac spent five years campaigning on issues affecting those who had experienced the care system and then decided he needed a rest. He said the work had been very therapeutic, "This is the thing about the care leaver's stuff. You find other people who understand the experience so it's a very important thing, I think."

At the end of the interview Mac talked about the future:

"Now I have more control over myself, more acceptance of my thoughts and feelings and more understanding of my ability to develop as a person... being able to take charge, to be in control and I think the rest of my life is going to be pretty good."

Reggie

Before going into care

Reggie was born just three days before the outbreak of World War II. He knew very little about the relationship between his unmarried parents because his mother gave him very few details:

“I think that often, in going back to those days, the grown ups didn’t talk to their kids about anything like that. So, whatever it was, it was and that was it.”

Reggie believed his father had worked as a salesman. He was given his father’s surname on his birth certificate and his mother told him that the three of them took a trip together to Wales whilst Reggie was still a baby. He was not sure why his father disappeared from their lives, and talked about how difficult it was not having a father around:

“All my life, growing up from a very early age, you had to make stories up. Why you hadn’t got a father. Like I say, today you wouldn’t bother about it, but then it was such a big thing.”

He was fairly certain that his grandmother and his mother’s sister knew that he had been born, but his grandfather was never told and Reggie had no idea why.

Being in care

His mother worked in munitions factories, so she could afford to pay for her son to be privately fostered and she was able to visit him when she had time off. He had numerous foster placements but never came to the attention of the authorities. Reggie’s first memories are from when he was about three years old. His most vivid memory was of the bombing raids because he lived very close to London and was never evacuated to the countryside:

“I would rush out the bedroom and fall down the stairs. Well, you opened your window and you saw hundreds of bombers going over.

We were in London in the flight path... You never forget an air raid shelter... We used to spend nights in these things... Everyone smoked and played cards.”

Reggie only remembered one foster mother, “A plump middle aged woman, but I couldn’t put a face to her.”

Reggie reflected on how he had coped during this part of his childhood:

“You don’t automatically think well, this is a funny situation ‘cos you just adapt to where you are. So, support, thinking about the support you get as a child never really came to mind. I mean the basic needs were there. You had your food, you had your warmth and you had your bed, so effectively the child is happy. Obviously, in later life.... the emotional aspect, which you didn’t get... The love from a mother, which the child would normally expect to have [clears his throat.] Probably, the problem kicks in in later life... you, as I say, just adapt to them and get on with life, if you like; rightly or wrongly. The scars, as I say, are there, but you push them down... I sort of came to realise... because the war was on as well, which was an added sort of thing.”

Reggie said he was well behaved as a child:

“I was a reasonably well mannered child, used to discipline. Used to being told well, you know, do this and do that, do whatever... I hadn’t any sort of streaks you know, like anger or anything like that. I was timid I guess. A natural thing, probably the situation I was in.”

When Reggie was seven his mother was finding it difficult to find him a suitable home, so she finally told her brother and his wife that she had a son. Her brother’s wife had been in a children’s home herself and their first child had been fostered because they had been working as servants when he was born. This made them ideal foster parents for Reggie. Reggie’s mother asked if they would take care of her son and they agreed. Reggie talked about his feelings at the time:

“It didn’t mean anything to me. It was just somewhere else to go. I mean yes, they were relatives. So what? On reflection I can’t feel any excitement about going to live somewhere else. I remember arriving and being picked up at the station. Getting the bus and going home and so on.”

Reggie had to find his place in a new community. He remembered how at first he had to fight with other boys because he was the new boy:

“Just ‘cos I was different I suppose, I spoke different... that lasted not very long. Although as in every school child’s environment there is always a hierarchy.”

He spoke about the next seven years:

“The life I led with my foster parents and my foster family, it was very good. I was part of a small community, part of a village. The village did everything together. We took part in everything. On a treat [sic], my aunt would take us out ‘cos we attended church twice or three times, which was good. Everyone did. Everyone sang. We went to the pub and had lemonade and a packet of crisps. All of these things were a part of it. I made good friends with a guy who lived on a farm and we spent the whole summer together doing all the things you do on a farm.”

He described how his uncle and aunt were as parents:

“He was of the old school, Victorian type father and no sort of love, but he was a provider you know. And ‘em a good heart to let me come there. My aunt was an old fashioned mum... Fathers were less involved in their children’s upbringing. The mothers tended to do most of that.”

He talked about how he grew up in an era when children were expected to do as they were told:

“We were given whacks if we didn’t. Our table manners had to be exactly so and when you were at school you had to write with a pen

over your shoulder and so on... all the disciplinary things... You grow up with that and it's just part and parcel of life... you would get a clip round the ear. I had the cane more times than enough at school, you accepted that."

Reggie was intelligent and able to apply himself to his education which his teachers encouraged. He thought he was lucky that it was such a small village school with only about 23 pupils. He spoke about how well he did at school and what it meant to him:

"I used to do well in tests and things in primary school, maybe to a lesser extent at Grammar school, but I'm quite clever you know and that was great 'cos if you have low esteem, self esteem [sighs], you think you are crap... I was very good at maths and problem solving. I used to really think to myself I am clever and not in a boastful way but in a... whoa you know."

His mother always sent money for his keep and although she visited about twice a year he thought of her as a stranger, "There was no relationship there. There was nothing there, I didn't feel anything."

After seven years of being settled and happy with his aunt and uncle, Reggie was suddenly told that he was going to live with his mother. He described how his fourteen year old self felt about it:

"This is where my bitterness is. To take me away from what I regarded as my home and family, away, at a time of life, which is so vulnerable."

He was never told why this decision had been made.

Since leaving care

Reggie talked about how difficult he had found it to change from one environment to another:

"Well, it is like sort of going from one room to the other. You go, you close the door and then you are into the other room and then you get

on with what you've got in that room and it's very difficult to go back into the room you just left, to take it with you to help you out. Do you know what I mean?"

His mother was living with another woman and many years later Reggie discovered they had actually been having a same sex relationship. He described the three years he spent with his mother:

"We could laugh at the same things. Like I say she was quite intelligent. I'd say she was as generous as anyone could be who didn't have very much. What else? I think it was difficult for her really to suddenly deal with me. I think she was landed with this fully formed adult effectively. How could she know how to deal with me? So, I guess she was probably a bit lost herself in the world that she was suddenly plunged into, albeit of her making... or whatever. So, it must have been difficult for her to deal with me and perhaps any sort of strengths or likeable things she had about her she kept hidden. I don't know. Probably my attitude wasn't particularly good. I am sure it wasn't... I wasn't conscious of being awkward, you know. I mean she was likeable, pleasant, you know and we'd go to the pub and have a drink and carry out normal conversations... I'd like my radio on all the time, my music, she would hate that. You know the usual sorts of things that went on. But I can't think of anything like, oh she was great because I don't think we ever knew each other."

When he moved to be with his mother he got a place at the local grammar school. He had to wear the uniform from his previous school because they could not afford the new one, which was completely different. He was wrongly put in the year above because his birthday was in early September and he never caught up with his classmates. He recalled how he left with virtually no qualifications:

"I had no friends to go out with and you know I eventually got them. Obviously it took a long time... but this bitterness remained... I was down on education and I took the easy option and just messed around

in class... It didn't do me any favours... I could have done some resits I guess, but I wasn't interested enough academically, I had lost interest ages before that."

At sixteen he joined the Navy. He remembered fondly the fourteen years he spent in the service:

"So, once you joined up they were your mother, father, maiden aunt, everything. 'Cos you were fed, you were watered... having another surrogate family really and of course you had all your mates... It was great, you had no secrets... that was your family and even more so. You were on a ship where you were a very close knit family, I loved it."

Reggie got married when he was twenty and became part of another close knit family. He talked about how this was the first family he had encountered which showed physical affection:

"It was a shock to the system that people would genuinely hold each other and talk to each other. As I always say to people... When I have this deep kind of conversation... It was the first time I had ever seen love."

He had a special relationship with his father in law and remembered him fondly, "Him and I, we did get on really well. He was a lovely guy. So, yes I could talk to him about anything."

Reggie also spoke about what happened when his mother said he should tell his prospective in-laws about his status, "I talked with them about my illegitimacy. To me it was a big concern... they were quite touched I had said it and they said, 'so what?'"

Getting married also helped with the stigma of being illegitimate and he recalled how, "Suddenly I had a married woman as my next of kin who was a Mrs."

They had three children and the first was conceived almost as soon as they were married. Reggie acknowledges how his being in the Navy did put a

strain on their marriage. He described how hard it was to honour all his responsibilities:

“You are pulled in two directions. The Navy wants you, and your wife wants you... Yes, it wasn’t very good for the wives and children and so on. It did keep the relationship fresh, rather than getting married and you’re under the same roof 24/7 or whatever. So, when we did find that the time together you really appreciated it... We had some great times when we got back together again.”

Reggie and his wife readjusted to living together when he left the Navy, although it took a while. Reggie and his wife had just celebrated their golden wedding anniversary around the time of the interviews. He talked about why he thought their marriage had lasted when others, even those of other Catholics, had failed:

“Well, tolerance is one of the recipes for longevity. I could say give and take, but I am a very good taker and my wife gives a lot more probably than I do. I think that is probably so in a lot of marriages.”

Reggie reflected on his role as a father:

“You’d think that because of my upbringing I would be sort of really, perhaps, soft with my kids... But I think that because I was brought up really hard and strict that’s the way the kids have been brought up as well... I often feel I didn’t give the kids enough of my time when they were at their important years. Sort of early teens, I somehow feel I didn’t give them enough time... you tend to forget the sort of good times, if you like... the times when the kids were small and you’d all go out together and act idiots and so on and so forth ‘cos I used to religiously take them up the football ground with the dog and what have you and it was great.”

He talked about how proud he was of the way his children had turned out, “You want your kids to be better than you were, to do better than you did and that’s what I firmly believe that our kids have done better.”

He felt particularly close to his youngest grandchild and spoke about the strong bond, “There’s something there, it’s so strong the blood tie. It’s so strong certainly, yeah, with him there is something very strong there.”

Reggie worked as a manager most of his adult life and for a long time he was in the catering industry. He talked about how he saw himself in relation to work:

“Well Belbin is a guy and he categorised people... I was an implementer. You tell me to do something and I’ll do it... You give me the guidelines and I’ll do it... I’m not a great creator. I can follow orders, which is why when I joined the Navy I found it very easy... So, like I said, following orders and doing what someone said... having the right information, I’ll go out and do it... But I couldn’t go out and create it myself... So, if things do go wrong that throws me a bit. So, I’ve got to try and think outside the box, which I don’t necessarily find too easy... I can do it... When the times that you have to sort of think, radically and so on. But generally I need to follow a line and then within that I feel comfortable.”

Reggie explored the theme of why he had moved around so much in his adult life:

“In the Navy I was going somewhere different every time and since I’ve left the navy we have moved around. God knows how many places as well. So, whether that’s got something on me that I find it hard to settle, going back from those times, I don’t know.”

At the time of the interview Reggie was living in another small rural community and talked about how that felt, “Yes, I have lived in this area for nearly twenty years now. So, perhaps eventually I found some sort of stability.”

Moving around so much throughout his life had been good in some ways, he thought:

“I pride myself in that I can be in any environment and quite enjoy it and can talk to anybody you know. I am lucky in the sense that I am 70 and I have been everywhere, done everything.”

He still struggled with issues which he felt were left over from his childhood experiences. He spoke about the fear of being caught doing something wrong:

“I know for a fact I if I do something wrong or I know I’ve done something wrong. Made a cock up or something... And you try and hide it. The biggest thing you fear, I fear, is getting caught and I think that probably goes back to then.”

Throughout his life Reggie often felt as though he lived in what he called, “a mental fog”:

“It’s a sadness which is like a cloud, an impenetrable cloud, to try to get through. It seems to stop me from being passionately happy about something. It’s like a fog, fighting through it and I can’t come out the other side.”

Feelings of guilt had affected him all his life and he talked about where he thought they originated:

“So, I feel that is from then, it had always been my makeup; my mental makeup had always been that guilt feeling... I don’t know. It just seems an extension of an emotion. That somehow it’s your fault.”

He admitted that he was sometimes negative about himself, “I can look upon myself in too negative a way and really you should give yourself a lot more balance.”

Reggie had never had anyone outside of his immediate family to talk to about his childhood experiences. He said that he found the interviews helpful:

“Talking as we have this afternoon, a lot of the feelings here have been put away in the corner a bit. And the good things have outweighed the bad things... In some aspects I do feel less guilty.”

He still had a lot of regrets about not asking his mother about his father or about the first few years of his life. He believed that this might have been partly due to the way he coped when he was younger. As he said, “You blot things out.” Reggie also thought that the truth might have been difficult for both of them, “It might have been, yeah, it could have been uncomfortable for both of us to deal with.”

There were all sorts of questions that he thought he would have liked to ask her:

“Well, then we would have to have talked about everything that went on from day one, no, day one minus nine months. What was the relationship? How did you come together? Was the baby an accident? I presume it was. Okay. So, if you talked to each other how were you going to deal with it? What was my future? What were you planning to do once I was born? How do you feel about the action you took? I mean I know it's sort of like, it sounds like all accusations, like a court of law... but that is the type of things to me, which obviously would put it better in my mind.”

Reggie had been trying to find out some basic information about his father, most importantly if he was still alive. He did want to find out more but said he was not sure how much information he would be able to handle at that stage in his life:

“Well, ah, it's probably very irrational. It's something, which sometimes I feel that something had happened in my life that I suppress... and that the knowledge of that will somehow change me... I don't know how, in what way it would... it's like walking into a room and finding a ghost there or something... and change my personality.”

He stayed in contact with his mother after he left home; they visited each other and exchanged letters until she died at the age of 72. Reggie's wife was with her when she died, but he had already left to drive home. He remembered crying when he got the news, "I went to the funeral obviously and it wasn't as though I had lost anyone 'cos I hadn't had anyone. You know. I felt more grief at my aunt's funeral."

Reggie spoke about how he had always been grateful to his aunt and uncle for taking him in. They have been dead for a long time now. His aunt died just before her 100th birthday:

"It was the stability, between seven and fourteen, which had probably had more influence on the rest of my life than anything else. Yes it must be you are still formative [sic] at seven. So, I think those seven years have been the most important in my life in that respect."

One of the things that had been a support to him throughout his life was his faith. His aunt made sure he was a regular church goer and he converted to Catholicism when he met his wife. He thought of his faith as, "a living thing," something that had grown. Ten years ago he survived bowel cancer, redundancy and a financial crisis, all in a short space of time. Reggie holds that enduring all that strengthened his faith. He always thought that he was being, "looked after." He continued, "I don't know. It had been with me all my life really. So, that I feel, yes I have a guardian angel. Someone is looking after me, I do believe that."

Between the interviews Reggie celebrated his 70th birthday. All his children were there, one son came from Canada and the other from America. All his grandchildren were there, Reggie's cousins who he grew up with and his wife's family. At the time of the interviews Reggie still worked part time and he and his wife travelled whenever they could. They regularly attended church and he was still a very active member of his small rural community.

Reggie summed up how he felt about how he had lived his life:

"By doing things the way I have done it there is no right or wrong way... and for me at the end of the day I think we have come a long

way and we are happy and settled and on top of things. We don't own a thing, but what the hell; you only borrow these things in this life anyway."

Irene

Before going into care

Irene described her family as, “a family where you had to find your way of surviving.” She was born in the 1960s, the middle child with an older brother and a younger sister. Her parents were Irish immigrants and moved to England at a time when there was a lot of prejudice towards the Irish. Some landlords refused to let accommodation to black and Irish tenants, so that meant Irene’s family often shared their small house with other families. The Irish Republican Army (IRA) began bombing English cities in the 1970s as part of their campaign for independence. Several bombs exploded in the local city centre and Irene remembered her mother being afraid to speak in case anyone heard her Irish accent. On a material level there was always a steady income coming into the house. However, on her father’s side of the family there was a history of alcoholism. Irene remembered her father’s family as emotionally cold people and her father and his brother were often violent to each other. She believed that her parents were deeply traumatised by a stillborn baby when Irene was four or five years old. She spoke about how she and her brother were blamed for this death:

“You know, just quite unemotionally [sic] blaming me and my brother because we had German measles when she was pregnant. And the belief was, whether it was right or not, but her belief was, that was what had killed the baby.”

Irene said that at the time she blocked that out, yet as an older child she fantasised about committing a murder and getting away with it. She also fantasised about killing herself. She was repeatedly shouted at and beaten by her father and sometimes by her mother. Irene said she got into trouble for her defiant attitude. When her father beat her she would not cry because her father saw crying as a weakness. She did not cry so as to show her father that he had no power over her, and would think, “You have lost control; I am in control.” She saw being able to switch off her feelings in that context as positive, “I guess it was just my coping mechanism that I would just disassociate [sic] and it helped me to survive, I think.”

Irene said she became finely tuned in order to anticipate her father's moods:

"You know, my dad was kind of a creature of habit, so he'd come in about six o'clock every day. So, from half five the anxiety would start. You could almost tell or you felt you could tell, by the way, from the point where he put his key in the lock. Within a few seconds of the door being opened you could tell whether you'd be best to go upstairs or stay downstairs."

She remembered his behaviour as sinister and that he seemed to gain an erotic pleasure from beating her. Her brother was sometimes emotionally and physically abused by their father for not being masculine enough. He was not beaten as often as she was and she thought that was due to a cultural influence of him being the only son in a southern Irish family. Her brother was also their mother's favourite. Neither parent abused the younger sister. She was born after the stillborn baby and Irene thought this made her sister a much wanted, "golden child." When her brother was beaten she remembered that she felt glad because she hated him and at the same time relieved that it was not her. Irene admitted that eventually she became violent towards her mother, "Like, I would rob my mother. I took, you know, I completely overpowered my mother. I would hold her at knife point to get money off her."

The only person she felt loved by was her maternal grandmother, who often came to stay for long periods. Irene remembered her grandmother taking her to school, "I definitely knew that my grandmother loved me."

Irene was sexually abused by an older girl when she was nine or ten and never spoke to anyone about it. It was also forbidden to talk about anything that was happening within the family to anyone outside of the home; she feared being beaten by her father if she did. She attempted suicide when she was eleven or twelve and started stealing her mother's Valium. She was prescribed Largactyl by the family doctor after saying she felt suicidal (to avoid getting into trouble for taking the Valium). She remembered being so sedated that once during dinner she fell asleep with her face in her food. She ran away from home frequently. She did not recall exactly when social

workers first became involved. She remembered that she spent short periods of time in care before being taken into care permanently at about the age of eleven. She had just passed the 11-plus and had started at a good Catholic grammar school because her family was Catholic. Her running away became a matter of concern to the school and she had to transfer to a comprehensive school. Irene remembered how pleased she was when she was taken into care on a permanent basis, "I can remember being in court and being taken out of my parents' care and control... I can remember sort of feeling quite victorious about that."

Being in care

"In a way that was the least awful bit," was how Irene recalled her time in care. She was vague about the exact timing of some of the events because she did not have the official records and Largactyl had affected her recall. She could not remember any social workers. She felt the language at case conferences went over her head and were sometimes traumatic events, which she did not understand. She did remember decisions being made about her rather than with her. She lived in a series of children's homes as a teenager and continued to run away because she said she had acquired, "a taste for it." She never had anywhere to go, "just away." Irene preferred being in care to being with her family and remained terrified of her father until he died, which was fifteen years before the interviews with me. With the support of social services while she was in care she was allowed to refuse to see her parents and that made her feel powerful. Years later her brother told her that when she went into care their parents had actually told him that she had died.

Irene had good memories of some of the domestic and support staff in the residential homes:

"It didn't feel like they were trying to get you to admit to something or sort of try to get you to talk, you know. They were just kind of quite normal, quite ordinary, quite caring. I can remember this one domestic who would let me help her fold the laundry or hang it on the line, you know. I guess the sort of stuff that my mother wouldn't have

involved me in and it kind of made you feel like you were a bit special, really.”

There was another female worker who was very kind to Irene and the other girls when she escorted them to what Irene referred to as, “the clap clinic,” for sexual health checks. Irene said that she did have some experiences in care that she would not have had with her family. She recalled really enjoying a visit to a Sikh temple which one of the other girls attended. One of the negative things about being in care was that she witnessed repeated acts of emotional abuse towards some of the younger children. These were children that she remembered that she felt maternal towards. At other times the abuse was particularly aimed at West Indian or African children who were punished more severely than white children. Irene remembered she felt relieved that she was not the one being punished and then ashamed for feeling relieved. Children would become very upset when they were suddenly moved to new placements, which sometimes meant siblings being separated. There were other children whose behaviour Irene remembered as being quite disturbed. Persistent absconding meant Irene was constantly moving to ever more secure places where education was often on site. She began meeting girls she had been in placements with before and as the placements became stricter white girls like Irene became a minority group. Irene’s education suffered as a result of the lack of stability. She said that it was, “already too late” for her by the time she was thirteen and she left school with no qualifications. Irene recalled her need to prove that she could survive by becoming a punk and saying to the world, “If I am so bad, fuck you... there is something about proving you can survive on your own.”

Irene began taking drugs and drinking to keep up with her peers and became involved in what she called, “the underworld.” Having been on Largactyl from the age of eleven she realised that drugs took away the emotional pain. She described how taking heroin, “was like a magic carpet. I very consciously, I felt whole I really remember feeling a sense of everything’s okay.”

She was repeatedly sexually abused by men whilst on the run from care and was groomed for prostitution by an older girl. She still had vivid memories of a very harsh, secure facility that she was eventually sent to:

“Just that whole powerlessness... Being really aware of your powerlessness as well really.... And then, just that kind of, crushing acceptancing [sic]. That defeat in people as well.... You just seen [sic] people, like physically closing in or fighting. You know, it was kind of one or the other reaction and of course if they came out fighting especially in that place they would just get locked up.”

That facility was impossible to abscond from. She decided to conform to the reward and punishment system, but only so that she could get out. When Irene reflected on her time in care, between the interviews, she asked herself, “Where was the help?” Then she added:

“So, I guess the thing is that when you have been so traumatised at home, the place where you are meant to be safe and nurtured, why should you trust anyone? If they are not the people who have got the agenda to sort of help, if they are not skilled. Children pick up very quickly if you are genuine or not. You know that in itself is a real skill, just the trust building because actually I think they need a lot more time and they need a far more therapeutic role.”

Irene felt it would have been really important if someone had told her that it was not her fault. She said this because she learnt about supervision orders as part of her social care qualification and realised there must have been some concerns about her parent’s behaviour and not just hers as there was a supervision order put in place as a condition of her returning to her family.

Since leaving care

At the age of sixteen Irene went home and stayed just six months. She ran away to another city with her boyfriend after being verbally abused by her alcoholic uncle. After a period of homelessness she got a housing association flat, which gave her some stability, but she was now addicted to heroin. She partly funded her addiction through legal employment and at

one time worked in a beauty salon. She also engaged in prostitution and criminal activities. She told many lies to conceal what she was doing from friends and her family.

Irene said that the ability to disassociate from what was happening to her body when her father beat her also helped her to sell sex:

“It really did because I could go into a role of being someone else. And actually, like sometimes, you know, I would be physically in withdrawal doing it.”

Irene had her second abortion at the age of sixteen. The contraceptive pill was useless because the heroin made her throw them up. She and her boyfriend were both addicts and knew they would not be able to raise a child. She was supported through all of that by the boyfriend's mother who was very kind to her. Her boyfriend eventually died of a heroin overdose; they had already separated by then. She lost numerous friends over the years, all through drug overdoses. Getting off heroin was a long process which started in her twenties with a growing awareness of wanting more in her life. She remembered one occasion when she threw up after taking heroin and whilst clutching some railings for support she thought, “Is this it? Is this what my life is? Looking for hope in a ten pound bag?” Yet, at the same time she recalled, “It felt there was just this little flame inside.”

Irene's started using methadone as a substitute for heroin. Then she was raped by a taxi driver and had to leave the country for a while because some of her acquaintances had beaten up the rapist and she was afraid he would find out and come looking for her. Irene says the final catalyst for sobriety was what happened to her best friend. For years they had lived and worked together, selling sex, until her friend became addicted to crack cocaine, a drug Irene didn't like because it created a paranoid atmosphere. She also didn't like the violence which went along with a crack cocaine lifestyle. This friend began to involve her own teenage daughter in making porn movies and when Irene witnessed this she called the police. That phone call placed Irene at tremendous risk because of the violent, criminal underworld she

inhabited at that time. Eventually both Irene's friend and her daughter were able to escape to a safer environment. The next thing Irene had to do was to end a long, platonic relationship with a very violent man. He had been a kind of father figure to her until she realised how dangerous he really was. She lied to him and got herself away to drug rehabilitation. She has reflected on the dangerous situations which she found herself in at that time in her life, and thinks that she felt safe and comfortable in dangerous situations because that was what she had known in her family. She said, "It was familiar territory." After several attempts at rehab she succeeded, in an environment where she recalled:

"You just felt this love and acceptance. Of course, at a treatment centre for addiction they are not judging you at all. So, it was like, it felt very, very safe."

Irene was encouraged to compose her life story and to begin to understand some of her traumatic past. She said she had so much damage to repair by then that she felt, "like a spot that was full of poison and pus that needed to be burst." She recalled how at that time she did not have a full range of emotions. She had been clean for sixteen years at the time of the interviews and had worked in a supporting role with other drug addicts and sex workers for over a decade.

Irene did not consider her time in care to have been as difficult as her life with her family. It was also better than her life as a young adult, which was all about drug addiction, criminal activities and working in the sex industry. She had not talked about being in care very much, not even in therapy, and her interest was stimulated partly by her degree course and partly by this research. She had been receiving intensive psychotherapy for the last decade, which had been very supportive and helpful because she suffered from depression and problems with authority, particularly at work. She considered herself lucky to have been able to undertake therapy at low cost. She was able to make the commitment to prioritising the money for it and felt proud to have made such an effort to repair herself. Therapy was not easy in the beginning, especially trying to form an attachment to the therapist Irene

used to fantasise that the therapist was going to strangle her because she sat behind Irene. Yet, she also found it what she called, “freeing” to not see what the therapist’s face was saying as she recounted her past experiences. She felt that she is now, “a better and more rounded person” and her therapist had been, “the secure base... just someone that cares.”

Irene has two primary school aged children who are very important to her. Their father is also a former drug addict and when the children were still young their father began having flashbacks about having been sexually abused as a child. He had a breakdown, which placed an unbearable burden on Irene because she then also became the sole breadwinner and so they separated. Irene was depressed after the breakup of the family and found it hard that she did not see the children when it was their father’s turn to have them. They now successfully co-parent their children and the children of his long term partner. Irene described her children as well balanced.

Irene talked about how she had suffered five bereavements, all close friends over a five year period before the interviews, and that she had also lost her partner:

“I was in a relationship and only for a short time, he died. This was about two and a half years ago and back then I kind of comfort ate to cope. ‘Cos it was you know, when it The most awful thing about it is having hope taken away. You know, hope for a better future... But there was something really significant for me about the loss of hope and it really kind of changed me, I think.”

She did not resort to any of her previous self-destructive behaviours such as drinking, taking heroin or acting out sexually. She saw that as a sign of her finally valuing herself.

Irene was still in contact with her mother and siblings, but they are not emotionally close. She used to be very angry with her mother for not protecting her from her father and also recognises now that her mother was

probably afraid of her father. She thought her mother saw Irene as a bad child who resisted her father's attempts to control her:

"I know I still on some level fantasise of, you know, kind of in an idealised way about what I would like from her. But I also know that she is not actually capable of that. And I think, on another level, analysis had kind of given me access to the part of myself, which can mother myself, you know."

Irene said her mother could not have been, "completely crap" in the early years of Irene's life because Irene loved her own children. She had loved other people too, so she felt that she had known love.

Irene had always had a spiritual belief system, which was influenced by her grandmother. She believed that her grandmother watched over her as she promised to do. She said she would come back as a Robin. Irene did believe in a higher power and not just because she was brought up as a Catholic. She felt one must have faith in something, "I would say that when I don't have hope, I don't feel connected to faith."

She believed she lost hope as a child when her sibling was stillborn and that she regained it during rehab.

At the time of the interviews she was completing a degree in the field of social care. It took her a long time to feel that she was good enough to apply. It had been a struggle to overcome the memories, which were restimulated via the curriculum, and to contend with a crippling fear of failure. Irene had to disclose her criminal past for criminal checks several times during her degree. On one occasion she was asked to confirm that she was no longer selling sex before being accepted for a placement. She said that support from tutors and getting good marks had boosted her confidence:

"And I now kind of feel I can complete this course and I don't know what is beyond that, but that in itself will give me skills that I will be able to use... I just kind of have this faith that I will get to where I am meant to be."

Irene felt there should be more support for students from the kind of background that she comes from. She did not feel safe enough to disclose her former drug addiction to her fellow students. She had struggled to overcome the stigma that persisted and described it as, “like a ball and chain.”

Irene revealed that her biggest fear was that despite all her hard work and achievements she would not be considered good enough to work with children in care:

“And then that can be the ultimate rejection. That you have done all the repair from care and then you are seen as damaged goods and no, you are not good enough to look after our children ‘cos you are a product of it yeah.”

Taking part in the interviews enabled her to reflect deeply about her time in care, “I think there is something very cathartic in it as well. You know, I think it will continue to affect me.”

After the life story interview Irene began using social network sites to look for some of the girls that she was in care with and joined an online support group for care leavers. She was thinking about obtaining her care records because she felt she now had a good support network around her. She knew that they may contain upsetting things because in the past doctors and social workers were able to write what she thought of as, “really crap things” and she read such things ten years ago when she asked to see her medical records. At the end of the interview she said:

“I don’t know where I am going, but what I do know is just how I live my little mundane life, there is [sic] better things to come. I am just saying that, but I do feel like I know I have got better things ahead of me.”

Joy

Before going into care

Joy was born in the early 1950s. Her white, English mother and Bangladeshi father were unmarried. She had never met either of her parents, so what she did know about them had come from reading her adoption records or searching on the internet. Her adoption records reflected the racism of that period as her father was described as, “typical Pakistani... cunning and slippery.” When Joy was conceived, her father worked on the railways and her mother was in her early twenties with a promising singing career ahead of her. Joy was born in a Christian home for unmarried pregnant women. She described the first few weeks of her life in a chapter that was included in a book about Transracial Adoption:

“My mother breast fed me for seven weeks and six days. On May 28th 1956, I was placed in a children’s home. In the words of another care survivor, ‘It felt like I had been thrown out of this world.’ Sometimes, it feels like I have spent the last 47 years, 38 weeks and six days trying to get back in.”

Joy felt that being breast fed gave her a good start in life and may have contributed to her becoming an optimistic person. She wrote about being abandoned:

“It is a pre-verbal memory.

I told no one about it.

I had no words so I could not tell anyone about it.

Imagine that!

I imagine it as a black hole.”

Both parents contributed financially to support Joy until a permanent family was found. Whereupon her mother wrote to express her thanks that she thought Joy would be far happier with her new family and enclosed a

cheque. Joy's mother had just been awarded a singing scholarship and was going abroad.

Being in care

Joy was placed in a small children's home. She recalled her earliest memories of that place as, "sort of embodied kind of memories, expressive of... just knowing that something was wrong."

She also remembered other children, toys that she played with and the grounds. Joy was fostered around the age of two. She went to live with a white family and failed to settle. A report said that she was constantly waiting by a window. After she bit the foster family's baby Joy was returned to the orphanage. She soon settled down again and then at the age of four she was fostered by another white couple. Originally it was on a temporary basis because both foster parents were already past middle age. When the couple decided they wanted to adopt her, an adoption was rushed through because Joy was getting older and harder to place. Joy's new parents had four children of their own and went on to adopt three more children and foster several others. The eldest daughter in the family took a great deal of care in welcoming Joy. She made her a little book about the family, which was covered in the same wallpaper as the room Joy was going to sleep in. Joy was adopted at the age of six, which meant she was officially no longer in the care system.

She thought about how she coped before she was adopted as, "being on my own and kind of having to make sense of things and getting on with it really."

Life with her adoptive family

Reflecting on her experiences as a child in her adoptive family, Joy said, "I think I see a very complex picture really and that it wasn't all bad and it wasn't all good." In the beginning she was a very quiet child and would sit and watch the other family members. She recalled her mother telling her that she became more vocal when the family moved to another part of the country;

“I started talking and my sense of humour came out. I think... She did say that I became easier to love. Easier to kind of parent, you know. ‘Cos I think I was. I didn’t speak much until I was nine apparently.”

Joy talked about some of the coping mechanisms which she used as a child:

“I had some quite autistic behaviour at that time. When I learnt to first spell, it was like a light switched on... Also when I learned dates, months of the year and things. I just started filing information. Like you know... And I have still got some of it; it’s a bit bonkers really. I used to spell every single word I spoke. The letters would come out of my mouth and I could literally picture every word [laughs.] So, I did these quite autistic things, which I think now is quite closely related to attachment stuff and I don’t know quite... It’s something about making sense of the world when the world didn’t make sense.”

There were seven different nationalities represented in her adoptive family and she wrote about it in a newspaper article for the centenary of her adoptive mother’s birth, “She created our family in an era when Britain was still a powerful, imperialist force with racist beliefs.”

The children were all treated the same whether they were biological, adopted or fostered. All the boys went to private boarding schools and all the girls went to good local schools. In many ways it was an idyllic rural setting. Yet, as she put it, it was far from perfect:

“What I would call a kind of benign racism because it wasn’t... My parents weren’t doing it out of you know, a conscious attempt to make us unhappy. You know they genuinely thought that if they treated us as white, brought us up in the middle of the country, with ponies, high expectations, you know, that that would do us good and in some ways you know, it did do me good.”

It was positive having other brown children around, but Joy did not look like anyone else in her family because her adopted and foster siblings were mainly of African descent. She thought that she had resembled an Inuk:

“It’s not only like you’ve been abandoned, but then you have got to deal with the fact that you have no sense of belonging or no one looks like you in the family that you are in.”

Joy described the racism she experienced as a child:

“I started grammar school the same year that Enoch Powell delivered his Rivers of Blood sermon. Overnight, this speech made where I lived a more dangerous place to live in. School became a little less safe... Paki and half-caste were terms of everyday abuse, tolerated by the teachers.”

She did believe that their adoptive father’s status had protected them in some ways:

“Because dad was a vicar, in those days, this is going back to the sixties.... Certainly in small rural communities vicars had very high status. So, we were sort of protected from some of the worse aspects you know... Being black at that time usually meant you were, you know, it was exactly the same as being at the bottom of the pile, in all sorts of ways. But we weren’t at the bottom of the pile ‘cos we were quite privileged in lots of ways. So, it was a very kind of funny... Sort of intersection of advantage and disadvantage.”

Joy’s adoptive family did not talk about emotional problems. She describes her adoptive mother as, “pre-Freudian” with “an Edwardian, British, stiff upper lip” approach to life:

“I had to suppress everything. I don’t think this is healthy, but what it did allow me to do was get on with my education. ‘Cos I was never having [sic] to address difficult, complex or subterranean stuff, which was going on for me, which was always there. I always had nightmares, dreams, all sorts of stuff.”

Joy spoke about how well behaved she was and how she hid any naughtiness:

“So, I just kept things secret, what I was doing... I was just, you know, terrified. I was actually terrified of being sent back to the children’s home. I think that is something quite a lot of kids carry with them, this sort of... It was this thing you know that if I wasn’t good I might be sent back.”

From the age of twelve until she was sixteen was a really enjoyable time for Joy and she grew closer to both her ageing parents. Most of her siblings were away at school or had left home. She did indulge in some shoplifting and taking drugs, but always kept such activities well hidden. Joy had always done really well at school; she passed her A levels and left home to go to university.

After leaving home

Joy studied psychology and education, and went on to become an art therapist. She then married and became a parent in her twenties. She recalled how challenging these experiences were:

“Because I realised the whole pregnancy had been very difficult... It brought up all sorts of things. About, you know, who I was and my own birth and childhood, in ways that well, I couldn’t really articulate. But anyway, it did and I had been with his dad since I was eighteen. Actually we had a long term relationship, but having a baby... and he had come from a family where there had been quite a lot of fostering and he had been put in care ‘cos his mother had mental health difficulties... and I think we just triggered something off in each other that we were not emotionally mature enough to deal with really.”

Joy was very angry during her twenties. Her relationship with her son’s father and many other relationships did not survive and she struggled with being a single parent. She turned to therapy, which she admitted was not her family’s way of coping:

“For a long time, I had this voice, which wasn’t my own. It was the voice of my family, which was kind of really saying, ‘you don’t need to

find out about your birth parents'.... Or 'you don't need to be in therapy' or 'you'll be fine...' And it took a long time for me to establish my own voice."

She engaged with therapy on and off for almost eighteen years. She was able to see how much had been suppressed, but did not see an alternative way of dealing with what was going on for her as a child and a young adult. She summed it up as follows:

"I guess there was a cost to it. Um, you know, I kind of, now I suppose, looking back on it with hindsight, I feel like well, that is just the way I did it. You know, it made sense to me; actually there have been a lot of rewards from doing it in that way. Um and I can't... It's not helpful to imagine another way of growing up, or being or doing it. Um, 'cos then I would have regrets, probably."

Joy said that therapy could not provide all the answers. She also studied sociology and for a while she became a communist:

"And I could have saved a fortune in therapist's fees if someone had told me it is a political and cultural analysis, not psychoanalysis that is needed to make sense of it all."

Joy believed that becoming a parent and falling in love have helped her to overcome some of the traumas of her past. She and her current partner met when she was thirty and have been very happy. At the time of the interviews they had been together for over twenty years. They have had two children together, so Joy had three birth children and a stepchild, all grown up and living locally. Joy shared her thoughts on attachment disorder:

"There are different types of attachment disorder and I think I was the type that was very... I can't think of the word. There is a type that's very disorganised, there is ambivalent, there is another, avoidant. I think I was avoidant. So, I think I wasn't particularly difficult... I feel that I can talk about it. Partly because I have got over having attachment disorder as well and that had been partly through, certainly, giving birth. I think you literally do generate those

hormones, that cocktail of bonding, and I think falling in love is a similar thing. I think the same cocktail of chemicals happens, which literally you know, reconnects those bonds, which have been broken. I don't quite understand that whole thing."

Joy said that being a parent was something that she had always considered to be an important role:

"I think I did always have, yeah, a real consciousness about wanting to get it right and often the sort of rhetoric didn't match the practice at all and so I would be overwhelmed with very difficult feelings about being a parent or something. But I would always have the capacity to have this kind of rational voice. Saying, partly, to do with what I knew about child development, what children needed apart from my training. A sort of rational voice, almost saying, you know, you mustn't do this to your children. Or you should do it like this, or you know there are other ways to do this. I don't know, yeah."

Both Joy's adoptive parents died over twenty years ago. The eldest daughter, whom Joy was very close to, tried to keep the family together. This sister died from lung cancer in 2000 and before she died she asked Joy to look after the family, but Joy felt that the task of looking after all her siblings would, as she put it, "kill her." Joy said she felt guilty because she thought she had a better outcome than her adopted and fostered siblings. None of them had ever really been interested in exploring their childhood experiences and she had come to the conclusion that her siblings had been casualties of their unique upbringing:

"My youngest brother is happy. He is an alcoholic, (laughs) but he is happy... And he is I guess. Actually, at the moment he is with this really lovely Irish woman who is also an alcoholic, but they are a good couple. I did not think he would live till he was 35 at one point. One sister is kind of; well she got married again to this guy who had done time in prison for GBH. Another sister ended up in a relationship with a guy who was violent. One sister didn't speak to her eldest son and

her younger son died, which was horrendous. And she had a daughter who she actually put up for adoption.”

Joy honoured one promise to her dead sister, which was to keep an eye on her sister’s transracially adopted son. She was currently close to two of her brothers, but not to any of her other siblings. She felt that they were distant, but there was a connection between them all.

After her adoptive mother died Joy wrote to her birth mother. She told me about what happened when her mother didn’t write back and when Joy called her:

“And she said, ‘Oh I know who you are, you are my illegitimate daughter.’ And she kind of said it had basically been a really unhappy time in her life and I think she didn’t want to be reminded about it. But in the end I put the phone down promising that I wouldn’t have any phone contact with her again, but then realised that was just really unsatisfactory. So, then I wrote her a long letter, but said, you know, if you don’t respond to this I will not contact you again and she did not respond to it. Over the years I have had mixed, different feelings about that. I am not devastated about her not wanting to see me, but increasingly I just feel... I think, where my feelings have settled on it now are that I do feel that she is quite cowardly.”

She also tried to trace her father and was able to locate some of his relatives in England. She described their reaction:

“And they were really, really welcoming. I was really, really touched and disgusted at myself for sort of fetishising [sic] the mother and baby bond and quite humbled by their generosity ‘cos they were clearly really poor and they were so generous and so welcoming and all. I just had this stereotype you know about Muslim families not accepting me because I was born illegitimate and they just said, ‘Oh, no, you are family,’ and they were just, it was amazing actually. It was absolutely lovely, no, it was lovely, but there was a kind of chasm between us culturally. They were really interested in the fact that I

had been brought up as a Christian. So, that was that. So, I haven't had any further contact."

Her father was now in his seventies, suffering from dementia and living in a remote part of Bangladesh. He had remarried and fathered two more children. Joy found a Siletti speaker to write to him, but as they could not be sure if he could read the letters she decided not to pursue the search any further.

Joy spent years reflecting on the nature vs. nurture debate, trying to work out whether it was her birth parents or her adoptive parents who had exerted the greatest influence on who she is. She decided that it was both, but felt that her adoptive parents are the parents whom she most identifies with. She did not consider herself religious anymore, yet she did believe that her strong Christian upbringing gave her good values and that she had good role models. After working with children who have experienced numerous placement breakdowns she is thankful for the stability that she experienced. The racism of that time and lack of awareness of early childhood trauma are things she thought her adopted parents could not change. She had reached this understanding, "I feel kind of quite rejecting of my birth parents because they rejected me. So, I want to identify with my adoptive family more."

Joy talked about how throughout her adult life she had used her intellect and her education to try to understand herself and her experiences:

"I don't really think I exist, in a very core sense. I have these theoretical models for explaining myself, but really, at the core I kind of have a real profound sense of emptiness and kind of being lost and lonely. And then again I found a number of set theories, which fit that, which is great, which is Buddhism. Which you know, denies the self and inverts that whole preoccupation with self, but I think that's what I do. I think I make sense of things through other people's voices and that finding my own voice is still a real, real struggle."

What she did find was that art therapy allowed her to express things that she could not put into words. She spoke about how she spent a whole year

painting a series of black holes to represent all that had been absent throughout her life:

“There is a reality beyond linear thinking and language and that I guess for me that is what... It’s something about nonverbal experience. This is what I have kind of looked for. This is why really, why I am an art therapist really, ‘cos I am really interested in nonverbal expression and nonverbal communication and the fact that words and language and thoughts are actually... like, limited.”

She did not believe that any of the early traumas have gone away because she suffered from terrible migraines. That meant that sometimes she had to spend the whole day in bed and was thinking of resuming therapy because of the migraines. She learned to live with and manage what she referred to as, “the black hole” and her anxieties. She talked about how the trauma had manifested throughout her life and how it had become somatised:

“All the anger and the sort of destructiveness I had in my relationships, in my twenties was that same toxic kind of bit to me. And that now I kind of own it I don’t project it out onto other people and so it poisons me as it were, yeah.”

Joy had worked with adopted children and children in care for over 25 years. She was a member of a mutual support group for adults from various ethnic minorities who had been in care or had been adopted as children. She saw herself as a busy person with a busy life.

She spoke about becoming a Grandmother about a year before the interviews:

“I was actually really shaken up in my sense of self. Amazingly, it’s been quite seismic really. And it kind of came to a head really when my daughter went into labour and I arrived at her flat in the middle of the night. And I kind of had this really odd experience, which was almost like voices. I mean not a bunch of voices, but some whole sentences came into my head. Not that something could go wrong. That I didn’t belong there.... that I don’t deserve a family...

Something really odd... and actually what was happening was that I was having to make a transition from seeing myself as defined by loss and separation to actually reconfiguring myself almost, as defined by family and gifts of family and connection.”

Joy also thought the birth of her grandchild had changed her family story:

“There is a narrative thread which is passed either culturally or biologically from Grandmothers to mothers to daughters. I think what my daughter and I have started doing actually is picking up the plot. We picked up the narrative thread, which somehow had got lost and that. And actually we are beginning to retell a version of our story and our family and actually that’s what feels so positive.”

Chapter 8: Analysis of Findings: The Dynamics of Resilience

8.1 Introduction

I captured the significant events over the life span for each of the participants in my research in chapter 7 - *The Four Life Stories*. This was done in order to represent the uniqueness of each story and the lived experience of being in care as a child. The aims of this chapter are first, to provide a deeper analysis of the lived experience for each participant; second, to uncover shared themes; and third, to illuminate the dynamics of resilience. The concept of a dynamics of resilience refers to the psycho-social approach already outlined in chapter 5 – *Thinking Psycho-socially about Resilience*. The dynamics in this context being the inner-outer world traffic, or what passes between the inner world of the individual and the outer environment; this requires an understanding of the complex, unconscious processes of internalisation and projection and how movement occurs from the outer world to the inner world and vice versa.

In chapter 5 I suggested using the concept of trauma as a possibility for deepening our understanding of the resilience of care experienced adults, and offered a psychoanalytic perspective of trauma from the work of Bion in particular. Chapter 6 provides an account of my methodology and data analysis and figure 2 provides descriptors for the key themes and sub themes which emerged from the data analysis.

The purpose of this chapter is to examine the validity of deploying the concept of trauma in this way for making sense of the lived experience of the participants. Two overarching themes emerged from the analysis of the data which I term *survival* and *beyond survival*. Survival refers to those periods that occur throughout the life span when the struggle for physical and emotional survival is paramount and corresponds directly to periods throughout the life span when the individual is constantly confronted by potentially overwhelming (and therefore traumatic) experiences. Initially, overwhelming experiences are typically caused by external events.

However, as the life stories unfold it becomes clear that, if these disturbances become internalised, the struggle for survival can also be created by overwhelming experiences arising from within. The term beyond survival refers to periods throughout the life span where greater stability has been achieved, a life which has the potential to be more creative than destructive and the individual is able to flourish - to a lesser or greater degree.

In order to understand the dynamic nature of resilience through a psycho-social lens, the following themes also proved to be of value. These themes are relevant to all participants in my research.

Figure 2 Dynamics of Resilience – Themes and Descriptors

1. Survival/Beyond survival: Survival means living at the emotional or physical survival level, enduring significant external threats such as abusive parents or carers. This is sometimes, but not always, accompanied by instability, perhaps numerous placement breakdowns. Beyond survival means inhabiting a place where the struggle for survival is diminished and opportunities to form healthy relationships and enjoy a more creative life are possible.

External threats

2. These are bad external objects/toxic environments and violent, oppressive, unstable environments. This would include people, places and experiences, which are overwhelming or create feelings of powerlessness.
3. Oppressive social mores: these would include social taboos about illegitimacy, unmarried mothers and racism.

Internal threats

4. Internal threats arise from experiencing external threat: survival guilt, losing faith, low self esteem, lacking confidence, embodied experience and destructive behaviour. These can also be internalised (identified

with) from external sources, for example stigma and oppressive social mores.

5. Affect/feeling: the emotional impact of experience.
6. Despair – affect/ feeling (specifically Mac): hitting rock bottom when his nan died.
7. Alien – affect/feeling (specifically Joy): feeling as though one is not of this world.
8. Things that got lost: people, identity, memories and one's narrative.
These things get lost as a result of separation and trauma.

External resources

9. Good object/supportive environments, positive experience of people and places including stability, generosity and reliability that support an individual.
10. Allies – Good objects (specifically Mac): helpers in the battle of good v bad or Mac's dad versus his nan, mum, his sisters and his social worker.

Transformational events/experiences

11. The research process: for most this was a good object, a chance to reframe experience, and for some it was catalytic.
12. Catalysts: experience(s) that facilitate moving forward.

Unconscious ways of structuring experience

13. Switching off, leaving one's body and suppressing experience.
14. Obsession/focus and repetitive acts.
15. Splitting/fighting: splitting internally, splitting external objects (people, experiences). Fighting mentally, verbally and physically.
16. Blurring/flattening (specifically Reggie): absorbing, dulling and dampening experience.
17. Enacted, projected and embodied experience that cannot be contained or made sense of.

Internal resources

18. Inherited potential (from Winnicott, 1976) whose development is dependent on the interaction with the environment: intelligence, motivation, temperament, resourcefulness and sociability. Also resources internalised (identified with) from external sources - moral values, and discipline gained from a parent or carer.
19. Hope/faith: believing that things can better, a belief in something outside one's self such as politics, religion or spirituality.
20. Adaptability: being able to adapt to people and places.

Learnt strategies for dealing with self and other

21. Learnt strategies for dealing with others: hypervigilance, defiance, complacency, distrust and head games when confronted by an abusive parent or carer.
22. Strategies for self-management: drugs, self-regulation, learning social skills and constructing the story you need to.

Beyond survival

23. Giving something back: benign projective identification, being an emotional container for others and recreating past experience.
24. Gratitude: qualified/unqualified for the support of others.

Examples from one or two of the narratives which best illustrate each theme are presented here. What emerged early on, distinctly from the data, is the variety of *external threats*, such as an emotionally or physically abusive parent or the death of a loved one, which were potentially overwhelming for an individual. The response to external threats can be separated into two themes. *Unconscious ways of structuring experience* encompasses a range of predominantly unconscious and involuntary strategies such as splitting and dissociation - concepts which originate from psychoanalytic thinking. *Learnt strategies for dealing with self and others* are more intentional behaviours such as hypervigilance and distrust. It is not possible to state categorically that there is always a clearly definable difference between unconscious and conscious groups of responses, but there is still a need to

emphasise that there is a difference. These responses to managing what Khan (1963) refers to as cumulative trauma are never completely successful; many external threats become internalised where they often assume the form of *internal threats* that manifest in forms of self-destructiveness, such as survival guilt and self harm. On a more positive note, *external and internal resources* are something that individuals can call upon as they struggle to manage cumulative trauma. Moreover, as individuals navigate the life course, they encounter experiences that they may or may not be responsible for initiating which have the potential to transform (see the sub-theme Catalysts in figure 2). External resources may appear in the shape of birth family members during childhood, perhaps a loving Grandmother or protective sibling. When in care residential workers, foster carers and social workers may perform a similar function and in adulthood, partners and children can also become external resources. These good experiences can also become internalised where they manifest as important internal resources, such as hopefulness and self discipline. The aim here is not to oversimplify complex processes; nevertheless, it is valid to say that if internal resources grow and external threats diminish the ability to move beyond survival mode to enjoying a life beyond survival becomes more viable. When this occurs and new achievements follow, as Rutter (1987) discovered, positive feedback loops (growth which increases the possibility of further growth) are created.

I feel it is important to emphasise just how dynamic a process this is. An individual who has struggled for survival for long periods of time may encounter a period which propels them suddenly forward to a place beyond survival. Moreover, that same individual can then spend long periods living a life which is no longer preoccupied with survival, only to encounter new trauma and find themselves suddenly thrown backwards again into survival mode. Furthermore, for individuals who have experienced cumulative trauma, in all probability resilience is not about ascending to a plateau that can be permanently inhabited. Fault lines may appear in the floor of the plateau in the shape of fresh layers of cumulative trauma causing them to

slip through the cracks after which there may be either full or only partial recovery.

Having briefly introduced the themes, the following sections explore each theme in detail with illustrations from the lives of the four respondents. The numbers in brackets refer to the numbers on the Themes and Descriptors – see figure 2.

8.2 Survival (1)

Reggie spent seven years in survival mode, moving from one private, unregulated foster care home to another; only his basic needs were met, whilst at the same time having to endure wartime bombing raids. Irene also spent long periods in survival mode, first in her birth family where she said, “you had to find your own way to survive” and then, when in care, being sent from children’s home to children’s home, and then to a series of increasingly punitive secure facilities. Irene and Reggie clearly experienced significant instability which was a key factor in keeping them in survival mode. However, stability *per se* does not necessarily equate with being able to move beyond survival. Mac spent several years with his father, but described this period as, “mad and dysfunctional” as both his father and step mother disintegrated into alcoholism and frequent violence towards each other. Moreover, an individual can be thrust back into survival mode at any stage in the life span; after years of living beyond survival. In his late fifties Reggie was thrown back into survival mode through bowel cancer, near bankruptcy in his own business and redundancy in a paid job. As this chapter unfolds, I shall present more examples of the themes which are relevant to periods of survival and beyond survival.

As I mentioned in the introduction to this chapter, individuals can be perceived as surviving in all aspects because they are doing really well in one or two aspects. The resilience literature acknowledges that some individuals do well in one aspect of their life and not another, but offers no sophisticated understanding of why this might be (Mallon, 2007; Flynn et al., 2004). In Mac’s case, being successful educationally was masking serious

mental health problems. He had not had the opportunity to process any of his numerous pre-care or in care traumas, and, as I have already mentioned, childhood trauma can build up cumulatively, hidden to the observer, only to emerge later on in life. One of the ways in which Mac's traumas first emerged was through sleep disturbances. Chu (1991) sees this as repressed and dissociated events emerging to be re-experienced in dreams and nightmares during sleep, when conscious control no longer operates.

8.3 External threats (2 & 3)

Oppressive social mores in the form of social taboos which centred on unmarried mothers, illegitimacy and interracial relationships contributed significantly to the separation of Reggie and Joy from their birth parents. According to Thane (2011), the options for unmarried mothers for keeping the child in the period when Reggie and Joy were born were limited, and societal reactions were often punitive towards both mother and child. Thinking about oppressive social mores in relation to survival, Pinchbeck (1954) observed how, before the 1960s, illegitimacy constituted a threat to a child's physical and emotional survival because illegitimate children were more vulnerable to premature birth, stillbirth, infanticide, cruelty and neglect. For Joy and her mother, the fact that Joy was a half black child caused even greater problems. Benson (1981) brings the racial climate of the 1950s, when Joy was born, into sharp focus. He tells us how newspapers and magazines ran features on the problems of mixed race marriage. Miscegenation (reproduction between the races) occupied a prominent place in popular consciousness, regarded by racists as a serious threat to Britain and by liberals as the key to racial harmony. Benson describes how there was great hostility towards interracial marriages from black and white people. There was an assumption that the white women who typically entered into these relationships were already social outcasts, prostitutes, ex-prostitutes, women who had been rejected by their families for already having illegitimate offspring, poor women and those who were mentally abnormal or unstable (Benson, 1981). Other options for Joy's mother were also hampered by racism. Kirton (2000) describes how at that time, even in some parts of London, 80% of foster carers would not take a black child. Other solutions

would have been to have an abortion, which was dangerous and illegal, or to have the baby and then put it into a children's home.

In relation to Irene, Carlen (1987) refers to another oppressive social belief. During the period between the 1960s and 1980s, girls were taken into care for behaving in what the author refers to as, "a gender deviant way", for occupying public spaces, which only boys were allowed to do, instead of being at home under the control of their families. In addition, once in care girls were treated more harshly for less major offences than boys.

From a psychoanalytic perspective, external threats can be thought of as constituting *bad external objects and/or toxic environments*. Bad external objects are people, places and experiences, such as Mac's alcoholic and violent father, whose behaviour was not just overwhelming but also traumatising. An example of a toxic environment would be the type of family life experienced by Irene - violent and emotionally, physically or sexually abusive, creating a destructive atmosphere where a child struggles to survive and has little opportunity to flourish.

Parts of Irene's experience of being in care illustrate how oppressive aspects of the care system can constitute a *toxic environment*. By the end of her journey through the care system she ended up in a harsh secure facility, impossible to escape from; a place where children banged windows repeatedly to signal their distress and where Irene felt trapped and powerless. Coming from a sociological perspective, Carlen (1987) describes how the care system constantly assesses, categorises and re-categorises girls. This follows on from the work of Foucault (1977) that assessing, categorising and placing contain other hidden functions: disciplining, coercing and excluding. Carlen (1987) held that these processes can result in individuals feeling that they are essentially different or other, that they are a problematic individual rather than an individual from a complex social environment, and that this can lead to deviance. If the deviance escalates, such girls are eventually pushed into a disciplinary space or out of the care system altogether - no care. From a psycho-social perspective, an

oppressive environment is described by Hoggett (2001) as an atmosphere of injustice and oppression. Along with inequality and marginalization, this can be an incomprehensible experience; if a dominant other gets inside one's head and tells one what to think and feel this can lead to feelings of powerlessness and psychic injury.

A different kind of oppression connected to being in care affected Irene and Mac. They had to contend with the stigma projected onto them from wider society simply because they were children in care. This stigma is imposed on children regardless of the quality of the care received, even in nurturing and caring placements. As Kahan (1979:53) wrote, "To the pain of bereavement, shock, disappointment, disillusion and rejection, was added the unexplained stigma of being different..."

Instability constituted an external threat which was experienced in different ways. Mac went back and forth between phases of stability and instability whereas Irene only ever encountered instability during her time in care. The impact of instability significantly decreased the possibility of forming secure attachments or supportive environments, often at a time when they were needed most.

8.4 *Unconscious ways of structuring experience* (13-17)

In the absence of any capacity for what Bion (1984) refers to as making sense of or containing overwhelming (i.e. traumatic) experience, the participants in my research responded with what I refer to as *unconscious ways of structuring experience*. Irene's response to being beaten by her father, who sometimes became sexually aroused as he beat her, was to structure her experience by closing down emotionally and leave her body - the assault on her was so great that she could not be present. Switching off emotionally and leaving the physical body are powerful unconscious defences against events that would otherwise cause unbearable anxiety. According to Carlson et al. (2009), the ability to dissociate, to disconnect

emotionally and physically, to be isolated from one's actions and associations, is a widely recognised protective mechanism.

Reggie's method for structuring his experience I have explained as flattening and blurring. Reggie's early years were more than what Bion (1984) would call overwhelming; he suffered a continual bombardment, literally, by the Germans, and emotionally, as he was passed around like a parcel with no destination address. Reggie said he felt as though he was living in a fog for most of his life; he described himself as, "a complacent" child before he went to live with his aunt and uncle, afraid to be naughty, and always doing what he was told. In other words, Reggie dealt with painful experience by becoming inhibited, pliant and flat. Moreover, flattening and blurring made Reggie easier to look after, thus ensuring his emotional and physical survival. Iwaniec et al. (2006) describe this as superficial compliance, a defence mechanism activated when an individual feels threatened. In an attempt to manage what was unmanageable, Reggie absorbed his experiences by dulling them and dampening them, in direct contrast to Mac and Irene, who dealt with difficult life experiences by sharpening them, splitting them or fighting against them.

For Mac, fighting (being violent) was an unconscious method for structuring his experience; this enabled him, as he put it, "to fight his way through to adulthood." By fighting, he survived being the youngest and the smallest; fighting (based on splitting) became a coping mechanism which continued throughout this life. Splitting, dividing people into good or bad, was how Mac structured his experience as a 16 year old when his sister committed suicide. He didn't know he was doing it at that time, but he now thinks that, unconsciously, in order to cope with the unbearable pain of losing her, a wall came down in his head which split his world in two, with good people on one side and bad people on the other. His attempt to structure an incomprehensible trauma manifested in obsession. He typed out lists of which countries were enemies (bad objects) and which were allies (good objects). Then he began to think that people were enemies or allies and that his foster parents were enemies and he asked to leave. Carlson et al. (2009)

believe that in middle childhood and adolescence, if influenced by early traumas, a pathological form of splitting can occur. Asking to leave his supportive foster placement was a self destructive act, difficult for both the individual and the observer to comprehend. Nevertheless, it is symptomatic of what Levy & Lemma (2004) suggest, that unresolved trauma distorts internal and unconscious mental functioning and damages attachments and interactions with others because the grieving process has become perverted.

The unconscious tendency to split and fight as a mechanism for managing difficult and painful experience occurs whenever an individual feels threatened, even when the threat is perceived rather than genuine. Irene recalls how difficult it was initially to lie on the couch with the therapist behind her because she fantasised that the therapist would strangle her. Irene had been accused of being a murderer, fantasised about murder and attempted suicide. In addition, her parents had figuratively killed her off by saying she had died when she went into care. This demonstrates how cumulative trauma can distort reality and turn others who are trying to help into 'bad' objects.

There are ways of unconsciously structuring experience that are as difficult for the observer to understand as they are for the individuals involved. If we take the example of Irene, whose defiant behavior towards her father earned her more beatings, it is hard to comprehend why a child who is being beaten would provoke further violence. However, deeper analysis suggests some aspects of Irene's behavior, such as answering her father back, were not just self destructive. As I have already mentioned, according to Hoggett (2001), socially unjust situations can lead to forms of unconscious human agency which appear to be self destructive or destructive to others. The key to understanding Irene is that whilst such agency might have earned her more beatings, it also gave her some power in a powerless situation; powerlessness is a central aspect of Irene's narrative. Moreover, her defiance became crucial to her survival in later life.

One way in which Joy structured her experience, whilst trying to adapt to her adoptive family, was through what she called, "ritualistic" and "autistic"

behavior. These were repetitive acts, a way of trying to make sense of what didn't make sense. This particular form of unconscious behaviour might be explained by Britton (1992), who suggests that experience which cannot be digested (contained or made sense of) becomes enacted, embodied or projected. We can hypothesise that Joy was trying to get rid of what was incomprehensible through repetitive actions. Later in her life, during young adulthood, all the toxic experience from her past accumulated and because she still had no mechanism for managing it or getting rid of it she projected it unconsciously onto others, wreaking havoc and destruction in her personal life. By the time Joy was middle aged, elements of that toxic experience which were no longer projected out onto others were turned inwards. They were now embodied and poisoning her in the guise of crippling migraines that rendered her prostrate for days at a time.

Some mechanisms for structuring experience can be both unconscious and intentional. Reggie can't remember much of the period before going to live with his aunt and uncle. He said, he, "blotted things out", first as a child and later as an adult. Boag (2010) suggests that suppression may occur both unconsciously and intentionally. Therefore Reggie may have suppressed his feelings unconsciously as a child, but as an adult he suppressed his painful memories intentionally, to keep them at a safe distance.

8.5 Learnt strategies for dealing with self and others (23 & 24)

This theme is about managing interactions with others and managing the self. Unlike unconscious ways of structuring experience, these strategies are more often the result of intentional choices. When Irene developed hypervigilance (persistent watchfulness) in order to anticipate her father's violence and to save her a beating, this would be an example of a learnt strategy for dealing with others. Another example would be Reggie making up stories about his father when dealing with others in an attempt to hide his illegitimate status.

A learnt strategy for self management would be when Irene self medicated with her mother's Valium and discovered that it took away the emotional pain of being called a bad girl and being held responsible for the death of her

baby sibling. Later in therapy Irene learnt new strategies for self management in relation to her angry outbursts - becoming calm and self regulation. For Reggie and Joy, in adulthood, keeping busy and meditation were learnt strategies for self management to keep anxiety at bay.

8.6 *Internal threats (4-8)*

All internal threats are the result of the traffic between the inner and outer world. They can assume the form of debilitating feelings arising from one's internal world, of absences and silences which suddenly become noisy presences or of internalised beliefs (phantasies about oneself and others). Internal threats undermine the struggle to manage overwhelming external experience.

Regarding debilitating feelings, despair is one of the most common. This is exemplified by Irene who temporarily lost hope and faith when her baby sibling died and again as an adult when her partner died. This constituted a dangerous internal threat, because without hope and faith it was hard for her to see a reason to continue to live. In a similar way, when Mac's grandmother died he felt real despair, of being abandoned and alone in the world.

Internal absences and silences relate to things that have got lost. These are things that you never get back or never get back in the same form; their loss can result in sadness, bitterness and anger.

Reggie never knew his grandparents or his father and never had the chance to be raised consistently by his mother. Irene was never successfully reunited with her parents or siblings and Mac was only ever successfully reunited with one sibling. Such losses can also become tied to one's identity; Joy, for example, was separated from her culture, her roots and her story, leaving her with sense of a broken maternal narrative. Joy believes that she pushed her son's father away. Verrier (1993), who is an adoptive mother herself, describes how for an adoptee the fear of abandonment is ever present. She sees this as the need to relieve the anxiety of

abandonment by taking control and making it happen by abandoning the other person.

One can also lose parts of one's experience through repression. Mac is unable to remember anything about his mother, including her death, or about living with a violent, alcoholic father who was sexually abusing his own daughters; in fact Mac could not remember anything from the traumatic first seven years with his birth family. These forgotten traumas are what Khan (1963) would refer to as cumulative traumas, building up silently and invisibly in Mac's internal world as internal threats only to emerge in later life when Mac suffered a breakdown.

At an unconscious level, our lived experience often affects our beliefs about our self and others. Some threats that originate in the outer world become part of the internal world when unconsciously they are introjected, taken inside, and identified with and then transformed; this is the process by which external objects become bad internal objects. There is no consensus within resilience literature as to whether the environment or the individual exerts the greatest influence. Ungar (2011) holds that the focus should be on the social ecology – the environment. However, Rutter (2012) counters this by saying that we must focus on the interaction between the two. The findings from my research offer the possibility to understand the importance of both the inner and outer world and the interaction between them. Thinking sociologically, at the time of Reggie's birth illegitimacy was seen as an individual burden rather than a social problem, and illegitimate children were regarded as second class citizens who were made to shoulder the moral guilt of the parents (Pinchbeck, 1954). We can understand the psycho-social process of inner-outer world traffic by combining Pinchbeck's account with Klein's (1952) theory of projective identification. Reggie unconsciously identified with the negative projections heaped upon illegitimate children like him by the outer world because there was no alternative version of his situation available; there was nothing around him that might have told him he wasn't a second class citizen or that illegitimacy was not his fault. Therefore he introjected the negative projections (took them inside himself); he grew to believe them. When these became transformed into internal threats, Reggie

became burdened by feelings of guilt, shame and self blame about his illegitimacy. He also suffered from low self esteem and a lack of confidence. In Joy's case, racism, which originated in the external world, transformed into an unconscious internal threat when she identified with and introjected the negative projections from the outer world that caused her to believe she was inferior to white people. Again, there was no one and nothing around her to provide her with an alternative narrative. Joy experienced a unique affect as a half black child who looked physically different from everyone in her adoptive family and in the rural community in which she lived. Unable to make sense of who she was she had to make herself up and told herself she was an alien, not of this world.

Racism affected Irene's family. At the time that Irene's family came here in the 1960's they faced a contradictory welcome from the British population. Hickman (1998) describes how they were treated differently from black immigrants as they were exempt from the immigration controls introduced by the 1962 Immigration Act because of their white skin. Garrett (2002) describes how, on the other hand, the Irish were categorised along with the rest of the urban poor as lazy, dirty, indolent and feckless, and a drain on the public purse. Landlords sometimes refused to let accommodation to black and Irish tenants. Therefore Irene's extended family and other families often lived with them in their small house, which made it very overcrowded. When the IRA began bombing English cities in the 1970s, a bomb went off locally. Irene remembers her mother being afraid to speak in case anyone heard her Irish accent.

Oppressive social mores such as racism and the social taboos that Joy and Reggie encountered can weaken over time. However, the internal threats resulting from them, feelings of low self worth, lack of confidence and poor self esteem, can outlast the original external threat because the unconscious beliefs they are connected to are so difficult to exorcise. During his interview, Reggie said he doubted whether he had been a good parent, although his daughter told him that some of her happiest memories were of times with him and he himself recalled helping his oldest son when he was being bullied. We could speculate that Reggie's low self esteem, lack of

confidence, being negative and not liking himself were still operating, even at the age of 70, when he talked about his parenting.

Furthermore, when outer world threats became inner world threats the difficulties faced by the participants in my research increased because they then had to contend with the unconscious internal threat(s) whilst simultaneously dealing with the original external threat(s). Survival guilt is a good example of an internal threat which originates in the outer world. Irene recalled how little children were punished for being upset because their parents did not visit or when siblings became separated, and how black children were singled out for harsher treatment than white children. Irene said that, because she wasn't the one being scapegoated, on those occasions she felt relieved and then ashamed for feeling relieved. Lickel et al. (2005) described such feelings as symptomatic of survivor guilt, the belief that one's survival is at the expense of others. The authors believe that survival guilt can also occur when the individual feels ashamed or guilty for another's wrongdoing, as if they identify with the wrongdoer. Therefore we could speculate that Irene identified with the wrongdoers - the white care staff. There is perhaps more to Irene's survival guilt than this, because she had no recollection of her own feelings about being separated from her family other than the relief of escaping the abuse. We could speculate that, when faced with yet another environment that Irene could not make sense of, she structured her experience by identifying with the children who were missing family members and being treated harshly and projecting her own unmanageable and split off feelings into them. There are other explanations of the concept of survival guilt. According to O' Connor et al. (2002), individuals can feel guilty due to a sense of omnipotent responsibility that stems from the belief that they had the power to stop something from happening, even though it was not possible at the time.

However, as I stated previously, the dynamic between the inner and outer world is even more complex because what originates as an external threat can become an internal threat which is then projected back out onto the external world. From the resilience literature, according to Hunter & Chandler (1999), what is useful and protective at one life stage is not

conducive in others and individuals can become stuck in maladaptive behaviours. A psycho-social approach allows us to see that maladaptive behaviour can be viewed as survival behaviour, unconsciously internalising unmanageable external threats and then projecting them out again. Mac's father was an external threat, a bad object and a child rapist. At some point Mac introjected and identified with his father and there are two possible explanations for this. The first is that it might be the legacy from his childhood when adults warned him to be careful not to turn out to be like his dad. The second is that it may be because Mac lived with his dad and watched him deteriorate into alcoholism and violence. If it were the latter then this could be what Anna Freud (1946) and Bruno Bettelheim (1943) referred to as identification with the aggressor. This means taking on aspects of the aggressor, their views and values, in order to survive. It is also possible that the cause of Mac's identification with his father might have been a combination of both, but wherever it originated he started to believe that narrative. What happened next was that the unmanageable and split off aspects of his own experience which he could not get rid of became projected unconsciously onto other people. The bad parts of him were projected onto others when he punched them in the face verbally. This was due to the fact that Mac was still in survival mode and could not tolerate the threat of anyone disagreeing with him. Aspects of his own vulnerability were projected onto other people, women in particular. These aspects included his seven year old self when his mum died, his dad went to prison and the family broke up and his sixteen year old self when his sister committed suicide. We can see how difficult it must be to be around children and adults like Mac and how their aggression will often provoke negative responses from those around them which further confirms their unconscious belief in their own badness.

8.7 External resources (9-10)

External resources originating from good objects (people) and supportive and stable environments played a supportive role in dealing with overwhelming experience and moving individuals from survival to beyond survival. Reggie's aunt and uncle were good objects. They took him in after

seven years in which he was struggling for survival and accepted him despite the social stigma surrounding illegitimacy at that time. Their behavior was what Frank, A. (2004) refers to as unqualified generosity; they were able to withhold judgment and accept him unconditionally and he was able to progress beyond survival for the first time. Later in life, Reggie encountered more good objects, his wife and her family, who also accepted him unconditionally. From them he acquired his Catholic faith which eventually became an additional internal resource that sustained him through some very difficult periods. Becoming a married man weakened the stigma of illegitimacy because his next of kin was now a married woman. Previously his next of kin had been his unmarried mother, which in official documents had advertised Reggie's socially inferior status.

The navy was a supportive environment for Reggie. The literature on care experienced adults (CLAN, 2008, 2011) suggests that a career in the services can be a positive experience and can alter life trajectories, but offers no detailed explanation as to why. The navy was supportive because it provided him with a surrogate close knit family and all his basic needs were met. He enjoyed a sense of camaraderie, a career and rules and regulations, all of which raised his damaged self esteem and self confidence. He was able to make use of the strategies for dealing with others which he had acquired from his aunt and uncle, self discipline and strong moral values, and to do what he was told and follow the rules. What Reggie liked most about the Navy was that he no longer had to contend with something he had found oppressive throughout his childhood – family secrets.

Good objects are not always remembered consciously and yet Joy felt that being breast fed by her mother for the first seven weeks gave her a good start in life and contributed to her life long optimism. This experience may have left an impression or an imprint on Joy, which Bollas (1987) terms, "the shadow of the object." An object in this case is not a representation of the care giver. It is a recurrent experience of being, which is experienced through the process of the care giving. It is known, but not thought - unthought known - and it is existential knowing.

Rehabilitation was an extremely significant, supportive environment for Irene and a life changing experience. Many of the staff were ex-drug addicts and really identified with what Irene had been through. They were non judgemental, loving and caring. She felt safe enough there to explore what had led to her addiction, to give up heroin and move beyond survival. A supportive environment for Joy was art therapy; the concept of non-verbal communication enabled Joy to find a new way to express her experiences and bypass the limitations of words and language.

As I have previously stated, stability was an important facet of a supportive environment and took different forms. Reggie encountered a long period of stability with his aunt and uncle. This was a respite from survival mode, like someone who reaches solid ground after being cast adrift at sea, and provided the opportunity to form secure attachments and achieve his potential educationally. Unlike Reggie, Joy's experience of stability was more problematic because of the benign racism of her adoptive family and their strategy of repressing emotions. However, later in life, when she compared herself to other care experienced individuals who had experienced as many as 40 placement disruptions, she felt grateful for having had such a long period of stability.

A further confusing and perplexing experience that the participants in my research encountered was when good objects became bad objects or were good *and* bad at the same time. Likewise, supportive environments could become toxic or oppressive or manifest as both at the same time. Irene's parents had been good objects for the first four years of her life. It was when Irene's sibling was stillborn that family life changed and they became bad objects. Levy & Lemma (2004) would say that her parents were unable to process their loss of their stillborn baby. Therefore the grief process became distorted and perverse, which led them to tell people that Irene and her brother had killed the baby by passing on a common childhood illness. As Irene grew older, because of her challenging behaviour, she was told she was, a bad girl by her parents. We could speculate that her parents got rid of some of their own 'bad' feelings by projecting them into Irene.

Mac seems to have formed a strong attachment to his nan and he holds that she did love him. She was one of the good guys who protected him from his dad, encouraged his reading and supported his educational achievements. His nan had strong moral values, which Mac identified with. Watching the news with his nan, discussing politics and reading the books she bought him created a supportive environment which encouraged Mac to have what he referred to as, "a dialogue with himself." A deeper analysis of Mac's nan revealed that she was both a good object and a bad object. As a bad object his nan didn't like girls and she drove Mac's sisters away. According to Main & Solomon (1986), when good objects become bad objects or manifest as both at the same time this can result in attachment confusion, also referred to as chaotic or disorganised attachment, where the child isn't sure whether to protect themselves from the parent(s) or seek reassurance from the parent(s).

On the one hand, Joy's adoptive family provided a supportive environment, privileged, first rate education and high aspirations. On the other hand, according to adoption practice of that time, no contact with birth family was considered best for birth parents and infants. This entailed a complete separation of infants from their past. Lifton, B. (1996) holds that an adoptee enters into a Faustian bargain; he/she is expected to forsake his/her own narrative and take on the narrative of the adoptive parents. Having already been abandoned by his/her birth parents, an adoptee must now abandon them, and therefore his/her real self. In addition, Joy and her siblings were brought up as white, and this robbed them of the tools to make sense of some of their experiences, in particular the contradictions of a privileged upbringing and the racism they encountered in wider society. Furthermore, the suppression of emotional needs in a family which cared for a number of previously traumatised children created a toxic environment.

8.8 Internal resources (18-20)

One form of internal resources is what would be seen as inherited potential (Winnicott, 1976). Potential, for example, intelligence, motivation, temperament, resourcefulness, adaptability and sociability, becomes internal resources during the interaction with the environment. Such resources can

also include hope/faith (believing that things can get better) and belief in something outside one's self such as politics, religion and spirituality. Internal resources play a supporting role when an individual is confronted by overwhelming experience. Reggie, for instance, was intelligent and motivated about his education. These internal resources developed to their full potential within the supportive environments of home and school and he passed his 11-plus and went on to grammar school. This is an example of a positive feedback loop because his achievements boosted his self confidence and raised his self esteem. Similarly, Mac's junior school records described him as a happy, bright and sociable child. In addition, he was articulate and resourceful; these internal resources were able to develop because they were supported by the environment around him at that time. When Mac was sent to boarding school, his internal resources - his academic abilities - enabled him to cope with the demanding curriculum. He also took one aspect of this experience with him when he left boarding school as an internal resource - the ability to cope with regimented dormitory life. This helped him to adjust when he eventually went to live in regimented children's homes. On a positive note, he believed that being in care, where he constantly had to adapt to new environments, has made him very adaptable socially; he likened himself to a chameleon. Adaptability was an internal resource that all participants shared. Another internal resource that they all shared was a sense of humour, and this helped them to make friends and to get through the difficult times.

Internal resources often arise from the internalisation of external resources, for example, good objects (people) and their values and behaviours. Good objects took on a unique role for Mac and Irene; in fact they became integral to their survival. Mac attributed the survival of his psyche to the army of good guys (objects) whom he introjected because it took all of them to fight the battle and win against one bad guy that he introjected - his dad. When Irene introjected her nan, the only person she ever felt loved by, this good object became intertwined with another internal resource - her hope and her faith - in the guise of the flickering flame that was never extinguished, even in the darkest periods.

Mac was really surprised when he got his records and found out that the staff in this institution, where he had been happy, had really hated him. He was unaware of the impact of his agency at this time; some of his survival mechanisms were difficult for those around him to comprehend. For instance, he attempted to structure his experience through his obsession and focus about political issues and engaged in fierce arguments with grown ups. In addition, Mac had two learnt strategies for dealing with others. One was being hypervigilant, which both protected him and got him into more trouble because he couldn't always distinguish between a genuine threat and a perceived threat. The other strategy was to not trust any adult who was in authority or anyone who had any power over him because he had seen so many adults abuse their power over children.

Unfortunately, the conscious and unconscious strategies for dealing with external threats (examined in sections 8.4/8.5) have the potential to undermine the possibility of benefiting from good objects and supportive environments. Irene encountered some good objects whilst in care - the domestic staff who involved her with ordinary chores and another staff member that generally treated the girls well. Irene liked these people because they did not see the kids in their care as problems; they were not trying to get information out of Irene or make her admit to things. However, because of her learnt strategy for dealing with others, Irene could not trust these people enough to speak about what had happened in her family or to tell them that she had been sexually abused. By adopting a psycho-social perspective we can see how Irene's learnt distrust of others, a vital inner world resource that protected her in some situations, also obstructed her ability to access an important outer world resource - help from genuinely caring people. Moreover, Irene was persistently absconding. Winnicott (1956) would see such antisocial tendencies as a way of asking for help by attempting to force a response from the environment; it also implies that there is still hope that the environment will respond. But the response to Irene's antisocial tendencies was to send her to increasingly more punitive institutions. Irene said it was too late for her, in terms of education, by the time she was thirteen. The literature on care experienced adults has

highlighted the disastrous effects of unstable placements on educational outcomes (Mallon, 2007; Pecora et al., 2003; Jackson & Martin, 1998). With the ability to think psycho-socially about children like Irene who spend long periods of time in survival mode we can see how internal resources like intelligence (which she clearly had because she passed the 11-plus) are not utilised for something like gaining an education. They are used for survival instead. We can also see how survival mechanisms, such as enacting painful experience by running away and an inability to trust others, when coupled with adults who do not fully understand the underlying causes of the behavior of such children continually sabotage any possibility of settling down and turning an external resource like education into an internal resource. Indeed, they can prevent an individual from moving beyond survival level at all.

8.9 Transformational events/experiences (11-12)

These events and experiences are, by definition, catalytic; with the potential to facilitate a move from survival to beyond survival. They might also deepen the participant's understanding of their journey. Catalytic experiences were not single isolated events; they were multiple events that when joined together had a transformational effect. What began the transformation for Irene was the night she was unable to score any heroin; she asked herself if that was all there was to life – “looking for hope in a ten pound bag.” This would have been the hope that she says she lost as a four year old, when her sibling was stillborn. In that moment Irene re-experienced an internal resource that had got lost - her hope and faith in the form of the flicker of an internal flame, which was connected to her grandmother who had promised to look after Irene even in death.

More or less simultaneously she also began to realise how dangerous her older male friend was and wanted to get away from him - initially a good object, a sugar daddy, he had become a potential bad object. Another contributor to this catalytic process was a best friend who had now graduated from heroin to crack cocaine, which brought even more crime and violence into their lives. Irene called the police when she saw this friend's thirteen

year old daughter being made to take part in a pornographic film and taking drugs. Irene put her life at risk to save this child because of the nature of the underworld she inhabited; not just toxic or risky, but a life threatening environment. I did ask, during the resilience interview, whether she identified with this child who reminded her of her own vulnerable and good child self. This part of Irene might have started to re-emerge as a result of several attempts at rehab which, although they failed, did give Irene periods of sobriety and clarity and perhaps glimpses of that lost good self. My speculation is that nobody had been able to save Irene as a child and saving her friend's daughter from such a dangerous situation was parallel to what she was trying to do for herself now as an adult. Not long after calling the police Irene escaped for the last time – away from heroin, crack and violence - to the final catalyst, a successful stay in rehabilitation, where she was able to deepen her understanding of her past. It was this sequence of catalysts which enabled Irene to move forward.

Transformation can be a painful process. In Joy's case, moving to a new city, training to be an art therapist and learning about psychology and sociology all contributed to the creation of a new supportive environment. Combined with her internal resources, such as her academic ability and her desire for seeking knowledge, this new learning opened up new possibilities for understanding herself and her upbringing. However, new experiences brought new challenges and Joy found herself back in survival mode struggling with new internal threats. For instance, the idea of non-verbal communication was one that Joy found particularly supportive. We could speculate here that this was a challenge to the family voice – the dominant other that Joy had once identified with and she was now dis-identifying with. This internalised family voice that advocated repressing emotions and the stiff upper lip approach which had earlier contributed to Joy's resilience was becoming a redundant internal resource as a volcano of repressed emotions erupted with anger and sadness about the things that had been lost: her birth family, her racial and cultural identity. As Lifton, B. (1996) holds, the defences which had protected the individual from traumatic experiences had worn thin. She likens this to the ozone layer; when it wears thin it no longer

protects from the ultraviolet rays and if this thinning is accompanied by a life crisis the psyche becomes undone. The attempt to bring together the split parts of the self is an authentic way of being born again. Beneath the psychic split lies the threat of fragmentation and disintegration which individuals had built defences to ward off. However this does provide the opportunity to weave a new self narrative out of the fragments of what was, what might have been and what is. Another transformational event that enabled Joy to weave new threads into her self narrative was when she became a Grandmother, about a year before the interviews. She described being present at the birth as a seismic event that transformed her from someone defined by loss and separation to someone who was reconfigured, and now defined by family and connection. Since the birth of her grandchild Joy also believes that her maternal family narrative has changed and that she, her daughter and granddaughter have been able to pick up the narrative thread that somehow had been lost when Joy was separated from her birth mother.

Taking part in the research process was transformational for Irene and Reggie. Before the interviews Irene had never really talked about her time in care; she still thought of it as, “the least awful period” of her life.” Her work with her therapist had largely focussed on her relationship with her abusive father and her young adulthood, spent as a prostitute and drug addict. Irene acknowledged that her own survival behaviour, during her time in care, her strategies for dealing with others - not trusting anybody, enacting her experience by running away - in combination with the internal threat of seeing herself as not deserving help, played a significant role in her difficulties. However, during the research process and through working with looked after children on her degree course she gained a deeper understanding; she recognised that the care system had failed her because, despite all its resources, not one individual had been able to gain her trust. She was now able to ask herself and me, “where was the help?” during her time in care. Irene was finally able to begin to dis-identify with her image of herself as a bad person and was now able to begin to let go of some of the guilt around her survival behaviour.

Reggie was the only participant who had not engaged with therapy or counselling and his narrative underwent quite a transformation after the life story interview. (There is a detailed account of this in chapter 9 - The Experience of Conducting Psycho-social Research.) To summarise it briefly here, during the research process he came to a very important realisation which fundamentally altered his life narrative. Reggie had spent a lifetime blaming himself and his mother for all their difficulties – an internal threat that gave him an extra burden to shoulder. Now he could acknowledge that as soon as he was conceived they had both become victims of oppressive social mores which he could now begin to dis-identify with; Reggie was beginning to adopt a more forgiving attitude towards himself and his mother. Furthermore, Reggie had been negative about his achievements during the life story interview, feeling that somehow he could have done better educationally and materially. By the end of the resilience interview, with a deeper understanding, he seemed proud of the challenges that he had overcome. He now counted his loved ones, his wife, in-laws, children, grandchildren and his cousins that he is still closely connected to as achievements - the many good objects in his life. He had finally composed the story he needed. Weiner & Kupermintz (2001) described the importance of constructing a life story which includes the centrality of disadvantage, but preserves one's dignity and sense of control. Constructing the story you need was an important learnt strategy for self management for all four participants. Irene worked on hers in rehab and therapy, Joy through therapy and self education and Mac was able to compose his life story during therapy - to tell and retell stories and rethink issues. Other contributors (Kirton et al, 2001; Pugh & Schofield, 1999; Branigan et al., 2008) recognise the importance of life story work as part of the healing process for care experienced adults.

8.10 Beyond survival

The majority of studies about individuals who have been in care as children focus on the period just after they leave care or up until mid-to late twenties when they are categorised as care leavers. If this study had done the same with Irene, for example, interviewing her just after leaving care or even

throughout her twenties we would have found her very much at survival level, selling sex and addicted to heroin. However, interviewing her in her mid-forties found her sober, no longer selling sex, a successful parent and undertaking a degree course; we can see how Irene at this stage of her life is living beyond survival. Before therapy Irene often became angry when she found herself in situations that triggered reminders of her earlier traumas, and she projected misplaced anger onto others. Therefore even when an individual gets to a place beyond survival, there is still work to be done. These last two themes (21 & 22), *giving something back* and *gratitude*, emerged when the participants were in this place beyond survival and often later in life. Reggie has undertaken community work with less privileged individuals in his adult life; teaching adult literacy is one example. We could speculate that this is a benign form of projective identification, a way of unconsciously structuring his experience by projecting the unacknowledged and less privileged parts of him on to others. It may be. However, Reggie sees this as giving something back, which implies that despite his own difficulties he knows he is still better off than some individuals. We could speculate further that Reggie is recreating in some way the supportive environment that wielded the most significant influence on his life when he was at his most vulnerable, the time with his aunt and uncle. Irene's ability to give back is related to being able to be a good enough mother (emotional container) because she had the experience of a good enough mother herself for the first four years of her childhood. In her work with drug addicts, she was able to be a container for them until she realised how emotionally overwhelming the work was as a result of becoming more aware of her emotional health through therapy. She is proud to have been able to give something back, but recognises that to continue to do so would be detrimental to her. Her ability to dis-identify, to no longer identify strongly with that aspect of her life, constitutes a new learnt strategy for self management.

Gratitude can manifest in two ways - unqualified and qualified. Mac's social worker fought for the best resources possible for him and he recalled how she was the only adult he felt close to who never harmed him. His

description of their relationship sounds like another example of unqualified generosity on the part of his social worker and Mac responded with an unqualified gratitude, which he retains to this day. Mac's school teachers at both his primary school and his secondary school were also people with whom he shared an unqualified relationship. Although Joy is grateful to her adoptive parents for the stability, values and aspirations they gave her, this is not unqualified because their generosity was not unqualified due to their benign racism. The only individual whom Joy talked about with a sense of unqualified gratitude is her eldest adoptive sister. If we pause to reflect on how important the experiences of unqualified generosity were for all the participants, using Irene's narrative we can see that, irrespective of how bad she believed herself to be, those good objects in her life the domestics and cleaners, the ex-addicts in rehabilitation - identified with the good in Irene that was still there, the good that was hidden to her.

8.11 Reflections

What follows are my free associations – my immediate thoughts on the dynamics of resilience, based on the experiences of the participants in my research and my own experiences as an insider, activist and researcher. I shall expand on these reflections throughout chapter 10 – Conclusions.

It seems that taboo and prejudice can affect us care experienced adults even before birth, and once born the prejudice of others can cast you adrift, out of the mainstream. You may begin life in a place so dark you don't want to see it, or hear it, or feel it or remember it – so you put it somewhere safe. Or you might start off in a good enough place until tragedy strikes and turns good people into monsters overnight or they alternate between personas like Jekyll and Hyde. A supportive environment that feels like home can become a prison, or a toxic environment, or perhaps reveal itself to be made of many rooms, some that shelter you whilst others oppress or poison.

At some point you have to leave what you know and negotiate a world where nothing is as it seems because everything is constantly changing. You might encounter more Jekyll and Hyde personalities, more homes that contain

rooms that shelter you, oppress or poison you. And what do you possess to fight your way through, to survive physically and psychically on such a long, hard, exhausting journey? At times there is so little to nourish you it's like trying to suck moisture out of stone. Other times the outer world supports you, finds you a piece of solid ground to stand on, and then you are enjoying life beyond survival. The people around you and the environment bring out the best in you and like a desert flower that waits years for rain you suddenly flourish; but sometimes there is a cost and you have to lose and hide parts of yourself in order to blend in.

Or you might miss the opportunity to even get beyond survival if all that you see has become distorted because you have suffered rejection after rejection, trauma after trauma, loss after loss. You don't trust anymore and you don't know how to tell the good guys from the bad guys. That means all you have is what is inside you; and by now you may not be sure if you are a good guy or a bad guy either, so you don't trust yourself anymore. All the rejection, loss and trauma is stuck inside you, but you can't understand it and you just want to get rid of it and so you try to get rid of the poison by projecting it onto others; or you lash out at others; or you run as far as you can to see if you can leave it behind; or it stays stuck inside you and poisons you.

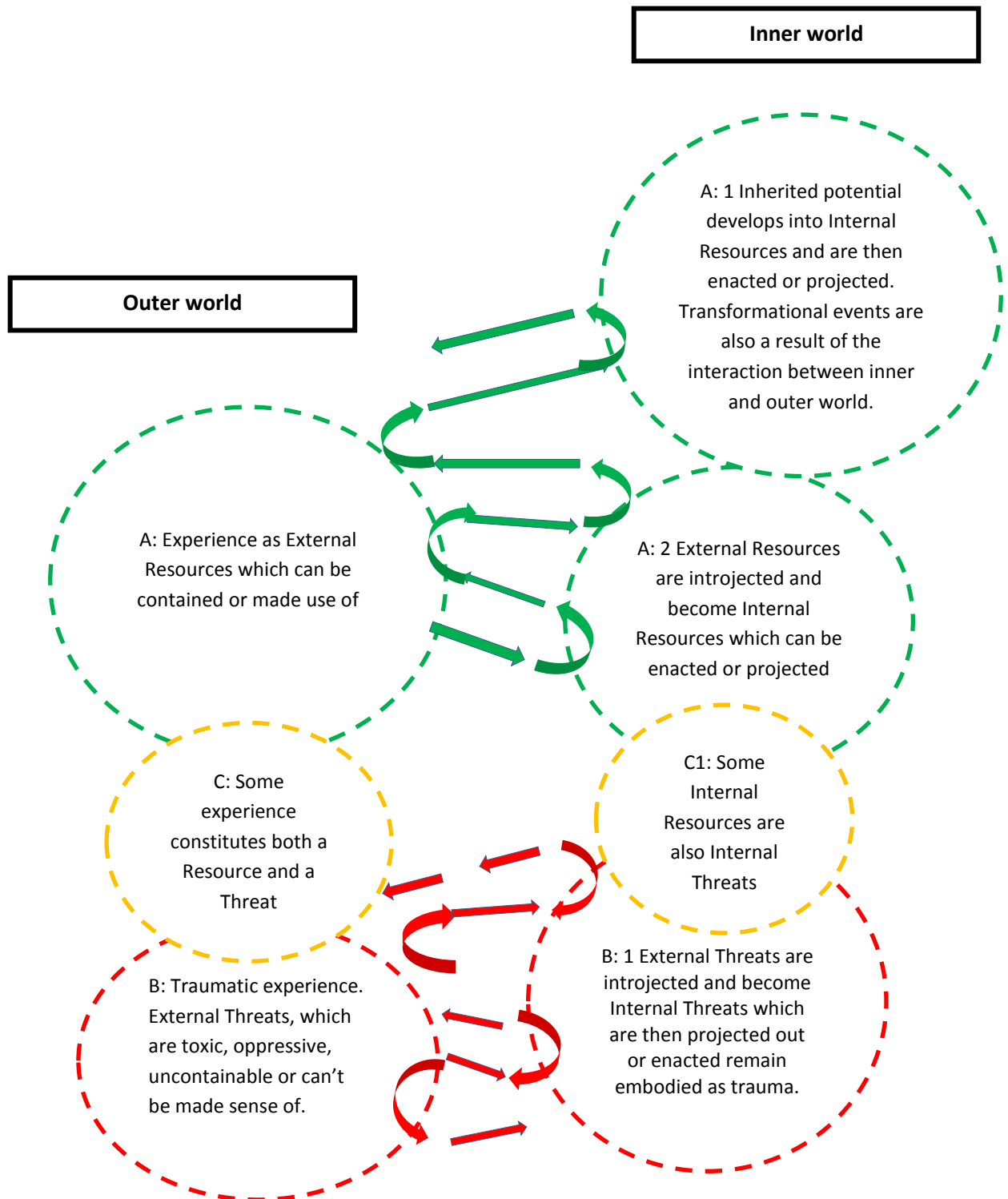
And if you survive all of this you are incredibly strong, and you are also incredibly vulnerable. Because really important things are still lost - things that can't be found again or have become distorted; parts of you are still lost and distorted, and you have to find a clearer picture of yourself and others. On top of everything you feel guilty that you made it and others didn't, and because of what you had to do to survive. If you have hope and courage, if you can ask for help and if you get the help you need, you might reach a point where you are in a good enough place about the good and bad in everyone, including you. But never forget that life can throw a challenge at you at any time. You step forwards many times and you fall backwards many times, sometimes right back to the beginning and you are in a very dark

place, and you don't want to see it or hear it or feel it and you must find your way out all over again.

8.12 A diagram of the dynamics of resilience

To attempt to portray something as complex as the dynamics of resilience in a two dimensional diagram is challenging. However, I believe that it would look like this (see below).

Figure 3. The dynamics of resilience



Understanding the diagram of the dynamics of resilience

1. The outer world

If we look at the outer world first, on the left hand of the diagram we can see that the lines of all three circles are broken to indicate the porous boundaries of the outer world; the same applies to the four circles that make up the inner world on the right hand side of the diagram. It is through these porous boundaries that inner-outer world traffic flows.

The outer world is made up of three circles. Circle A represents external resources, that is to say experience which can be digested, contained or made use of. Circle B represents external threats - experience which is overwhelming, toxic, uncontrollable or oppressive. This latter is traumatic because it cannot be sufficiently processed or digested. Circle C represents experience which can be a resource and a threat at the same time. An example of this would be a care placement that has both supportive staff and abusive staff. Circle C also represents resources which later become threats and vice versa (a parent who becomes mentally ill or is ill and then gets better). Circle C also represents experience which may be a resource to one individual but a threat to another, such as a rural location for a white child being a place to blend in, whereas for a black child it becomes a place where they feel exposed. An individual's outer world is made up of all three circles at any time. What makes each individual experience unique is how big each circle is (how many threats there are compared to resources or vice versa) compared to the other two at any given time over the life span.

2. The spirals between the inner and outer world

The green spirals represent the constant traffic of inner-outer world resources. The red spirals represent the constant traffic of inner-outer world threats. These are portrayed as spirals because the traffic is not linear, and nor does it flow in any one direction. Each spiral also denotes that interactions change slightly each time they occur because the inner and outer world has changed since or because of the last interaction, as I shall explain shortly.

3. The inner world

The inner world is made up of four circles A: 1, A: 2, B: 1, and C: 1. Circle A: 1 represents what happens to inherited potential, such as educational ability, when they interact with an outer world resource, such as a supportive teacher, to create a benign spiral. Therefore the interaction turns what Winnicott (1976) referred to as, “inherited potential” into internal resources.

Circle A: 2 represents what happens to external resources that are introjected, identified with and internalised from the external world. An example of this would be a child who identifies with strong moral values from a parent or carer and those values become internal resources. The green spirals represent what happens when a resource which is internalised is then externalised again. In this way a person’s internalised moral values may have a benign impact on their external world. The spiral denotes that this can be repeated over and over if the outer world accepts and reinforces them. Transformational experiences occur when an external resource, such as a drug rehabilitation facility, interacts with inherent potential in the form of hope and trust, enabling potential to develop into internal resources and thus drug addiction can be overcome.

Circle B: 1 represents external threats that become internal threats. Take oppressive social mores, for example, the former social taboo around illegitimacy; if these threats are introjected and identified with because of the absence of an alternative narrative, then the individual starts to believe them and internal threats may manifest as low self esteem and self blame. The spirals denote the way in which the threat is internalised and then is enacted or projected out again; perhaps someone with low self esteem acts out at school and the teacher doesn’t have the skills or resources to cope, and the child then gets suspended or expelled. These interactions can play out over and over again until either the outer world can offer containment of the enacted behaviour or the individual can find a method of self containment.

Circle B: 2 represents external threats which become embodied or somatised. Traumatizing and overwhelming experience that cannot be digested or made sense of might be dissociated or suppressed initially, but it

must go somewhere. It may get stuck in the physical body, manifesting as feeling literally full of toxic experience manifest, for example, in suffering from migraines.

Circle C: 1 represents the way in which something that started as an internal resource may become an internal threat. For instance, hypervigilance may be deployed as a successful defence against an abusive parent, but it can become an internal threat at another time or in another situation because the individual may be unable to distinguish between a genuine and a perceived threat.

Each circle is constantly changing in the inner world and the outer world. Therefore the dynamic interaction between all the circles is also constantly changing. When the amount of external and internal threats is greater than the amount of external and internal resources this is when an individual will find themselves inhabiting survival mode. Because of the constantly changing, dynamic interaction between the inner and outer world, an individual can be in survival mode in some areas of their life but not others, or an individual can move between survival and beyond at different stages over the life span.

Chapter 9: The Experience of Conducting Psycho - social Research

“There is a reality beyond linear thinking and language; it’s something about nonverbal experience which is what I have kind of looked for.” Joy

I have covered the methodology fully in chapter 6 and provided a discussion of my findings and conclusions in chapters 7, 8 and 9. This chapter is a more personal reflection on the experience of taking part in a psycho-social research study and its impact on me and the participants. Part 1 explores the impact of the researcher on the research process at all stages. Part 2 discusses the overlap between therapy and research and in particular the concept of emotional containment. Part 3 focuses on the phenomenon of transpersonal (spiritual or transcendent) experience during an interview. Part 4 explores the use of reflexive field notes to provide a rich account of field work and offers new insights around researcher reflexivity. Part 5 illustrates how dissociation functions as a protective mechanism against being overwhelmed during the research for both interviewee and interviewer. Part 6 contains the participants’ reflections on different stages of the research process. Finally, my reflections on how the research impacted on me at all stages are the focus of part 7.

9.1 My position within the process

According to Finlay (2002:532), it is important to “examine the impact of the position, perspective and presence of the researcher and to promote rich insight, through examining personal responses and interpersonal dynamics.”

As I previously explained, whilst I was still in the design phase of the research, my supervisor observed that whenever I was talking about the research, I spoke with three voices. I was not conscious of this prior to him mentioning it. We identified the three voices as: the researcher, the activist (advocate and campaigner), and the insider (the adult who grew up in care). The activist and the insider were often very emotional about the plight of children in care and this was what my supervisor had noticed. These two

voices were also much louder and more confident at that time than the voice of the researcher. This observation really aided the research because it demonstrated that something unconscious could be identified through reflexivity. It also demonstrated how my three voices were already impacting on the research. Herz (1997) holds that a researcher needs to be aware of how their own positions and interests impose on the research at all stages. Those stages would include the research design, the research questions, the analysis, and the writing up. In an attempt to increase my awareness of what I might be bringing to the research process, I wrote an autobiographical account of my own time in care and my life experiences since I left care; this allowed me to hear what each of the three voices had to say and when they were speaking (see chapter 2). The tone of chapter 2 has a childlike quality. On reflection, I feel this is because, when I recall my earlier experiences, my insider voice takes the form of my much younger self. This mirrors what happened when the care experienced adults who took part in this study recalled their earlier experience and often spoke in a childlike voice.

Discovering a new voice

After the interviews with Reggie (see section 9.2 of this chapter), I still felt that there was more to his experience. I reflected on this for a while and when in bed, in that place between waking and sleeping, I became conscious of the mothers of the participants in my research and how sad the loss of their children must have been for them. This seemed related to my own experience as a mother when my son had gone to live abroad with his father for seven years when he was twelve. Although I had begun the research as an insider who identified with the children who had been abandoned, I had also (unconsciously) begun to identify with these invisible yet very present mothers and the loss of their children. I had discovered another voice or identity that was influencing the research - that of me as a mother.

9.2 Exploring the overlap between counselling (clinical) and research skills

According to Polkinghorne (2005), interview skills and the skills used in counselling and psychotherapeutic work overlap, because both require the capacity to form a relationship, to listen actively and to focus on the other's

experiential world. One of the clinical skills that I brought to this research was containment. Douglas (2007) perceives containment as the ability to receive and understand the emotional communication of another individual without being overwhelmed by it and then be able to process it and communicate to the other person that what has been said has been understood and recognised. Hollway (2001) draws upon the work of Bion (1984) to describe how the process of containment works during a research interview. Hollway goes on to describe how emotions are passed, unconsciously, between participant and researcher. If they are too painful they are projected onto the researcher. However, if they can be contained by the researcher they can then be returned detoxified to the participant.

The life story interview with Reggie provides a good example of containment in a research interview and an example of how the research process can be therapeutic for the interviewee. Reggie had never talked to anyone outside of his immediate family about his childhood experiences, so the life story interview gave him a chance to reflect on his separation from his mother as a small child, his experiences in foster care and then being reunited with his mother. During the life story interview he had very little to say that was positive about his mother. Throughout his life Reggie often felt a persistent sense of guilt as though all the things that had happened to him were his fault. At one point I indicated to him that he, an infant, and his mother, an unmarried mother, had been completely alone and unsupported.

Yvon: "Why do you think your mother didn't bring you up?"

Reggie: "I don't know."

Yvon: "Why do you think she didn't?"

Reggie:

"Yes, I don't know... Money, I surmise it must be money. You know, I don't know. She obviously lived with my father, according to the birth certificate; they both lived at the same address."

Yvon: "Um."

Reggie:

"Or his address was put down as that...I honestly don't know; I can only assume she didn't want anyone knowing. No one knew about it - me did they?"

Yvon: "Well she had no support either."

Reggie:

"I think her sister probably knew 'cos they lived in the same street, well, obviously, her sister did know. But her brothers, she never told her brothers, but as you say there was no support."

Yvon: "Well, if she didn't tell anybody she couldn't get any support could she?"

Reggie: "No."

Yvon:

"She was absolutely going to struggle, wasn't she? If she couldn't tell anybody or wouldn't tell anybody, then she cut herself off from... She was cut off from any support as well wasn't she?"

Reggie:

"Yeah, it is strange you should say that. I had never really thought of that; isn't that strange? 'Cos I would have, 'cos I had been fostered, that's what happened. I never thought about why didn't she, why didn't she keep me, yeah. You're quite right."

Some weeks after the initial life story interview I dreamt that Reggie was much happier (he had been quite negative about himself and his mother during the life story interview). I then dismissed my dream as wishful thinking. However, when I returned to conduct the resilience interview I found that something had indeed changed. Reggie began to doubt some of the negative things that he had said previously, especially about his mother.

He also talked about her in a much more affectionate way. I grew very puzzled because I was feeling something but did not know what it was. I spent some time alone in his garden, during a break, to work out what was going on. I still had no idea and felt really lost, but decided to go back and continue the interview. Soon afterwards, Reggie said:

“The good things are like *that* long, the bad things are *that* (makes hand gesture). So, I think we are getting to that stage now. The scales are out so, whilst at the time, when I related the story that particular way, but talking as we have this afternoon, it’s the...a lot of the feelings here have been put away in the corner a bit and the good things have outweighed the bad things...so, in the guilt aspect, I probably, with positive feelings in me, I probably feel less guilty.”

I could now see that the research process did help Reggie, in a therapeutic way, to sort out some of the complicated feelings about his past, himself and his mother, once he had gone through the painful process of recalling them. Dickson-Swift et al. (2007) believe that qualitative research can fuse the distinction between research and therapy; some participants may not see the two as separate and some might find the experience therapeutic. Reggie’s ability to make use of the research in this way was facilitated by my ability to contain difficult and painful emotions for him. As Hollway (2001) has already described, painful emotions can be projected onto the researcher by the participant as a form of communication. In this case I was able to contain them and return them to him detoxified.

The life story interviews were taxing for me, in the sense that I sat and listened to very painful recollections of abandonment, loss, neglect and abuse. All of the participants knew that I had been in care myself as a child and that I was a counsellor and this seemed to increase the sense of trust. Irene remarked upon this as she recounted her experiences as a former prostitute and heroin addict:

“I don’t feel ashamed. Just kind of... Yeah, very exposed and vulnerable in a way, but you know, not as if you would take advantage of that ‘cos I really don’t... You know, I feel really safe.”

The counselling skills were greatly appreciated by Joy, “And I feel much more okay. So, but no, it was helpful. Thank you, you were using your counselling skills then, I reckon?”

Yvon: (both laugh) “Well yeah. I mean that was getting... I would not have taken this on if I didn’t have them, believe me, I would never have taken this on.”

Joy: “No, it’s a very skilled thing, yeah.”

9.3 Interviewing Joy – A transpersonal experience

I read the transcript from Joy’s life story interview before her resilience interview in order to create a resilience table. This was meant to give me an understanding of what had helped her to cope, or not, on an individual level, and what had been supportive, or not, in her environment. I was deeply puzzled during this exercise because I felt I did not have a sense of who Joy was. There seemed to have been a lot of intellectualising during the interview and not a lot of feelings. When I went to conduct the resilience interview, Joy seemed to be quite angry and dissociated. I began to feel quite angry myself, something I had not experienced before in a research interview. After a while, I decided that I needed to comment on the fact that we both seemed to be angry.

Yvon: “And the way... If I replay it, what seemed to happen, is when we started, when I started pushing on the nature-nurture and the individual bits. I felt we lost a connection and we started dancing...and I felt. I felt. That um... you became more defensive and sort of shut me out.”

Joy: “Yeah.”

Yvon: "So, I think I just wanted to replay that."

Joy: "No, that is really interesting."

Yvon: "'cos I thought oh, we've lost something here."

Joy: "Yeah."

Yvon: "And um... And I thought okay. Get my clear head back on. It seems to be about you as an individual."

Joy: "Oh that's really helpful, yeah."

Yvon: "It seems to be. I can't get..."

Joy: "You can't find me?"

Yvon: "I can't find you. I can't find you."

Joy:

"And it's quite defensive you see. 'Cos I think there is something quite sad for me there. I actually, I don't really think I exist, in a very core sense... no that is it, I think, thank you. I think that is really helpful and it's really sad (cries) because I think that's what I am just doing all the time, is just looking for me."

Yvon: "Well when we got to that point a minute ago, I felt really, really... After feeling very angry, I felt really sad."

Joy: "Yeah that's what it is, no, thank you for that."

Yvon: "It's a really big thing isn't it? Shall we take a break?"

After our break:

Joy: "Well maybe, actually, I should show you some of my art work? I haven't...I didn't dig out much."

Yvon: "I thought I would leave it up to you because it seemed to be a big part of who you were. And, I sort of came away last time thinking oh I didn't ask. But I thought oh...I can ask this time. It is not the end."

Joy: "Yeah. I actually didn't dig out much. I was just thinking that trying to find who I am is so core and what I have...It's because, what I've, how I've seen my core identity is about absence. So, I have never shown anyone these."

Yvon: "Never? ...Oh wow. What an honour."

Joy fetches large canvases from upstairs.

Joy: "Okay this is a kind of image, kind of about me really, this is the black hole, the original black hole that is how I think of it...and of being in the children's home and of, yeah. It says it all really, doesn't it?" (Joy shows me a picture of a small child, with a big black hole in its stomach.)

Joy's interview was difficult because I had not expected to hear that she did not feel that she actually existed. I stopped the interview to have a break because I was truly shocked by her revelation. As she spoke the words I had felt a powerful emotional, spiritual and physical confirmation of my own existence, like a shock to the whole system, but I could not articulate this at the time. A study of psychotherapists by Macecevic (2008) revealed that they too had experienced extraordinary, sacred, and/or transcendent phenomena. Scotton (1996) also thought that spiritual experiences and embodied human experience were manifestations of transpersonal experience. After this incident I had to gather myself together again, for Joy's sake, and for the sake of the interview. I was very surprised that she had thanked me as it had been so upsetting for both of us; Joy also told me that she actually welcomed the release of the tears.

“Yeah, yeah, one of the things I have discovered over the years is that I have to stay in touch with that kind of core self. I have to touch base with it occasionally but then I get right somehow, once I have a cry.”

My intervention seemed to clear the air. It gave Joy the opportunity to reveal what was really going on for her - she was using intellectual theories to cover up the fact that she didn't really feel she existed. She was then able to show me what she couldn't verbalise in the research interview but what she had been able to represent through images. These were her very early and pre-verbal experiences of being abandoned by her birth parents. I was also able to honour my duty of care and ethical responsibility towards Joy by giving her the contact details of a therapist who works with embodied and preverbal experiences.

Reflecting upon my experience with Joy, I believe that the following had happened: I was now starting to feel like a whole person, rather than the fragmented one I had felt like at the start of the research. The fragmentation mirrored the divided and opposing intellectual theories about care experienced adults that occupied my thoughts at that time. All the participants had talked about their own belief systems. Some of these were spiritual in nature and had been a key part of their resilience. This had resonated with my own spiritual beliefs and the part they had played in my own journey. When I later wrote the in depth analysis of Joy's story I researched the social climate at the time she was born. I read about how mixed race and illegitimate children were not supposed to exist at the time she was conceived. This was not actually news to me on an intellectual level because I had done this type of research many years before; I had also explored this in personal therapy. What was new to me was experiencing this at such an intense emotional level with someone who had shared a similar experience. I was then able to connect Joy's feelings of non-existence with what had been going on around the time that she and I were conceived and those first weeks after she was born. Our parents had broken important social taboos because interracial relationships were not socially acceptable, nor was the reproduction of mixed race offspring. Our mothers

were unmarried at the time which was also not acceptable in general society. On many levels we were not supposed to exist. What I experienced during the interview with Joy, I believe, was validation of my right to exist.

9.4 Interviewing Mac – Making use of reflexive field notes

Having collected my data, I now needed to be able to make this available to others. Along with using excerpts from the transcripts, I particularly wanted to be able to use my research journal as field notes as advocated by Elliott et al. (2011). Hollway (2009) advocates this approach in order to provide a record of the fieldwork, to capture what was immediate and embodied, and to allow subjectively experienced data to be incorporated into the write up. After each interview I used my research journal to write down my immediate reflections and then summarised those reflections in emails to provide field notes for my supervisor. I also recorded any reflections before interviews, any dreams or reflections during supervision sessions and whilst transcribing. The following is an excerpt from an email sent to my research supervisor after Mac's resilience interview and is included to demonstrate how I used this form of field note to capture what had happened:

"My feeling today is that the interview was an extraordinary journey. Mac took me to the areas of resilience that he was clear about and then I gently guided him into an exploration of other possible areas. That worked well and I realised you have to go really slowly and carefully at that stage, where you are offering the possibilities. That part was very playful in a way and quite light. But then Mac took us to a very dark place where he showed me the full horror of his experience of his dad and its effect on his sisters. This was a necessary stage in our exploration of Mac's resilience and very insightful as you will see when you read it.

After this bit I was aware that there was a real shadow over the proceedings and wondered how to get us back out from under that shadow. After an amazing conversation about the good and bad

inside Mac, eventually, towards the end, Mac bursts out of it and the sun really comes out again (Phew). But I felt really a sense of triumph that we got through the journey and that I got us out of the dark place; this is where the clinical skills are vital I realise that now. But there is something else I realised; both Mac and I have both put our mental health on the line to do this and we have both survived and we have co-created another very important thread of resilience together. I could not have stood next to Mac and looked at his own personal horror which is his dad and the fear that he is his dad, without touching base with my own personal horror of living with adults who were out of control. Just enough to remember what that is like and also to remember that it is a place that I can visit and leave, and therefore I can take Mac to visit his and then to leave. This is seriously powerful stuff!!!!”

Researcher reflexivity

Before conducting the interviews I had been under the impression that reflexivity took place before and after the interviews, yet I had been very aware of my reflexivity *during* the interview with Mac. I thought that this might be because of the experience and skills I had gained as a counsellor. Casement (2006), a psychoanalyst, describes this as having the ability to listen with both hands. What the author means by this is that we need to listen to what is being said whilst at the same time we have to be aware of what isn't being said. Therefore we are in a dynamic interaction with the other *and* simultaneously detached from the interaction.

9.5 Acknowledging the importance of dissociation as a component of resilience

Some of my previously held beliefs, from working as a counsellor, have also been significantly altered. When I worked as a counsellor I thought that emotional defences such as dissociation (the ability to distance or separate oneself from traumatic events) were negative reactions to trauma if they manifested at a significant interval after the trauma.

As I have already mentioned, the first interview I conducted was with Mac; he described how he 'switched off' emotionally during childhood:

“So, I... obviously there was a moment at which I kind of switched off and went whatever. I am not going back to that stuff ...My dad is an alcoholic, a sexual abuser; you know it was just a fucking nightmare for them. Although the reason why I switched off... 'cos there is quite a lot of pain going on around it.”

There were many episodes of dissociation during the interviews with the other participants. This manifested in a number of ways, such as the participants speaking with emotional distance from the traumas being recalled, problems with remembering events, going off at tangents, and daydreaming. Irene informed me that she was actually dissociating during her resilience interview, as I was summarising what she had just told me.

Yvon: “A boy being told that his sister is dead; two children being tied up under a chair and being blamed for a baby that had died. And it just, you know, it just seems absolutely crazy, psychically to be...”

Irene: “I can feel myself sort of disassociating.”

Yvon: “Yes.”

Irene: “I just had to sort of say that to keep me real 'cos I can and that's...that's what I did, I disassociated.”

Dissociation appeared to be a protective measure that the participants employed whilst recalling traumatic events during the interviews. When working as a counsellor I was trained to recognise what was going on for me in the room and to stay emotionally present. Bugental (1978:36) claims that, “presence is the quality of being in a situation in which one intends to be as aware and participative as one is able to be at the time and in those circumstances.” However, I sometimes struggled to remain present during the interviews because I found myself dissociating when listening to the traumatic stories. After the interviews and during the transcribing I

sometimes felt emotional numbness and a sense of things being unreal. I wanted to sleep a lot more than usual. I dissociated during other stages of the research process when I was bored - when I was struggling to express my thoughts during the write up. McNally (2003) would view these episodes as the normal end of the dissociative spectrum. The author uses the examples of day dreaming whilst driving as a form of normal dissociation, tuning out when bored and dissociating into fantasy or daydreaming in the process of being creative.

All the participants in my research reported experiences of dissociative symptoms over the life span as a defence against past and recent traumatic experiences. From this information I was able to identify an inner-outer world interaction. The participant's internal (psycho) world response to the traumatic interaction with the external (social) world was to shut down or switch off emotionally. As a result of this research I now accept these are also necessary defence mechanisms, however temporally distant they are from the original trauma. Furthermore, as suggested by Carlson et al. (2009) dissociation can be part of normal functioning. Dissociation can be protective in some contexts and maladaptive in others and both simultaneously.

9.6 The participants' reflections on taking part in the research

Mac thought it was interesting and important work. His story appeared in a published journal article - *'Reflections on Resilience'* (Guest, 2011). He thought that revealing the different types of resilience was crucial, especially for practice. Mac also wrote:

“As you will know, for most of their time in care, care leavers of our generation played no role in the written history about our experiences - this was corrected for some of us on the research that you carried out. Had you not offered me a final look at the story I would in all probability not have taken part in this study - I can't think of a care leaver who would. Because you offered that I was unencumbered in

what I was telling you - there was no self censorship - so the story was as full and frank as possible.”

Reggie wrote:

“Many thanks for sending the transcript of my life story. It felt strange reading it for the first time, a sad story which brought tears to my eyes; a story about someone who wasn't me. Yes, it brought up a lot of things that I had forgotten about but overall I am pleased that you contacted me so that I was able to talk and put in writing all those memories. Despite all my trials and tribulations, life has been good to me, I want for nothing in any way. I have love. Who needs anything else? Hopefully, in the fullness of time, I will have the opportunity of reading the whole thesis.”

Joy emailed that she didn't like the pseudonym that I had chosen for her. She didn't believe that her birth mother would have chosen that name because when Joy had tried to contact her, as an adult, her mother had refused to see her on the grounds that it reminded her of a very unhappy time in her life. Joy was not asking me to change the name just letting me know how it felt. She also said:

“I feel really lucky to have had this opportunity to be part of this research and as I said in my previous email I feel really listened to and 'heard.' I'm going to print it out and add it to some things I have that I will pass on to my children as part of our family history. I feel that being part of your research has been good for my self-esteem and sense of self; it's so nice to see my life made sense of in this way. Thank you. The reflective approach you take seems to have validated my own reflections on my own life, if that makes sense. It's actually added and shifted something for me which feels very positive. I wish you well for the next stage and thank you again for doing this research.”

Irene found the experience cathartic; after reading her life story she emailed me to say:

“You continue to be an inspiration to me; I think it's incredible that you will be working on the write up for over another year.....amazing. Please do let me know where to access papers as they come out; I would be really interested to read your work.”

9.7 The impact on me as a researcher - the demands of psycho-social research at the analysis stage

I found that immersing myself in the data, as advocated in a grounded theory approach (Strauss & Corbin, 1990), was extremely useful in terms of generating a richer gestalt of each individual as opposed to a more cursory form of analysis. Whilst working on the analysis for Irene, I dreamt about a friend of mine, now dead, a male prostitute who had been fostered as a child. In the dream he threatened to punch me in the face - he didn't, but the threat remained, which terrified me as I waited for it to happen. A sequence of events had led up to that dream. During the first interview with Irene she talked about a fellow student who was being bullied by a female acquaintance. The student had said that she wished the acquaintance would just punch her in the face and end the mind games; this really resonated with Irene who recalled the unbearable anxiety of waiting for a beating but not knowing when it would come. In the second interview, Irene and I had discussed the coping resources that traumatised children use. I asked her if knowing how to avoid sending her father into a rage would also imply that she knew how to actually send him into a rage, to end the dreadful anxiety, and Irene could at least decide when she got the inevitable beating. This made sense to her, the thought that she had been able to control him and have power over him. My reflection on that dream about my friend and those two interviews was that when Irene pushed her father's buttons and sent him into a rage this was another learnt strategy for dealing with others. This is an example of how this kind of immersion meant that the analysis affected every area of my life, including my dreams, and was exhausting because it felt as though I was continually working.

Shared resilience

Mac was the first of my interviewees. He and I shared a resilient experience by getting through such a difficult first interview and this greatly increased my confidence about tackling the rest of the interviews. Mac had survived the care system as had I; therefore this was another form of shared resilience. Surviving the interview and creating such important material felt, to me, like something positive had emerged from the difficult experience of having been in care.

Vicarious resilience

A surprising factor was the way in which I benefitted individually from the extraordinary resilience of the participants. Some of their resilience mirrored my own because we had all survived being abandoned and then being in care. Another factor was the way they had triumphed over other adversities, for example, Mac's mental health problems and Irene's long lasting sobriety. Their triumphs made me feel more resilient. This concept of vicarious resilience is mentioned by Hernandez et al. (2007), as psychotherapists reported that their own resilience increased as they witnessed how their clients coped constructively with trauma and adversity. Some of their individual traits of resilience either mirrored my own or supported the research in other ways. Reggie had such a pragmatic attitude towards life; he really is a product of his time. This reminded me constantly that, at the end of the day, you have to put one foot forward and get on with it. Irene's refusal to be confined matched my own refusal to let the experiences of adults who have been in care become confined within dominant ideologies. Mac's obsession and focus was something I definitely had in order to dedicate nine years to this project. Mac's trait of not listening is a trait that I employed consciously, and unconsciously, in order to prevent psychic invasion by any dominant other, in the guise of expert knowledge. Joy's existential questioning of her experience is something that resonated with me greatly. There comes a point when, having been through so many traumas, one begins to question the very meaning of one's existence. What I don't know is what aspects of my resilience had a vicarious effect on the participants.

Vicarious trauma

Elliott (2011) expressed concerns around acknowledging and supporting the emotional labour involved in such reflexive field work, given that one is deliberately opening up oneself to unconscious processes. Having worked as a researcher on other projects, I sometimes struggled with the lack of clinical supervision because we researchers were seen as merely data collectors. At times this meant I had been unable to process any residual feelings from those encounters. Some of what I had experienced is described by Dickson-Swift et al. (2007); researchers can be left with feelings of guilt, vulnerability, exhaustion, and desensitisation to traumatic material.

As Elliott (2011) advocated, I was able to address some of these issues through supervision. The supervision for my research did involve analytical reflection on the unconscious processes. This enabled me to remain emotionally engaged and to create a reflective distance. I also had my own therapist, who specialises in body centred therapy, whom I could discuss more personal feelings with. Despite this support the emotional and physical impact on me as a researcher was enormous. I think there are many contributing factors as to why this happened. I believe that this supervision model created a division, where mainly the intellectual work was explored in the research supervision and most of the emotional work was explored in personal therapy. Because I work at the same institution as my Director of Studies we are also colleagues. I think perhaps a better model would be to have one supervisor who is separate from the institution, also possesses clinical skills and understands the research process. Another realisation is that I would not engage in research of such an emotionally demanding nature again as a solo researcher. I think I really would have benefitted from working as part of a team with whom I would have been able to share the intense experiences of this type of research. It was only towards the end of the interviewing stage that the long term impact of vicarious trauma became clear. One example of vicarious trauma was when, after Irene's life story interview, I stopped on the way home to buy some chips. I remember feeling absolutely terrified and begging the chip shop owner to hurry up with my

order. I was convinced that somebody was going to burst in and attack me. I realised later that I had been vicariously traumatised by her account of the violent man that she had associated with in London. Another example is that of Mac's sister who killed herself as a teenager; she haunted my dreams and thoughts for months. It felt as if she was pleading with me not to let her be forgotten. Rasmussen (2005) describes how vicarious trauma is seen as part and parcel of the clinical work with clients who have experienced trauma. It can be viewed as an occupational hazard and that the therapist can experience symptoms similar to those that the client experienced. The nature of the therapist's own defences could make them more vulnerable to vicarious trauma or on the other hand might lead to what he calls overprotective detachment. He goes on to consider the therapeutic dynamic via an old therapeutic adage, which suggests that an important therapeutic task is to put the client in touch with as much emotional pain as (their ego) could tolerate in any given session. There is an assumption that the therapist is always emotionally available and he argues that, in reality, this is not possible. In addition, he believes that this approach also implies that the client is meant to be regulating the intense emotional affect. Rasmussen holds that we need to look at this issue in terms of the relationship between therapist and client because it is the therapeutic dyad or dynamic between them which needs to be involved with only as much pain as it can tolerate. On reflection, I have no idea if the participants experienced any of my previous traumas vicariously, and this is a very important and unanswerable question.

Survival guilt

One very important change occurred for me as a result of conducting this research. I was able to let go of a tremendous amount of survivor guilt that I didn't even know I was carrying. This was guilt about my siblings and peers and the abuse that they suffered at the hands of the adults who were caring for us. I had been feeling terribly guilty about children like Mac's sister who did not survive. There was also my guilt about the different manifestations that my own resilience and particularly my own unconscious agency had taken, within the contexts that I had lived in.

A better understanding of my foster parents

I had come to a place of understanding about my birth parents before I started this project. Something that really has changed since this research is the way I now view all my foster parents. I can see much more clearly the context that they were operating in and the different personal resources that they brought to their parenting. I can see how poor physical or mental health, combined with fostered and adopted children who had already been traumatised, was a recipe for disaster or as Joy would put it, “a toxic family.” Initially, during the research process, I had terrifying, violent nightmares about members of my foster family threatening to kill me, or me threatening to kill them. As the research progressed I began to dream about them just being there in the background and the violence and anger had gone; we were able to do nice things such as buying ice creams together.

I realise now how my first foster mother, who took me in as a toddler, was right when she said I would have to try harder than white people to get anywhere. It is still true, even now, as I look around me. There are very few students from minority groups at the level of academia that my doctoral studies have brought me to. I also think very differently about my foster mother who took me in when I was sixteen. I realise now that she had so many abandonment issues of her own that had never been addressed; having to deal with Parkinson’s disease and a schizophrenic child of her own made it impossible to fully take care of me. Yet she too made a great impact on me; if she had not pushed me to fulfil my academic potential, this thesis would never have been written. I also remembered, fondly, many school friends and their parents who took me into their homes and treated me with unqualified generosity for which I retain unqualified gratitude.

9. 8 Summary of new insights and discoveries

I was able to capture the impact that I was having on the research on an unconscious level at all stages by maintaining a reflexive stance throughout and identifying three different voices within me that had the potential to impact on the research. Being already attuned to the concept of inner voices enabled me to become conscious of my identification with the mothers of the

participants; I discovered a new voice - that of the mother whose child has gone away - and was able to acknowledge how that voice impacted on the research.

Another important aspect of my learning was how reflexivity on the part of the researcher takes place before, during and after the interview and during data analysis and writing up. In addition, that reflexivity can facilitate the acknowledgement of emotions present or contradictions in the narrative that impact on the process. Moreover, I witnessed how participants can be reflexive during an interview when Irene acknowledged that she was dissociating whilst being interviewed.

In relation to the overlap between therapy and research skills, the clinical skill of emotional containment was found to be a vital resource for me whilst exploring trauma and in particular cumulative traumas with the participants; these skills were acknowledged by the participants. My clinical experience also enabled me to recognise when dissociation was employed as a defence mechanism by interviewee and interviewer, to protect against emotional overwhelm during an interview.

The importance of immediate reflection on the data as soon as an interview was finished in the form of field notes did allow others to understand the intensity of the research encounter; a summary of field notes as emails proved to be an important part of the supervision process.

Psycho-social research can be extremely demanding emotionally, for both researcher and participant, but also therapeutic, as new insights are gained and narratives reconstructed on both sides. Spiritual and transcendent encounters are possible on a transpersonal level within the research encounter; one example being when I felt I had received overwhelming confirmation of my right to exist whilst interviewing Joy.

It was possible to track the constant flow of inner-outer world traffic between interviewer and interviewee, for instance, the co-creation of resilience when

the material had the potential to overwhelm both me and Mac. Another example is the vicarious trauma *and* vicarious resilience I experienced through the interactions with the participants in my research, some of which occurred at an embodied level: as terror, anger, anxiety, and sadness; but also as triumph, and a sense of having survived a traumatic past.

Chapter 10: Conclusions

10.1 Introduction

I shall briefly recap the rationale that I presented for this study in the early chapters of this thesis, after I surveyed two largely discrete areas of research. The first focused on the impact of being in care on a person's life measured in terms of a range of outcomes. The second concerned the nature of human resilience and the individual and environmental factors that appear to contribute to this. Existing research suggests that care experienced adults are at greater risk than the general population in relation to a number of domains such as social exclusion, educational underachievement and substance misuse; in addition, they are said to be more likely to experience difficulties with social and intimate relationships and parenting.

However, there are a number of gaps within existing research on care experienced adults. First, regarding the lived experience of being in care, we have little understanding of how it feels to be a child growing up with people who aren't one's birth family or how it feels to be institutionalised. This means that we lack an in-depth understanding of how it feels to be different from the rest of society during childhood or how such experiences feel later on life. Second, the lack of a life span approach to studies of care experienced adults might have contributed towards the assumption that successful outcomes are not achievable at later stages in life. Third, the research does not illuminate individual differences; we still don't know why some care experienced adults surmount many of the risks associated with the experience of being in care. This suggests greater resilience than their less successful counterparts, which brings us to a fourth gap: few studies have focussed on the resilience of care experienced adults.

Resilience research to date has addressed issues such as whether individual or environmental factors assert the greatest influence on life trajectories, with studies focussing mainly on children and young adults. Gaps identified in the resilience literature were: first, a paucity of studies that adopted a psycho-

social approach; second, a lack of understanding about resilience over the life span; third, few studies have included participants' own constructions of their resilience; fourth, most significantly, there is no consensus in regards to how to define resilience as a concept, which has contributed to the under development of theory in the field.

Following on from this survey of the existing literature, my research questions were:

1. To understand the lived experience of having been in care and the impact of this experience over the life span.
2. To explore the way in which care experienced adults construct their resilience - in other words, how they talk about their vulnerabilities and strengths.
3. A further aim was to contribute to the task of developing an adequate theory of resilience and resilient processes.

Section 10.2 synthesises my findings in relation to the original research questions and to a new research question that emerged during the process of my research. The purpose here is to provide a brief summary of the key findings.

In relation to research question 1, the experience of being in care had the potential to be emotionally toxic and overwhelming or containing and supportive, and its effect typically lasted throughout the life span.

In relation to research question 2, first, participants thought about their resilience in terms of periods in their life when the struggle for stability and emotional or physical survival dominated and periods in their life when there was greater stability and fewer struggles. Second, for the participants in my research the ability to negotiate a path through such struggles for survival or maintain a position beyond survival was the result of the dynamic interaction between inner and outer world resources and threats. Third, getting to a place beyond survival was not a plateau that could be permanently inhabited.

The new question that emerged during the data analysis was in relation to establishing the differences and similarities between two modes of being, one involving a struggle for physical and psychical survival and one being beyond that struggle for survival. Further analysis revealed that themes which were common to participants' struggle for survival were the same as those that characterised periods of greater stability and wellbeing. Both situations were characterised by the presence of resources (internal and external) and threats (internal and external). What created the difference in terms of individuals' experience was the ratio of threats to resources and the dynamic relationship between threats and resources.

In relation to research aim 3, my concept of the dynamics of resilience represents an original contribution to the task of conceptualising resilience and resilient processes. It provides a means to understand the *interaction* between the individual and the environment by - illuminating the constant, dynamic, inner-outer world traffic and the complex, unconscious processes of internalisation and projection of experience.

Section 10.3 focusses on the theoretical implications of my findings and specifically the contribution of my concept of the dynamics of resilience to the task of developing an adequate theory of resilience. This new concept moves the current discussion in the field away from the debate as to which exerts more influence on resilience, the individual or the environment, by offering a new method for exploring the interaction between the two.

Section 10.4 discusses policy and practice relevant to my area of research and how my findings might affect future policy and practice.

Section 10.5 is concerned with recommendations for future research in regard to what has not been covered in my research. For example, the need for larger scale research that adopts a psycho-social and life span approach in order to deepen our understanding of how other serially traumatised, marginalised and oppressed individuals have made sense of their lived

experience and the interaction between the unconscious processes at work in the inner and outer world.

Section 10.6 examines the limitations and dilemmas of my research in terms of the small sample size, the lack of comparison groups, and the difficulty of interviewing participants who are still experiencing the life long impact of historic abuse and/or multiple traumas.

Section 10.7 contains my concluding remarks.

10.2 Findings

This section will synthesise how my findings from chapter 8 answer the study's two original research questions and the new one.

1. To understand the lived experience of having been in care and the impact of this experience over the life span.

Being in care was not a life stage that could be neatly separated from other life stages. In reality, the experience of being in care was influenced by pre-care experience, and post-care experience was influenced by both in care and pre-care experience. Being in care could be experienced as a respite from traumatic and overwhelming pre-care experience with the capability to exert a life long, benevolent influence. In the right conditions, children who were struggling to manage previously overwhelming or traumatic experience were supported by stability, containment, continuity and a sense of belonging when in care. Such conditions also facilitated the development of inherited potential into internal resources and provided the opportunity for new resources to be internalised from the attributes of carers and professionals around them. On the other hand, being in care could also constitute a repetition of oppressive or toxic pre-care experience, undermining children already struggling to manage previous overwhelming experience or even adding new trauma and this also impacted negatively over the life span. Being in care was neither completely benign or completely threatening; it could be simultaneously resourcing, supportive and containing in some aspects and threatening, oppressive and toxic in other aspects. Furthermore, children impacted on their environment just as their

environment impacted on them. If some of the survival mechanisms learnt pre-care, such as defiance, aggression or mistrust, were visited upon carers and professionals who did not possess the skills or resources to gain the trust of a serially traumatised child, then opportunities for taking advantage of resources or providing resources that could move a child beyond survival were missed.

2. To explore the way in which care experienced adults construct their resilience - in other words, how they talk about their vulnerabilities and strengths.

As they construed it retrospectively, the care experienced adults in my research saw the initial goal of resilience as survival and then to get beyond survival. This created a third research question for me which was concerned with the differences and similarities between the experience of those times in the individual's life when they were struggling to survive and those when they were not struggling to survive. However, this was neither simple nor straightforward as sometimes the participants in my research enjoyed comparative wellbeing in some aspects of their lives, perhaps educationally, whilst at the same time they were very much still struggling for survival in others if, for example, they were suffering with severe mental health problems.

Factors that influenced whether they were living at the survival level or beyond survival were the same; what created the difference in terms of experience was the relationship between these factors. At the survival level, resources in the outer world, such as supportive adults or friends could be protective when dealing with a violent parent or an oppressive regime in a residential home. By the same token sociability or adaptability – inherited potential developed through interactions with the outer world - increased the likelihood of taking advantage of other external resources and thus forming supportive relationships in a kind of benign spiral. The strong values or aspirations of carers were additional resources that, if internalised, could play a supportive role at the current time and in the future. The usefulness of the resource depended very much on the individual; an idyllic rural location was

a resource to a white child but a threat as well as a resource to a half black child.

Even when the child was not particularly vulnerable, negative projections from the outer world that were stigmatising and oppressing could be internalised and could undermine the individual by lowering self esteem or creating feelings of being responsible for their own plight. Some coping mechanisms were unconscious and others learnt, although there was not always a clear distinction between the two. Switching off emotionally or dividing the outer and inner world into good or bad could be helpful unconscious processes during the struggle for survival if experience could not be contained or made sense of. By the same token learnt strategies, such as hypervigilance or taking drugs could also contribute to the struggle to survive. However, such defences were Janus headed and could represent an internal threat when the individual tried to attain a quality of life beyond survival. For example, hypervigilance could cause individuals to distrust and thence not take advantage of external resources or form secure attachments to others.

Catalytic events, either self created or arising from the external world, facilitated transformations, the chance to move forward, to progress beyond the struggle for survival in all areas of an individual's life or in just a few areas, perhaps educationally or at work. Such events created the possibility to form secure attachments at any stage in the life span. However, even though physical survival may have been secured or perhaps educational and career success, reaching beyond survival in terms of securing a stable and healthy psyche was an ongoing battle.

Most importantly, getting to that place described as beyond survival did not mean that one stayed there. The impact of cumulative trauma over the life span created deep lying vulnerabilities which, if traumatic events came along in later life, could catapult the individual back into a struggle for psychic survival. Finally, even when that place beyond survival was attained, guilt about having survived when others didn't or about the way in which survival was achieved has to be confronted. Traumas left wounds that never fully

healed, and people, places, and aspects of the self remained lost or changed forever.

10.3 The theoretical implications of my findings

Other contributors have already argued that resilience research is currently conceptually weak and theoretically undeveloped. There is a lack of studies that have honoured participants' own constructions of resilience and research has not always distinguished between traumatic, risky and adverse experiences (Bottrell, 2009; Ungar, 2008; Rutter, 2000). My research offers new possibilities for conceptualising resilience, grounded in the participants' own constructions and integrated with a robust theoretical discipline - psychoanalytic thinking around concepts such as cumulative trauma (Khan, 1963), the management of traumatic experience (Levy & Lemma 2004), unconscious methods for structuring experience and learnt strategies that are employed as defence mechanisms (Bion, 1984; Britton, 1992; Carlson et al., 2009).

Positive adaptation to adversity is currently the dominant definition of resilience (Luther et al., 2000; Ungar, 2008), yet others have argued that negative adaptation is also a viable concept for understanding resilience (Hunter & Chandler, 1999; Bottrell, 2009). Previous researchers Bottrell, (2009) have adopted a psychosocial approach in an attempt to comprehend issues such as deviant responses to social injustice and marginalisation. However, they have pursued a more rational, psychological, and behaviourist approach. My research adopted a psycho-social approach with the emphasis on the non rational, the unconscious or psychodynamic. This means I have been able to deepen our understanding of behaviours that often appear unfathomable or even self destructive both to the observer and to the individual who is manifesting them at the time because they are non-reflexive or unconscious attempts to manage overwhelming experience (Hoggett, 2001). Other contributors, (Giddens, 1991; Denzin, 1989) have conceptualised resilience in terms of critical or fateful moments that have the potential to change life trajectories; in addition, choice, rationality and reflexive agency are involved. In my findings, transformation was more often

the result of multiple catalysts. Furthermore, as Hoggett (2001) holds, individuals do not always know what they are doing or why they are doing it. In my findings transformation encompassed non-reflexive or unconscious forms of agency.

Many contributors view resilience as a dynamic interaction between the individual and the environment, yet cannot agree on which exerts the greater influence (Rutter, 2012; Hunter & Chandler, 1999; Ungar, 2008). My research shares the same belief that resilience is dynamic and interactive, but differs in having a more complex view of the person with an inner world of feelings and fantasies which is in constant interaction with the outer world. Furthermore, by unpicking some of the complex interwoven threads of resilience, by shedding light upon the unconscious processes at work, my research has been able to show how, through processes such as projective identification, the outer world impacts upon the inner world and vice versa. This has enabled me to understand the mechanisms underlying processes such as those described by contributors like Ince (1998) when she says that an outer world experience, for example, racism, becomes internalised. I have been able to illustrate that experience becomes internalised when there is no viable alternative to the kind of oppression that Hoggett (2001) sees as mediated by a dominant other, which gets inside one's head.

10.4 Policy implications

This is a small sample. Nevertheless, there are indications about how my findings might impact on future policy and practice. My research suggests that interventions should adopt a less static and more dynamic approach, placing less emphasis on particular outcomes achieved at a single life stage and giving more emphasis to life trajectories and the way in which individuals make sense of their journey. In addition, interventions should bear in mind that resilience may not be a permanently inhabitable plateau. Individuals may move beyond the struggle for physical and emotional survival and then back again, or find some areas of their lives a battle for survival but not others. This may recur many times over the life span.

When considering children currently in the care system, first, it seems to be imperative to begin to rebuild their trust in a world that has failed them multiple times. Second, the assessment and treatment of any mental health problems should be paramount. Third, in relation to care experienced adults or other adult members of society who have experienced cumulative trauma, social injustice and oppression, consideration must be given to the manner in which interventions are offered and the expectations of the outcomes of interventions. By this I mean that interventions may not work if they are based on the expectation that adaptation for individuals who have suffered multiple trauma and adversity is going to be entirely positive (i.e. takes the form of pro-social behaviour) or that resilience is a permanently attainable outcome. Finally, for some individuals support may need to be accessible at any stage of the life span and/or the support may need to target some areas of their lives but not others, to take into account individual vulnerabilities and strengths.

10.5 The study's limitations and dilemmas

First, this is a small sample; this is partly due to the realities of research with individuals who are victims of, and still experiencing the impact of, historic abuse and/or multiple traumas. This is also due to the problems of recruiting care experienced adults who may not wish to revisit traumatic life events with a stranger. There are several support networks and organisations for care experienced adults. However, when I approached them many of their members were already engaged in several research projects and the organisations felt that yet another research project was too much. A larger sample with, for example, six individuals who had experienced adoption and six who had experienced residential care might have provided greater opportunity for comparing different types of placement and some interesting differences and similarities may have emerged. On the other hand, this study does represent the many care experienced adults who had a mixed care career in term of placement types as I mentioned previously in chapter 3. Second, three of my participants had engaged with psychotherapy and this could give the impression that they are not a typical group. Nevertheless, what their participation has illuminated is how the effect of

trauma persists even after psychotherapeutic interventions. Their participation also illustrates that even after psychotherapy there is much that is still left to question and come to terms with about their experiences and new interpretations are possible at any stage over the life span. However, this study has been able dig beneath the surface, to provide a rich account of the lived experience of being in care as a child, the life long impact of that experience and resilience. Second, no comparison groups were used; nevertheless, appropriate comparison groups have been identified for further research.

10.6 Recommendation for future research

Further research could usefully be pursued in several areas.

1. Larger scale studies of care experienced adults that adopt a life span and psycho-social approach to explore whether any new themes are waiting to be discovered about the life long impact of being in care and resilience over the life span.
2. The experience over the life span of groups of care experienced adults who were raised together in the same placement. This would enable greater understanding of the differences and similarities in life trajectories and their resilience.
3. Research on birth parents that have had children taken away, to understand their lives before their children were taken away, and their resilience.
4. Research on other cumulatively traumatised groups and groups with experiences of socioeconomic disadvantage, social injustice and marginalisation (refugees, asylum seekers, victims of war and natural disaster) to explore similarities and differences in terms of the lived experience of trauma and resilience.

Concluding remarks

Currently held assumptions about care experienced adults are that they are more likely to experience poorer outcomes than the general population across a range of indicators. Such assumptions are largely based on studies that focus on the experience of being in the care system itself. Although a

small study, my research indicates that pre-care, in care and post-care experiences all impact on life trajectories and that a life trajectory can alter at any stage.

Current, dominant definitions of resilience hold that resilience is positive adaptation to adversity and involves a dynamic interaction between the individual and the environment. My research shows resilience also encompasses behaviours labelled as negative or non-rational adaptation because these are survival strategies - unconscious defences and learnt strategies for structuring and managing overwhelming and traumatising experience. My research has also revealed what was previously hidden within the dynamics of resilience. I have been able to illuminate the hidden, unconscious, constant flow of inner-outer world traffic; the introjection and projection of traumatic and benign experience.

I will end with a reflection on the resilience that carried me through this nine year period of research. I definitely inhabited places where it felt like I was struggling to survive. This was when I felt physically and mentally overwhelmed by the task and experienced a lack of support for my work at an institutional level, or I lacked self confidence in my academic abilities and felt that nobody wanted to hear about care experienced adults. The periods when I felt I was in that place beyond survival were when I didn't feel so overwhelmed and believed in my abilities. At such times I also felt really supported at an institutional level or found an enthusiastic audience for my written work and presentations.

There came a period when I reached such a low point that even my belief systems and my spiritual practice deserted me. It felt like I had fallen into one of Joy's black holes and would never get out again. What helped me then was remembering some of the things that the participants had said. I remembered Irene's light that flickered and knew that although my internal light was very feeble it was still alight. Mac had told me that enough good guys can overcome the bad guys and I was lucky that I had enough good guys inside me (people and experiences from my past) and around me (my partner and my close family and friends) to get me through. My spiritual

practice of mindfulness in combination with these aforementioned resources enabled me to inch my way slowly and painfully out of the hole.

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