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Making Personal Public Service Announcements With Adopted Young Women

From Foster Care: A Narrative Inquiry

A DISSERTATION

submitted by

MYRIAM D. SAVAGE

In partial fulfillment of the requirements for the degree of Doctor of Philosophy

LESLEY UNIVERSITY
May 16, 2015
Lesley University
Graduate School of Arts & Social Sciences
Ph.D. in Expressive Therapies Program

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SIGNED: myriam d savage
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This narrative, arts-based inquiry explored the experiences of four adopted adolescent females (ages 16, 18) during and after making the Personal Public Service Announcement (PPSA), a 30-second, mock digital PSA, which allowed them to voice their expertise on lived experiences. I facilitated six sessions per participant, using narradrama (Dunne, 2009), a drama therapy method that contextualizes narrative therapy with action-based interventions. A digital, audio-visual application on an i-Pad was implemented, allowing participants to animate plaster self-masks, created from their faces into digital, recorded PPSAs. An invitational Witnessing Session provided supported closure during the PPSA screening for the participants who were African American, European American, and Latin American. The research questions were as follows:

1. How do adopted adolescent females who have special needs defined by Child Welfare Services (CWS), and who have a history of being in foster care, experience making the Personal Public Service Announcement (PPSA)?

2. How does the experience of creating the PPSA contribute to their self-identity?

3. How does the articulated experience of adopted adolescent females who have special needs defined by Child Welfare Services (CWS), and who have a history of being in foster care contribute to understanding what they need from the expressive therapy field and other therapeutic, educational, or social support services?

After I used portraiture (Lawrence-Lightfoot & Davis, 1997) and the Listening Guide (Gilligan et al., 2003) for analysis of narratives, five emergent themes were evidenced from the PPSA data and formatted data called I-poems: (a) self-expression and creativity, (b) self-identity or who I am and how I like to identify myself, (c) adolescent
independence or how I want to live my life, (d) self-love or how I accept myself, and (e) survival that contends with being stuck or what I do with loss. While more research may be warranted to examine the contraindications of such explorations, the PPSA exercise may benefit foster care and adoption support services, youth advocacy, education, and the general public on the needs of adopted adolescent females whose voices are not often heard.
CHAPTER 1

Introduction

While doing a pilot study implementing narrative, arts-based research that explored self-definitions using visual media with adopted adolescent males, I realized via parallel processing with my response art, that I had an intrinsic, personal, and historical connection to separation trauma experienced during the same formative years as many of the adopted participants. I also realized I had inherited intergenerational trauma. My French mother and four of her female siblings were neglected and abandoned during infancy and became wards of the court. Separated and dispersed into a disabling social services system that funneled abandoned children into rural areas of France for child labor during World War II, she and her sisters experienced traumatic and permanent family separation at the same age as participants in this study. Due to my inherited identity, these lived experiences, and my practice of drama therapy, I have cultivated a desire to facilitate adopted young women to find therapeutic and artistic ways to self-identify. They are often members of a systemized culture that requires substantial emotional, social, and psychological support. I come to this narrative inquiry experience with a family portrait already prevalent in childhood loss and identity seeking and embed my own lived narratives in the unfolding storied research.

The purpose of this collaborative inquiry with adopted young women (ages 16-18), who have experienced childhood loss, was to explore their narratives during and after narradrama exercises and more specifically, during and after doing a therapeutic exercise called the Personal Public Service Announcement (PPSA), a 30-second, mock digital public service announcement created on an i-Pad, that allowed the participants to
voice expertise on their lived experiences as youth who have been in foster care and who have “special needs.”

For clarification purposes, “special needs” in this inquiry does not refer solely to the term used in clinical diagnostic or special education needs settings, which describes the functional development of individuals who require assistance for disabilities that may be medical, mental, psychological, or physical. Rather, “special needs” in this case, is a legal term about foster care defined by Child Welfare Services (CWS) in the U.S., classifying youth whose race, ethnicity, older age, sibling group status, or whose mental, medical, developmental, or physical disabilities may hinder adoption. They may have a history of maltreatment, sexual abuse, or exposure to violence, or an exposure to drugs and alcohol in utero and they can be youth who have HIV (Hussey, Falletta, & Eng, 2012). Their diagnoses are based on child behavior and family history.

This first chapter continues with the statement of the research problem followed by the questions for research in the study. In addition, an explanation of the rationale and significance for this narrative arts-based inquiry is included.

**Statement of the Problem**

Many foster and adopted youth, from age 6 through adolescence have special needs that “exhibit self-defeating, negative behaviors that often do not respond to traditional interventions” (Smith, Howard, & Monroe, 2000, p.539). However, few studies reveal age appropriate, therapeutic interventions for these specific difficulties, especially for females from foster care who have substantially high rates of sexual abuse and who are more vulnerable to depression, conduct disorder, or search ideations whether
they are adopted or not (Brodzinsky, Radice, Huffman, & Merkler, 1987; Burrow, Tubman, & Finley, 2004; Feigelman, 2001; Ryan & Nalavany, 2003).

For instance, although many therapeutic programs exist for adoptive parents of youth with special needs, I noted a void in the literature on narrative-based interventions that facilitated input from adopted youth. Researchers, Ryan & Nalavany (2003) recognized the lack of age-appropriate and relational therapy for marginalized youth. Emerson and Shelton (2001) argued the importance of gender-specific, creative art therapy programs for adolescent girls traumatized by domestic violence, specifying a combination of creative art therapy interventions for female, juvenile offenders with Post Traumatic Stress Disorder (PTSD)—a prevalent condition in adopted youth from foster care.

Cabe (2005) strongly believing in the neural and behavioral damage of neglect and trauma, stated foster children are often “stuck with old behaviors” (p. 18) due to compromised areas of limbic mid-brain activity where attachment and maternal memory are stored. The researcher posited successful intervention occurs with interactive relational play therapy and remarked if foster youth from Child Welfare Services (CWS), who have a predominance of PTSD, cannot rely on these damaged memory systems to help them learn new ones, then “clearly this has an impact on therapy with such children” (p. 18). If developed and further studied, expressive therapeutic approaches for adopted youth, especially females from foster care could possibly aid the specific challenges of the population and may help deter the concentration of adoption disruptions and dissolutions of the special needs population.
Research Questions

The research questions were as follows:

1. How do adopted adolescent females who have special needs defined by Child Welfare Services (CWS), and who have a history of being in foster care, experience making the personal public service announcement (PPSA)?

2. How does the experience of creating the PPSA contribute to the self-identity of adopted adolescent females who have special needs defined by Child Welfare Services (CWS), and who have a history of being in foster care?

3. How does the articulated experience of adopted adolescent females who have special needs defined by Child Welfare Services (CWS), and who have a history of being in foster care contribute to understanding what they need from the expressive therapy field and other therapeutic, educational, or social support services?

Rational and Significance

There was minimal literature on using drama therapy with adopted adolescent females and none found on narradrama with adopted young women. Additionally, adolescent-centered programs assisting females from the time they enter Child Welfare Services throughout post-adoption processes were lacking (Hussey et al., 2012; Ryan & Nalavany, 2003; Smith et al., 2000; Wind, Brooks, & Barth, 2007). Therefore, the rationale for this study was two-fold. Firstly, participants could experience benefits from narradrama (Dunne, 2009) a drama therapy method that uses narrative therapy approaches along with the use of positive psychology (Beaver, 2008; Fitzpatrick & Stalikas, 2008; Fredrickson, 1998, 2001), and digital computer applications by exploring
personal and preferred “unique outcomes” (Dunne, 2006, p. 300). This meant locating new alternative stories and not being dominated by problem-saturated ones via using action methods from the eight steps of the narradrama method. An invited viewing of the PPSA data offered participants opportunity to be publically witnessed and supported in the processes of self-identity while they were simultaneously, actively “re-authoring” (Dunne, 2009, p. 176) disabling self-images as “adoptees” belonging to social services. According to Dunne (2006), “re-authoring conversation” (p. 296) in narrative therapy involves therapist and client identification and co-creation of alternative story lines using expressive arts and role-playing with the awareness that individuals are multi-storied.

Although the study’s sample is small (a preference in this type of narrative research not aimed at collective identity but individual story), its significance is in contributing to the literature about adopted young women and in generating helpful insight to participants and families as well.

**Summary**

This inquiry speculated that the PPSA’s of young women who have special needs and who were adopted from foster care, contributed to the scarce body of research about best practices for them. The information gleaned from this study informs therapeutic, educational, and advocacy milieus. The following literature review delves into the psychosocial challenges of adopted females from foster care, and the programs that exist to serve them. It also reviews the components of this dissertation’s therapeutic intervention.
CHAPTER 2

Literature Review

When my mother turned the legal age of 21, she dared to find her birth parents, and knocked on their front door, despite the risk of being turned away. After she established contact, she made a point to get to know them and to share missed narratives from their separation. In narrating the evolution of this critical process of hearing stories and re-narrating her own stories, my mother disclosed those stories to me. From an early age, I listened to the fragments of her childhood coming into place as she asked her parents for more information about her past. My mother’s process personifies the goals of a literature review; a survey of literature as stories, a documentation of people’s lives and research—what happened and the effects and knowledge of those events.

I begin this literature review examining the various psychosocial issues of adopted young women from foster care. The population is inclusive of the disproportionate number of youth defined as special needs by Child Welfare Services (CWS). I, then survey literature pertaining to post-adoption services that are provided to those adopted adolescents and their families. Lastly, I review the literature about therapeutic approaches and interventions that have parallel or similar components to the Personal Public Service Announcement (PPSA) exercise, the intervention that used narradrama methods and a digital computer application in order to generate the narratives and support the psychosocial needs of adopted adolescent females in this study.

Adopted Adolescent Females Who Have Special Needs

Adolescence, a time “where the successes and failures of baby and child care come home to roost” (Winnicott, 1971, p. 193) also signifies a pivotal transition period
for youth who realize “growing up means taking the parent’s place” (p. 195). However, previous to and during adolescence, the inadequacy or absence of secure parental influence can compromise healthy development for some youth. For instance, adoption literature often reveals that adopted adolescent females from foster care have a propensity for certain psycho social and even physical difficulties that are evident during adolescent individuation due to contributing factors that occurred before being removed by Child Welfare Services (CWS) or while being under the supervision of CWS.

The female participants in this dissertation study (ages 16-18) were experiencing mid and late adolescence and individuation-separation (Bowlby, 1982; Erickson, 1968; Winnicott, 1971), which is the transitional movement toward autonomy, emotional separation from caretakers, and identity resolution—a twofold endeavor for the adopted adolescent often requiring her to become conscious of childhood trauma while dually identifying and separating from adoptive parents, and known or unknown birth parents (Smith et al., 2000). This period of developing autonomy applies to all adolescents, whether they were raised by systems or by intact families, and although affecting males and females differently at times, both genders require substantial support.

For the most part and considering each person’s individual pace, during a normative time of mid to late adolescence, a strong sense of a burgeoning identity prevails and the ability to reflect on inner experiences as well as regulate emotions occurs. During this developmental phase, a maturing sense of self-reliance, empathy, and concern for the future exists also. Self-esteem and value systems are tested as the adolescent navigates the social environment. In reference to this period, Erickson (1968) stated, “Individually speaking, identity includes, but is more than, the sum of all the
successive identifications of those earlier years when the child wanted to be, and often was forced to become, like the people he depended on” (p. 87). This independence from parents is therefore, fundamental for the young person who wants to experience wholeness, or a “sense of inner identity” (p. 87). The challenge for adopted youth from foster care and specifically maturing, adopted young women experiencing self-definition, may be in processing “all the successive identifications” of a compromised childhood and the previous loss of a nurturing female counterpart—a birth mother.

**Sexual Abuse and Depression**

Interested in gender and group differences of adoption processes, Feigelman (2005) posited: “Adoptees have endured a long history of being demonized and pathologized in the popular and social scientific press” (p.207). Feigelman’s (2001) longitudinal study used Add Health, a national school-based data sample to investigate whether specific genders of adolescent adopted youth were more prone to psychosocial problems than their non-adopted peers. Adopted adolescents living within two-parent families ($N = 369$) were compared to non-adopted adolescents living with two-parent, intact biological families ($N = 9,676$) using data from 1994 to 2001. Unusual for adoption comparison studies, the two-family structures were also compared to non-adopted youth in single parent or single and step-parent blended families ($N = 7,457$), because they were the highest risk-group within all family dynamics. Primary sampling was from random selections of interviews with youth (ages 12-17) who answered surveys. The study indicated adopted male and female participants had similar behavior patterns to the two-parent non-adopted counterparts.
Results showed youth from single parent, step parent blended families had the most adjustment difficulties and prevalence for drug use, depression, early sexual activity, violence, academic difficulties, and being expelled. Females from single parent or step parent blended families had significantly higher suicidal tendencies than those from intact biological families or adoptive families and were more prone to seek psychological counseling by 19% compared to 15% of adopted females. Results for adolescents from single parent blended families were perhaps reflective of youth contending with the psychological effects of divorce or family separation. Most alarming was the percentage of adopted females from the survey who reported sexual abuse (44%). Females from single parent blended families (21%) reported less sexual abuse, as well as females from intact biological families (16%). Fewer than 4 percent of the overall male groups reported forced sex. Demographic limitations in this study corresponded to race and social status.

In another study examining sexual abuse in adopted youth, 58% of the sample who were sexually abused also experienced physical abuse and neglect with authors stating: “Experiencing sexual abuse may indicate a particularly ubiquitous level of risk for children adopted from the public child welfare system” (Hussey et al., 2012, p. 2078).

Significant to comparative studies between adopted and non-adopted adolescent girls is Burrow, Tubman, and Finley’s (2004) study using broad range adjustment measures investigating the effects of adoption on adolescents. The researchers investigated group differences by adoption status, subtype, developmental stage, and gender. Using data from the National Longitudinal Study of Adolescent Health (Add Health), they found specific challenges for adopted late-adolescent females, yet little
adjustment difference between adopted and non-adopted adolescent groups overall.

Results of school and at-home questionnaires compared adopted adolescents \((n = 609)\) to non-adopted \((n = 11,940)\). Participants were White \((n = 8,766)\), Black \((n = 2,460)\), Asian \((n = 591)\), Native American \((n = 464)\), or categorized as other \((n = 873)\). The data was separated by early adolescents ages 12 to 13 \((n = 1151)\), middle adolescents ages 14 to 16 \((n = 6015)\), and late adolescents ages 17 to 19 \((n = 4499)\). Males \((n = 6002)\) and females \((n = 6543)\) were measured on social and family demographics, self-esteem, health, and extracurricular activities.

In contrast to Feigelman’s (2001) results, the indications were gender and adoption’s impact on developmental processes were significant factors for measuring adjustment. For instance, females reported significantly higher levels of depression than males during late adolescence. Yet, the study also noted less learning problems, and higher academic successes in those girls. Results showed non-adopted girls were closer to their mothers than adopted girls, but there were not differences between adopted and non-adopted youth on closeness to fathers or overall family closeness. Furthermore, delinquent behavior was more prevalent in adopted boys, although males had higher self-worth than girls (adopted or non) and adopted females had more psychosomatic problems than adopted males with less physical and athletic involvement in schools for females overall.

Overall, evidence that adopted youths’ adolescent experiences were more stressful than non-adopted youths’ was plausible, yet adolescence for all youth means renegotiating parent-child relationships and establishing autonomy. Burrow et al.’s (2004) sample results showed lower scores of depression from early and middle
adolescence compared to higher scores in late adolescence and demonstrated the existence and variances of psychological adjustments within different developmental stages and gender. Significant to this dissertation sample, research revealed mid and late adopted adolescents had higher delinquency rates than early adolescents, while late adolescent adopted youth experienced lower levels of self-esteem; all of which supported the theory that “many factors in biological, psychological, social domains surround the adopted person’s adjustments” (p. 276).

Feigelman’s (2005) subsequent study compared suicide ideations/Attempts and depression in adopted and non-adopted youth. Information was derived from at-home surveys via computer data collection methods over three research periods spanning from 1995 to 2002. Same gender comparisons between 346 adopted adolescents and approximately 14,000 other youth living with biological parents occurred. Results showed few long-term divergences in suicidal ideations, suicide attempts, or depression between adopted and non-adopted youth. According to Feigelman, previous unknown factors such as adoption by relatives (kinship adoption) caused skewed results in the first two waves of data analysis showing depressive tendencies in females. After correlating relative and non-relative adoptions into the data, adopted female adolescents exhibited similar levels of suicidal ideations and depression as youth living with biological parents. Feigelman’s (2001, 2005) studies do not consider long-term effects of sexual abuse prevalent in the data for adopted female populations nor their connection to depression.

Emerson and Shelton (2001) examined institutionalized and incarcerated adolescent girls exposed to violence, positing, “the child who has been sexually abused attempts to cope with the world as experienced through the distortions developed in
abusive relationships with trusted adults and many behavioral problems result” (p. 184). These researchers and the following found links between pre-adoptive maltreatment and the propensity for problem behavior in youth by examining family structures, gender differences, and developmental stages.

**Problem Behavior**

Grotevant et al. (2006) used Add Health national data and did longitudinal research examining early maltreatment in a sample of adopted male and female adolescents who had aggressive and non-aggressive anti-social behavior (AASB and NAASB respectively) over three research periods. The sample included 337 adopted (161 males and 176 females) and 10,339 non-adopted adolescents. During the last year of interviews, the sample’s average age was 21. Parents were also interviewed. During Wave 1, youth (average age 15) were interviewed about maltreatment, peer relations, and substance abuse. Questions for parents pertained to parental-child engagement and family closeness. Anti-social behavior (ASB) is a psychological disorder comprised of distinctive subtypes such as the individual with AASB who has violent, aggressive behavior inflicting physical or mental harm on people or the individual with NAASB, who runs away, does property theft, or other less physically blatant crimes. Grotevant et al. noted adopted youth diagnosed with ASB were overrepresented in clinical populations compared to non-adopted youth.

Results showed AASB and NAASB were predicted by personal background and previous maltreatment, adoption status and varied by gender. Statistically significant differences existed for only four of the predictors of ASB: early maltreatment; age of adoption placement; involvement with adolescent friends; engagement with adoptive
parents. Specific to this study’s focus on adopted female needs, results showed they were more likely to engage in NAASB with 2.65 times higher odds than non-adopted females. The odds of males engaging in AASB were 4.56 times higher than for females. Adoption status did not add to the prediction of AASB in males once demographic, early experience, and relationship variables were statistically controlled. However, adoption status, gender and relationship variables did add to the prediction of NAASB in adopted girls with evidence that AASB onset occurs more often in early childhood and NAASB onset occurred more often during adolescence.

Feigelman’s (2001) study argued the structural mechanism of adoption did not create higher risks for developing ASB for either gender, although disruption from home and school and exposure to violence at an early age could contribute to its development. Grotevant et al. (2006) posited negative peer influence and lack of parental supervision among other factors such as childhood maltreatment were contributors to ASB for both adopted and non-adopted youth. Researchers added, additional and unique problems associated with identity formation due to adoptive birth history exist only for adopted youth, which makes studies on adolescent support systems relevant. For instance, results showed NAASB behavior in girls was often linked to mother’s education, gender, age, and race. Further, longitudinal studies are needed to determine if age of adoption correlates to ASB onset. Researchers asserted, “American society is stratified along lines of gender, race, and class, and that the powerful connection between these person variables and ASB is sustained by these larger social forces” (p.126). A prevalence of the literature indicated the large, complex systems that harbor children and economically benefit from these stratifying delineations of gender, race, and class as a part of
normative, societal, systematic functioning, hold few prospects on changing failing methods of trauma prevention or intervention for females from foster care whose behavioral issues most often stem from abusive childhoods (Anyon, 2011; Hort, 2000).

These more recent and past studies contributed information about behavioral difficulties for adopted girls. For instance, Goldberg & Wolkind (1992) researched conduct disorder (CD), a DSM-IV mental illness whose components include extreme behaviors found in ASB. Although the longitudinal study was not nationally broad in scope, researchers compared adopted boys \( (n = 123) \) and adopted girls \( (n = 77) \) to non-adopted youth of the same gender, age (14 and older), and sample size for “patterns of disorder” (p. 936). Researchers compared groups looking at (a) emotional disorders, (b) conduct and mixed emotional and conduct disorders, and (c) pervasive developmental disorders (PDD) and psychosis. Results were adopted girls were most likely to be diagnosed with conduct disorder and referred to inpatient treatment by 33%, and although similar behavioral symptoms occurred between non-adopted and adopted girls, only 4% of non-adopted girls were admitted to hospitals.

This and previous research pointed to adopted girls being over-represented in psychiatric hospitals (Feigelman, 2001; Grotevant et al., 2006). For instance, the rates for conduct disorder between adopted and non-adopted boys were similar: (Conduct disorder: 29% adopted boys, 34% non-adopted boys; Emotional disorder: 18% and 15%; Psychosis: 6 % and 8%). However for girls, the rates were significantly higher: (Conduct disorder: 43% adopted girls, 27% non-adopted girls; Emotional disorder: 13% and 22%; Psychosis: 6 % and 8 %) (Goldberg & Wolkind, 1992, p. 937). A case study from this research compared 24 adopted and non-adopted girls with conduct disorder indicating the
possibility that adopted females who had adverse early childhood experiences were sensitized to various aspects of family life, resulting in lower thresholds than other girls with conduct disorder (p. 940).

In conclusion, the percentage of conduct disorder cases among adopted adolescent females was highly significant. This correlated with Grotevant et al.’s (2006) argument that adopted females were engaged in NAASB more than boys during adolescence. Goldberg & Wolkind’s (1992) demographics revealed 50% of the diagnosed females were adopted prior to 3 months of age and four others were adopted prior to turning one. In this case, early adoptions did not secure self-regulating behavior or deter mental illness. Limitations of the dated study were the social class bias of the middle class control group, who were not typical of conduct disordered girls and families nationally. Narrow research such as this may contribute to the stigmatization of adopted females.

Grogan-Kaylor, Ruffolo, Ortega, and Clarke (2008) noted maltreated youth (ages 11-14) in CWS were prone to significant increases of delinquent behaviors especially after trauma. Yet, girls were less likely than boys to externalize problem behavior and various aforementioned adoption studies (Burrow et al., 2004; Feigelman, 2001; Grotevant et al., 2006) argued adolescent girls internalize emotions more than males, which may explain the prevalence of less aggressive mental illnesses such as depression or NAASB in adopted females. Findings of youths’ mental health status or school involvement were not related to levels of delinquent behaviors or to adoption status in Grogan-Kaylor et al.’s (2008) study.

Relevant to understanding problem behavior in adopted girls, Brooker, Berenbaum, Bricker, Corley, and Wadsworth (2012) investigated the correlation between
it and early puberty. The study compared non-adopted girls \((n = 153)\) to domestically adopted girls \((n = 121)\), concluding that although earlier menarche and sexual initiation often occurred for adopted girls, it did not substantiate prevalence for conduct disorder. The longitudinal study used the Colorado Adoption Project’s (CAP) data from 1975 to 1983 of birth mothers and offspring. Adopted girls were asked at different ages about onset of menstruation (from ages 9 to 15); about sexual behavior (from ages 17 to 24); and about lifetime symptoms of conduct disorder (at age 17). Over half \((58.70\%)\) experienced at least one lifetime symptom of conduct disorder but not the required three that determine ongoing mental illness. Composite measures of symptoms for conduct disorder in adopted girls were insufficient, with Brooker et al. noting pubertal timing may link adoption to some risky behaviors. However, it is logical that pubertal development means an increase in testosterone levels, which is closely linked to beginning sexual activity rather than conduct disorder symptoms. Data did not discern if adoption causes early puberty or whether pubertal timing has a genetic correlation to psychopathology.

The majority of White participants \((89.1\%)\), as well as self or parent-reported delinquent actions resulted in limited generalizability.

**Resilience**

Contributing to the understanding of what marginalized, racialized female populations from foster care need, Edmond, Auslander, Elze, and Bowland (2006) studied resilience in institutionalized adolescent girls who were sexually abused. Although participants were not adopted, they fit the criteria of adolescent females from foster care awaiting placement, and their psychosocial conditions are important to consider for late adoption placements. The demographic data indicated a disproportion
of abused Black females in foster care. The study participants included 102 girls, aged 15 to 18 years ($M=16.33$) in foster care or out-of-home placements. Fifty-four percent experienced sexual abuse. The final sample of girls ($n=99$) indicated they had experienced some form of sexual abuse in their lifetime.

The majority of participants were of color (58%), while the remainder was White (42%). Of the 99 girls, 64% were living in a congregate living setting (group home, residential center), and 36% were living in a family or foster care home situation. The majority experienced severe adversity: forced sexual intercourse before age 10, multiple forms of maltreatment, frequent placements and school changes by age 12. Many girls had significantly more mental health and behavioral problems than those who had experienced other types of abuse or neglect without sexual abuse. Among the girls who had been sexually abused, 51% were exhibiting borderline to clinically significant levels of mental health and behavioral problems, compared to 27% of the non-sexually abused girls.

However, 49% of the sexually abused girls in the sample were not experiencing mental health or behavioral problems, which indicated a resilience factor existed in the study. Indications were resiliency stemmed from positive influences related to education goals, future orientation, spirituality, and positive peer influence. For instance, 77% of the sample planned to go to college for 2 or more years. Significant to this dissertation study with diverse participants, researchers asserted that African American girls developed dual resilience via social identity teachings from families and communities. Although, research lacked measures examining demographic specifics about abuse histories such as age onset, relationship to offender, and duration of abuse, indications
were processing racial injustice supported the individual’s coping mechanism for other adversities in life and perhaps helped prevent internalized “negative working models” (Smith, Howard, & Monroe, 2000, p. 540) later discussed in this review.

**Adoption and Secure Attachment**

The literature revealed specific challenges for secure parental attachment in adopted youth with special needs. Because of the possibility for childhood maltreatment before and after foster care placement which can adversely affect the success of adoption, researchers agreed adoption within the first year of birth, is the best intervention for securing social, emotional, and cognitive health in foster children (Bowlby, 1982; Hussey et al., 2012; Juffer & van Ijzendoorn, 2007).

**Early adoption.** For instance, van den Dries, Juffer, Ijzendoorn, and Bakermans-Kranenburg’s (2009) study defined needed attachment by Bowlby’s (1982) theories of the child wanting to have proximity to a primary caretaker especially when he or she felt vulnerable. Thus, Bowlby recommended adoption and foster care as a remedy to institutional care. Because adoption from foster care often involved unification with new caretakers after familial separation and loss, the criteria for this research on early adoption was based on the quality of attachment defined as secure (attached), insecure (avoidant-ambivalent) or insecure (disorganized) (van den Dries et al., 2009, p. 411).

Researchers conducted two series of meta-analyses using observational measures of attachment for one and both observational measures and self-report assessments for another. They analyzed foster care and adoption studies to compare attachment, security, and disorganization in adopted children ($N = 2912$). Reviewing 39 adoption studies and 11 foster care studies via 39 publications with 21 studies using observational laboratory
methods to assess infant attachment, they found both early and later placed adoptees showed “disorganized attachments” (p.417) as a result of negative caregiving experiences during their first 12 months of infancy. The researchers revealed newborn infants placed with nurturing caretakers were most able to develop security and trust. Nurturing relationships created self-confidence and autonomy for the adopted child. Parental response signaled the child’s expectations and affected the internal working model of how the child would be treated by the attachment figures.

Parental neglect or insensitive and unpredictable response from caretakers negatively effected youth’s self-worth, but secure attachments impacted youth’s ability to regulate emotions regardless of gender. Emotion regulation was significant during later developmental stages, such as adolescence (p.412). Researchers posited early age adoption created a preventive step in child development, enabling children to bond and relate to adoptive caretakers, and measures showed adopted children were as securely attached as non-adopted youth. Measures indicated adoptions before 12 months created better attachment possibilities especially in institutionalized youth. However, the longer a child lived with an adoptive parent, the more secure the relationship became.

Bowlby’s (1982) premise that children often suffered from the effects of institutional care even when their physical needs were met, matched more recent studies by Van der Kolk (1989) and Cabe (2005), who recognized hampered brain development in the limbic region and cognitive, socio-emotional, and attachment delays often resulted from institutionalization or lack of stimulation from poor relational experiences. Therefore, emotional regulation and social interaction abilities are often compromised
and can affect the adopted child’s behavior later, which are important factors in a study with adopted young women who have experienced early childhood maltreatment.

**Long-term foster care.** van den Dries et al. (2009) noted a propensity for mental illness and “maladaptive responses to the post-institutional environment” (p. 411) could develop for foster youth or adopted youth who have experienced long term institutionalization. Park, Soloman, and Mandell (2007) stated “the proportion of children in foster care receiving mental health services is four to eight times more than for other children receiving public assistance” (p. 934). They noted 48% of a nationally representative sample of youth (ages 2 to 14) from CWS investigations had clinically defined mental and behavioral difficulties. van den Dries et al. (2009) further determined that adopted children from long-term institutionalization and foster care youth showed disorganized attachments more often than non-adopted youth. Disorganized attachment from maltreated and institutionalized youth was 73% to 93% more prevalent compared to adopted children (31%). However, adopted children were less disorganized than institutionalized children who lacked opportunities to develop selective attachment in relationships. Foster children showed more disorganized attachment compared to children raised by biological parents. In conclusion, researchers noted corrective attachment can occur when implemented in early childhood.

**Poly-substance abuse.** Also relevant to this research is maternal substance abuse and its effect on adopted girls during adolescence. Goldman and Ryan (2011) investigated adoption outcomes and foster youth attachment and temperament outcomes in youth who had in-utero alcohol, tobacco, and other drug exposure (ATOD). Noting prevalent substance abuses in child welfare populations (alcohol 79%; tobacco 54%),
researchers observed resultant neonatal developmental issues, such as inability to self-sooth and externalizing problem behaviors. The study also considered genetic disposition, prenatal stressors, and child-parent interaction. Most significantly, researchers posited ATOD may result in the parent’s negative response to the child. The child’s response to the parent’s behavior, in turn, influences his or her behavioral and emotional development, which may modify the ability to adapt and develop competence. (p. 292). The longitudinal study implemented the Child Behavior Checklist (CBCL), an instrument measuring post-adoption adjustment in adopted youth (ages 6-18) and their families. Data collected from mailed surveys to 10,923 eligible children during separate times over 2 years resulted in 2,382 responses from the first survey and 1,032 (43%) from the second.

Results showed prenatal ATOD exposure directly affected pre-adoption functioning, but did not influence post-adoption adjustment. Additionally, ATOD exposure might have an early effect on the child’s level of functioning, however it did not persist across time in the adoptive home. Indications were secure adoption and sensitive parenting, created protective intervention factors countering previous in-utero ATOD exposure. Noticeably absent in this study, was information signifying how to implement the best corrective attachment methods after adoption. Neither this, or van den Dries et al.’s (2009) study reviewed the economic, cultural background of adoptive parents as factors that could influence parenting sensitivity and attachment styles. Nor was there information about gender attachment differences due to ATOD.
Self-esteem and Adopted Youth

Studies showed attachment and resiliency were linked to adopted adolescents’ positive self-esteem or sense of security (Edmond et al., 2006; Erickson, 1968; Goldman & Ryan, 2011; & Winnicott, 1971). For instance, Juffer and van Ijzendoorn (2007) conducted a series of meta-analyses across 88 studies comparing self-esteem between adopted youth ($N = 10,977$) and non-adopted youth ($N = 33,862$). The researchers questioned whether cognitive, physical implications, and previous attachment compromised self-esteem, which they defined as “how worthwhile and confident a person felt” (p. 1068). Similar to Lynch’s (2011) hypothesis that kinship care boosted resiliency and self-esteem in foster youth, they discovered “protective factors” (Juffer & van Ijzendoorn, 2007, p. 1068) from supportive caregivers buffered against poor self-esteem originating from inadequate developmental processes.

Differences did not exist in self-esteem measurements between adopted and non-adopted youth and although self-esteem assessments occurred after early childhood and after a few years of being with their respective adoptive families, the researchers were confident of data validity because of the large sample number. Therefore, a catch-up phase for self-esteem may have occurred. A smaller set of studies with adopted children ($N = 300$) showed higher levels of self-esteem than in non-adopted institutionalized youth indicating adoption may have created effective resilience as intervention.

Sharma, McGue, and Benson (1998) studied adopted and non-adopted youth cohabitating as siblings in adoptive homes ($N = 715$). Participants were adopted as infants and participants were ages 12 to 18. Implementing standardized measures, researchers analyzed adopted adolescents ($N = 881$), non-adopted siblings ($N = 78$), and
adoptive parents \( (N = 1262) \) with results showing slightly more drug use and poor school adjustment in adopted youth compared to their non-adopted siblings. Adopted youth showed lower levels of emotional and behavioral functioning. There were consistent but not extreme differences compared to non-adopted siblings with greater externalizing problem behavior. Perceptions and data may have been affected by frequent use of social services by adopted youth. Higher rates of delinquency in adopted adolescents sharing the same households indicated a propensity for poor coping skills.

The quantitative study showed adopted adolescent females had more pro-social behavior skills than their same gendered non-adopted birth siblings. Their high scores for positive externalizing behaviors in school perhaps stemmed from compensating for family loss, positive benefits of being in a nurturing adoptive family, or the desire to give back to help others. The sample was majority affluent or middle class and White with a large proportion of Korean adopted youth. A matched control group was not used. Results applied only to adopted persons in shared homes with non-adoptive siblings.

Addressing several areas of the aforementioned studies, Gleitman and Savaya’s (2011) research measured self-esteem in adopted adolescents \( (N = 169) \). Their investigation of 76 males and 93 females from Israel’s Adoption Services showed adopted youth stressors such as pre-adoption maltreatment, multiple placements, in-utero drug exposure, and late-age adoption had minimal affect on adolescents’ emotional or cognitive adjustments. For instance, one fifth of participants adopted in their first month experienced stressors from institutional care and over four-fifths adopted within 2 years of age were exposed to one or more stressors such as abuse and multiple placements. Still, none suffered adverse adjustment difficulties and most had high rates of self-esteem
and low rates of problem behaviors. Similar to aforementioned studies, this research had a predominant female sample and concluded sensitive parenting aided adjustment, attachment, and buffered previous maltreatment despite late age adoption. Limitations were participation was voluntary and not necessarily representative, creating a “cooperation bias of sample” (p. 763). Cultural implications deserve further investigation.

**Developmental Processing of Loss**

Smith, Howard, and Monroe (2000) posited adopted girls and boys with special needs were prone to problematic behaviors at various developmental stages of growth because of their evolving perceptions about adoption and their previous experiences of childhood maltreatment. Similar to the participants in this dissertation study, the majority of Smith et al.’s sample had special needs with 73% as former wards of the state, and 56% receiving state adoption subsidies. Research entailed interviewing 292 adopted children (52% male, 48% female), ages 3 to 20 and generating data from their social workers. Time residing with adoptive parents averaged 8 years. Similar to this dissertation study sample, unrelated adoptive parents (49%) represented a majority of caretakers, while foster parents (35%), and relatives (16%) comprised the rest. Participants were removed from biological families early ($M = 1.9$ years) and placed in adoptive families later ($M = 3.5$). Indications were cognitive development of adopted youth between ages 8 and 11 matured with the awareness of conflicted feelings about adoption history. Results were more than half of adopted youth exhibited externalizing behaviors that appeared to be conduct disorders. Some of the behaviors entailed: “lying and manipulation (81%), defiance (80%), verbal aggression (77%), violation of family
norms (69%), peer problems (64%), tantrums (60%), physical aggression (56%), and destruction of property (50%)” (p. 548).

Behavioral problems also included hyperactivity and running away. Attachment disorders included rejecting affection (40%) and withdrawal (45%). Less prevalent were conduct disorders of sexual acting out (27%), arrests and legal difficulties (22%), suicidal ideation (21%), fire setting, and enuresis. Further, data revealed positive adjustment from early adoption did not apply to children placed immediately following trauma or disrupted attachment. Unresolved grief and a poor sense of identity often lead to depression, which was prevalent in adopted youth especially girls in late adolescence (Burrow et al., 2004; Edmund et al., 2006). Although 61% of participants were 12 or older, Smith et al. (2000) concluded adopted youth from age 6 to adolescence, experienced more behavior problems than non-adopted children. Limitations to Smith et al.’s (2000) study were data from two unstandardized measures completed by social workers, may have lacked objectivity. Generalizability was also limited due to a large White sample (53%) and focusing solely on adoptive families experiencing difficulties, exclusive of a control group.

Grief. Smith et al.’s inquiry indicated feelings of loss, rejection, fear, and grief could cause problem behavior in adopted children with special needs. Jones (1997) addressed the long-term effects of processing loss for adopted youth that stemmed from being “un-acknowledged” (p. 64) by birth families or the loss of “sameness” (p. 64) for transracial adoptees—factors unique to adoption and the participants of this dissertation study. For instance, the loss of memorabilia and the loss of bereavement opportunity due to a new life and new parents caused adopted youth to have the burden of gratitude and
silence about feelings of loss toward their adoptive families. This did not permit them the
gestalt of expressing grief over missing the birth family, which was also strongly
evidenced in this inquiry. Wind, Brooks, and Barth (2007) posited different
developmental stages influence an adopted person’s behavior and perception about
adoption. Their observations along with Jones’s (1997) study corresponded to Smith et
al.’s (2000) theory emphasizing early childhood separation and multiple placements lead
to later attachment difficulties due to unresolved grief. They argued lost attachment
required successful mourning to aid new attachment development. Smith et al. clarify
that adults process grief per event, but “children repeat the grief process for a major loss
each time they achieve a new level of cognitive development or when there are other
losses in their lives” (p. 540).

Significant to this inquiry, researchers noted abuse before age 4 was associated
with developing PTSD often causing nightmares, flashbacks, avoidant behaviors such as
phobias, numbing, dissociative symptoms, and denial in adopted youth. Similar to
Cabe’s (2005) aforementioned arguments, Smith et al. (2000) posited PTSD, commonly
found in foster youth who have been sexually abused, caused physiological changes in
the brain, and endocrine system. Trauma-genic states occurred inciting self-blame and
helplessness, which triggered negative behavior in youth. Thus, attachment can be a
precarious undertaking for adopted youth and their families because of the repeated loss
from placements and detachments in foster care.

**Changing attitudes.** Smith et al. (2000) and Neil (2012) argued comprehending
changing attitudes about adoption over the lifespan of an adopted person’s developmental
growth required ongoing observations and interventions. According to Smith et al.
(2000) especially prevalent in adopted youth with special needs is the resurgence of identity issues and separation and attachment challenges during adolescence (p. 551). In an English study done by Neil (2012) adopted children from the welfare system ($N = 43$) were interviewed about their relationship to adoption. Social workers completed non-identifying baseline questionnaires on children between 1996 and 1997, focused on the experiences of children and the adoptive triad (inclusive of both birth parents and adoptive parents). There were 25 boys (58%) and 18 girls (42%) with ages varying from 5 to 13 ($M = 8.6$ years). Although not representative of adolescent point of view, younger children’s experiences offered information about adoption adjustment from early on, using words such as “happy,” “good,” “fun” as family life descriptors. Important to note for psychosocial, developmental, therapeutic, and assessment reasons, the sense of permanence was important to them and a prevalent topic in the interviews.

In contrast, Smith and Brodzinsky’s (2002) earlier study of 82 participants in the same age group (ages 8 to 12) showed birthparent loss was associated with poor coping strategies. Adoptive parents reported externalizing and internalizing behavior problems in youth. The results were youth who reported high levels of negative affect about birthparent loss also reported high levels of depression and low self-worth.

Neil’s (2012) study showed the average length of time the adopted person lived with adoptive parents was between 4 to 13 years with an average 7.3 years, which may have contributed to protective factors that helped youth catch-up on resiliency despite the 60% of the sample who had experienced abuse or neglect by their birth family. In addition, half had continued face-to-face contact with a birth relative (a parent or grandparent), which may have also contributed to resiliency according to previous studies by Wind et
al. (2007) and will be further discussed as intervention method in this review. Most importantly, the study revealed that children’s understanding and feelings about adoption change over time, which affected coping skills and self-esteem (Smith et al., 2000; van Den Dries et al., 2009; Wind et al., 2007).

**Search ideations.** Extreme curiosity about birthparents also related to externalizing behavior, which could occur during late adolescence. For instance, Kohler, Grotevant, and McRoy (2002) explored the connection between “the intensity of adolescents thinking about their own adoptions and birthparents and their family relationships” (p. 94). Their study delved into youth’s preoccupation with adoption, loss, and its effect on functioning, trust, and communication with adoptive family members. Results showed curiosity about birthparents varied during different developmental times. Search ideations were significant markers of “synthesizing dual identities” (p.94) as well as creating family continuity during adolescence. Adolescents with intense levels of searching were more detached from adoptive mothers and fathers than youth not interested in searching; an additional factor unique to adolescent separation-individuation in adoptive families.

Search ideations were more prevalent for adolescent girls than boys, indicating possible gender or cultural socialization that stressed consideration about family and relationships particularly as girls approached the ages their mothers gave birth and were reproductively mature. Search ideations may also coincide with the prevalence of identity issues that Smith et al. (2000) noted in their study indicating late adolescent youth identity issues of autonomy and individuation from the adoption triad peak at ages 15 (85%) and subside somewhat after age 17 (54%).
Finally, researchers Edmund et al. (2006) suggested adoption outcome studies such as these can be over-simplified due to not delving into the many components of an adopted person’s adjustments over a life span or by not acknowledging research outcomes vary and depend on many factors such as the comparison group used for data (Feigelman, 2001, 2005). Furthermore, although resiliency exists in the adopted adolescent girl population, the systemic determinants of CWS can often cause and perpetuate the psychosocial problems of foster youth regardless of gender or race, before and after they are adopted. This is evidenced by the high percentage of those youth requiring psychological intervention. The following examines existing adoption support services and approaches helping adolescents and their families in light of this research that implements a novel intervention.

**Post-adoption Interventions for Adoptive Families and Adolescents**

**Special Needs**

Adoption can be precarious as well as protective for the foster child who has special needs. Regardless of placement age, family adjustments can be exacerbated when “relational resilience” (Lynch, 2011, p. 26) does not occur to aid attachment and buffer previous trauma in parent-child relationships. Once adoption is completed, family psychosocial support is imperative to prevent dissolution because the processes of foster care and adoptions affect many in a family or community. Despite this, by 2008, 1.6 million youth lived with adoptive parents in the U.S., which means between 2% to 4% of families in the U.S. have an adopted child (van den Dries et al., 2009).

More specifically, 55,303 (41%) of U.S. adoptions were from Child Welfare Services in 2008 and by 2010, 410,625 youth were in foster care with approximately
100,000 awaiting adoption (Child Welfare Gateway, 2011; Del Quest, Fullerton, Green, & Powers, 2012). Researchers Hussey et al. (2012) stated the following:

Children awaiting adoption through the child welfare system often have “special needs” or characteristics that make securing an adoptive home for them challenging. A subset of these youth experiences significant psychiatric symptomatology, which may pose a problem for the stability of the adoptive placement. Clinicians and policymakers require information about precursors to mental health difficulties in order to plan effectively for the placement of these children. (p. 2072)

For example, 85% of youth who were waiting to be adopted through CWS in 2012 were considered to have special needs (Hussey et al., 2012). Furthermore, adopted youth who have special needs are disproportionately represented and referred to psychiatric care compared to non-adopted youth (Feigelman, 2001; Goldberg & Wolkind, 1992; Sharma et al., 1998). Their families receive more financial subsidies, clinical, educational, medical, and crisis counseling than other adoptive families (Wind et al., 2007).

Even though the families who adopt from foster care often choose to be caretakers of children who have the most extreme cases of biological, behavioral, or physical difficulties, studies revealed there were limited programs created for the long-term guidance of these parents and youth (Hussey et al., 2012; Smith et al., 2000; Wind et al., 2007).

**Subsidies for Interventions**

Monetary subsidies support adopted youth and adoptive families and are imperative to their wellbeing. Barth, Wildfire, Lee, and Gibbs’s (2003) pointed out 90% of families who adopted children with special needs were allotted subsidies via the Adoption Assistance and Child Welfare Act (AACWA) of 1980, which has an annual
budget of billions (Child Welfare League of America, 2014). Granted, adoptive families receive financial subsidies from federal, state, and private monies, but distribution of funds means “states have their own criteria for clarifying special needs children and determining eligibility” (p. 6). Researchers posited the “increase in number of special needs adoptions suggests possibilities of an increase in the number of adoptive families experiencing post-adoptive problems” (p. 5). Although post adoption services such as those distributing subsidies in the U.S. were reported to be inconsistent, some researchers maintained the majority of adoptive families adjusted well with realistic expectations (Barth & Miller 2000; McDonald, Propp & Murphy, 2001). Studies also revealed a need to finance and offer support services to adoptive families in order to pre-empt disruption rates, estimated between 10% and 16% for youth with special needs. Inevitably, disruption rates increase based on the total number and severity of the child’s behavior problems (Hussey et al., 2012).

Sensitive Parenting

Researchers posited behavioral issues could be alleviated with prospective parents acquiring their foster child’s background information and receiving specific training so they can practice sensitive parenting. For instance, Denby, Alford, and Ayala (2011) and Neil (2012) noted social services commonly offer minimal information about foster youth to prospective parents before adoption. In one study by Reilly and Platz (2003), 58% of the families reported not receiving enough information about their adopted child before and after adoption, which inevitably challenged secure attachment between parent and child. For example, a child’s past trauma can affect the parent’s sensitivity and reciprocity toward attachment.
More specifically, targeting sensitive parenting methods for better child-parent attachment, researchers suggested interventions that could reduce disorganized attachments over time, such as “therapeutic caregiving” (Stovall and Dozier, 2000 p. 418). The method challenges a foster child’s alienating behavior, and encourages attachment behavior by aiding bio-behavioral stress regulation. The authors emphasized strategies to change insecure attachment although specific mechanisms enabling interventions were not revealed.

**Open Communication**

Aimed at adopted adolescent identity formation and significant to this research on how adopted youth self-identify, Von Korff and Grotevant’s (2011) important study showing the relationship of attachment and identity formation via family contact and conversation examined 184 adoptive families, who had same race adopted youth. Using a longitudinal study consisting of a target child, mother, and father, researchers interviewed 96 adopted males and 88 females at three different times (ages 4 to 12; 11 to 20; 21 to 30) about their adoption stories. Measurement scores were based on the frequency of adoptive parent contact. Results showed open communication between the adopted child and adoptive and biological families offered opportunities for discussing inevitable adoption-related issues. Indications were positive with researchers positing: “Adoption-related conversation mediated the association between contact with birth family members and adolescent adopted identity” (p. 397).

Other research that stressed needs for sensitive parenting approaches with open communication was Reppold and Hutz’s (2009) study examining the parenting styles experienced by 68 Brazilian adopted adolescents (48.5% males; 51.5% females) ages 14
and 15. Adopted as newborns, as wards of the court, the participants who were mostly White (70.6%) were measured for depression, and self-esteem. Significant to this dissertation research, the study noted authoritative parenting, late revelation of adoption status, changing an adopted child’s first name, or replacing it with a deceased biological child’s name resulted in identity ambivalence and poor self-esteem. Researchers posited insensitive actions by adoptive parents negatively impacted adopted youth. Indications were that preventing the curious adopted person to know biological parents and “the way adoption was revealed” (p. 459) were factors that lead to poor self-esteem and depression. The best adjustment scores of the study were found among adolescents whose families maintained “a standard of open communication regarding affiliation” (p. 459) with biological parents from early childhood.

A therapeutic model created for adoptive family developmental needs was a relational system called The Family Adoption Communication (FAC) model (Wrobel, Kohler, Grotevant, & McRoy, 2003). Using adoptive family feedback, the researchers surmised: “Adoptive families have unique tasks along with normative developmental milestones” (p. 54). Researchers implemented a longitudinal study interviewing families and youth ($N = 190$) from 35 adoption agencies with youth ages 4-12, and ages 11-20. Results were open communication was necessary because family and adopted children’s informational and emotional needs change. The three phases that families followed as guideposts to communication in the study were: (a) adoptive parents provide children unsolicited information, (b) adoptive parents address children’s curiosity by answering children’s questions, and (c) adopted children take control of finding their own information to satisfy their curiosity.
Ryan and Nalavany’s (2003) aforementioned study on youth in-put in therapy, also determined that sharing the adoption story at a young age, and conducting Entrustment Ceremonies that literally or spiritually connected birth mothers and adoptive families could assist future adolescent identity seeking and formation. Openness as a “mediating factor” (p. 61) countered the challenges involved with adopting adolescents who identified with “differentness” (p. 61).

**Foster Parents and Family Dynamics**

One of the supportive, preventive, and practical measures that deterred adoption disruption in the literature included placing children with their foster parents for adoption. Foster parent disruption rates were lower (20%) compared to non-foster parents (38%) (Cowan, 2004). Researchers determined adoption from foster parenting that receives ongoing therapeutic intervention increases permanency especially for older youth. Yet, the literature showed a deterrent to adoption may occur due to practical economics, because state adoption subsidy payments to adoptive families are generally lower than foster care payments (Barth et al., 2003).

Cowan (2004) noted children with emotional or behavioral problems had fewer disruptions in homes with single parents than homes with spouses and or other children. Therefore, the single parent-child dynamic perhaps offered better opportunity to address disorganized attachment and developmental challenges via the solely invested mother. Supporting this argument, Feigelman (2001) and Sharma et al. (1998) argued adopted youth residing with biological offspring of adoptive parents were more apt to experience poor self-esteem perhaps vying for equal love. This compared to the successful
adjustments of adopted only children or those living with other adopted siblings or biological offspring.

In the same light, Leung and Erich (2002) determined, “sibling adoption has a negative impact on family functioning” (p. 813) because it created higher demands on the parents in adoptive families with children who have special needs. They interviewed 52 sets of parents and 117 adopted youth (50% male) with a participant cross-section of White (35.9%), Black (14.4%), Latino (14.5%), Asian (13.7%), and Mixed (21.4%). Youth were adopted at the median age of 4.46 and 27% were adopted by their foster parents. Sixty-one percent of the sample had abuse histories. Twenty-three percent had psychological disorders while 12.8% had physical disabilities. Researchers concluded the older the child was at the time of adoption, the greater the risk for disruption. Parents and youth in the study took the Eyeberg Child Behavior Inventory (ECBI), and the Family Functioning Self-Report (SFI), which indicated a correlation between child behavior problems and levels of parents’ perceptions about family functioning, offering additional insight on a need for family systems therapies in order to encourage discussing family challenges.

**Cognitive Therapy**

Because of perceived and real difficulties in adoptive family dynamics and the disproportion of mental healthcare and psychosocial challenges for adoptive populations, Pinderhughes (1996) developed a post-adoption, family systems, and CBT therapy method that centered on stress awareness and coping models especially for older youth. The intervention, offered coping methods, guided by the researcher’s defined post-adoption adjustment phases for adoptive family-older child interactions. These phases
ranged from anticipation (pre-adoption), accommodation (the honeymoon phase), resistance (problematic behavior), to re-stabilization or adoption disruption (Pinderhughes, 1996 as cited by Wind et al., 2007).

**Youth Input**

In contrast, Van der Kolk (1989) and Cabe (2005) discouraged cognitive approaches (CBT) with foster youth positing they did not adequately address the area of the brain that pertains to the issues of attachment difficulties or trauma from previous maltreatment, nor do they stress youth in-put on topics of interest in therapy. CBT reinforced the intellectual part of brain function, while the mid brain, limbic system needed stimulation through more active and relational play because that is the area where emotions, and maternal attachment exist. Congruent to this argument, Ryan & Nalavany (2003) observed, “particularly lacking in existing studies is input from the adolescent” (p. 491). They facilitated narrative therapy with adopted adolescents who disclosed: “It is hard to talk with friends about being adopted because they don’t understand what it’s like” (p. 44). Indications for adopted youth with special needs were there was a need to strengthen inner support systems due to their intrinsic fear to seek help. There was also a need to help them cope with on-going grief and isolation.

**Expressive Therapy**

Addressing these long-term challenges of adoption, Smith et al. (2000) argued that creative practice interventions (p. 558) needed to be implemented by facilitators for adopted youth and their families. They suggested social workers and clients monitor developmental challenges by making life books—pictorial and written representations outlining the adopted child’s life. The books help assess trauma and aid disengagement
from previous placements. Researchers emphasized training facilitators on useful
techniques to help resolve loss, trauma, and identity related issues. In keeping with
therapeutic writing for adopted youth, Favor and Alanis (2012) devised a weekly pilot
program for adopted youth of all ages who have special needs. Their literacy support
program, in alliance with an adoption non-profit agency facilitated older youth with
histories of abuse or neglect. They concluded childhood maltreatment often led to lack of
empathy and negative externalizing behavior in youth. Eight families, inclusive of 14
parents, and 17 children participated. The predominantly Latino (80%) sample read and
shared attachment-specific stories, which contextualized and motivated communication
as well as empathy. Improved relationships between group members resulted. However,
data was lacking to support other programs or demographics. Faver and Alanis (2012)
also note the importance of stories for fostering empathy.

Using another literacy-bound intervention, Jennings-Moroz’s (1996) writing
program at an adoption support services group offered counseling for adopted youth who
have special needs. The weekly-led Saturday Club for Adopted Kids consisted of four
multi-aged sessions and asked youth to share and tell stories about foster care and
which allowed youth to be research informants and have input. Data limitations
prevented generalizability for other potential sites.

**Specific Girls’ Programs**

Little on practice interventions specifically created for adopted adolescent girls
who have special needs was found in the literature. Perhaps due to the variables of
federal subsidies for each state’s Child Welfare Services department, the Adoption
Promotion and Support Services (APSS) programs specifically aimed at adopted adolescent girls were lacking. Adoption and residential treatment centers, such as the one where three of the girls in this research met in California, benefitted from the state’s AACWA subsidies for APSS. The participants and others (approximately five females) participated in bimonthly meetings called Girls Night Out (GNO) sponsored by the Five Acres Adoption Promotion Support Services (2014) program in Los Angeles County. Facilitated by a MFT intern who used collaboration methods, expressive therapy, trust-building games, education, discussion, and field trips in conjunction with one-on-one counseling and adoptive parent meetings, it aimed to support the needs of adopted adolescent girls ages 13 to 18.

In comparison, several APSS programs listed on national websites offered adoptive parent counseling or were geared for both male and female adolescents such as A-TEAM (2014) via Georgia’s Department of Human Services and a non-profit. It provided monthly full-day teen programs (grades 6-12) and two annual weekend retreats at various statewide locations using activities “sequenced to promote trust and build group cohesion” (p. 1). Another program, Children’s Home Society of Minnesota (n.d.) offered a 24-hour hotline for adopted teens and a Teen Adoptees Group (T.A.G) founded specifically for girls (grades 9-12) by a mentor implementing community activities and “hanging-out.” In addition, Maryland’s nonprofit group Center for Adoption, Support, and Education (C.A.S.E.) (2014) offered 8-week classes for youth (ages 6-18).

Besides these types of groups representing different regions of the U.S., many APSS programs required parental pay. Thus, despite the existing data pertaining to the high rate of sexual abuse and depression in girls from foster care who may benefit from
late adoption, a gap in national or state APSS interventions created for female adolescents with “special needs” exists. The following section discusses a novel intervention that considers this void.

**The Personal Public Service Announcement Exercise as Intervention**

A novel exercise, the Personal Public Service Announcement (PPSA) was influenced by the public service announcement (PSA) concept of voicing expertise on an important socially relevant topic and by a narradrama exercise called the self-commercial (Dunne, 2009), in which the participant created a commercial promoting his or herself. It entailed making a plaster self-mask of one’s preferred identity then animating it to speak using an i-Pad application with an animation program.

After facilitating self-commercials with male adolescents in a pilot study (discussed in Chapter 5), I determined a PSA rather than a commercial product would better inform the viewer of the adolescent spokesperson’s expertise. Furthermore, selling a “person” in a self-commercial could potentially trigger questions of self-worth for adopted youth, who once awaited adoption from foster care due to neglect, abuse, or abandonment. The PPSA exercise offered unconditional regard to participants making them.

My previous role as audio-video editor for the self-commercials meant my subjective input as a researcher’s influenced participants’ visual data. Therefore, PPSAs allowed each participant’s unique expertise on self-identity and expression to exist within safe, anonymous, hands-on modes of creating visual and embodied expression. Making a mask combined with a digital animation application offered safe, albeit personal and witnessed disclosure opportunities for adopted females.
Examples of PSAs made by adopted females or research using PSAs as expressive therapy interventions were not found. One study by Gronlund & Lewandowsky (1992) required college students to produce mock commercials as a teaching aid for a cognitive psychology course, resulting in improved understanding of course topics. Additionally, most national websites implemented PSAs about foster care or adoption via photographs, or videos of foster youth advertising to potential adoptive parents (see Children’s Action Network, 2014; LA Youth, 2013; National Adoption Center: Wednesday’s Child, 2014).

The filmic exception to this was the Dave Thomas Foundation’s (2014) sponsored program, AdoptUSkids (2014) and their PSA project *Youth Voices: Life After Foster Care*, which featured three adopted adolescents and two young adults who aged-out of CWS—all of whom had special needs. Each person spoke directly into the camera for approximate 5-minute testimonials. Although not peer reviewed, the PSAs contribute to this study often paralleling the participants’ narratives about self-identity and adoption. For example, an adopted youth, Julius stated: “It [adoption] was overwhelming—an adjustment for me.” “Trust is a really big thing.” “I’m in this stage from little boy to man.” Another person, Amanda confessed: “Trusting people—it is hard.” “I changed my last name, and I kept my first name.” Adrien remarked: “I’ve never been alone in life, but I’ve always felt isolated.” “I was some sort of throw-away item.” Renee disclosed: “It took me years to forgive her.” “Speak to your 12-year-old self—give yourself a chance.” “Find a way to be normal.” Lastly, Nancy claimed: “I calmed down. I don’t have to be in the streets.” “My fits are my disability.” “I have a forever home—forever.”
On the usefulness of Public Service Announcements, Safer and Harding (1993), argued when created without supplemental devices such as group conversations, they do not impact targeted impressionable adolescent audiences. In this case, the aforementioned AdoptUSKids PSAs are embedded in websites without dialogue opportunity. Discussed in more depth later, this dissertation method suggests when viewing PPSAs, there is a need for invited, public, reflective conversational forums. Moreover, Halverson (2008) advocated the use of visual media by adolescents, and contended public performance of narratives helps establish social identity. Halverson also posited story actualization via film can prompt reflection, identity building, and witnessed performance.

**Audio-Visual Digital Component**

McNiff and Cook (1975) successfully mixed video film making with art as a novel group therapy method years previous to the PSA stating: “It is our opinion that the full potential of video art therapy cannot be reached in the conventional art context” (p. 60). Their foresight connected to current views by Carlton (2014) who defined digital visual media as, “the integration and adaptation of comprehensive computer technologies for practical, creative, and connective platforms and practices” (p. 41). All three researchers argued the relevance of using visual digital media by creative art therapists, researchers, and educators especially as they reflect current cultural influences. Moreover, the accessibility to youth culture is important when doing research with adolescents who may be reticent about self-expression (Thomson, 2008).

In addition, Heath (2000) maintained, “current work in neurobiology and physics brings new understanding of just how important engaging with the visual arts can be for
broadening neural circuitry involvement in the brain” (p.121). Further, Prensky (2001) noted youth culture’s ease with new media and digital interactivity, and argued thinking patterns in the brains of today’s youth make them “digital natives” (p. 3), because they process information differently than previous generations. Malchiodi (2009) speculated relational distancing between client and therapist could occur when using computers or digital media in creative art therapy due to loss of tactile stimulation, while, Orr (2006) posited the inherent element in digital video is “the infinite possibility for easy manipulation and transformation of forms” (p. 99).

A survey by Orr (2005), of 206 art therapists determined that incorporating current trends and using new technologies such as digital media and computers positively facilitated youth. Indications were the “inherent qualities of the medium” (p.1) and negotiating the computer as an “adaptive tool” (p. 7) while investigating the client’s needs were important considerations. Furthermore, Carlton (2014) posited that not using visual media in therapy or research with certain young populations could mean excluding or denying a group’s cultural characteristics or means of self-identification. Along with other conceptual influences, creating the PPSA exercise meant mixing digital media components and tactile art materials, to adequately facilitate adopted, adolescent, female point of view. All of these components were integrated as part of a many-faceted narradrama method, to be discussed shortly.

**Plaster Self-Mask Component**

Tactile visual art materials such as the plaster strip masks or the face paint masks placed upon the participant’s face were used with the i-Pad digital application to make the PPSA. Animated photographed masks with voice and simple movements within a
30-second program resulted. An impetus for facilitating mask work with the PPSA exercise was the theory that could afford higher functioning self-identification, along with concealment, protection, or transformation for individuals (Dunn-Snow & Joy-Smellie, 2000). Adding to this theory, Janzing (1998) stated mask work is a “psychotherapeutic tool ancient and new” (p. 156) and expressed in both theater and therapeutic milieus there exist various examples on how the fabrication and use of masks promote less inhibition. The opportunity to role-play with new identities and re-story old behaviors with masks can occur as well. Landy (1986) argued masks allowed a person to express a new identity from a group, a social role, or from conflicting issues and dreams.

Regarding sensitivity when using masks in therapy, Dunn-Snow & Joy-Smellie (2000) emphasized caution when applying plaster self-masks on youth because of the physical and potential emotional challenges of putting on and removing the plaster. Youth who lack trust in adults, and populations sensitive to intimacy, concealment, confinement, identity, or those who have mental illness such as borderline personality disorder may be too fragile to tolerate plaster mask-making or even other forms of mask making. Overall, indications were mask work was beneficial for adolescents because plaster-strip mask application aided in developing trust and therapeutic alliances due to client-therapist collaboration, which benefits narrative intervention dependent upon relationship.

**Narradrama Component**

A theory for this inquiry was short-format digital narratives using self-masks were therapeutic because they facilitated a positive sense of identity via narradrama (Dunne, 2009) methods. Narradrama contextualizes narrative therapy (White, 1989, 1998, 2000;
Epston, 1998) via drama therapy and is implemented by a myriad of action-based exercises. Narrative therapy, follows a basic four-step reasoning: 1) realities are socially constructed; 2) realities are constructed through language; 3) realities are organized and maintained through narrative; 4) there are no essential truths, however not all narratives are equal (Faddis & Bettmann, 2004). An added element to narrative approaches is the reflective audience witnessing the alternative story. Moreover, the narrative therapy and narradrama dictum is the person is not the problem, the problem is. Dunne’s (2009) narradrama method follows narrative reasoning, but relies less on words, and focuses more on action methods using embodiment, projection, and role-play (EPR) (Jennings, 1998) techniques as tools to get to expression, language, and truths. The aim is to re-story problem-saturated narratives. For instance, narradrama uses the psycho dramatic concept of “concretization” (Dunne, 2009, p. 177), which means creating something physical, enacted with the body, or a portrayal of something symbolic that may restrain the individual. It also allows problem or preferred feelings or thoughts to be made real and experienced via embodiment and cognition through “physicalization” (Dunne, 2006, p. 295). Narradrama exercises used in this study, such as the restorative hand decoration, a hand tracing identity exercise differentiate problem from preferred self-identity. In addition, some of the eight-step narradrama processes (see Figure 1) inviting role-play, role reversal, and expressive arts along with cognitive behavior approaches of narrative therapy, were practiced in this study implementing the PPSA.
Narradrama: The Eight Steps

Dunne (2006) developed the following eight steps for narradrama:

1. Step 1: Warming up to new descriptions of self-identity and environment. Honing in on preferred physical environment and self-identity in the moment that sessions are introduced.

2. Step 2: Externalizing the problem. Using action methods and objects such as masks and artwork to separate from the internalized problem and confront it.

3. Step 3: Possibility extension. Opening up possibilities to try on something new and clarify choices with expressive arts such as creating a preferred place in nature, identifying as an animal, creating a vignette or preferred scene.

4. Step 4: Externalizing choices. Formulating new strategies dealing with the problem after externalizing a life problem with object or art form; using “double description” (p. 56) to explore the effects of continuing with a problem compared to changing course or alternative pathways with the use of externalizing methods like interviews, original film scenes.

5. Step 5: Personal agency. Creating one’s preference symbolically and literally with personal agency via monologue, song, movement, expressive art that shows appreciation of self.

6. Step 6: Alternative stories and unique outcomes. Showing exception to the past problem-saturated story via symbols and art evolves into a unique outcome scene from real life or imaginary life with body sculpting or roles.
7. Step 7: Re-story life scene. Exploring a problem saturated story in one’s history and re-storying it in a preferred way with awareness of new descriptions that creates a scene about the current conflict.

8. Step 8: Closure, reflection, and rituals. Including at the end of each session and at the end of workshop a closing ritual or celebration of completion via expressive arts. A pool of consultants can document the history of sessions at closing with expressive artwork. A reflective team can offer any session their observations after they view from separate location by personally connecting to the action, not giving advice but allowing client to observe their reflections.

**Dyadic Positive Psychology Component**

Although not empirically researched with this population, the following theories and studies influenced the interactions in the study with adopted young women and were meant to complement the methods used. For example, in Frels and Onwuegbuzie’s (2012) case study on mentored dyadic therapy called School Based Mentoring (SBM), both negative and positive shared emotions from the participants were accepted when adult mentors supported a student’s school activities and social needs. In addition, positive affect (PA) was generated and built upon with the understanding that an adult other than a parent, could help create relational therapeutic results. Indications were SBM dyads created opportunities for collaboration, communication, interaction in play, navigating autonomy and self-expression in youth. In addition, Fitzpatrick & Stalikas (2008) and Beaver (2008) suggested applying positive psychology to other therapeutic modalities such as narrative therapy in order to identify and generate ongoing
psychological change in therapeutic sessions. Positive psychology and SBM were used with narradrama methods during the study’s sessions.

Influenced by Fredrickson (2001), a practitioner of the Broaden-and-Build theory of positive psychology, Beaver (2008) argued that negative emotions “narrow attention” (p. 130) while positive emotions such as joy and curiosity broaden attention, which enable more creative, flexible thinking, coping, and continued therapy. The Signature Strength Exercise she devised was a therapeutic method for children in which they identified a personal strength to use daily and differently for a week. Similar to the narradrama restorative hand decoration exercise used in this study, Beaver’s therapeutic self-maps listing positive events and a positive self in a diary countered depression in the ACTION Treatment Program (Beaver, 2008, p. 133) with analysis suggesting an effective 70% recovery rate for self-esteem in adolescent girls from the program.

Positive psychology and SBM concepts were used to aid adopted females with special needs in this dissertation study, because positive emotions functioned as “antidotes” (Beaver, 2008, p. 130) to childhood’s problem-saturated stories. The premise, similar to narrative therapy, was that (PA) increased hope allowing for engaged goal-making while SBM, a child-centered play therapy (CCPT) from Axline’s (1989) methods, used non-hierarchal interaction within a mentor-child structured relationship. This dynamic invited relational and even maternal security (Cabe, 2005).

**Interventions Using PPSA Exercise Components**

**Masks.** Examples of peer reviewed narradrama interventions or those using all of the components of the PPSA exercise were not found; however, Bezuidenhout’s (2011) thesis study on narradrama provided data on visual art, mask work, and witnessed
performance with sexually abused adolescents. Participants were not adopted but had similar demographics to adopted adolescent females in CWS. Five females and two males (ages 13-14), who had mild intellectual disabilities, participated in 16 sessions for 90-minute meetings. Following performative psychology constructs, the study looked at how adolescent youth with low self-esteem and learning difficulties would benefit by making artifacts such as restorative hand puppets, self-masks, and performance. Results from the phenomenological study using narradrama showed improved intrapersonal, interpersonal skills, and self-expression.

Another study that used mask intervention with adolescents was Dunn-Snow and Joy-Smellie’s (2000) research with three male youth (ages 12-14). It facilitated decorating plaster self-masks with personal symbols, aiding self-identity and exploring family identity, and legacy. Like Bezuidenhout’s (2011) study, dialogue about self-esteem occurred between youth and parents afterward. In addition, plaster masks created a safe distance for developing youth to “face themselves” (Dunn-Snow & Joy-Smellie, 2000, p. 127) while exploring their culture. Additionally, Zoss, Smagorinsky, and O’Donnell-Allen’s (2007) study examined cultural literacy and self-identity with three late adolescent male youth from diverse backgrounds who incorporated plaster mask making, creative writing, and public reflection in order to experience more generative thinking and holistic learning opportunities connected to personal interests. Similar to the PPSA exercise, the self-masks represented the participants’ images or how they wanted to be seen. Preferred identities, points of view about emotional and cultural difficulties, and artistic expression occurred, while aiding behavior management.
Mask work with adopted adolescent females victimized by sexual abuse was noted in Trepal-Wollenzier and Westen’s (2002) study. The researchers were sensitive to participants and their comfort with mask-making materials, while considering reality and ego checking, cultural implications and dissociative tendencies, before initiating therapy. Participants benefitted from witnessed role-playing in therapy sessions by using prefabricated masks they decorated to externalize their feelings about trauma and addiction. Indications were mask-work allowed nonverbal clients to “recognize their multiple natures” (p.1).

Drama therapists Silverman’s (2004) and Stahler’s (2007) therapeutic plaster self-mask workshops, that aided performance with participants who have severe mental health challenges, social disorders, eating disorders, and physical, sexual, or substance abuse histories, were beneficial due to sensitive facilitation with role-playing and acting out chosen narratives from mythic, fictional, or autobiographical stories. The narratives from their workshops processed grief and re-authored preferred outcomes.

**Visual digital media.** As previously mentioned, educators and scientists acknowledged the need for multiple kinds of literacy and narrative making in educational and therapeutic systems (Halverson, 2010; Heath, 2000; Malchiodi, 2009; McNiff, 1975; Novy, 2003; Prensky, 2001). For instance, Halverson (2010) stated, “identity is concretized through the narratives we tell of our own lives” (p. 2355) and for many youth the medium is electronic and digital as exemplified in this study. For example, Austin (2010) combined the use of digital media and narratives proposing: “Adolescents may gain psychological relief because the image functions as a container to hold affect” (p. 202). Austin’s case study using art therapy with a 15-year old male, foster child, who
had cognitive impairment, centered on mentor-guided story-based, 3-D video games he digitally created. Results were improved self-esteem, and interpersonal relationship in therapy, along with strengthened artistic development, improved mental health and cognitive associations. Implications for using emerging forms of technology in therapy with foster care youth were positive, although more specific data on intervention results, cognitive growth, and generalizability were needed. Not uncommon in research with foster care youth, limitations stemmed from interruption of services due to new foster care placement.

Halverson (2010) used digital media and narrative therapeutic approaches to facilitate late adolescents making original, autobiographical video narratives. Similar to this study’s approaches, the research “demonstrated that it is through the process of telling, adapting, and performing narratives of personal experience that adolescents engage in positive identity development” (p. 2356). Halverson, who identified youth produced media as “public proclamations of identity” (p. 2358), devised a novel way of analyzing film via cinematic terminology for a film made by a male adolescent exploring his Muslim identity in a filmmaking program called Reel Works. Also interested in identity formation, Hull and Katz (2006) implemented an after school community technical center program called Digital Underground Storytelling for Youth (DUSTY), which resulted in youth formulating autobiographical, digital media narratives via expressive arts using music, spoken word, and photo images from pop culture. Participants in the case study were a 24 year-old male and a 13 year-old female, who were able to “articulate pivotal moments in their lives and to reflect on life trajectories” (Hull & Katz, 2006, p. 43) with the use of computers. Both participants “constructed
supportive social relationships through story telling” (p. 68). The adolescent girl’s computer project resulted in self-portraiture via autobiographically based stories using digital film. Similar to the PPSA, results showed her acquired technical mastery instilled personal agency, which indicated improved self-esteem via self-advocacy and self-identification. Limitations to the study were its small sample and lack of measurable data.

Informing this research with the use of drama therapy, narrative therapy, and video drama therapist, Novy (2003) discovered a link between digital filmmaking and identity making. She facilitated two pre-adolescent boys (aged 10 and 12) in a psychiatric hospital after-school program for youth via improvisational games and peer dyad work. Relying on improvisation-lead digital film making to facilitate a collaboratively created tall tale, Novy theorized a healthy separate identity evolved from outside the participant where he was compelled to “apprehend” (Irwin, 1978, p. 428) himself from some other perspective.

The case study consisted of 25 once-weekly drama therapy sessions, which culminated in a private viewing of their original film and a public certificate ceremony of their accomplishments on the hospital site. This emphasized the important narrative therapy correlation to being witnessed in new, preferred roles in public. Results were peer conflicts such as acting out, passive behavior, or rage attacks diminished and self-esteem improved. Similar to adolescent participant’s identity awareness, which occurred with Dunn-Joy and Smellie’s (2000) witnessed masks, “the video camera brought focus to their work” (Novy, 2003, p. 203). Metaphors of monsters and survivors that were acted out, embodied, and filmed, addressed issues of injury, helplessness, survival, and
tolerance—“giving them voice” (p. 206). Such narrative interventions could potentially help older adopted youth experiencing oppressive institutionalism.

Johnson and Alderson (2008) researched visual narratives via therapeutic filmmaking as “arts-based therapy involving clients making short films or videos related to their personal experiences” (p. 11). Similar to Halverson’s (2010) approaches or Bach’s (2007) narrative photojournalism with adolescent girls, the researchers encouraged three student participants of diverse backgrounds (aged late 20s) to journal with film. Participants were given free digital video equipment, editing and technical access, and unlimited video recording time. The instruction was to film topics related to their therapy needs. Interestingly, this may have introduced an alternative form of individual therapy guided by visual exploration, because the participants attended weekly counseling for 3-week periods addressing relationships, personal growth, depression, and immigration, while filming independent narratives.

Similar to Bach’s (2007) study, the participants in Johnson and Alderson’s (2008) inquiry said they felt empowered to share their pictorial narratives. In both studies, as in the PPSA, participants felt validated with free choice, which paralleled the independence they had with cameras. Emic data showed heightened self-esteem occurred from filmmaking mastery. This illustrated the possibility of positive affect through visual media with adopted youth because of the resulting comfort with expression, creativity, humor, and reframing of issues.

A different approach, albeit valid to the discussion is McNiff and Cook’s (1975) aforementioned 2-year study with video art therapy. Their intervention relied on video playback and visual portrait making for adult and adolescent clients with mental illness
and behavioral issues. They facilitated six to eight participants in an adult day care center and patients from a state hospital by encouraging them to videotape art therapy sessions. Video playback was edited by group members and viewed by group participants, allowing for collaboration. Similar to Novy’s (2003) results aiding participants’ behavior regulation, the intervention facilitated spontaneous expression and client insight with video viewings. The action prompted more self-evaluation, less volatility, and better communication.

**Combining Audio-Visual Media, Masks, and Narrative Therapy**

Integrating all the components of this study such as audio-visual digital media, plaster self-masks, performance, and witnessing, Fryear and Stephens (1988) did a 6-week outcome study facilitating intrapersonal communication by using video and mask to help participants integrate lesser known or accepted aspects of the self. Eight male and female adult participants made plaster strip masks, placed them on their faces, and recorded themselves asking personal questions on camera. Participants then removed their masks and verbally responded to the recorded masked versions of themselves on video. Indications were increased self-acceptance, inner direction, and insight occurred.

This contrasted to Hinz and Ragsdell’s (1990) study using video and mask with women who had bulimia. Although almost identical to Fryear and Stephens’s (1988) approach, several participants resisted exploring identity and were not willing to show up to sessions, which indicated therapeutic intervention needed to afford a sense of security in order for it to work. However as previously speculated, a sense of security with therapeutic uses of mask or digital video may not be available to certain populations (Dunn-Snow & Joy-Smellie, 2000; Orr, 2006).
Summary

This review of the literature revealed adopted adolescents females from foster care, who have special needs are twice as likely to present with sexual abuse than non-adopted females, resulting in psychiatric problems in childhood and later (Edmond et al., 2006; Emerson & Shelton, 2001; Feigelman, 2001; Hussey et al., 2012). Although Feigelman (2001, 2005) concluded differently, some researchers determined adopted female populations who have special needs were more likely than non-adopted females to develop depression or display psychopathological disorders (Burrow et al., 2004; Smith et al., 2000; Wolkind & Goldberg, 1992). They were also more apt to search for birth parents than their male counterparts (Kohler et al., 2002; Smith et al., 2000).

Although providing a service of safety, foster care most often harbors children who have prolonged stays in the CWS system and who have inherent mental, emotional, and social difficulties with predominant issues of loss, separation, abandonment, trust, betrayal, rejection, worth, and self-identity requiring psychosocial interventions (Bowlby, 1982; Brodzinsky et al., 1987; Hussey et al., 2012; Jones, 1997; Sharma et al., 1998; Smith et al., 2000; van den Dries et al., 2009). Moreover, Leung and Erich (2002) stated older adopted youth were prone to psychosocial challenges which can lead to family disruption, with Grant (2011) positing 60% to 85% of over 500,000 foster children in the United States meet the criteria for psychiatric diagnosis.

The literature indicated early adoption is a feasible deterrent to identity issues and symptoms of internalized fears and loss evidenced in later adoptions, yet some researchers posited early placement was not a sufficient intervention for foster youth adoption who experienced childhood maltreatment (Barth et al., 2000; Cabe, 2005; Smith
et al., 2000; Wind et al., 2007). Sensitive parenting, support services, adolescent input, and family communication within the family triad, were the most viable interventions noted in the literature to improve an adopted person’s life thus far.

Because, the PPSA intervention is innovative, without previous research, this study discussed several peer-reviewed experiential interventions that had components of the PPSA exercise and narradrama, which could benefit adopted adolescent females with psychosocial issues. Plaster self-masks and the i-Pad application used to photograph and animate the masks were used as drama therapy tools, supported by school based mentoring tactics and positive psychology. The PPSA exercise was meant to be personal and generative of positive affect (PA) in light of the historical implications of being an adopted adolescent female with special needs. Therefore, the following methodology section describes theory and method grounding the PPSA intervention for this purpose.
CHAPTER 3

Methodology

I am conscious that the issues of abandonment, foster care, and adoption have impacted my own childhood and adulthood. As a child, I observed my mother assemble the pieces of her family history. She diligently found clues about her lost sisters—some she had never met, until they were reunited as middle-aged women. I accompanied her on visits to meet distant relatives, cemetery sites, and quaint hamlets in France near her birth home where I observed her asking people questions about her family history. When I was in my mid-20s, my mother was determined to face her childhood losses and asked me to drive her to the farm where she lived and worked from the time she learned to walk until she was 14 years old. The abandoned farm in the Bordeaux countryside was for sale, and ironically she considered buying the property. In the house, she stepped into the small room where she slept on the floor with several other children. There, she told her story. My mother was constructing meaning for herself and me by sharing this narrative. The compounding effects of trauma are rooted from early beginnings that ripen during adolescence and reappear over time. When she was 14 years old, my mother’s only adult ally could not offer her permanent placement, which left her few, safe options except Catholic convent life, a form of institutionalism where she remained until she was 21 years old. The lack of maternal attachment and appropriate support meant adolescence and early adulthood were emotionally and psychologically dire for her. The methodology of this dissertation offered a framework of possibility for these young women that my mother and her sisters did not have, especially at the significant time of adolescent identity formation.
Researchers noted adolescence can be a time for interventions—a way to alleviate adverse effects that build up from childhood (Romeo & McEwen, 2006). In light of this and the research questions, this chapter describes the study’s methods and includes the following: (a) rationale for research design, (b) description of participant sample, (c) site information, (d) overview of research design, (e) method of analysis and synthesis of data, (g) ethical considerations, (h) issues of trustworthiness, and (i) limitations of the intervention. The chapter ends with a summary.

**Rationale for Research Design**

**Narrative Inquiry**

Narrative inquiry, a qualitative research method that is sensitive to marginalized individuals, aligned best with non-Euro-centric worldviews (Brumfield & Christensen, 2011; Merchant & Dupuy, 1996), which addressed the fluid issues of diversity and identity (Rockquemore & Laszloffy, 2003) in the research. Its approach considered open and not fixed interpretations of identity formation in adolescent development. As a means to research about identity, narrative analysis permitted discovery of personal story from the interactions between people (Richert, 2003), via the theory that “people, places, and things are becoming rather than being” (Clandinin & Connelly, 2000, p. 145). In contrast to formalist inquiry, narrative research begins with the experiences of individuals as expressed in “lived and told stories” (p. 40). Additionally, as it does here, it characteristically begins with the researcher’s autobiographically oriented narrative associated with the “research puzzle” (p. 41) or research question.

Therefore, I am in the story of inquiry, embedded in the design and implementation of it as Clandinin and Connelly describe: “An inquirer enters this matrix
in the midst and progresses in this same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that make up peoples’ lives, both individual and social” (p. 20). I listened to the dynamics and layers of narratives, recorded and deciphered emerging story threads, while being in relationship with those engaged in sharing. In this case, I did not attempt to prove a hypothesis via inquiry and I also did not intend to offer a set of factual knowledge claims for the field of adoptive studies. As a research technique, I was a participant-observer in the field, and adhered to Creswell’s (2014) definition of good narrative research by following the principle of reflexivity, having a small sample, collecting stories on significant issues related to the individual’s life, and re-storying narratives by looking at what was said, how it was said, and how it was performed. I followed this dictum: “the core premise of narrative inquiry is that a story communicate what other forms of inquiry cannot and that there is integrity to a whole story that must be considered if research is to be real” (Kenny, 2005, p. 426).

Important to this method of constructing and deconstructing story in the research was the definition of voice as a socio-cultural framework of narrative inquiry. Moen, (2006) describing the voice as “utterance” (p. 3) defined it as what a person says to another or to oneself and linked it to dialogue. Dialogue or the “voice” cannot form without an active listener/speaker. In this way, story is shared as a person is constructing meaning about personal experiences, thoughts, or events, reflecting point of view, influenced by lived and inherited experiences and cultural, political, historical contexts. The participant’s voice in this study, therefore, was “overpopulated” (p. 3) with other voices—filled with influence, experience, and new thoughts on many levels especially as
a female who experienced child welfare systems. Voice was not isolated and was
dependent on me as listener as well. I undoubtedly influenced voice before and as I
received it from the participant and I interpreted it within the three-dimensional inquiry
considerations of time, place, and relationship (Clandinin & Connelly, 2000) with my
own lens. Voices are plural, not always spoken, and they interchange and are
interdependent as they are received and told. Narrative inquiry is connected to this
communication reality because narrative is story that is told as a series of events to a
listener with all the implications that voice offers contextually. The technique of telling
or re-telling the story with a preferred outcome as a healing device is the basis of
narradrama. The method of re-telling the stories heard from context and the participant
into an alternate form is a construction of narrative inquiry.

**Narrative Arts-based Inquiry**

Narrative arts-based inquiry such as the PPSA intervention had to do with field
text gathering and occurred in the beginning of the research process (de Mello, 2007).
Arts-based inquiry enabled participants an opportunity to create an aesthetic experience
and arts-informed inquiry offered conditions for the readers or viewers to have an
aesthetic experience. de Mello’s (2007) narrative research criteria of “creative field text
gathering, creative research text presentation, empowering one’s co-researchers/
participants, inviting readers to make their own conclusions, supporting construction of
personal knowledge, and honoring multiple perspectives” (p. 215) was used.

**Critical-race Feminist Considerations**

Observant of power relations and social constructivism in this research (Creswell,
2013), I facilitated female adolescents to participate in discussions about themselves
(Bach, 2007; Dunne, 2009; Gilligan et al., 2003; Thomson, 2008). The underlying framework for this analysis took into account that doing and viewing image-based, narrative research with computer applications, along with acquiring new skills at mask-making could empower and readily access opinion in young women who may have difficulty with self-esteem or verbal expression (Bach, 2007; de Mello, 2007; Thomson, 2008). Similar to critical race theory, the relational, postmodern approaches of both narrative research and narradrama therapy contend multi-perspectives exist (Creswell, 2013; Dunne, 2009), and participants need to be validated as experts of their lived stories because they are most able to create meaning from them.

**Portraiture**

Because of the relational aspect of narrative arts-based inquiry, I followed Lawrence-Lightfoot and Davis’s (1997) portraiture method as a guide for contextualizing data, noting the research portrait as a written narrative, is imprinted with the researcher’s understanding of and relationship with the individual or site that is represented in the text. The portraits in Chapter 4 were contextualized by each participant’s past, present, and future and the environments shared during mutual collaborative efforts. Portraiture was used as an introduction to each participant’s shared narrative in the context of her world and it was also a way to prepare for data analysis by culling out specific scenes from the interventions.

In this way, I was able to balance my personal predisposition, bias, and “disciplined skepticism” (p. 13) into portraits that shaped and defined the data and captured essences of the young woman. This prepared for deeper analysis with the
listening guide (Gilligan et al., 2003). Thus, Lawrence-Lightfoot and Davis’s (1997) five steps to portraiture helped contextualize initial data:

1. “Listen for repetitive refrains that are spoken (or appear) frequently and persistently, forming a collective expression of commonly held views” (p. 193).

2. “Listen for resonant metaphors, and symbolic expression that reveal the way actors experience their realities” (p. 193).

3. “Listen for themes expressed through cultural and institutional rituals that seem to be important to organizational continuity and coherence” (p. 193).

4. “Use triangulation to weave together the threads of data converging from a variety of sources” (p. 193).

5. “Construct themes and reveal patterns among perspectives that are often experienced as contrasting and dissonant by the actors” (p. 193).

**Participants**

The subjects of this inquiry were adolescent females, referred to as participants. Purposeful sampling (Creswell, 2013, p. 157) was used with four participants. Three members of the sample were asked to take part in research from an adoption promotion support services site and one participant was contacted through email and phone conversations with her adoptive parent who was introduced to me by a therapist colleague. Before sessions began, parents and interested youth met with me at convenient locations or in their homes, where I explained about the research and assent and consent forms (see Appendix A: Informed Consent and Assent Forms).

The criteria for participation was based on experiences of marginalization, status in the foster care system, birth history, gender, age, and adoption. Their circumstances as
adopted adolescents experiencing a critical developmental time of dual individuation from birth and adoptive families offered significant contribution to the research question focused on self-identity. The literature also pointed to specific difficulties for some adolescent females who are adopted from foster care, which additionally fed incentive for purposeful sampling in this study as well as late adolescents’ developmental perspectives on life.

Two participants were ages 16 and two recently turned 18 years of age. The sample fit the criteria of the American Academy of Child and Adolescent Psychiatry (2011) of having late adolescent characteristics such as: increased independent functioning and introspection, deepened sense of identity, increased ability for delayed gratification, increased emotional stability, empathy, and self-reliance; and deepened perspective on peer relationships (para. 1). Participants showed concern for the future and goal setting. Experts argued during mid-adolescence, youth “seek more responsibility and independence” and are “exploring trust, honesty and reliability” (Cossa, 2006, p. 49). This was true for the entire sample.

The participants were adopted through the Child Welfare Service (CWS) foster care system at ages 1, 2, 2½, and 15. They were adopted into two-parent homes, although one participant’s parents were divorced and she lived with her mother and visited her father. One individual was adopted by her recently married aunt. Three participants were separated from birth siblings, and one did not know her birth history. Two in the sample were taking prescription medication, either for diabetes or ADHD. A third participant previously took psychotropic medication for ADD.
The sample included one Western European-American, White female, two African-American, Black females, and one Latino, European-White mixed heritage female. Secondary participants in the study were the reflecting witnesses such as the adoptive families, and diverse invited audience of supporters including friends, social workers, and therapists who viewed and commented on the PPSAs.

Study Site

The study took place in Los Angeles and the San Gabriel Valley of Los Angeles County on multiple-sites in participants’ homes that had private or semi-private areas such as a family room or playroom designated for sessions by the participants’ parents. This allowed the mentor-participant dyad to unfold. The witnessed viewing occurred after the interventions and took place at a gallery, dance studio centrally located to participants’ homes. Their masks were displayed and the PPSAs were projected onto a large screen after a celebratory buffet gathering and before guided discussion.

Procedures

Pilot Study

Five adopted adolescent males (ages 13-16) in a 7-week group intervention, using the narradrama exercise called the self-commercial and an i-Movie application were researched previous to this inquiry. New research goals included improved anonymity, participant-artistic control, and dyadic sessions, which supported further investigation.

Literature Review

An adjustment from the pilot study topic of adopted adolescent boys to the new topic of adopted late adolescent females with special needs occurred, which delved into three areas of mostly peer-reviewed materials: (a) psychosocial difficulties for adopted
females with special needs and prevalent issues of adopted youth from foster care; (b) adoption services and approaches that may or may not support adopted youth and their families; and (c) expressive therapy methods that have components similar to the study’s approaches using narradrama, the digital PPSA, and plaster mask work.

**Institutional Review Board Approval**

A proposal of study was passed by a dissertation committee and IRB proposal was accepted by Lesley University to ensure ethical research standards protecting human subjects with special attention pertaining to working with youth.

**Data Collection Methods**

Four data collection phases occurred during six sessions. Jennings’s (1998) drama therapy guide of facilitating clients through embodiment, projection and role-play (EPR) in action-based experiences supported research sessions, while Dunne’s (2006) aforementioned Eight Steps of narradrama (see Figure 1) guided improvisation, mask making, PPSA, scriptwriting, acting, and computer applications. This lead to generating data from session conversations, interviews, narradrama exercises, autobiographical life stories, and reflective witnessing. A listening community or peer reviewers, and post interview member check-ins were used. The four data collection phases were as follows:

**Phase 1: Narradrama sessions.** The sessions were consecutive and occurred two or three times a week and were 1 hour or 75 minutes in length. I lead each session. The sessions consisted of a warm-up introduction, central activity, and closure. The 30-second, digitized, and enacted narratives from self-made masks were prompted from the session instruction: Create a mask and monologue that represents your preferred self-identity—who you are. The following sessions include
the exercises used from the eight steps of the narradrama method (see Figure 1), which are not required to occur sequentially (Dunne, 2006).

- Session one: Narradrama exercises on environment and self-identity occurred using fabrics, empty box, or Matryoshka stack dolls; sample PSAs and computer application called Morfo on an i-Pad were introduced; demographic-based art exercises, narrative-based questionnaires were implemented and discussed (see Appendix B). Narradrama Step 1: New descriptions of identity and environment.

- Session two: Self-portrait masks with plaster, decoupage, paint, occurred and were discussed, making certain of participant comfort levels. Narradrama Steps 3 and 5: Possibility Extension and personal agency.

- Session three: The writing exercise Story of Myself was facilitated and discussed (see Appendix B). Masks were painted and embellished. Photo of masks with computer application occurred. Creative writing methods and improvisation took place. Masks were prepared for animation via digital media computer application on the i-Pad with Morfo (SunSpark Labs, 2013). Discussion ended session. Narradrama Steps 1, 4, and 5: New descriptions, externalizing choices, and personal agency.

- Session four: The narradrama restorative hand drawing (hand tracing) exercise which invited the participant to create a positively attributed self-portrait was facilitated and discussed (see Figures 2, 3, 4, & 5). The mask was explored with physical movement. The participant practiced mock PSAs and began outlining original PPSA written text. Participants were invited to write or record an
autobiographical Life Story in any format to bring to next session (Murray, 2004). Narradrama Steps 5, 6, and 7: personal agency, alternative story, and re-story.

- Session five: The PPSA text was completed. Participants rehearsed and recorded the PPSA, with the Morfo application, ending with discussion. Narradrama Steps 1, 2, and 7: New descriptions, externalize the problem, and re-story.

- Session six: The participant and I viewed the finished PPSA on the i-Pad. I interviewed and recorded the participant with permission. A physical and dialogic forum for participant expertise on making the PPSA occurred by placing emphasis on the artist-participant’s viewpoint and avoiding power differentials or a one-sided interview. Physically positioning the participant in an expert stance and the interviewer in a learner stance when viewing the PPSA occurred (Thomson et al., 2008). A certificate of completion and monetary gift card or i-Tunes card ($20.00) was offered to each participant. Narradrama Steps 5 and 8: Personal agency and closure.

- Witnessing Session: The participant agreed to invite family members and supportive friends who viewed the PPSA on a large screen in a film screening venue. A guided discussion on the exercise occurred. Each participant and family received a formal letter of thanks and the completed mask in a gift box. Narradrama Step 8: Ritual and Reflection.
Figure 1. Restorative hand drawing: Orange.

Figure 2. Restorative hand drawing: Turquoise.
Figure 3. Restorative hand drawing: Fuchsia.

Figure 4. Restorative hand drawing: Purple.
**Phase 2: Interview method.** An adapted *life story interview* (Atkinson, 1998) was used for the final interview. Atkinson posited the method works effectively when exploring self-identity and narrative constructs of meaning-making by helping “people see themselves and how they want others to see them” (p. 20); a boon for inquiry using media with adopted adolescents required to transition from familial loss and gain. The final interview and previous sessions consisted of open-ended conversations that concentrated on various life interests and events regarding the participant’s peer-social, familial, psychological, spiritual, and environmental experiences. The research question was embedded in the final life story interview, but the goal of the session interviews was to give the participant the chance to tell her story, the way she chose to tell it (Atkinson, 2007).

The participant was interviewed from the context of reviewing the process and experiences of collaborating on the PPSA. There were three steps used during the life story interview (Atkinson, 1998):

- Pre-interview preparation to understand why a life story can be beneficial.
- Interviewing and guiding the participant through telling her life story while recording or scribing. Using open-ended questions about major life themes such as life influences, vision for the future, social factors in one’s environmental experience during the final interview.
- Transcribing the interview by only scribing the interviewed person’s words, which created a connected, flowing narrative with member checking as part of the relational approach (Atkinson, 1998).
Because of the sample’s age and reluctance to disclose or fully engage at times, it was necessary to provide additional opportunity for them to share personal insight on several occasions via specific narradrama exercises as tools to encourage conversation. Atkinson’s aforementioned second step, open-ended, guided conversational interview was used throughout various eight-step narradrama interventions during the six sessions.

In addition, Murray’s (2004) suggestion of strengthening triangulation methods (examining multiple data and considering connection and relevance) by asking participants to independently write or record life stories was used with all but one person writing an autobiographical life story during the sessions. Seidman’s (2006) interviewing theory that meaning occurs in the context of lived experiences, complemented the Life Story Interview method. Therefore, his Three-Interview Series informed the open-ended interviews throughout the six sessions because of questions encouraged to: (a) situate the context of experience or life history, (b) reconstruct the details of the experience within the context of the contemporary experience, and (c) emphasize reflection on the meaning of the overall experience (p. 34).

**Phase 3: Member checking and reflective witnessing.** Another opportunity to invite participants to have more control in shaping data was the Witnessing Session, which created conversations and generated data from all parties. The session was an adaptation of narradrama reflective teams that observe therapeutic sessions from a separate mirrored location and converse about their personal connections to the actions: “The reflecting team maintains a posture of curiosity and wonder and refrain from giving advice or making judgments” (Dunne, 2009, p. 297). The study’s adapted witnessing session involved inviting participants and offering refreshments and a screening of the
PPSA to them and their supporters. The goal was about “making the private public” (Bach, 2007, p. 295) via an agreed-upon public viewing of the data projected on a large screen. This allowed viewers, participants and myself to explore various narrative meanings and the plurality of voices (Bahktin, 1986) benefitting in “engaged discourse” (Alexander, 2008, p. 101).

In addition, reflective witnessing guidelines were followed to safeguard participants’ vulnerability (see Appendix C) and a questionnaire was used for data feedback (see Appendix D). A letter of appreciation to family and participant (see Appendix E), a DVD of the PPSA, and the completed masks were formally presented. The audience questionnaires served as additional data and a way to converse and check-in by phone with participants about their opinion on data, as well as review their responses on themes from the transcribed interviews. This offered more collaboration and added to “corroborating sources” that “shed light on a theme or perspective” (Creswell, 2013, p. 251), which is the basis of triangulation discussed later.

**Phase 4: Listening community or peer review.** A listening community—a term used by Gilligan et al. (2003), functioning as peer review in this study, included a researcher assistant, who was a registered drama therapist (RDT), and a PhD candidate in expressive therapies. After signing a confidentiality agreement (see Appendix F), both reviewed the final interview transcriptions. Each offered interpretation or a “listener’s response” (p. 161), considering that “the goal is not necessarily agreement, but rather the exploration of the different connections, resonances and interpretations that each listener naturally brings to the analytical process” (p. 161). This aided reflexivity when listening for plot, offering data for later analysis.
Methods for Data Analysis and Synthesis

Participant’s narratives were transcribed as data was generated from final interviews, semi-structured interviews, written autobiographical Life Stories, along with the PPSA audio-video data. I transcribed interviews with a computer application called Express Scribe V.5.50 @ NCH Software for MacBook Pro. For this qualitative study, the intent was not to “generalize the information but to elucidate the particular, the specific” (Creswell, 2014, p. 157).

As a next step to analysis, I read the transcribed interviews several times in their entirety while becoming familiar with narrative structure and plot. I introduced each participant with portraiture (Lawrence-Lightfoot & Davis, 1997). Before each I-poem, a product of the listening guide method of analysis, I contextualized the scene and subject of the I-poem, providing reader information due to the I-poem’s edited format. I-poem sections serve as self-standing units of data (Saldana, 2009, p. 119) allowing me to listen for essences and multiple layers and to chunk themes. This is signified by an in-vivo sentence or phrase taken from each participant’s I-poem data, which proved useful for later closer analysis when I organized themes for meaning.

The Listening Guide

The analysis in Chapter 4 resulted from using the listening guide (Gilligan et al., 2004) in order to clearly hear multiple strands existing in stories told in the context of time, place, and relationship. The listening guide was developed by qualitative inquirers out of “concern about the ways in which a person’s voice can be overridden by the researcher and their cautions about voicing over the truth of another” (Gilligan et al., 2004, p. 158). Gilligan devised the method that supported feminist approaches to
narrative analysis and identity development that is appropriate for this study. The life story interviews were analyzed using the listening guide’s four-step method “drawing on voice, resonance, and relationship” (p. 157) from the participants and me. It was used to analyze three participant-written autobiographical life stories and four recorded interviews.

The series of sequential “listenings” (p. 159) were meant to “bring the researcher into relationship with a person’s distinct and multilayered voice by tuning in or listening to distinct aspects of a person’s expression of her experience within a particular relational context” (p. 159). The four steps included: (a) listening for plot, (b) I-poems, (c) listening for contrapuntal voices, and (d) composing an analysis. Gilligan argued the steps were not meant to stand alone, and were meant to help tune in on specific disclosures, rather than categorizations of the text. The steps helped me to listen to who was speaking and to whom and to listen to stories about relationships. They aided awareness of societal and cultural frameworks. The following steps describe in detail the Listening Guide used to create narrative inquiry data.

**Listening for plot and listener’s response to interviews.** The first step of the listening guide was to read through transcribed text and listen for plot and the personal response to the interview. I listened for action and contexts of who, what, when, where, why and I applied principles of researcher reflexivity (p. 160). I took note of what was happening in the scene, where we were, and listened for dominant themes, repeated images, and metaphors. For instance, in the following example of the original transcribed text, the participant repeats the word “trust” on five occasions within a short time frame, which offered information about her point of view. I noted her stance on identity in the
context of her story. The participant began the interview with the phrase, “I don’t” and repeated it three times as well as saying the phrase “I always” two times. These repeated words indicated a closed-off point of view. Yet they contrasted with the one phrase, ”I’m trying,” that appeared in the middle of the overall text. In this way, I listened for what was not expressed and examined the landscape for each of the contextualized stories. For example, similar to portraiture methods, I examined the larger, social structure of adoption systems and the more intimate structures of family and adolescent life when I took notes. I identified my thoughts and feelings with journaling either in prose or poetry and noted my emotional responses to each participant.

I considered transference and countertransference in our relationships and reflected on identity formation with my journaling. At this stage, the analysis was enhanced with the aforementioned listening community that explored their own connections, resonances, and interpretations from the final transcribed interviews. For insight, I read those interpretations several times comparing them with my notes.

**I-poems.** The second step of the listening guide was to focus on the voice of the “I” or who is speaking in the narrative. In order to really hear voice and rid distancing, I noted and isolated underlined “I” pronouns and the connected sentence or phrase next to them, in the order they appeared. This meant underlining any seemingly important accompanying words in a phrase for an initial I-poem. I then separated each phrase from the body of the original full text and maintained the sequence in which the phrases appeared. A poem-like format resulted in “an associative stream of consciousness carried by a first person voice” (p. 163). When appropriate, I underlined other pronouns that represented the first person in context such as: my, you, it, and she.
The purpose of this step was to “listen to the participant’s first person voice—to pick up its distinctive cadences and rhythms” (Gilligan et al., 2004, p. 162), much like music. It allowed me to hear how the person speaks about herself and not just what she says, which felt appropriate for a study on self-identity. This was a “process that traces how participants represent themselves in interviews through attention to first-person statements” (Edwards & Weller, 2012, p. 203). Additionally, I observed “how the researcher is placed to the subject and their social reality” (p. 203), making this a relational method of tuning into another person’s voice and listening to what she knows about herself without objectifying her.

The following is an example of an actual transcribed text from the study, and the two I-poem iterations that became data. The first iterations of I-poems displayed as data, showed the essences of a participant’s communication. The second iterations of I-poems cut the texts even closer as a next step to succinctly hear point of view, tone, rhythm, and theme and my own responses to what I heard. The following shows the process from original transcribed text to the two steps of I-poem iterations that were made for all transcribed interviews and autobiographical life stories the participants offered:

Uhm...dunno. Like when I was little I always used to, always trust people like no matter what—like I always trust them but then I started- like they would end up hurting me in the end so like now when I meet people they have to earn my trust. They don’t just get it no matter what. They have to like—work their way up because I’m tying not to trust people. I just—like now that I’m getting older I’m just like, um nah, I don’t trust you. Like... like I don’t know if it has to do with my birth mom but kinda feel like it does. Like—I feel like everything is like building up since from I was little cuz I kept it in and now that I can like—talk now and have my own mind—I just feel like I have so much hatred toward her—like it’s so bad.

The first iteration follows:
dunno (I don’t know)
I was little
I always used to –always trust people like no matter what
I always trust them but
I started—like they would end up hurting me in the end.
I meet people they have to earn my trust.
I’m trying not to trust people.
I just—like now
I’m getting older
I’m just like, um nah,
I don’t trust you.
I don’t know if it has to do with my birth mom but kinda feels like it does.
I feel like everything is like building up since
I was little cuz
I kept it in and now
I can like—talk now and have
my own mind.
I just feel like
I have so much hatred toward her—like it’s so bad.

The second iteration follows:

I don’t (dunno)
I was
I always
I always
I started
I meet
my trust
I’m trying
I just
I’m getting
I’m just
I don’t
I don’t
I feel
I was
I kept
I can
my own
I just
I have

**Listening for contrapuntal voices.** For this step, I read through the interview again and identified and sorted out different strands that related to the research question.
I continued to underline each “voice” (p. 159), now in different colors and the transcript began to “provide a visual way” (Gilligan et al., p. 165) of showing the relationship of voices on the page. I listened for the meaning behind the words that could be examples of counterpoint. After reading two or more times, noting multiplicity of voices or counterpoint of voices, I scribed notes and color coded on paper looking at relationships of dominant, opposing, or alternating voices (p. 165). Gilligan referred to this listening step and synthesis as an area where the research question is most considered. During this step, I listened the most on the topic of adjustment for adopted adolescent females who hailed from CWS systems and listened to how and what they said, did not say, and to the duality of what they said. I listened to the relationships between the thread of voices presented for each participant, which helped to compose analytical summary.

Determining which voices were more in sync with each other, I then created a definition for the major themes.

**Composing the analysis via synthesis.** I completed listening for plot, I-poem, contrapuntal voices, while I underlined in color-codes and made notes and summaries for each phase. Considering the in-vivo portrait accounts that I had composed, I pulled all the themes together and determined their connection to the research question on how participants experience making the PPSA and narradrama. Searching for contextualized evidence before writing what I deciphered about the person in relation to the research question was key (p. 168). In other words, after listening to the “voices” at a singular succinct level, I heeded the suggestion that, “these separate ‘listavings’ must be brought back into relationship with one another to not reduce or lose the complexity of a person’s expressed experience” (Gilligan et al., 2004, p. 169). I did this for each participant.
Thus, Chapter 4 compares and contrasts narratives, positing a strong emergent, common point of view from the intervention experience, as well as several individual emergent themes on self-identity.

**Analysis of PPSA Audio-visuals**

Analysis of the PPSA audio-visuals included in Chapter 4 were informed by Bach’s (2007) method of constructing and conversing with visual narrative composites (p. 293), which was grounded by the aforementioned three-dimensional inquiry of time, place, and relationship (Clandinin & Connelly, 2000) and from emic and etic viewpoints. I devised an additional step to Bach’s (2007) three steps for visual analysis by using a drama therapy–socio drama method of doubling (Moreno, 1985), a form of *imaginal dialogue* (McNiff, 2008) with the audio-visual data component, in order to clearly hear the person represented by the PPSA. The steps were:

1. I transcribed the audio text of the PPSA.

2. I used Bach’s (2007) method of three-column analysis (a) looking and listening several times to the digital visual narrative for one column, (b) reviewing the participants’ analyzed stories in another, and (c) considering my story as the researcher, which is a living narrative for the last column.

3. I explored the four directions of this three-dimensional method, looking inward at the feelings, morals, aesthetics of the story, by looking outward at the environment of the story, and by looking backward and forward which means examining the past, present, and future in the physical space of the inquiry (Clandinin & Connelly, 2000). I was especially aware of the impact of the PPSAs on all parties during the reflective invited witnessing session.
4. I listened to the narrative spoken by the animated digitized mask, and considered its intended meaning by reiterating (doubling) in my own words what I heard. This last step helped me to choose an in-vivo remark from the PPSA narrative that best exemplified the message from the participant. After doubling it or epitomizing the spoken text, putting it into my own words, I member-checked it with the participant for accuracy.

The audio-visual method of analysis entailed collaborating with the participant and adoption support community during the Witnessing Session for feedback and implementing Bach’s (2007) critical questions in group discussion: “What is the language of the image? What is it communicating? What is missing? Who needs to know this? What are you trying to tell and why, and who am I in the inquiry” (p. 293)? A questionnaire was also used for feedback during the Witnessing Session (see Appendix G), and responses were summarized for eventual member checking. This aided in the audio-visual analysis of the artifacts via corroborating of sources.

**Ethical Considerations**

Participant verbal and written assent, parental informed consent (see Appendix A) and the Lesley University Institutional Review Board (IRB) approval were discussed with the participants and were obtained before interventions. Before the intervention, formal authorization for release of information from the Adoption Promotion Support Services (APSS) facility was signed by three consenting parents. Research was released from the APSS program’s responsibility and I was allowed direct access to the participants once consent occurred. The fourth participant was not involved in the APSS program and her parent was directly contacted and consented. Secondary participants
were the reflecting witnesses such as the adoptive families, and invited audience who viewed the PPSAs. Consent was obtained from witnesses to use responses anonymously. Parent disclosure was used via written consent.

Before narradrama intervention, the researcher versus therapist role was clarified and discussed with participants and their parents. I used the title of researcher bound by the IRB rules during the sessions and on the consent forms. I provided the drama therapy code of ethics document offering assurance about my credential as a registered drama therapist (RDT #435). Although there was not a need, I was prepared to notify the participants’ therapists at the APSS facility and the adoptive family’s therapeutic support team if any psychological issues arose during sessions. The onsite research assistant was able to provide participant check-ins to monitor needs or issues. She was a master’s level practitioner, drama therapist, and attended 10 sessions.

**Issues of Trustworthiness: Validation Strategies**

Clandinin and Connelly (2000) and Creswell (2013) noted that narrative inquiry is both a product and method to study stories. Therefore, certain quantitative and qualitative research criteria of validity, reliability, and generalizability do not fit as definitions for this form of inquiry. Generating extensive data from many sources was required, because narrative research requires an all-encompassing awareness of the macrocosm and microcosm of personal stories and their structures. Therefore, I implemented Creswell’s (2013) “validation strategies” (p. 250) for thoroughness in qualitative studies and used six of the eight strategies recommended. A minimum of two of these were suggested for sound validation and are as follows: prolonged engagement and persistent observation, triangulation, member checking, peer review or debriefing,
negative case analysis, clarifying researcher bias or reflexivity, rich thick description, and external audits.

**Prolonged Engagement and Persistent Observation**

Engagement with participants meant building trust with them through learning about the culture of adopted youth, adolescent girls, their environments, and by spending ample time in their homes with their families. Although intervention occurred quickly over seven meetings and involved several phone calls, my role as a participant-observer helped establish “relationship which is at the heart of thinking narratively” (Clandinin & Connelly, 2000, p. 189). Journal notes aided parallel processing and observation.

**Triangulation**

As a narrative researcher, I considered the dilemma of discerning whether narrative material will be a reflection of the facts in a case or merely shaped by me, the storyteller (Moen, 2006). In order to avoid bias, triangulation, which is a process that uses multiple sources, theories, and methods as “corroborating evidence” (Creswell, 2013, p. 251) to sum up the validity of a theory or research point of view, was practiced. Varying forms of narratives were analyzed in the study such as demographic questionnaires, conversations from doing the eight-step narradrama exercises, field notes from me and the assistant, reflective journal notes inclusive of my response art, original digital PPSA audio and visual data, the self-written life stories, the recorded, adapted life story final interviews, peer reviews of the listening community, and witnessed reflections of the PPSA viewing. Objective reality was not attainable in the re-storying of participants’ narratives into portraiture or I-poems, considering the overall narrative.
research dictum to be “we know a thing only through its representations” (Denzin & Lincoln, 2008, p. 7).

**Member Checking**

Member checking of the participant’s self-written life story and the final interviews occurred before and during analysis. Incremental check-ins about generated data happened via telephone conversation after the sessions and before final analysis and portraiture. Member checking from the witnessing session’s feedback occurred. The researcher discussed with attending adoptive parents specific questions about experiences viewing their child’s PPSA. Three participants discussed the generated responses from the invited audience and my analysis of their PPSAs with me.

**Peer Review, Debriefing, and Supervision**

An external check of the transcribed interviews occurred via a master’s level research assistant who is a drama therapist and a PhD candidate in Expressive Therapies. Their written responses to the initial narratives acted as peer review (also previously described as the Listening Community). The research assistant’s field notes were considered during analysis. In the field, she was available for me to check-in on personal concerns with sessions as part of debriefing. A supervisory check-in with Dunne (2009), PhD, RDT BCT, who created narradrama method exercises, occurred between the fifth and sixth sessions.

**Reflexivity**

Moen’s (2006) argument that both the participant’s points of view and my subjectivity should be included in narrative research was protocol for this inquiry. It aligned with Kenny’s (2005) premise on holistic approaches and transparency in research
that affords credibility and recognition of bias. Thus, personal narrative was embedded in this paper in keeping with the research and intervention theory of collaboration via constructivism and constructionism. All participants inclusive of me, witnesses, and the environments in this open narrative were included in the analysis.

More specifically, Clandinin and Connelly’s (2000) narrative method of three-dimensional inquiry, which looks at time, place and relationship along with “back and forthing” (p. 138) guided researcher reflexivity. I looked at internal conditions such as feelings, morals, and aesthetics and outward conditions such as environment.

**Thick Description**

Thick description from the research data was derived from the narrative premise that “context is necessary for making sense of any person, event, or thing” (Clandinin & Connelly, 2000, p. 32). The research relied on thick description to aid consistency and the analyzed, re-assembled narratives structured into portraiture and poetic format were consistent in meaning and form. I depended on the strategy of mixing and representing various research data and perspectives in order to provide rigor and depth (Denzin & Lincoln, 2008).

**Limitations of the Study**

Narrative research ideally uses a small sample therefore the limitation of generalizability existed. In addition, being a participant-observer meant a feasible bias in observation and interpretation of data. Striking a balance between facilitating age-appropriate verbal engagement for member checking on the phone and being attuned to an organic termination of the study lead by these young participants existed.
Summary

Methods of securing self-identity for adopted adolescent females from foster care have not been researched much. Creative therapeutic interventions that appeal to female youth culture and promote identity processing are also lacking in the literature. Narradrama methods of intervention in this study helped create narrative data. This inquiry resulted in thick description evidenced in the following chapter.
Chapter 4

Results

The results section first shares portraits of all participants, based on selections of content directly from their narrative texts. Following that, an analysis of the narratives explores the meanings of the narrative texts further, from a perspective of topics touched on by several or all of the participants.

Presentation of Each Participant’s Narrative Texts

My Portrait: Green

My personal narrative has been shaped through a legacy of survival because of my mother’s childhood trauma in France, and my father’s impoverished boyhood in Tennessee. I recount fragments of my family heritage scattered with childhood dilemmas, and recollect my early experiences of marginality as a biracial child in America experiencing the civil rights era and racism. I have felt compelled to explore questions about self-identity with adopted young women who have been marginalized by trauma, overburdened child welfare systems, and labels that othered them, because they deserve continued support. Similar to the participants experiencing challenges in adolescence, between the ages of 16 and 18, I experienced many pivotal incidents requiring me to define and defend my racial, social, ethnic, political, family, spiritual, and intellectual identity. I include my own embedded PPSA (see references to participant Green) in this text and its analysis in the mix of the following “voices” whose narratives are heard, because during research, I became part of the landscape of self-discovery.

The four adopted adolescent female participants are introduced via portraiture and are represented by in-vivo phrases from their narrative data. The portraits precede I-
poems, and in-vivo titles help contextualize them, highlighting the emerging data as a first step toward analysis. Participant anonymity was afforded via the use of pseudonyms describing the participant by the prominent color of her mask rather than by her name. The PPSAs are included as embedded data and can be viewed via private youtube link provided at the end of each participant’s narrative profile.

**PSSA.** The following is from Green’s PPSA text:

I have often felt that I had to prove my *all*—my worth and had to protect my self-worth to be accepted by *some*. I have inherited a legacy that is outdated—not up to my standards. Now, I no longer want that role. I am Mother, Wife, Daughter, Academic, Artist, Drama Therapist, Researcher of the World, and Human. I represent one and many. Because of this, I advocate for self-identity that only I can decide. I define myself. Je suis moi-meme! A message from Station PPSA. (https://youtu.be/MWzdyNioj2g, click on URL or paste and browse)

**Participant Portrait: Orange**

A statement that seemed to capture an essential feeling by Orange was: “I can like–talk now and have my own mind.” As I rang the doorbell to Orange’s suburban home in Chino Hills, I could hear distant and near-by sounds of lawnmowers, birds, and car engines. She lived in an enclave an hour outside of Los Angeles where white picket fences, manicured lawns, and an integrated neighborhood seemed the norm. Her substantial, recently built house was neat and white both on the exterior and in the interior.

Orange hesitantly opened one side of the front double doors of her house after I rang the doorbell at our first meeting. I arrived accompanied by my research assistant and carried my drama therapy bag, which was readied with props and art materials. Admitting she and her mother forgot they had an appointment with us, Orange called her
at work to await consent forms. Her distracted and distanced demeanor was evident especially when she tended to her cellphone alerts and texts.

After the introductions, during the first early evening meeting upstairs in the open-spaced recreation room of her house, she blurted: “I have diabetes.” I remember being impacted by the suddenness of her disclosure but I also now realize Orange was getting a weight off her chest, waiting to see what would ensue in this relationship we were beginning. Her adopted older biological sister, her father, an engineer who often worked at home, and her mother who commuted far from work, were a part of the environment we shared for our six sessions at her home.

During a few summer weeks in July, Orange and I interacted in an immaculate living room where we did our final interview, and in a cluttered second floor recreational room where she decorated her half-mask and did narradrama exercises like imagining the contents of an empty box. We had confabs at the kitchen table where she offered her life story after discussing the hand tracing self-portrait exercise called the “restorative hand decoration” (Dunne, 2006, p. 45), or in the guest bathroom where I carefully applied face-paint on her per her instructions for her PPSA. Throughout, it felt each intervention with Orange delved deeper into her truths and our mutual meaning making.

In retrospect, Orange was grappling with many life events when I met her and as my research assistant described she was often in a place of “want and reluctance” (Ricketson, Peer-review of transcription, 2014) regarding thoughts about her birth mother, their relationship, and perhaps even our interaction. As we forged a relationship, the barriers or tests of trust began to dissolve. At one point, after the half mask was finished and sparkled with rhinestones, I asked her why she used the color orange and the
trim in white. Orange explained that those colors had always been a favorite and she thought it was a pre-verbal childhood influence. It was another one of the mysteries of being adopted. She described fantasies of having her own orange and white kitchen one day. We wondered and laughed about her commitment to the color and its meaning.

During our third meeting, without my research assistant present, we discussed her hand tracing self-portrait exercise and all the words she used to describe herself. A sudden outpouring of information about her adoption at age 2 and her childhood history occurred. She explained that she had 11 birth siblings. One biological sister was adopted with her. She is African American but was told her birth father was Jamaican. Orange recalled she was placed six times before finally being adopted by her parents, an upper middle class, married African American couple.

Orange disclosed that her biological grandmother protected her older sister, younger brother and wanted them to be adopted in a closed adoption, because she feared her daughter’s drug addiction and instability endangered the children. Her grandmother protected her grandchildren from her own daughter, until her death. When Orange was 17 months old, her biological mother punched her so severely in the abdomen that her pancreas burst, requiring emergency surgery and prompting doctors to predict that someday she would develop diabetes. When she was 14 she developed debilitating symptoms and was diagnosed with it. She remembered her adoptive mother crying at the hospital and how she cried with her because she saw how sad she was. She spiraled into depression and experienced the severe symptoms of PTSD at this point.
When I heard this, I recall remaining very still sensing how deeply personal this disclosure was for Orange, especially while she shared how hopeless she felt until she realized she wanted to live fully and be pro-active about her illness and destiny. During this session, she identified herself as the black sheep of her biological family because she did not resemble any of them. Despite the abuse history, her adoptive parents wanted to avoid a closed adoption for their daughters because of family “blood” that connected them to others.

Orange felt jealous toward her siblings because of their shared camaraderie. She expressed she was an outsider, because she had a different biological father than the rest of her siblings. She acknowledged that her 11 siblings thought she was “stuck up” because she had little to say to them and vise versa. Orange has waited for her biological mother to apologize and reach out to her about the abuse. She wished she could converse with her adopted younger brother who has developmental delays because of in-utero drug exposure. She wanted to assure him they were connected by blood and disability.

Orange had her 18th birthday the day after I met her at her home. She was in the midst of many turning points such as taking summer school courses on-line via a home schooling program to improve her grades. At each session, I noticed the cluttered dining room table where she was doing homework on the family laptop. At our fifth session, I was aware something had changed when Orange greeted me at the door looking fatigued and distant. She disclosed she had been crying all night because of the sudden death of a classmate who was also her neighbor. He lived a few doors away and was a senior in her class. She quietly revealed, “Colleges were already interested in him.”
We sat down at the kitchen table once again and I heard her story about the freak skateboard accident that ended his life the day before and how she consoled the boy’s family members and his girlfriend, who was also her friend. She was processing grief and loss again at such a young age and I wondered how repeated loss was processed in the adopted child. I held the space for her to experience this narrative full of immediate and sudden gravity. I remembered how loss continues to be compounded for this adopted girl when she mentioned waiting her turn for an apology from her biological mother because she knew that her birth mother had reached out to her younger disabled, adopted brother. As I balanced the role of researcher, facilitator, and avoided the role of personal therapist, I realized that research would have to wait until Orange felt ready again. This was part of the truth of our meeting and mutual narrative. The time we shared together was a clear relational marker. The PPSA exercise and our relationship brought up the topics that most concerned Orange and opened up exploration on her expertise about self-identity.

**I-poems.** An essential concept for Orange in the first of her I-poems was trust: “I’m trying not to trust people.” During the last interview, Orange attributed her lack of trust to her childhood experiences. Social interactions rely on testing the other person’s dependability. Although ambivalent about her biological relationships, she decided not to be as introverted or ashamed about her feelings, adoption, or her diabetes caused by her birth mother’s physical abuse.

dunno
I was little
I always used to always trust people like no matter what
I always trust them but
I started—like they would end up hurting me in the end.
I meet people they have to earn
My trust.
I’m trying not to trust people.
I just—like now
I’m getting older
I’m just like, um nah,
I don’t trust you.
I don’t know if it has to do with my birth mom but kinda feels like it does.
I feel like everything is like building up since
I was little cuz
I kept it in and now
I can like—talk now and have
my own mind.
I just feel like
I have so much hatred toward her—like it’s so bad

Another essential concept for Orange in the next I-poem was loss: “I’ve been struggling with the fact and have asked myself, why me?” While still developing text for the PPSA during her final interview, Orange disclosed her past and present struggles associated with loss, adoption, her disability and her present adjustment to it. Although she admitted that her life turned out much better than had she remained with her biological family, she recognized the consequences of loss in foster care and adoption. For example, she was curious about her biological father and birth history. She wondered what provoked her mother to harm her. In this interview section, she mistakenly reads her PPSA text to mean “birth mom” instead of the correct words, “birth name.”

I was little,
I used to hate my own birth name—like on the first day of school.
I was insecure about it and myself but now
I like it.
I was 14
I was diagnosed with diabetes.
I’ve been struggling with the fact and have asked myself why me?
I need my glasses
I first read it
I thought it said ‘birth mom’.
I feel that myself that when
I’m reading it—that throws me off.
A prominent feeling for Orange in her next I-poem was ambivalence: “I wanted to—like quit.” Orange responded to my questions about the overall research experience. For instance, we began sessions working toward the PPSA production with simple narradrama exercise that were arts-based and sentence completion story-making exercises with body sculpting or role-play.

I wanted to like quit
I didn’t know if
I liked it
I was like—oh
I kinda like it—like it’s actually really like interesting
I really liked it—like
it kinda feels weird to hear your voice talk but then its like wow that’s really
my voice and on a mask.
I don’t know if it will help anybody but maybe

An important concept for Orange in the next I-poem was self-identity: “You gotta get your self-confidence up.” Orange responded to my inquiry about how making the PPSA product could potentially help someone. I asked her what she thought it offered individuals or groups. Her response is in two parts pertaining to individuals, groups and the correlation to self-identity as it pertained to her experience making the PPSA. She also described an ideal job interview.

I

I don’t know—like
I feel like maybe the part
I say that
I’m beautiful like they need to learn how to tell themselves they’re beautiful
I have had a lot of people tell me and it’s basically—all its in your mind
you gotta get your self-confidence
you’re beautiful
you actually start believing it when people really tell you
you know that
you’re really beautiful, then everything—then that’s all that really matters.
You have more confidence in yourself.
I think having confidence is like gives you more opportunities in life. 
I was going for a job—an interview 
I like walked in there with confidence. They’re like oh that’s the type of girl I want on my job. 
you don’t want someone that’s so insecure, quiet like not sure what they want to do

II

I think like it can be like any group. 
I’m guessing each one of us have different stories 
I know we have different stories and it can help anybody with our different stories. 
I already talked to my mom and she said she’s definitely going to support me in this—her and my dad

An expressed concept for Orange in the next I-poem was about sharing: “I always wanted to tell my story.” Orange disclosed role-playing was challenging and her feelings about the initial drama therapy sessions we had. She recalled the exercise of imagining what was in a small empty box. Pertaining to another personal story telling opportunity, she mentioned the hand tracing exercise and recalled how in depth it was: “That thing was so simple.” When she embellished the hand tracing with a list of her personal attributes, the creative product resonated with her and prompted much disclosure on her life story. It also fed the narrative for the PPSA text.

I remember saying 
I had all these feelings inside the box and like all these emotions outside the box 
I really didn’t like 
I was like yeah, ok 
I’m a “good friend” but 
I really didn’t take the time to think about it—like that thing was so simple but 
It really makes you think 
I honestly thought 
I was always 
I was really interesting 
I always wanted to tell my story 
I just thought that was really good 
I could share
I’m like proud of
I was ashamed of
I want to achieve in life
I really liked
I feel like
I would really want to write
My own book
I don’t know about how all that soon
I could go somewhere with
My book

Orange disclosed in the following I-poem about self-expression: “I really wanted to record.” Unlike the other participants who made full plaster masks, Orange combined face painting and a pre-made, fabric half-mask that she decorated for her PPSA. Collaborating with her, she requested and guided the application of the face paint I applied on her. With soothing background music playing on a smart phone, we worked together in her guest bathroom applying face paint to complete her vision for her PPSA visual. We took photographs of the completed image with the I-pad so that we could get it camera-ready and saved for the Morfo application in the next session. During the final interview, she described her hesitancy to tell me that she wanted to record her voice using the Morfo application during that session and remain in the mask longer.

I guess
It was really fun.
I really liked it.
I was smiling.
I was like wow
I honestly think that was, you’re really creative.
I was like really excited
I was honestly really excited to record.
I didn’t tell you but
I really wanted to record that night
I wanted to stay in the mask a little longer

Important to Orange in the next I-poem was strength: “I got to keep living my life.” While we were collaborating on the research, Orange’s neighbor and classmate
died in an accident. The accident occurred just before our fifth session. She had not called me to cancel our session. Later she disclosed that the research helped her get her mind off of her sadness. During this time, she was processing the loss of a friend and the ambivalence of many feelings about adoption, her biological mother, and diabetes.

I just put that to the side
I learned that like yes, he’s in a better place and
It’s going to take a process to get over it.
I just got-
I got to keep living
My life and
I just can’t be just sitting in the house all sad all the time

**Autobiographical life story narrative.** Orange chose to not complete a written autobiographical life story text. The narrative does not exist for her autobiographical life story text.

**PPSA.** The following is from Orange’s PPSA narrative:

When I was little, I used to hate my name. At first, I was insecure about it but now I kinda like it. When I was 14, I was diagnosed with diabetes. Over the past couple of years I’ve been struggling with the fact and have asked: Why me? This was a scar someone left me. I’m trying to accept it. I look in the mirror and tell myself I am beautiful, caring, trustworthy, a great friend. I have a snapping point though. I’m starting to—I don’t know. That’s all I have. A message from Station PPSA. (http://youtu.be/fPs7EF8CjJA, click on URL or paste and browse)

**Participant Portrait: Turquoise**

A statement that seems to capture an essential feeling by Turquoise is this: “You (I) should always be yourself (myself).” I looked forward to the way Turquoise greeted my research assistant and me at her front door. Inevitably, she wore a soft smile. Once inside the spacious ranch house in the San Dimas hills, her mom introduced us to barking family dogs wagging their tails and the choice to use a few less furnished private rooms in which to do research.
This was the first intervention site I encountered during fieldwork and in the beginning, I felt somewhat awkward going to a participant’s home. I was accustomed to more public workspaces. Their home was cozy, dark, and cool, protecting them from the hot zone in which they lived, atop a massive hill adjacent to a greenbelt of ponds and mountain ridges.

At our first meeting in the extra den, Turquoise seemed anxious and I wanted to put her at ease, inviting her to define the intervention space her own way. Therefore, I asked her to decorate the room with preferred fabrics as I placed a mat on the floor to serve as a central play area. She chose deep reds and aqua textiles and readily described how those colors soothed her. Turquoise communicated as if she gave great thought to her sparse responses. She remarked that a specific aqua scarf with a red fish that I brought helped her “get out of her shell.” She role-played with the fabric pieces vocally expressing to them: “You help me stand out.”

Additionally, during our first session, Turquoise handled the Matryoshka stacking dolls noting that they were from Czechoslovakia where her adoptive father’s parents were born. I asked her what she thought when she took the dolls apart. She then described how each stack doll represented members of a family. They were “a part of each other, held and contained in each other.” She distinguished the various sizes of the dolls with the different ages and stages of a person’s growth. I was impressed by her ability to describe this theory and asked her to role-play with those different ages which she had never done before: “What would you say to the adult or what would the adult say to the next in line and so forth?”
As the expert, she gave each doll a specific age. She noted youth is impatient and the 7 year-olds needed to learn to tell the truth. I chuckled, agreeing with her perceptions. She stated adults have more wisdom from life experience and teens needed to try and do the right thing and stay on track. She added a baby needs nurturing. She decided the biggest Matryoshka stacking doll would speak to the little one as an adult to a child and probably address life lessons and the importance of responsibilities or “doing what you want to do to, that makes you the most happiest.”

When she role-played as the adult speaking to the teen, she advised: “Do good in high school and make the best of your future.” I interjected in role as an adolescent: “But, it’s so hard!” Turquoise spontaneously responded as the adult: “I agree, we all have bad days.” The role-playing continued until Turquoise reached the fictional age of 3 when she quit and remarked she had no memory of that period because she was adopted then. Turquoise noted role-playing was easier than she thought and afterward the session seemed to flow with more ease. She rarely showed emotion, but this exercise reminded me of how astute she was during our short time together. At times, I felt I over-compensated to try and make her smile in order to reassure myself that she was engaged, because she was not very animated in our sessions.

When we reviewed and discussed the hand tracing exercise and reviewed the many adjectives and colors she included as self-description, Turquoise seemed almost loquacious in dialogue. I learned she was an avid sportsperson, winning trophies for long jumping, basketball, and flag football. When she was younger, she was diagnosed with ADD and was prescribed medication that she no longer takes. She disclosed she was
held back in third grade and was in summer school, trying to catch up on courses at her private Catholic school.

During the second session, when it was time to create the plaster mask we moved to the renovated guest bathroom and I asked her if she wanted to place the Vaseline base on her face so the plaster would not stick to her skin. I was surprised she wanted me to do it and that she put the entire process in my hands. Thus, we listened to music on an iPhone as the wet plaster strips I placed on her face immediately began to harden. She seemed pleased with the result and showed it to her family before we microwaved it in the kitchen to thoroughly dry for the next meeting.

During the final session, Turquoise spoke quietly but had firm opinions about the PPSA message she wanted to convey to an audience. We rehearsed PSA scripts and practiced tempo and enunciating. She was a quick study, stressing active words and was able to time herself within the 30-second recording limit. Once the mask was done and she put it on, she was able to look at herself in the mirror and comment on how she felt, although she did not feel comfortable leaving the mask on for more than a few minutes. One of the words she pasted on her mask, which consisted of a collage of words, was “hope.” I asked her to sculpt what that looked like with her body and she positioned herself on her knees as if in prayer. Another phrase on her mask was “express yourself” which she sculpted by framing her face with her hands in an “a-ha!” gesture.

**I-poems.** An essential concept for Turquoise in the first I-poem was about self-identity: “Your family defines who you are.” Turquoise shared her experience making the PPSA in this last interview. She connected the process to the topic of personal identity and applied it to family identity. She disclosed that being adopted helped her get clarity
about her identity. Knowing that her biological mother was out there but not available was part of her self-identity also but her adoptive parents and adopted brother are what changed her feelings about herself for the better.

Although she was adopted when she was 2 ½, Turquoise recalled: “I wasn’t happy when I was little.” She had one photograph of her birth mother, and she was told she had a biological sibling younger than her. Turquoise disclosed that her adoptive parents cannot provide her with more of her birth history, and disclosed that her self-identity was formed because of the inherited traits from her family. She also admitted to the challenges of being an adopted sibling of another adoptee. She advocated for adoption. Yet, she would still meet her birth mother if given a chance. She addressed interest in publically sharing her PPSA via a screening.

I’ve never done that before.  
I liked the outcome.  
I’ve never done something like that before  
you should always be yourself even though society wants  
you to be something else  
you shouldn’t give up and that  
you should just be who  
you are.  
I guess people there and showing the videos on the screen.  
I guess it connects  
I guess when  
you are adopted  
you don’t always know who  
you are  
you should always know who  
you are.  
I guess—depending on what level of maturity you’re at  
you start to notice—it’s okay that  
you were adopted—like it could’ve been a lot worse  
I don’t know  
I think it’s good because when people—when the parents adopt they have to go through classes  
you can’t just adopt right away  
you have to like visit the kid more than once so they’re used to you before
you can take them
I think it’s a good
I just remember that
I was like
I wasn’t happy when
I was little.
I think they were looking for a sister and then my foster parents said we have
someone for you
it’s good but at the same time
it can get out of hand.
I just tell myself
I know what he’s going through
I have to like step back
your family also defines who
you are.
I can be really loud cuz
I have like a really loud family
I have like funny jokes because my dad—
you’re adopted into a family
you will experience those things—growing up
I guess like
your history.
You can always ask
your parents.
I guess like—not knowing who—or like her name
I don’t know.
I know that it probably would be impossible.
I had the chance, then yeah.
I’ve heard—my mom doesn’t really know that
I had a dad

Another important concept for Turquoise was about self-expression: “Freedom of
expression.” Turquoise determined there was a correlation between her hand tracing
exercise and her self-portrait mask. She stated the narradrama exercises offered ways for
self-expression. In her final interview, Turquoise suggests the PPSA exercise could help
adopted girls to process adolescence.

I just like to pick quotes that mean something.
I guess the mask was like freedom of expression—fun, different, unique.
it would help them think about who they are
you should always know who
you are.
you grow up
you find—when
you learn about yourself more.
I guess it just helps me.
I just—it’s important
I don’t know
It helps you understand who
You are.

Turquoise disclosed in the next I-poem about self-acceptance: “I’m an open book.” Because Turquoise often gave short responses, I interviewed her on other occasions when she did narradrama exercises such as the hand tracing self-portrait exercise, which allowed her to readily disclose feelings about friendship, athletics, school life, and individuation within the family dynamic.

I’m an open book.
I guess it means like everyone just knows who
I am—
I don’t keep secrets
I guess.
I don’t try to do what everyone else does—
I do my own thing.
I guess
I stand out.
I’m different.
I’m probably the most nicest person that they’ve met.
I don’t try to be mean to people.
I am
I’m really easy to get along with.
I’ll go do something else and then eventually everyone else will start to do what I do.
I tell myself that
I don’t want to be like them.
I don’t want to like, live up to peoples’ expectations—to be something I’m not.
I guess like growing up
I’ve noticed—like for an example—like when you like someone
you have to meet their standards—
I don’t like the idea of that because then like—
you’re not really what their standards are
you have to get out of your comfort zone to be what they are.
I, well no
I go to a Catholic school so like everyone is accepting—and like they’re like oh cool or that’s good
I don’t know.
I really get people
I really understand people.
I don’t really know
I like—
I guess it kinda defines who
I am
I guess.
I have—like my cousins—that live in Pennsylvania—they’re athletic like me
I guess—uhm strong—like physically and like emotionally and mentally—strong in athletics—like mentally with like everything that goes on in my family.

An essential concept for Turquoise in the following I-poem was strength: “It’s really important to me—strength.” Turquoise addressed aspects of her identity and suggested that group support, Girl’s Night Out (GNO) at APSS, was beneficial. We discussed school cliques and adjectives such as “misunderstood and bravery” that she used to describe herself as a student at school. She mentioned the dominant colors she chose in her artwork, such as orange, which she corresponded to “being different.” The color turquoise meant athleticism—a color that dominated her mask.

it helps me understand better
it’s nice to know that there are other people there too.
I’m cool with it.
I think so.
it’s really important to me—strength.
you feel like you’re giving up
you’d get back up.
I guess—like it comes from your experiences
you’re having a hard time in school and like you cheat—you’re basically—if you give up
you’re like basically cheating yourself.
I’m going through.
I guess they come from like different places from where
I’m coming from—like different stories—different life styles.
I mean you can call us like the nerdy group
I guess because like
I guess at the time we were like typical freshman. We were just like having fun like we don’t always take everything serious. we’re known for athletics and academics. I’m remaking the last. I don’t I don’t really know how to describe it. I mean like my definition of brave is like not being afraid of what’s coming at you. You like don’t run away from it like face it. I mean like different oranges like the color that stands out

**Autobiographical life story narrative.** In the narrative text, Turquoise spoke of independence: “I’m strong and independent.” Turquoise was quick about completing her autobiographical life story so that she could share it. She responded that she liked to write. Her life story provided the core information for her PPSA text. She read it out loud while we were collaborating. The following is the written text she provided.

I’m a 16-year old girl living in a world where society wants you to be perfect. I’m not perfect. I have flaws. I’ve been through rough times but that just makes me who I am. I don’t like being like everyone else. I’d rather do my own thing then doing something that doesn’t make me happy. I’m the type of girl who isn’t afraid to get dirty instead of getting all dolled to impress everyone else. I’d rather be playing in the mud rather than sitting around and trying to be perfect. It’s not me. Since I don’t do what society requires me to do of course I get bullied. But you know what they say: “Haters are my motivators.” I’m strong and independent. I’m going through a lot and I know that some days it’s easier to just give up. But God gave me this life because he knows I’m strong enough to live it. Being a teenager is hard I know. It’s all about finding yourself. I’m a tomboy it’s no secret everyone knows. I’d rather hang with the guys instead of talking about other people to see if they meet my standards. I meet my own standards. People can think whatever they want to think about me but I’m just being me. I’d rather be hated for who I am then to be loved for something I’m not.

The following I-poem iteration is from the life story narrative:

I’m a 16-year old girl living in a world where society wants you to be perfect. I’m not perfect. I have flaws. I’ve been through rough times but that just makes me who
I am.
I don’t like being like everyone else.
I’d rather do my own thing then doing something that doesn’t make me happy.
I’m the type of girl who isn’t afraid to get dirty instead of getting all dolled to impress everyone else.
I’d rather be playing in the mud rather than sitting around and trying to be perfect.
I don’t do what society requires me to do of course I get bullied.
you know what they say: “Haters are my motivators.”
I’m strong and independent.
I’m going through a lot and
I know that some days it’s easier to just give up. But God gave me this life because he knows
I’m strong enough to live it.
I know.
It’s all about finding yourself.
I’m a tomboy it’s no secret everyone knows.
I’d rather hang with the guys instead of talking about other people to see if they meet
my standards.
I meet
my own standards—
I’m just being me.
I’d rather be hated for who
I am than to be loved for something
I’m not.

**PSSA.** The following is from Turquoise’s PPSA narrative:

I’m a 16-year old girl living in a world where society wants you to be perfect. I’m not perfect. I know that some days it’s easier to just give up. But God gave me this life because He knows I’m strong enough to live it. Being a teenager is hard I know. It’s all about finding yourself. I’d rather hang with the guys instead of talking about other people to see if they meet my standards. I meet my own standards. I’d rather be hated for who I am, then to be loved for someone I’m not.
A message from Station PPSA. (http://youtu.be/0eL4486qWo8, click on URL or paste and browse)

**Participant Portrait: Fuchsia**

A statement that captures an essential feeling by Fuchsia about her process was:

“I’m going inside of me—going inside of you with the mask and then coming out with words.” When I visited, Fuchsia regularly met me at the front door of her house, which
had a metal screen cover with a complicated door handle that she usually opened for me because I often fumbled with the latch. At our first meeting when she signed consent forms with her mother, she seemed both energetic and reserved in conversation.

Fuchsia lived with her mother, who was a single parent, and her three siblings who were ages 19, 16, and 13 years old. They are an African American family living in a modest, pink, stucco Tudor house in Gardena, a south bay neighborhood in Los Angeles. Their home, in an urban neighborhood flanked by old and remodeled homes, was amidst single-level mini malls that encased the parameters of the city, with several surrounding freeways leading inland or to beaches. I noticed that Fuchsia’s siblings regularly did chores such as emptying the trash or washing dishes while their mother was away working and they usually kept to themselves in the back of the house when Fuchsia and I met in the front living room.

On our first meeting, Fuchsia did the empty box exercise and described “a lost person stuck in a box.” She described how the box represented a person on the inside and feelings on the outside while also disclosing that only parts of her were in the metaphorical box. She looked forward to putting important things in the box such as money that would amount to houses and success and she intended to help her family and homeless people when she reaped those benefits. Fuchsia was adept at role playing and was clearly accustomed to working with I-pads and applications, showing me her expertise on her own I-pad, which I welcomed. She was at ease on the living room dark oak floor, where I placed my colorful felt rug to do narradrama exercises or on the kitchen stool when she requested I put the plaster strips on her face for her mask. Her smart phone distracted her occasionally, but most often she was fully engaged.
Fuchsia was 16 years old and about to enter the 12th grade. She skipped a grade in elementary school “by accident.” She was enrolled in summer school courses to prepare for her senior year remarking that her learning pace sometimes challenged her. On our second meeting, while we were listening to downloaded music on her I-phone in the kitchen and I was placing plaster strips on her face for her mask, Fuchsia recounted the story of a White couple who were interested in adopting her when she was an infant. When they told her foster mother that she looked like a famous basketball player who was also Black, Fuchsia’s foster mother decided that she would keep her. Fuchsia’s adoptive parents were divorced for almost a decade when I met her and her home reflected the feminine touches of a matriarch.

Fuchsia disclosed that she knew nothing about her birth parents except that she was told one day they stopped visiting her. Three summers ago, while spending time with her father, he casually announced during a car ride to the public pool that she was adopted. Fuchsia knew one of her sisters was adopted but she assumed she was not and found it difficult to process the sudden, limited information. Dedicated to family, friends, and learning, she spent much time at home with her siblings during the summer. She was excited about attending an upcoming local staged production of *The Lion King* and the mask she made for this study was influenced by the Disney story, which is why she named it “Safari.”

As Fuchsia shared narrative, I witnessed laughter and an authentic voice through her curiosity and even her disclosed shame. After cleaning up from activities, we usually spent the very end of our sessions standing by the doorway discussing places to shop for fun clothes. We discussed hairstyles for Black women and Fuchsia’s love of animals.
Even from moments that seemed to touch only on the periphery of simple topics, a genuine, albeit fragile trust seemed to evolve from our meetings.

After she completed her mask, Fuchsia was not comfortable wearing it for long. She looked at herself in the large mantle place mirror, role-playing for a few minutes, announcing that she was “strong, fierce, and nature-liking.” As candid as she seemed to be, I understood she held back on the most personal of thoughts at times, especially those that involved more about her family. I felt Fuchsia was eager to share some parts of her story to someone who listened without judgment. At one point just before the final interview, when we were both very focused on trying to get the i-Pad application to animate certain parts of her mask because it would not capture correct details, I noted her remarkable patience and humor toiling over the machine until she was satisfied with the results. Afterwards, Fuchsia rehearsed her text and absorbed direction and nuances with ease while she manipulated the I-pad application. One of the comments that stands-out the most for me about Fuchsia is when she remarked, “I know how to love from within.”

**I-poems.** An essential concept for Fuchsia in the I-poem was about self-expression: “I got to let someone know how I feel.” Fuchsia shared her experiences involving the many session components. After watching her PPSA during the final interview, she offered her insight.

I

I don’t really put things in words
I—it was a challenge, but
I’m just glad you just didn’t make me do it by myself.
I would’ve never been able to do that.

II

Who I am in 30 seconds
I want to answer all these questions in the first session
I got comfortable and then you started saying, oh you can just tell me if
you’re feeling uncomfortable but
I guess that’s everybody and some people are just outspoken
I had to get comfortable and that’s what
I did, so
I’m going inside of me—going inside of you with the mask and then coming out
with words—like kids that are shy to overcome—
kids that are holding things in and can’t express to people and
they can express things through the mask
I really, really never told anybody so...
I got to let someone know how
I feel when
I did the booklet thing and writing my life story
I wrote and yeah that’s its——yeah all the words

Another important concept in the I-poem for Fuchsia was self-love: “I said you
have to learn how to love yourself first.” Fuchsia was adamant about self-love and
posited that without it, the individual was not able to love another. During one interview
after making the mask, she stressed the need for self-love in order to be close to others.
The ability to self-express, a good education, and being strong were all part of self-love
according to her. She referred to herself in the third person (she) as the voice in the
PPSA in the following when she described the animated mask’s benefits.

I
I said
you have to learn how to love
yourself first. That part can be helpful.
I told them—let them know...that’s what
you have to do.
I told them
I said you have to learn yourself in order for
you to love someone else.
Me—to know it

II
I can be expressive (now).
she loves herself
she loves her family
she told us how
she loves herself and what
she has to do to love other people
she’s strong and
she’s educated.
she likes to ask questions like
she said in the 30 seconds of who
I am

In the I-poem, Fuchsia expressed her thoughts on love: “I’ve, uhm, been through it.” In order to write her PPSA narrative, we reviewed Fuchsia’s written autobiographical life story and I began to ask her questions as she role-played with her mask on. She discussed the importance of confidence and being an inquisitive learner at school. Fuchsia felt adamant about the importance of becoming what you want to be and how being a friend, being loyal, and being sure were important in self-identity. When I asked her how “loving” fit in to her life, she stated: ”I love my family, helping people, staying honest.” Here again, the use of the pronoun you and it refers to herself.

I’m thinking.
Love myself
You have to know how to love from within. From within yourself.
You can’t love anybody else without loving yourself.
It would be lust if
you say
you love somebody without loving yourself
It’s not real.
I’ve uhm, been through it.

In the following I-poem, Fuchsia spoke of survival: “I don’t let anybody push me over.” Fuchsia reviewed the words on her hand tracing self-portrait exercise. The exercise opened discussion on self-definitions. She colored her hand brown and placed wavy purple lines weaving through the hand tracing as if the hand was on the other side of the woven lines. She discussed how strength is a part of her life. When I asked her
why she colored her hand brown aside from the fact that she is an African American, she
gave me an incredulous and humorous look.

I wasn’t really into the colors—you said the words,
I just
I don’t let anybody push me over or—like my mom always taught me
you have to be a woman of
your word.
You can’t just let anybody do
you over and
you just be weak.
You have to be strong about it.
I was adopted.

An important disclosure for Fuchsia was about her self-esteem: “I don’t have a lot
of stuff that significant.” When Fuchsia completed her mask embellishing it the way she
wanted, she tried it on and did some role-playing with it associating the colors and
decorations with the jungle and her love of animals. She mentioned missing her deceased
pet dog. When I asked her what the embodied mask might say to anyone, she remarked:
“I’m strong, fierce, nature-liking.” “I don’t know what else to say.”

She looked at herself in the mirror while wearing the mask and commented the
fuchsia pink and red colors symbolized being fierce. The decorative earth-toned pom-
poms on it represented nature, while the textured fabric represented hair. She disclosed
working with the mask was about focusing on oneself.

Yourself
I don’t know if
it was a safari at the LA zoo.
I like the jungle and stuff
I picked red.
I don’t know
I just really
I just decorated it cuz
I don’t have a lot of stuff that significant but
I do like nature and stuff so maybe that’s why
I put it in
I like animals and all that jungle stuff and
it kind of reminds me of all those people who were dancing in the Lion King
I don’t have one
I don’t know,
I just...
I folded it together.
I didn’t want the mask to look bald.

In this I-poem, Fuchsia spoke of loss: “I was stuck.” After completing the hand
tracing, Fuchsia disclosed discovering she was adopted made her feel confused. She
witnessed her older adopted sister’s journey connecting with birth relatives and knew her
own adoptive father was related to her adopted sibling. She stated she eventually came to
understand her adoptive mother’s point that she had a better life because of adoption and
she needed to be strong and accept her circumstances. Yet, she wondered if her past
could be unveiled too.

I was just like
I was stuck
I didn’t want to go swimming no more
I just didn’t want to do anything.
I told my mom…And she’s like—so
you just got to be strong about it.
I asked my mom but
I don’t think they could get in touch.
I don’t know if they could.

**Autobiographical life story narrative.** In the narrative text, Fuchsia speaks of
identity: “I just couldn’t feel no way.” Fuchsia contributed to the research readily and on
time offering me a handwritten version of her autobiographical text titled *My Life Story.*
This was an intimate disclosure between us, and one I do not think she had easily shared
with anyone before. In the living room on the floor covered with my colorful play mat,
she was fidgety. Yet, when she gave me permission to read it aloud, I realized she wrote
it to be witnessed. I include Fuchsia’s original text and I-poem format in the following.
My name is Fuchsia I am 16 years old and I was born in 1990. In the fall, I will be in my last year of high school. I was born into foster care. Do I know the reasons why? No, I don’t. I was in the care of my foster mother. And from what I was told is that my birth parents were coming to see me everyday until one day they stopped coming. Then this couple wanted to adopt but my mom (foster care mom) thought it wasn’t a good idea. So, she ended up adopting me. When I was either 12 or 13 my dad told me I was adopted. I was hurt but there was nothing I could really do about it. But then eventually my mom told me the whole story about it and I just couldn’t feel no way because I grew up knowing this family. But one day, I would like to meet my birth parents and just ask then a couple of questions.

The following I-poem iteration is from the life story narrative.

I am 16 years old
I was born in 1990
I will be in my last year of high school.
I was born into foster care.
I (don’t) know the reasons why?
I don’t.
I was in the care of my foster mother.
I was told that my birth parents were coming to see me everyday until one day they stopped coming.
I was either 12 or 13 my dad told me I was adopted.
I was hurt but there was nothing I could really do about it.
I just couldn’t feel no way I grew up knowing this family.
I would like to meet my birth parents and just ask them a couple of questions.

PSSA. The following is from Fuchsia’s PPSA narrative:

I love my family. Helping people. I love myself and in order for you to love someone else you have to love yourself. Knowing how to love from within and I know because I’ve been through it. Being kind. Being creative. Like making cards. Showing your love. I’m strong, fierce. In school, I ask questions because I want to be sure. I want to know. I want to know what’s supposed to be done. Then, I feel for sure. A message from Station PPSA.
(http://youtu.be/MHZ72_3PQeA, click on website or paste and browse)

Participant Portrait: Purple

In the narrative text, the following statement by Purple seemed to capture an essential feeling: “F***k you, because I’m a big fish in a little pond.” When I spoke to
her on the phone, Purple was adamant about doing the research. I decided her enthusiasm was worth the commute to the Moreno Valley, where she would be staying with a paternal aunt for a week after our first visit. The Moreno Valley house was in the Inland Empire, an offshoot of Los Angeles surrounded by bold, jagged San Bernardino Mountains. The area, rampant with malls, clusters of suburban communities, and freeways is the location for some well-known state colleges and universities.

Purple forgot about our first appointment at her usual residency in San Dimas. She apologized about forgetting and I supported her busy schedule, all in preparation for her acceptance into a competitive California State University. She was taking required courses for freshman year. When we finally met in Moreno Valley, she was welcoming.

It had been 8 months since we first met. Her paternal aunt and aunt’s husband, both retired educators in the arts, owned the sprawling, well groomed home, which was situated in a cul-de-sac with a vista point of giant rock formations. Purple’s first cousin shared her room at night and another paternal aunt occasionally visited. The interior of the house was pristine and filled with paintings by a talented family member. Purple and I initially sat on the plush carpeted living room floor where I placed my mat and materials and where the family cat frequently peered into my bags.

On the second visit, Purple requested I apply the plaster strips on her face and we were offered the guest bathroom in order to make the mask. We played Corinne Bailey Rae’s (2006) melodic album on my I-phone and slid the door partially shut allowing the space to feel enclosed and safe for the delicate and focused work of plaster application. When we met at the desert home, I initially set up our sessions in the living room until I eventually realized it was a pathway for all entrances to other rooms.
At one point, due to a lack of privacy, we met on the front veranda of the house, sat on black wrought-iron garden chairs and enjoyed views of surrounding homes and red desert mountains, only to be interrupted by the gardener’s noisy leaf blower. While I visited, her aunt often offered unsolicited information about Purple’s father.

Purple disclosed her father introduced her brothers to drugs and crime. In addition, Purple’s mother was currently incarcerated in a state penitentiary for drug involvement. With admitted disapproval, she disclosed her birth parents met when her mother was 14 years old and her father was 20. At one point, Purple’s paternal aunt intervened to say she wanted Purple to live with her when she was little and in danger of maltreatment, but did not know how to follow through. It was then I noted Purple’s quiet stance and the separation of many family ties.

Away from the house, Purple confided: “People wonder—they always say, how are you so happy when you’ve been through so much shit?” “I don’t know. I—don’t know.” Purple was eager to begin research and be a participant after she signed her own consent forms. When she role-played with the Matryoshka stacking dolls, she described how “the small one becomes bigger and the little baby becomes trapped in all the other ones.” She posited the small one “can’t make its own decisions.”

When I asked her to role-play and respond to the little stack doll she replied: “Some day you will grow big.” I asked her what does “big” mean and she described big is “on top” like the largest Matryoshka doll who had confidence. She added, “I never got that.” In response to the smallest doll, who was contained within all the containers and held safe, she disclosed about her childhood: “I’ve never had that—being held.”
At her aunt’s house in the Moreno Valley, Purple had opportunity to pass her driver’s license, which she eventually accomplished that summer. Her aunt encouraged her, while she was taking summer college courses to prepare for matriculation. Purple recounted the need to move forward and away from her past during this time. Driving was symbolic of this new mobility.

Purple was legally adopted when she was 16 by her maternal aunt. She was placed in foster care at age 12 when she was separated from her four brothers. She was particularly close to the youngest of the four brothers. She moved from Arizona to California and lived with two non-relative foster parents as a ward of the court. The first foster parent she described as “crap” and lived with for 1 year and the other foster parent she tolerated for 1 ½ years until her aunt, a newly wed social worker decided to be her foster parent when she was 15 years old.

Thus, Purple lived in several environments throughout her childhood. Her recollection of childhood was basically about taking care of herself. Memories included feeding and bathing herself and becoming accustomed to a house without a parent. Her mother would not return for days from her addiction binges. When Purple stated that she was on her own by age 4, I asked her how a small child could feed herself and later get ready for school or bedtime or do homework. She was adamant she was self-sufficient and often inept but had no choice. By the time she was 12 years old, her grandparents, who occasionally cared for the children in Arizona, could no longer take care of her. Her older brothers did not mentor her or substitute for the absent parental figures.

Purple admitted, “I have pressure from everyone else.” She felt the push to be better and do better and noted that her siblings were not accomplishing life goals. When
I met Purple, she was taking a prescription for ADHD. It was at this time, she shared that she had not contacted her mother in 6 months and she seemed somewhat distant from her adoptive mother. It was a transitional time for Purple and perhaps a time marking the end of her life-long transiency. I asked Purple what made her decide to do the research and she commented: “You looked like an interesting person” and then she added she noticed my “flowy pants.” I realized that often the connections we make are random and that relationship ensues out of this and from that a possibility for meaning-making and re-storying life events can occur.

I particularly noted this, after one of our sessions in Moreno Valley when Purple was embellishing her mask in the kitchen and it would be our last visit there. It was nearing lunchtime and she offered me one of the bagels she toasted for my drive back. I thanked her and accepted the offer, but at the end of the session when she walked me to my car, she suggested I throw the bagel out the window if I did not genuinely want it. Later, I texted her that the bagel was delicious.

When I met Purple at her adoptive mother’s (her aunt) modest two-bedroom cottage, she greeted me by almost immediately pointing out that her recent high school graduation picture was no longer hanging on the front room wall. It had been replaced with framed wedding pictures of her step-uncle and aunt. While we reviewed sample PSAs and worked on her text, she recounted her grandmother gave her succulent plants in Arizona when she was little and she nurtured them to their full size in California. I was appreciative when she offered a small bud from one plant outside and instructed how to plant it. Later I reflected it seemed almost a memory keepsake from her. I sensed her vulnerability at this time and her resistance too.
It was at her aunt’s home where she lived for 3 years, that Purple disclosed she wanted to take care of her birth mother—her aunt’s sister, when she would be released from prison in 5 years. Conversations there were more laced with humor than at the Moreno Valley home, and we were more privy to laughter. She participated in research but there existed also an anxious and age-appropriate desire to quickly complete the session and go out and have fun. I experienced the balance of being a confidante and explorer with Purple. At the time, there were many adjustments occurring in her life. At the last session, when I met her maternal aunt in her home, Purple mentioned her missing graduation photo again, which prompted her aunt to disclose that she was working on an entire collage of images about Purple’s life that she intended to put on the front wall instead.

During this meeting, my research assistant met Purple for the first time and took field notes. I noticed that Purple was less conversational. We hunkered into her small bedroom completely surrounded by teen paraphernalia, and sat on her single bed that had a colorful Mexican serape neatly draped over it. I sat at the end of her bed and my research assistant Beth sat on the carpeted floor. We had to collaborate on the spot, create text for her PPSA, and finalize what she wanted to say because she had not completed her version earlier. She made over five attempts at recording her message until she completed it. Her energy waned, but she wanted to finish. She vacillated back and forth between humor and wondering when the session would end.

There was plenty of time before she needed to go, so I wondered if her sudden, reluctant engagement was a mix of boredom, a need for privacy because of an additional person in the room, avoidance of saying goodbye or of disclosing personal narrative. I
noted that her aunt and uncle were preparing dinner but she opted to leave the house when we were done. When I offered her a certificate of completion and gift certificate, she matter-of-factly stated she would most likely throw it away. I understood her point of view that soon she was packing and leaving for college taking only the essentials for her new life. I wanted to respect her desire to end the session guiding her through the interview, attempting to make certain she was comfortable and not pressured especially because of her history of feeling pressured.

Her responses in the tiny bedroom where we resumed our final interview were often verbally sing-songy and her words would drift off intermingled with laughter. She would lie on her bed or sit up and hug her knees leaning against her stacked bed pillows. When we were done and prepared to leave, I thanked her and her aunt for welcoming us into their home. Conversing in the narrow hallway on our way out, I noticed the gentle smiles of both Purple and her maternal aunt. There was a family resemblance between them. The bond between sisters and mother and daughter was obvious to me then and I remarked, “You have the same smiles.” Outside, as I prepared to drive away, Purple appeared on the sidewalk clutching her very grown-up designer hand bag, going out, away from her most recent home, and she waved goodbye.

**I-poems.** An essential concept for Purple was independence: “I’m a sail boat that has to sail and never break down and never once fail.” During our last session, Purple was rehearsing and repeatedly trying to complete the recording. She described what she was experiencing in this last session; some of which became the PPSA text. In the room, I wrote her responses on paper for her to read aloud as PPSA recording.

I can’t think right now.
I can’t think.
I would sit all night and just think—that’s just me
I just took the pencil from you
I put my goal is to lead an example for my brothers even though I’m the youngest one
I was just a little girl
I wasn’t scared to sink or swim in this big crazy world cuz I thought I’d seen the worst already it would not come down to me rocking in the corner holdin’ my teddy
I’m a sailboat that has to sail and never break down and never once fail.
I do this
I can just go?
I can’t
I don’t know, there’s something
I’ll get it this time.
Let’s go again.
I was so scared of messin’ up in the end

In the following I-poem Purple addressed self-identity: “I just couldn’t call a house my home.” During the summer before Purple attended her first year of college, she expressed she wanted to live in a dorm room while she was in school. She conversed about her incarcerated mother and ethnic identity. Part I was from the final interview at her maternal aunt’s home. Part II was from an interview that grew out of doing the hand tracing exercise at her paternal aunt’s home. She also disclosed her relationship with her adoptive mother’s (her aunt) husband.

I

I have not wrote her like in 6 months
I don’t want to Latina.
I grew up with—it’s kind of weird being around my aunt’s family cuz they’re White and it’s different.
I don’t know
I couldn’t sleep the first couple of times
I went over there.
I just felt weird
I just stayed up and she’s like “she doesn’t sleep when she’s over here” and my uncle was like “well she sleeps here all the time.”
I used to go over there when
I was little a lot

II

Growing up
I just couldn’t call a house my home
I came to my aunt and uncles
I can’t even call that my home—cuz he took my keys and
I don’t know
I don’t know and he says when
I go to college all
my stuffs gonna be in boxes and that’s just going to be another guest room
I live with my mom’s sister.

Purple also spoke of accomplishments and self-expression: “I felt satisfied
finishing the mask.” Purple shared her experience about making the PPSA and viewing it
during the final interview. I included other pronouns such as it in this section because
Purple vacillated between the personal and impersonal. She noted how helpful the
PPSAs could be “for kids—help kids express their feelings” for “probably any age” for
“self expression” and stated the six sessions offered her “happiness.”

It was pretty cool, pretty interesting
I haven’t seen anything like it Mimi
It was like
It looks cool
It’s like a little masked
Me imitating me
I got the shape of my face—got to steal
My identity.
I felt satisfied finishing the mask—finished the mask—accomplished—when
I finish something.

Purple disclosed experiencing creativity: “It made me not think about some
things.” During the final interview, Purple revealed she was distracted while using the
Morfo recording devise for her audio and she felt her bedroom as a space for research
was not the norm. I asked her about the narradrama processes clarifying: “So, our
working together brought up stuff?” Purple responded, “Yeah. Let’s see, the mask — how
creative I can be.”

It made me not think about some things
I usually think about like—like things that
I like the most
Like things
I would not think about everyday like -oh yeah like
I don’t think about talkin’ in a little room that
I sleep in—yeah
I can be
I thought it was like you record the face saying stuff like oh
I like to jump
I like to jump rope, or
I like to play the guitar
I’m like ahhhh—then you explained
I’m like okay

In this narrative, Purple revealed her identity shame: “I did not want to have my
dad’s last name.” During the final interview I asked Purple how the PPSAs could be
connected to adoption. She felt very strongly about processing late adoption: “Adoption
is a big block wall; a block wall—no way—yeah.” She added: “Then again, it’s not a
block wall ‘cause it opens all of these opportunities—take away the block wall.”

In a matter of fact way, she disclosed: “She [her mother] didn’t even take my
dad’s last name.” She explained her mom had her rights taken away by CWS: “So she
didn’t have much say in it. They took my mom’s rights away. And it took them a while
to take my dad’s rights away ‘cuz he was in prison—thought it’d be easier because he
was in California too. We were in Arizona.” Purple reflected about being a ward of the
state for almost 3 years and deciding to have her name changed.

I did not want to have my dad’s last name—Kraft like the cheese—
It’s horrible, Mimi
I wanted to change my name. She’s like do
you want to change your first name too?
I’m like
I don’t want to change it too.

Another essential concept for Purple was freedom: “You don’t have to be stuck on the foster care stuff.” Purple completed the intervention and her summer commitments before she matriculated. Her adoptive parent instructed me to be in touch via Purple’s email at her college. However, the correspondences (on her part) at this point of writing have ended. During the last interview, when she playfully mentioned her PPSA certificate of completion, she hinted about the end of research relationship. She disclosed what the intervention offered her.

I’m gonna get a certificate
I got to see Mimi
you can’t let all the things hold
you back before
you get adopted
it helps to open
your eyes—there’s something bigger out there and
you don’t have to be stuck on the foster care stuff.
Opened my eyes—open-like cuz actually
I had to think
I don’t like thinking Mimi
I’m gonna miss you Mimi

**Autobiographical life story narrative.** In the narrative text, Purple spoke of independence: “I’m a big fish in a little pond.” For Purple’s written autobiographical life story, she sent me a poem that she said represented her. The core of it was used for her PPSA text. She was concerned about the profanity for the research. She spoke of love and obstacles involving family (personal conversation, July 29, 2014). Purple’s autobiographical story is captured in two I-poems:

I

In the beginning when I
Was just a little girl
I wasn’t scared to sink or
Swim in this big crazy world.
Growing up with four older brothers was a little
tough.
Who knows that some
People would consider
Me a diamond in the
Rough?
The teachers didn’t like
Me because I ran around
Like a little hellion.
But one day I got kicked
Out of school, all because
I threw a rock at a
Teacher that looked like
An alien.
People make comments
That I’m a dumb blond.
But I all I can say is f***
you because I’m a big fish
In a little pond.
People doubted me of
What I would become.
While they’re just sitting on their a$$e$ taking
Shots and drinking cheap
Rum
To those who said I won’t
move on to new bigger
Things.
The statement I reply with
Is screw you I’m chasing my dreams.

The following I-poem iteration is from the life story narrative:

I was just a little girl.
I wasn’t scared to sink or swim in this big crazy world.
Growing up with four older brothers was a little tough.
Me—a diamond in the rough?
I ran around like a little hellion.
I got kicked out of school, all because
I threw a rock at a teacher that looked like an alien.
I’m a dumb blonde?
I can say is f***you because
I’m a big fish in a little pond.
I would become—while they’re just sitting on their a$$e$ taking shots and
drinking cheap rum
I won’t move on to new bigger things?
I reply with—screw you
I’m chasing my dreams

**PSSA.** The following is from Purple’s PPSA text:

In the beginning when I was just a little girl, I wasn’t scared to sink or swim in this big crazy world. Cuz I though I’d seen the worst already. It wouldn’t come down to me rocking in the corner holdin’ my teddy. What keeps me floatin’? My goal is to lead an example for my brothers even though I’m the youngest one. It’s all a combination of sibling love, potion, and bunches of fun. I am a sailboat that has to sail and never break down and never once fail. A message from Station PPSA. (http://youtu.be/y176EyboEok, click on URL or paste and browse)

**Analysis of the Narratives: Themes**

This presentation of the narratives as portraiture and I-poems was the first step toward culling answers in response to the research puzzle. Various themes on identity emerged and are analyzed in the following as well as the analysis of the digital PPSA data. Five shared, prevalent themes that held multiple meanings dependent upon the individual’s connection to a specific time, place, relationship, and circumstance were found:

1. Self-expression and creativity.
2. Self-identity or who I am and how I like to identify myself.
3. Adolescent independence or how I want to live my life.
4. Self-love or how I accept myself.
5. Survival that contends with being stuck or what I do with loss.

Self-expression was readily embraced by the sample. This section shows the varied interpretations and responses of self-expression and includes the previous narrative in-vivo responses that pertain to the theme as it answers the first research question: How do adopted young women with special needs from foster care experience narradrama and making the PPSA?
**Self-expression**

Statements on this theme included the following: “I always wanted to tell my story,” “Freedom of expression,” “I get to let someone know how I feel,” “It made me not think about some things.” Three out of four of the participants disclosed they were hesitant about the research process until the second session, which involved plaster or face paint mask making. One person shared she took seriously my expressed concern about making certain she was “comfortable” during sessions and became less hesitant about the session. Mask-making and constructing the PPSA with the Morfo application became more inviting as each participant realized she could express in the way most comfortable to her. For instance, Fuchsia doubted her creative abilities although she was adept at i-Pad applications. She disclosed she did not think she could create the animation without me. When further asked about making the PPSA, she stated it was, “Well, kinda hard.” She noted it was a “challenge” to “express” herself when asked to create the audio text adding, “I don’t really put things in words.” Purple disclosed her doubt about the research: “At first, I thought it was like—you record the face saying stuff like ‘oh I like to jump, I like to jump rope…’ I’m like ahhh—then you explained and I’m like okay.” All the participants were comfortable expressing themselves later in the process as the researcher-participant relationship developed: “I really wanted to record that night because I wanted to stay in the mask a little longer.” (Orange)

In contrast, another participant, Turquoise, although quiet-spoken during our first meeting, said she was comfortable throughout the sessions stating, “It was fun and different and unique.” Her comment was similar to the other participants’ remarks
interested in the novelty of the PPSA: “It was pretty cool, pretty interesting; haven’t seen anything like it.”

**Freedom to express my way with the PPSA.** Although most were ambivalent at first, freedom to express was relevant for all of the participants:

I liked it and then like after we all got the paper work done and we like started doing hands-on with the mask I was like ‘oh, I kinda like it, like it’s actually really like interesting.’ And then today when we were doing the recording like I really liked it. Like, it kinda feels weird to hear your voice talk but then it’s like wow, like that’s really my voice and on a mask. Like a lot of people are going to be able to hear this and hopefully that—like maybe it helps somebody. (Orange)

For instance, Turquiose compared the narradrama restorative hand drawing exercise to making the mask, stating there was a connection between the collage of quotes she pasted on her self-mask and the personal quotes she used to embellish the hand tracing: “I just like to pick quotes that mean something.” During the process of making the mask, she shared, “I guess the mask was like freedom of expression.”

**Narradrama exercises help expression in personal narratives.** When asked about the process of doing the restorative hand drawing exercise, the written ‘story of myself’ exercise, the written autobiography, and working with the empty box or Matryoshka stack dolls that prompted narrative and discussion, all the participants responded that the exercises enabled self-expression and provided clarity about their feelings, and their self-identity. Fuchsia recounted that the empty box represented “a lost person stuck in a box.” She stated the person was on the inside and the feelings were on the outside. She admitted parts of her self were in the box (personal communication, July, 22, 2014).

When working with the Matryoshka dolls, two of the participants described the stack dolls as symbolic of a family. Purple described: “The small one becomes bigger—
the little baby and becomes trapped in all the other ones; it can’t make its own decisions” (personal communication, July 17, 2014). When reviewing the narradrama steps used to create the PPSA during our sessions, one participant articulated:

I had all these feelings inside the box and like all these emotions outside the box. I really didn’t take the time to think about it—like that thing [hand tracing self portrait] was so simple but it really makes you think—like what do you see yourself. I honestly thought that I was always—I was really interesting like I always wanted to tell my story. So I just thought that [the story of myself] was really good that I could share what I’m like proud of like what I was ashamed of and like what I want to achieve in life- like that. I really liked that. I would really want to write my own book. (Orange)

Thus, the exercises leading to the production of the PPSA encouraged a way to express oneself. The use of the word “really” (six times) by Orange in this particular interview indicated she was communicating a strong opinion about telling her story and the importance of self-expression. Additionally, Fuchsia shared that she revealed her private feelings via the creative exercises noting, “the little book thingy [the story of myself]—I really, really never told anybody, so.” Turquoise expressed insight about her creative voice with the narradrama devices: “Well, that I got to let someone know how I feel when I did the booklet thing and writing my life story—that I wrote and yeah that’s it—yeah.” Orange stated that her new found independent voice was exemplified via the PPSA: “I can like talk now and have my own mind.”

**Helping others.** When asked how their self-expression via the PPSA could help others, each participant agreed that there were positive outcomes for other populations to experience or witness. For instance, Orange pointed out: “I think, like it can be like any group. But the adopted kids and like adopted parents and stuff will like—it will mean more to them and they really understand.” She also articulated: “I’m guessing each one of us have different stories and I know we have different stories and it can help anybody
with our different stories.” During one of our sessions, Orange disclosed she did not want to hide her adoption anymore: “I’m ready for the world to hear” (personal communication, July 2014). Therefore, the PPSA experience provided a way to inform others of her insight and perhaps clarified her personal stance about adoption.

Two participants shared they believed the PPSA could benefit others: “Uhm it would help them think about who they are.” Although one participant recognized that different viewpoints existed in expression: “Cuz I guess, uhm they come from like different places from where I’m coming from; like different stories—different life styles.” The sample emphasized the PPSA could enable youth: “like kids that are shy to overcome—kids that are holding things in and can’t express to people and they can express things through the mask” (Fuchsia).

Creating voice. Each participant noted the act of making the PPSA enabled a unique way to connect voice, images, and story within the parameters of narradrama. Fuchsia posited the PPSA could create positive affirmations for others, and for herself saying, it is “for me to know it.” She realized: “Uhm, now I can be expressive.” She was specific about internalized feelings coming through an externalizing process: “I’m going inside of me—going inside of you [herself] with the mask and then coming out with words.”

Counterpoint (self-expression). All participants expressed being content and satisfied after accomplishing the PPSA, however the struggle associated with personal expression also occurred. For instance, during the last session when she tried to record her personal narrative with the Morfo application, Purple, who was usually upbeat and eager to remain in the sessions, had difficulty completing it. Running out of patience at
times, she laughed remarking: “Do I have to do it again?” “That’s how I sound on the phone?” “So after I do this, I can just go?” “How long is the interview?” “Once more, I’ll get it this time. Let’s go again.” She admitted: “I was so scared of messin’ up in the end.” Laughing, with a hint of sarcasm, she articulated, “let’s see—it’s like a little masked me.” Purple said the word “happiness” aloud to describe her experience making the PPSA, and articulated: “it made me not think about some things I usually think about.” She revealed, “Like things I would not think about everyday like—oh like I don’t think about talkin’ in a little room that I sleep in.” Participating in the final interview in her small bedroom, Purple disclosed the momentary awkwardness of self-revelation.

Similar to Orange, who pointed out the PPSA intervention kept her mind off of her friend’s death, Purple noted self-expression during our sessions made her aware of her traumatic life history while also helping her to disengage from it. Deciding to finish the PPSA exercise, she acknowledged her creative skills existed also: “Lets see, the mask—how creative I can be.” When asked if creating the PPSA brought up memories, she noted that it “helps to open your eyes.” Although the process was challenging for Purple, she chose to complete it. Purple remarked, “Like, cuz actually I had to think.” Laughing she confessed, “I don’t like thinking, Mimi [researcher’s informal name].”

Concerning sharing their self-expression, two of the four participants were adamant about being witnessed in an invited public forum and wanted to receive support for their creative expression with the digital artwork they completed. One person was interested but was uncertain about her parent providing her access to the public screening.
Another was quiet and did not show interest when asked if she wanted to share her PPSA with family and friends.

**Self-identity**

The remaining research questions on whether or not the PPSA contributed to self-identity, what the participants need as adopted youth, and what expressive therapy and support systems can do to be of service to adopted young women from foster care, were connected to the action and discovery of self-expression, which was a conduit to the four other emergent themes revealed from the data. They are included in the following quotes about self-identity (who I am): “I’ve been struggling with the fact and have asked myself why me,” “Your family defines who you are,” “I just couldn’t feel no way,” “I just couldn’t call a house my home,” “I did not want to have my dad’s last name.”

**Family.** Each participant connected to being able to define herself. All acknowledged a process of self-discovery during intervention and had a history of familial loss as well as experiences of adversity among peers, birth, and adoptive family members. Each disclosed feeling judged for being different from the norm or the status quo. The participants were also in the midst of making academic and social adjustments in school during this time. The sample members posited the narradrama exercises and PPSA enabled them to project their preferred self-images.

Birth and adoptive family connections linked to self-identity for all of the participants. Turquoise noted that making the PPSA brought up the topic of identity and family: “Your family defines who you are.” She further articulated: “I guess when you are adopted you don’t always know who you are but you should always know who you are.” She also acknowledged that often “society wants you to be something else” but
“you should just be who you are.” She recalled as a young foster child before adoption, “I wasn’t happy when I was little.” She concluded that when she was loud at times, it was because she inherited it from her loud, adoptive family. She believed she developed athleticism and the ability to tell jokes from her adoptive family. In describing how the PPSA aided her she stated: “It helps you understand who you are.” She also acknowledged identity is a fluid process for adopted youth who will develop traits from adoptive families. For instance, “Like when you’re adopted into a family, you will experience those things… development along with growing up.”

**Mother.** The loss of parents, specifically the loss of mother is the crucial reason youth are adopted and it is the impetus for searching one’s history and identity. All four participants’ maternal histories affected their life stories with unanswered questions. Interestingly, although participants were adopted at different ages, each was content and grateful to be adopted. They were also curious about their birth mothers and wanted to meet them, take care of them, or have a specific conversation with them to ask them important questions. One young woman, stated knowing her adoptive mother’s name would be eventful.

**Birth names.** Adopted youth from foster care most often come to their adoptive families with given names from their birth parents. Sometimes, new parents change their adopted child’s name but often, they keep one of the few things given by the birth family. Orange defined herself as the black sheep of her adoptive family and as a diabetic. Moreover, during the study she suggested her identity was adversely marked by a name her birth mother gave her that made her stand out: “I used to hate my name.” She continued, “I was insecure about it and myself but now I like it.” She was not able to
change her name like Purple, who secured her preferred identity by changing her last name because she did not want to be connected to her traumatizing birth father: “I didn’t want to have my dad’s last name.” In contrast, Orange wanted to know her father’s name. As a compromise and out of respect to her birth parents, Fuchsia’s adoptive mother changed only her middle name. Fuchsia described herself as loving her adoptive family, but she still wanted to know her birth parents’ names and why they abandoned her as an infant. Thus, this adopted population’s attitudes on given or changed names can reflect developing self-identification.

**Counterpoint (duality).** Although she admitted she loved her family, Fuchsia’s recently revealed adoptive history caused her admitted discomfort: “I grew up knowing this family.” She was left with unanswered questions that upset her: “I just couldn’t feel no way.” Another participant voiced she was proud of being a young Black woman and owning her family surname but she also wanted to know “that man,” her biological father. Because of this, she stated, “a part of me is missing.” College-bound participant, Purple, wanted to take care of her mother once she was released from prison, although at the time of intervention she chose not to speak to her mother for 6 months. She remarked the best thing about kinship adoption (her maternal aunt adopted her) was she was able to have a family reunion and see her brothers. Yet, she also wanted to be far away from family influences to forge her own identity.

**Loss.** Purple recounted: “I just couldn’t call a house my home.” Moving often until she was 15 meant constantly adjusting to different environments and much loss. Despite her familiarity with this and previously being the young child who knew to “sink or swim in this big crazy world,” she disclosed being validated by the PPSA exercise.
She explained making the PPSA helped self-identification, because it “helps open your eyes” about adoption and who you are. Purple’s experiences on identity discovery paralleled Turquoise’s revelation: “I’m an open book.” The difference between the narratives of Turquoise, Fuchsia (16 years old) and Purple (18 years old) reflected a readiness to leave home, perhaps significant of transition from late adolescence to young adulthood. Metaphors of sailboats, open books, beauty, and masks speaking new words, symbolize participants’ experiences as they navigate self-identity during late adolescence despite loss.

**Independence**

**Being different.** In the midst of processing her friend’s death, ending her attendance at the Adoption Promotion Support Services (APSS) because she turned 18, and entering her senior year, Orange made a point of publically embracing her beauty, illness, and independence via the PPSA exercise stating, “I can talk now and have my own mind.” Another participant, Turquoise remarked that her point of view might not be popular among other adolescents at school but she lived by a credo of independent thinking stating: “I’d rather be hated for who I am than to be loved for someone I’m not.” During the final interview, she articulated: “I’m strong and independent.” Other statements on independence were “I can talk now and have my own mind,” “I don’t let anybody push me over,” and “I’m a big fish in a little pond.”

Turquoise navigated her identity as an adopted person with a practical lens: “It’s okay that you [I] were [was] adopted. Like, it could’ve been a lot worse.” In the interview about her hand tracing she admitted: “I do my own thing. I don’t try and do what everyone else does—I do my own thing.” Her disclosure was similar to Orange’s
label as a “black sheep” and the difficulty and acceptance she experienced about her name and diabetes. Additionally, Purple identified herself as an outsider or a “hellion.” Fuchsia posited she was different because she learned at a different pace from her peers, stating: “it’s always been like that.” In recent years, she also contended with the sudden discovery of her adoption, which meant having to accept being different from her family as well. Turquoise noted she was “different” disclosing, “I guess I stand out.” Turquoise summarized a common feeling among the participants:

I meet my own standards…I don’t like the idea of that [meeting other people’s standards] because like let’s say you’re not really what their standards are—then you have to get out of your comfort zone to be what they are.

**Bravery.** The participants attributed their voices of independence to self-taught or family-taught courage. For instance, Turquoise described bravery as necessary for independence: “Well, I mean like my definition of brave is like not being afraid of what’s coming at you.” Fuchsia faced personal obstacles stating, “I don’t let anybody push me over.” Although she liked “to know” and “feel for sure” and “she likes to ask questions” she also experienced retreating into her shell when she discovered she was adopted: “I didn’t want to go swimming no more, I just didn’t want to do anything.” However, she relinquished the feeling and followed her mother words: “So, you just got to be strong about it.” She posited:

Like well my mom always taught me like you have to be a woman of your world. You can’t just let anybody do you over and…You just be weak. You have to be strong about it. Especially like she always used to talk to me about like relationships or when she first told me that I was adopted. (Fuchsia)

Similar to the other participants, Fuchsia stated her strength came from life lessons, relationships, and education, and she claimed it also came from knowing “how to love from within.” Despite this, she was unable to self-advocate once her adoption was
revealed: “I asked my mom but I don’t think they could get in touch. Well, I don’t know if they could.”

Purple expressed: “I’m a big fish in a little pond” and bravely moving onward was also the message of her final interview. For instance, when I offered her a research certificate of completion, she said she probably would throw it away and pointed out that she did not need to bring too many things to college. Purple declared she was not the “dumb blond” via proof of her college acceptance and scholarship. She refuted those people, “who doubted me,” similarly to Turquoise who stated: “Haters are my motivators.” Purple asserted her independence stating, “to those who said I won’t move on to new bigger things, the statement I reply with is screw you. I’m chasing my dreams.” For all participants, the voice of courage to meet obstacles appeared necessary.

**Paradoxes.** Adopted late, Purple, the only participant who was on her own since early childhood, recounted stories about her biological parents. The paradoxes noticeable in all the participants, were most evident in Purple’s disclosures. Although her mother lost her parental rights long ago, and she chose not to speak to her mother for 6 months, she envisioned taking care of her in 5 years when she would no longer be incarcerated.

**Self-Love or How I Accept Myself**

**Inner beauty and self-confidence.** The theme of self-love or acceptance was evident during the interventions with each of the participants. For instance, Orange related how feeling beautiful was connected to developing self-confidence: “You gotta get your self-confidence up.” “But when you know that you’re really beautiful, then everything—then that’s all that really matters.” She argued, “I think having confidence gives you more opportunities in life.” The same voice that valued this self-worth was
apparent when she shared that after her friend died, staying at home depressed would not
be healthy: “I just got to keep living my life, just can’t be just sitting in the house all sad
all the time, like, so.”

**Loving yourself.** Throughout the study, the transparency or open book quality of
self-acceptance was strongly expressed especially when three of the participants
disclosed remaining confident after being bullied or bothered by peers at school.
Defining herself as a “tom-boy,” Turquoise remarked adolescence is about “finding
yourself,” and admitted, “I’m not perfect, I have flaws.” Fuchsia clarified: “I said you
have to learn how to love yourself first.” She acknowledged if she did not practice self-
love, loving another would be shallow or would equate to “lust.” Fuchsia’s revelation: “I
don’t have a lot of stuff that significant” contrasted with previous statements about self-
worth or abilities. Yet, when Fuchsia spoke in the third person—in the voice of the
observer about her mask and what it communicated, she readily disclosed: “They know
she loves herself, she loves her family—she told us how she loves herself and what she
has to do to love other people and she’s strong and educated.” According to Fuchia,
asking questions and deciphering who she is, meant self-love and acceptance. Statements
on self-Love or How I Accept Myself included the following: “I felt satisfied finishing
the mask,” “I don’t have a lot of stuff that significant,” “You should always be yourself,”
“You gotta get your self-confidence up,” “I’m an open book,” “I said you have to learn
how to love yourself first.”

**Accomplishments.** For Purple, the feeling of accomplishing tasks correlated with
self-acceptance: “I felt satisfied, finishing the mask.” Getting things done and moving
forward with goals were important. She admitted she was, “chasing my own dreams.”
She was accepted to college, passed her driver’s license, aged out of her APSS program, and completed the PPSA research among other things. Yet, Purple remembered several times that she was once the small, isolated child “rocking in the corner holding my teddy.”

**Survival**

“I’m trying not to trust people,” “I was stuck,” “I got to keep living my life,” “I’m a sailboat that has to sail and never break down and never once fail,” “You don’t have to be stuck on the foster care stuff,” “I’ve, uhm, been through it,” “I wanted to like quit,” “It’s really important to me—strength.” These were all statements reflecting survival.

**Trust.** Trust and its connection to survival were expressed by Orange when she disclosed that she decided not to readily trust people. She disclosed physical trauma caused by her birth mother informed her survival methods:

I don’t know if it has to do with my birth mom, but kinda feels like it does like feel like everything is like building up since from I was little cuz I kept it in and now that I can like –talk now and have my own mind I just feel like I have so much hatred toward her—like its so bad, uhhh.

The theme of independence connected to the point of view about survival when she further disclosed how she protected herself and prevented being harmed by people:

When I was little I always used to—always trust people like no matter what like, but then I started like they would end up hurting me in the end, so like now when I meet people they have to earn my trust. They don’t just get it no matter what. They have to like work their way up because I’m trying not to trust people. I just like now—I’m getting older. I’m just like uhhh, nah—I don’t trust you.

**Strength.** Independence and strength were connected entities for Turquoise. She expressed following her own standards despite peer pressure and how she opposed popular beliefs that she needed to be feminine. For Turquoise, strength was also connected to survival, which meant inner conviction, athletic strength, and family
support. Her life lessons about strength were similar to Fuchsia’s lessons about learning self-love. Strength meant feeling “for sure” which meant navigating “the comfort I can have with myself” (Fuchsia, personal conversation, December, 2014).

**Being stuck.** Both Fuchsia and Purple used the word “stuck” when they described the loss associated with being a foster child. Fuchsia described the late revelation of her adoption status made her feel “stuck” and helpless, and she sought support from her adoptive mother, deciding to heed her advice to accept the information. Purple recounted the “block wall” of foster care and adoption but she also announced her survivor’s credo: “You don’t have to be stuck on the foster care stuff.”

**Personal Public Service Announcement (PPSA) Analysis**

As described in the methods section, the aforementioned embedded PPSA data served analysis. Each participant’s name follows an in-vivo statement from her PPSA narrative that epitomizes its message. Following the in-vivo statement is the narrative I interpreted from analysis with the audio-visual data. This section begins with my in-vivo remark from the PPSA (embedded as data previously) that I created during inquiry.

- **Green:** “I no longer want that role. I define myself.”
  
  The doubled voice: I had to prove myself due to my inherited identity and to protect myself but I am aware no one can demand that of me anyway. I am free.

- **Orange:** “I’m starting to. I don’t’ know. That’s all I have.”
  
  The doubled voice: I do not want to risk being further traumatized. I’m in the process of learning self-love that will allow me to trust people, but I’m still struggling with expression, because this physical and emotional adjustment and my childhood abuse are life-altering. This is all I have right now.
• Turquoise: “I know some days, it’s easier to just give up…It’s all about finding yourself… I meet my own standards.”

The doubled voice: I’ve been hurt by others. I’m in the process of self-identifying as a way to love myself and I acknowledge the struggle that it means for me, but I’m clear about who I want to be right now. I’m just trying to get there.

• Fuchsia: “In school, I ask questions because I want to be sure. I want to know. I want to know what’s supposed to be done. Then, I feel for sure.”

The doubled voice: I’m experiencing this process of self-identity and self-love by practicing what I believe is the way to success, which is education and loving my family. I feel insecure without guidance and without knowing what to do, so I look for answers to my questions. I live with some uncertainty.

• Purple: “It’s all a combination of sibling love, potion, and bunches of fun. I am a sailboat that has to sail and never break down and never once fail.”

The doubled voice: [not member-checked] “I’ve seen and experienced much trauma and I will prove to everyone I can succeed but I’m still an 18-year-old who wants to have fun and be connected to family. There’s much to prove on my own and I’m in the process of claiming by independence so I can survive.”

Summary

Although life stories varied, prevalent themes were evident in the data. Five themes reviewed in the final chapter, envelop many levels of the participants’ voices. Ultimately, we enter the realm of self-identity and narrative analysis with the understanding that the exploration occurs with our own historical lens and subjectivity.
The following chapter discusses lessons learned in reference to the literature review and the purpose of this inquiry.
Chapter 5
Discussion

The purpose of this inquiry was to explore the narratives of adopted adolescent females during and after narradrama exercises and doing the Personal Public Service Announcement (PPSA), which invited them to voice expertise on their lived experiences as youth who have been in foster care. It offered them opportunity to redefine themselves. The following answers the questions of this research about participant exploration, their needs and includes: (a) lessons learned, (b) implications, (c) recommendations, and (d) limitations. The chapter ends with a reflective conclusion.

Locating the Self in Research

Three years ago when I already began the dissertation journey, I received the gift of an autobiographical life-story journal from my mother entitled, Dear Daughter: A Book of Love, Hope, and Wisdom to Last a Lifetime. It was hand written in French. In it, I read that when she was a little girl, my mother often imagined her parents would find and rescue her. Despite never being found or adopted, in the journal she wrote, “everyone in the world can be loved” (Savage, personal communication, December 25, 2012). I’ve learned through the review of literature and the data that resiliency and hope can exist in some foster children despite adversity and lack of parental love. My mother’s search ideations—put into action, helped her to cope with loss. Similar to my mother, her sisters, and countless others who had to find their way through, “knowing how to survive by myself [alone]” (Savage, personal communication, December 25, 2012), the adopted young women in this study tapped into courage to live and tell story. The outcomes for these participants differed from other foster children because they were
adopted into families. Most recently, I read a journal entry my mother wrote on the challenges of being without “maternal love” and how it was being a “teenager” in her circumstances. She wrote her wish at the time was, “that one day, I would be free to do, to say, to express my ideas, my heart—to share with other people, if I could for the rest of my life” (Savage, personal communication, December 25, 2012). The need to freely express oneself is timeless and universal, and this inquiry provided opportunity for me and especially for adopted young women to express their needs with narradrama and the PPSA, while developing insight about their past and present circumstances.

**Lessons Learned**

After following the Listening Guide method of analysis (Gilligan et al., 2003), I listened to the multiplicity of narratives in Chapter 4, determining the following emergent themes pertaining to the research questions:

1. Self-expression and creativity.
2. Self-identity or who I am and how I like to identify myself.
3. Adolescent independence or how I want to live my life.
4. Self-love or how I accept myself.
5. Survival that contends with being stuck or what I do with loss.

From these themes, I determined two central lessons from the study: (a) narradrama and the PPSA prompted safe creative self-expression for these adopted young women from foster care, and (b) the participants from this study were able to process developmental self-identity challenges incurred from their adoptive histories with this non-traditional method.
Practical Applications

Narradrama and the PPSA prompted safe, creative self-expression. The four participants in this study were able to design and complete a digitized self-portrait that symbolized and actualized how they wanted to be seen. Additionally, they volunteered to discover the process of creative self-expression with a computer application never before used by them, and they completed the research. In studies using visual media with adolescents, several researchers (Bach, 2007; Halverson, 2010; Hull & Katz, 2006; Orr, 2005) posited how readily available youth were to visual storytelling due to cultural interests, with Heath (2000) and Prensky (2001) positing neurological brain function in youth caters to novel forms of visual narrative expression.

Using an i-Pad to animate self-masks was appealing for all of the participants and familiar to three of them. Making a mask required a tactile process of putting together materials to represent a preferred self-image. Photographing the mask with the i-Pad captured the essence of another form of narrative or point of view, inviting the participant to then manipulate the image with the application program. Animating it with movement and sound allowed the participant to act as puppet master to the self-image, bringing the image of one’s self to life and telling preferred stories. As closure, during the Witnessing Session, the mask was placed in a large gift box to offer as transitional object to the participant (Winnicott, 1971).

Safe disclosure and expression may have been influenced by the therapeutic relationship, which began with my initial disclosure that we were processing our discoveries together. I verbally encouraged freedom of expression. Sessions taking place in familiar home environments with a nurturing, consistent therapist using a dyadic, non-
hierarchal, experiential intervention may have encouraged relationship. Added trust was established from my application of the mask on the participant’s face. Participants disclosed the sequentially planned research method using externalizing methods of age-appropriate play, allowed them to easily and safely tell their stories. This contrasted with any form of therapy they previously received.

The audio-visual animation application, Morfo provided safe distance to interact and play with creative tools to develop narratives, while it buffered revealing difficult personal truths. Additional opportunities for discovery, processing, and disclosure existed throughout the intervention via traditional narrative tools such as the Matryoshka stack dolls, colorful fabric, story completions, and the restorative hand decoration exercise, which were evident and useful in Novy’s (2003) narrative drama therapy intervention with two early-adolescent males. Novy’s participants were able to self-regulate behavior and gain perspective about emotions after using modeling clay, art materials, and fabric before scripting a mythic story they acted on video. Similarly, a participant in this study disclosed the process of making the mask and subsequent PPSA allowed her to go “inside” and come out with words.

Themes on the importance of self-expression were also evident in a previous pilot study I did titled “Using the Self-Commercial with Adolescents in an Adoption Support Services Program: A Narrative Study” (Savage, Lesley University pilot study, 2013). It explored narradrama techniques and self-identity with five male participants (ages 13-16) via a 7-day group intervention at an adoption promotion, support services site. Although they were not able to do hands-on video creations editing their commercials like the participants in this study, acting and filming resulted in analysis of emergent themes of
fun, freedom of choice, self-identity, communion, along with prevalent themes such as compassion, pride, and artistic expression. The self-commercial process was appealing to four out of five of the sample, allowing them free-reign to pitch a soft-sell narrative about themselves via metaphors about their positive attributes.

In both studies, freedom of choice encouraged expression, which meant a more open state of disclosure and deeper processing of self-identity especially after completing the creative product whether it was the autobiographical life story or the PPSA. This approach resulted in positive affect, which Beaver (2008) noted would lead to more self-expression. I believe this was necessary in both studies, even if freedom of choice meant provocative behavior from some participants such as one young man in the pilot study, who chose to be silent in his interview and not publically screen his creative work. His preferred identity was technical expert for the screening event. In this study, one participant opted to complete the PPSA inquiry and then end her relationship to the project as she created a new life and new self-definition as college student.

Participants processed developmental self-identification challenges. De Mello (2007) stated that something constructed, informs, which was the impetus for the arts-based method of intervention resulting in the PPSA. Making the PPSA not only meant creative self-expression, but also indicated that the developmental challenges incurred from adoptive histories were processed. For example, stepping away from the conflict of parents, siblings, school, mourning, and the travails of adolescence during the intervention, enabled focus on the participant’s construction of a creative product based entirely on her expressive input and therefore, self-representation occurred. During and after making the PPSA, issues about self-identity such as childhood abuse, shame, self-
acceptance, independence, peer pressure, and personal loss, were readily shared by the participants indicating a need for personal disclosure from this sample via action based, age-appropriate interventions.

During the creative processes of the intervention, participants disclosed feeling “different” from peers for instance—a topic addressed in the literature about adopted youth (Ryan & Nalavany, 2003). Additionally, participants associated this feeling with the need to be “strong,” which also connected to discussion in the literature about resiliency for some youth from foster care. Researchers posited resiliency was due to factors such as early adoption, secure attachment, or spiritual or ethno-cultural support (Edmond et al., 2006; Lynch, 2011). In the literature, the narrative of being strong against adversity was especially true for young women who are African American, but in this study it was universal and an important topic for the sample of young women.

Although the PPSA was limited to 30 seconds, participants were able to experience the as if of acting and creating a character, which generated “a sense of competency and agency” (Dunne, 2009, p. 176). One participant wanted more than the set 30-seconds, while others preferred being succinct with the time limit. They acted as short-term “directors” of their projects by wearing and exploring their masks, photographing them, and then animating them with words and design—an agentive process. Individual input in the processes of the PPSA and the output of the acted out product created agency and positive affect (PA) that was built upon during each session, furthering expression about personal feelings. Bach (2007) pointed out that agency in the photojournalism intervention she offered adolescent girls was at the crux of meaning making and self-identification. Dunne (2009) argued “the ability to participate in pretend
or transcendent activities helps participants to open doors and move away from problem-saturated descriptions” (p. 176). Similarly, Kipper, Davelaar, and Herst (2009) posited that spontaneity promoted creativity, and role-playing introduced perspective. Irwin (1977) and Heath (2000) expressed the benefits of learning about self-identity via an embodied, enacted method of perceiving. During the intervention, the participants were able to improvise and create narrative on their feet as well as act out scripts, thereby identifying themes that were relevant to them, which contributed to an agentive stance that Beaver (2008) theorized created self-esteem and positive affect (PA).

The PPSA exercise afforded anonymity and gave participants permission to create roles as preferred selves with animated masks that went deep into self-revelation, speaking private thoughts. It readily offered access into intrinsic areas of self-identification and self-preservation in this way, and the activities such as the animation application, provided opportunities for humor and fun, which was appealing to these youth. Because of this type of creative access, Halverson (2010) noted the importance of the new media spaces which adolescent development theorists emphasize are where youth can actively work with their life stories in artistic storytelling processes (p. 2356). Creative self-expression or the participant’s desire for it in this study meant they were also motivated or perhaps prepared to make and share self-discovery about identity within the parameters of the narradrama intervention. Smith et al. (2000) noted the importance of developing these creative interventions as opportunities for adolescent identity formation and trauma healing.

Self-expression and self-identification were guided by the credo of strength by the participants, and the data furthered understanding for the reader about what participants
felt and needed for self-identification. For instance, after her schoolmate’s death, Orange astutely realized, “I got to keep living my life.” The last analyses of the PPSAs—abbreviated 30-second narratives, succinctly reiterate the emotional, physical, and temporal place of the adopted person in this study and the continued need to “process” story in her life.

**Implications**

Expressive arts-based research on the needs of adopted females from foster care on a national level would benefit the large percentage of older youth who await adoption, or who may have difficult transitions into adoptive families when they are permanently placed. The implications of using narradrama and the PPSA exercise point to a useful, fun, expressive, externalizing method of opening conversation between adopted young women and their family members or therapists in order to process specific adoption issues that occur during adolescent identity formation. For example, conversation between adoptive family members was researched as sound intervention in the literature (Ryan & Nalavany, 2003; Wrobel et al., 2003). Thus, the PPSA can function as a conduit to family conversation intervention as it did during the actual witnessing session. More research is needed to determine if ongoing drama therapy interventions using the PPSA can aid adoption adjustment or dual issues of adolescence and trauma over the short or long term. In addition further research on the benefits and contraindications of this intervention are warranted. For example, masks can afford anonymity to individuals who have been sexualized or traumatized but choose to develop public narrative. In this way, mask and digital interventions can address sensitive topics and public witnessing (Trepal-Wollenzien & Westen, 2002).
This exercise encouraged expedient relational intervention with youth under the time constraint of 6 weeks, which could be adjusted to a longer time span for more in-depth therapy—a recommendation by a parent at the Witnessing Session. A longitudinal study using the PPSA exercise may benefit study on the developmental challenges and adjustments of a larger sample of adopted females exploring their processes from pre-adolescence to adulthood. This would personalize the adopted young woman’s journey and enable understanding lived stories that contrast or complement statistical data.

The PPSA can also serve as a tool of awareness or assessment on the topics that most interest adopted adolescents or other populations, whose specific needs in schools, institutions, and the media are not always understood and whose welfare are often not met. The implications of these findings for the expressive therapy field, drama therapy literature, or any forum that welcomes information about creative expression and self-identification challenges for adopted females warrant further exploration.

**Recommendations**

The performance aspect of visual digital media combined with mask work and the co-construction of meaning that grounds narradrama, rely on guided reflection and support. For instance, an adapted “reflective team” (Dunne, 2006, p. 297) of supporters was used to mirror process for the participants and safely contained them in the forum meant to create discussion and closure for everyone. White (1995) believed witnessed reflection in narrative interventions provided a ceremony important to positive identity formation and a tangible way to strategize against being marginalized.

Glaveanu (2011) connected the sense of security that comes from being witnessed to a developmental capability of sharing the potential or transitional space of creativity.
Therefore, the lack of a trusting relationship between caretaker and infant, a common deprivation among later adopted foster youth or insecurely attached adopted children, can prompt the absence of trust and feeling of safety in a group setting or a dyad. Providing this witnessed forum for adopted, marginalized adolescents is a recommended aspect of intervention that considers developmental challenges. It can serve both as assessment instrument and healing tool, although it may result in youth not taking “the risk of exposing ideas or engaging with the ideas of others” (p. 485) in the representational space as it may have for part of the sample in this study.

**Limitations**

**Many voices.** As “interpretive bricoleur” (Denzin & Lincoln, 2008, p. 8), I understood that research is an “interactive process shaped by his or her own personal history, biography, gender, social class, race and ethnicity, and by those of the people in the setting” (p. 8). This research embraced the concept that experiences and the way we tell them are unique and fluid (Dewey, 1935), therefore influencing narrative interpretation was inevitable. The deconstruction and reconstruction of story naturally occurred in the narrative inquiry and narrative re-storying task of this study, because people receive, interpret, and reconfigure narratives regularly. For example, objective reality was impossible to render in storytelling and re-telling due to the interaction with an ever-changing environment and the continuum of experience (Clandinin & Connelly, 2000). Therefore, this study is not generalizable for all adopted young women from foster care and my stance has been to maintain transparency.

**Technical applications.** A limitation of the inquiry process for future repetition may be a researcher must familiarize himself or herself with digital application tools on a
computer or tablet, such as the i-Pad. Furthermore, the mask or face paint implementation requires investing in the materials and practicing application of the materials before intervention to ensure comfort for the participant. The researcher needs to be comfortable, as well as the participant with the intimacy of the process and requires being able to assess if trauma or discomfort is being triggered. Therefore, a research assistant is helpful for objectivity.

**Relationships.** I briefly met three of the participants at the APSS program site where I facilitated the pilot before research. Therefore, I was familiar with their program facilitators, which could have influenced the relationship I had with them by contributing to perceived support via the introduction to me. However, once we began research there was little contact with the APSS site and the participants were not attending the program. The exception to this was the witnessing session when social workers from APSS were invited. In addition, the brother of a participant took part in the pilot study, which may have influenced her interest in the study, although it was different in approach and I did not know her or anyone previously.

**Previous therapeutic influence.** Another limitation may have been that the participants were more psychologically and emotionally able to participate due to the support services they received prior to the intervention, although one of the participants did not attend the APSS program and was readily available to the process.

**Triangulation.** The research assistant was not able to attend all 24 sessions, which limited triangulation of some field notes and peer reviewing. She attended 10 sessions in order to meet and document each of the four participants and took extensive field notes, providing peer review as the listening community. In addition, one
participant opted not to respond to member checking requests or the invitation to attend
the reflective witnessing session after the final interview and PPSA completion, which
brings to light the possibility of limited trust and capability of sharing the potential or
transitional space (Glaveanu, 2011). As a result, corroboration between all narrative
sources (triangulation) necessary for making thick description and analysis was limited.

**Conclusion**

In closing, I share that during this storied journey, I discovered a disproportion of
race, gender, and class inequities existed for sexually victimized, racialized, and
institutionalized female adolescents in child welfare services in the United States.
Therefore, I wanted to be mindful of normalizing the conditions of marginalized, adopted
females in this paper. During the search and review for relevant literature, I noted the
essentialism of adopted young women from foster care or the reduction of their
experiences into one lump category as “special needs.” As I collected peer reviewed
literature and culled data, I observed research challenges in adoption studies that often
“attribute differences to fixed innate qualities” (Kohler, Grotevant, & McRoy, 2002, p.
101) based on gender differences of marginalized individuals dependent on systemic
care. I was also aware of some social science literature that used descriptive *othering* by
referring to all adopted persons with special needs as “adoptees” thereby categorizing
them and disregarding the adopted person’s individuality. Via post-modern approaches
of narradrama and an underpinning critical race feminist point of view, this study sought
to be aware of how the individual wants to describe herself. Even in the context of
analysis, the participant’s pseudonym (inclusive of myself) is her favorite color.
Finally, I am grateful for the collaborative spirit of the participants and their parents who welcomed me into their homes. I am especially appreciative of how they explored drama therapy and expressed themselves with the best intentions. I end this narrative, inspired that I was privileged to witness the fluidity of identity in these young women that they alone can define in ever changing self-concepts that are socially constructed.
APPENDIX A

Informed Consent Forms and Permissions
You are invited to consent to have your child participate in the research project titled: Making the Personal Public Service Announcement (PPSA) with Adopted Young Women from Foster Care: A Narrative Inquiry. This is a narrative, arts-based doctoral inquiry. The intent of this research study is to explore the adolescent/participant’s personal stories of self-identity during and after the narradrama/PPSA exercise. How do adopted adolescent girls who have a history of being in foster care experience creating the personal public service announcement (PPSA) and how does what they experience making the PPSA contribute to their self-identification and contribute to our understanding of what they need?

The study is collaborative in nature between researcher and participant. During this intervention, the researcher who uses drama therapy such as narradrama, will intervene as a researcher on an academic level and not as a hired therapist for ongoing individual treatment.

Your child’s participation will entail meeting for six 60-90-minute individual drama therapy sessions (narradrama) at your home or another available site you prefer once or twice a week for six sessions, in order to participate in improvisation, mask-making, drama therapy exercises, computer application artwork on an i-Pad, creative monologue writing, and mask work exploration. The creation of a PPSA offers participants the opportunity to storyboard, write, act, direct, edit, and screen their mock Public Service Announcement (PSA) featuring them and will perhaps provide them with a way to be experts in the creation of their own narratives.

Your child will use an I-Pad that I will provide during the sessions and computer applications in order to create the self-portrait of a mask that will represent how they want to be seen. The mask will be animated with motion and her voice via the Morfo application on the I-Pad and perhaps using other applications. The actual mask form will be made by the participant from her physical facial image and designed the way she wants and according to her comfort level. If the participant desires, the monologues for every mask that each participant in this research makes may be tried out or shared for the experience of role reversal and in order to experience acting out different personal stories with acting. The end result maybe a re-mix of voices with masks.

Your child will have the choice about how to collaborate on the project. The sessions will be confidential within the norms of the site, which will take place in your home or any other site we can arrange, and at times the sessions will be audio-recorded for data collecting purposes. After the private at home screening of the PPSAs during the last
session, the researcher will interview each child one-on-one to discuss the experience of making the PPSA. A viewing will be provided for the parents and the researcher will request a short interview via phone or in person with them about that experience if the parent agrees. Additionally, if your child agrees, she has the opportunity to have a private viewing of her PPSA on screen in a gallery/public viewing forum with supportive and guided feedback from an invited audience of family and peers. The mask work makes the result anonymous. The sessions will be documented by a research assistant, a Master’s level, drama therapy practitioner, who will offer support on site. The assistant, as well as the researcher have had Live-Scan approval and TB testing in advance of the research.

Your child will also have the opportunity to self-interview by making a private recording of an autobiographical story in any narrative style she wants. The researcher will transcribe the creative autobiographical story as data. In addition, she has the opportunity to co-analyze data on the narrative feedback from the invited screening event with the researcher, which may prove educational and affirming of a new ability as participant-researcher. Participants will receive a copy of their PPSA on DVD, a certificate of completion, and monetary gift card.

In addition:
—Your child will be asked to verbally provide assent to participate once you consent and provide written assent to participate in research. Former knowledge about Drama Therapy or narradrama is not necessary.

—You are free to choose not to participate in the research and to discontinue your participation in the research at any time without consequence of any benefits to which you are otherwise entitled.

—Identifying details will be kept confidential by the researcher. Data collected will be coded with a pseudonym. Per your request, the participant’s identity will never be revealed by the researcher. Only the researcher will have access to the data collected.

—The researcher will keep your records private and confidential to the extent allowed by law. If the subject should reveal something which Federal or State laws require the researcher to report, the researcher is obliged to do so.

—Any and all of your questions will be answered at any time and you are free to consult with anyone (i.e., friend, family) about your decision to participate in the research and/or to discontinue your participation.

—Participation in this research poses minimal risk to the participants. The probability and magnitude of harm or discomfort anticipated in the research are no greater in and of themselves than those ordinarily encountered in daily life and within the norms of an educational expressive art or drama therapy inquiry.
If any problem in connection to the research arises, you can contact the researcher Myriam D. Savage (Mimi), Doctoral Candidate, RDT at [personal contact information removed prior to dissertation publication]
Or Lesley University IRB Representative (committee chairperson), Dr. Robyn Flaum Cruz at [contact information removed prior to dissertation publication]
Or Dr. Nisha Sajnani at nsajnani@lesley.edu who is the Sponsoring Advising Faculty for this dissertation study

The researcher may present the outcomes of this study for academic purposes (i.e., articles, teaching, conference presentations, supervision etc.).

Please sign below to consent to your child’s participation only after all your questions are answered and you are in agreement with the research process for your child.

My agreement to consent that __________________________ participate has been given of my own free will and I understand all of the stated above. In addition, I will receive a copy of this consent form.

________________________________  ______  ________________________________
Parent/Guardian Signature                   Date                  Print Name

________________________________  ______  ________________________________
PhD Candidate/Researcher’s Signature         Date                  Print Name

I also agree to consent to an interview on the experience of viewing the PPSA as the parent of _______________________________  ________________________________

________________________________  ______  ________________________________
Parent/Guardian Signature                   Date                  Print Name

Please Note: There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research may and should be reported if they arise. If necessary contact the committee chairperson listed above.
Doctoral Research Informed Minor Assent Document

Project Title: Making the Personal Public Service Announcement (PPSA) with Adopted Young Women from Foster Care: A Narrative Inquiry

I am doing a research study about teen girls’ stories of self-identity. You are invited to do creative drama exercises with me and make a digital, animated self-portrait mask on the i-pad, which I call the Personal Public Service Announcement (PPSA). You are invited to use the i-pad application I will bring so you can have the mask speak a monologue you write and act on the PPSA video. This will be your creation on digital video and will feature you as an expert about your feelings and opinions on who you are in the world.

A research study is a way to learn more about people. My main question is how do adopted girls who have been in foster care experience making the PPSA and how does what they experience (by making the PPSA) contribute to the way they want to be seen? Can this help us (parents, social services, therapists, teachers, friends, the government, society, etc.) understand what you and other girls who were adopted from foster care need before, during, and after adoption?

If you decide that you want to be part of this study, you will be asked to meet with me six times and do some drawings, answer a few questions about yourself if you want, watch some examples of public service announcements that I will bring, do some acting improvisation, and make a plaster mask or make a mask another way you prefer and decorate it. I will help you write a monologue and you will learn to use the I-pad’s animation application to make the photo of the mask speak. We can meet twice a week or more so it does not interfere too much with your time. We can meet any time it is convenient for you and your family in your home in a quiet and private space. Each session will take 1 hour or 1 hour and 15 minutes and we will have a female research assistant in the room with us to help us. She will take notes, so I can remember our sessions.

There are some things about this study you should know: The plaster mask requires putting Vaseline on your face and strips of plaster until it hardens which is quick but if you are uncomfortable you can make a mask with a ready made form or with make-up instead. Your face will not be seen on the video unless you want it to. I will also ask you to record yourself telling a story about your life any way you want to on your own time and hand it to me before our last session. During our last session when we will watch the PPSA you made, I will record our conversation and it will be used for research data along with other girls who are participating like you.

We can also have an invited audience of friends and family view your Personal Public Service Announcement (PPSA) if you want, so you can get positive feedback and have people see what you made and discuss what they feel. You can speak if you want also. You can help me figure out the themes that will come up from those people who share about your project as part of the research data if you like.
Not everyone who takes part in this study will **benefit**. A benefit means that something good happens to you. I think this project might benefit and be helpful to you and other girls who have been adopted who need to express their feelings in a fun way and it may help therapists and social workers and people who make decisions about foster care and adoption to understand what girls want and feel and who you really are. It may be educational for you and help you feel creative and learn about research and acting with masks too.

**You will get a certificate of completion, a gift card, the copy of the DVD and an opportunity to present your work as a digital performance.**

When I am finished with this study I will write a report about what was learned. This report will not include your name or that you were in the study. Everything is confidential and private and kept by me the researcher only. While I work on the report, I will show you what I write from our taped conversation so you can make sure it is what you say.

**You do not have to be in this study if you do not want to be.** If you decide to stop after we begin, that’s okay too. You can choose your involvement during the project. Your parents know about the study too.

**If you decide you want to be in this study and understand this agreement** to be involved as a participant, please sign your name. I will also sign the agreement that I will do my best to make sure you are comfortable.

I, _________________________________, want to be in this research study.

___________________________________
(Sign your name here) (Date)

___________________________________ ___________________________
PhD Candidate/Researcher’s Printed Name Signature & Date

**In addition:** If any problem in connection to the research arises, you and your parents can contact the researcher: Myriam D. Savage (Mimi), Doctoral Candidate, RDT at [personal contact information removed prior to dissertation publication]
Or Lesley University IRB Representative (committee chairperson), Dr. Robyn Flaum Cruz at [contact information removed prior to dissertation publication]
Or Dr. Nisha Sajnani at nsajnani@lesley.edu who is the Sponsoring Advising Faculty for this dissertation study

**Please Note:** There is a Standing Committee for Human Subjects in research at Lesley University to which complaints or problems concerning any research may and should be reported if they arise. If necessary contact the committee chairperson listed above.
Parent Consent to Use and/or Display Art, Video, Photography, and Creative Writing

CONSENT BETWEEN: Myriam D. Savage and ______________________________.

Expressive Arts Therapy Doctoral Student Artist/Participant’s name and Parent/Guardian

I, _____________________________________________, agree to allow Myriam D. Savage
Expressive Arts Therapy Doctoral Student to use and/or display and/or photograph my child’s artwork listed above, for the following purpose(s):

☐ Reproduction and/or inclusion within the research currently being completed by the expressive arts therapy doctoral student.

☐ Reproduction and/or presentation at a professional conference or agreed upon invited public viewing.

☐ Reproduction, presentation, and/or inclusion within academic assignments including but not limited to a doctoral work, currently being completed by the expressive arts therapy doctoral student.

It is my understanding that neither my child’s name, nor any identifying information will be revealed in any presentation or display of my child’s artwork, unless waived below.

☐ I DO wish my child to remain anonymous.

☐ I DO NOT wish my child to remain anonymous.

If I choose my child to maintain anonymity on video or in a photograph, I also have the option of obscuring his/her facial image via choices in the filming or editing process of the product allowing me and the child to have final approval of the manipulated, facial image results.

___I want to obscure my child’s facial image in order to remain anonymous.

___I do not want to obscure the facial image but choose to keep private names and other identifying information.

This consent to use or display my child’s artwork may be revoked by me or by my child at any time. I also understand that I will receive a copy of this consent form for my personal records and my child and I will receive a DVD of the self-commercial video created.

Signed _____________________________________________ Date __________________
Artist/Participant’s name and Parent/ Guardian signature
I, Myriam D. Savage, agree to the following conditions in connection with the use of artwork:
Expressive Arts Therapy Doctoral Student

I agree to keep your artwork safe, whether an original or reproduction, to the best of my ability and to notify you immediately of any loss or damage while your art is in my possession. I agree to return your artwork immediately if you decide to withdraw your consent at any time. I agree to safeguard your confidentiality.

Signed _______________________________ Date __________________
Expressive Arts Therapy Doctoral Student

Myriam D. Savage  MA, RDT, Doctoral Student
[personal contact information removed prior to dissertation publication]
Robyn Flaum Cruz, PhD, ADTR, Associate Prof., Expressive Therapies IRB
Representative
Participant Assent and Consent

Name

I, _____________________________________________, agree to allow Myriam D. Savage
Artist/participant's name
Expressive Arts Therapy Doctoral Student
to use and/or display and/or photograph my artwork listed above, for the following purpose(s):

☐ Reproduction and/or inclusion within the research currently being completed by the expressive arts therapy doctoral student.

☐ Reproduction and/or presentation at a professional conference.

☐ Reproduction, presentation, and/or inclusion within academic assignments including but not limited to a doctoral work, currently being completed by the expressive arts therapy doctoral student.

It is my understanding that neither my name, nor any identifying information will be revealed in any presentation or display of my artwork, unless waived below.

☐ I DO ☐ I DO NOT wish to remain anonymous.

If I choose to maintain anonymity of my image on video or in a photograph, I also have the option of obscuring my facial image via choices in the filming or editing process of the product allowing me to have final approval of the manipulated, facial image results.

__I want to obscure my facial image in order to remain anonymous.

__I do not want to obscure my facial image but choose to keep private my name and other identifying information.

This consent to use or display my artwork may be revoked by me at any time. I also understand I’ll receive a copy of this consent form for my personal records and I will receive a DVD of the self-commercial video I create.

Signed_________________________________________ Date________________
Artist/participant’s name and Parent/ Guardian signature
APPENDIX B

Narrative Art-based Questionnaires for Demographics
1. CREATIVE SHIELD/BADGE ART AND STORY-BASED QUESTIONNAIRE FOR DEMOGRAPHIC PURPOSES (Cattanach, 1994, p. 82-3)

Instructions and Questions:
Draw the answers on each of the six sections of the shield/coat of arms picture and when it is done it will tell part of your story. We (you and I) will discuss the answers afterward. Draw or write the first thing that comes to mind and use as many colors as you would like. Each question corresponds to one square section. Please number your boxes per question. We will discuss with confidentiality.

1st section: What is the best thing that has ever happened to you?

2nd section: What is the best thing that has happened to your family—any family you’ve been a part of?

3rd section: What is the worse thing that has happened to you?

4th section: What do you want most from other people, not your family, but people your own age? (for instance: love, friendship, money, toys, help, fun, boyfriend, girlfriend?)

5th section: If you only had a year to live and all the money you want, what would you do for that year?

6th section: Now it’s your funeral and people are there and they are remembering you; what three things would you like people to say about you? They don’t have to be true.

2. STORY SENTENCE COMPLETION (Format of foldable booklet provided)

“My Story”

The Story of (name) ________________

Things I want to strive for: ________________

Things I can do to feel better about myself: ________________

Things I am proud of: ________________

Things I am ashamed of: ________________

I would describe myself as: ________________
3. QUESTIONNAIRE:

Please respond to the best of your ability and note that you have the option to leave answers blank if you choose.

1. How many placements in foster care have you had?
2. What age were you when you were adopted?
3. Do you have contact with birth parents?
4. Do you have birth siblings? How many? Are you living with them?
5. What is you ethnic heritage?
6. Do you have one or two adoptive parents?
7. Do you have siblings in your home?
8. How old are you?
9. What grade are you in?
10. Are you taking any prescribed medications?
APPENDIX C

Screening and Reflective Witnessing Session Guide
Helpful Tips for Reflecting Team
(excerpts cited from Dunne, 2006, p. 110)

1. Talk about your own perceptions in statements that begin with “I.” (i.e. I wonder…I’m interested…I’m curious about…) Describe images that were evoked by the participant in tentative ways such as “as if” “maybe,” or “possibly.”

2. Be careful not to give advice. Even if you say “I wonder if Ann has thought about doing this?” —you are implying that you think that Ann should do this.

3. Respond to each others’ comments rather than aiming comments just at the participant. Ask questions to generate conversation.

4. If team members go off track with long narrative, I (team leader) will try and refocus conversation by trying to expand dialogue.

5. Reflections should be open and expansive. They should express curiosity without imposing personal or cultural values, and should not be closed-ended statements.

6. Speak about the aspects of the story that you were most drawn toward. Connect with the participant’s own values.

THANK YOU and enjoy your time supporting this creative and scientific inquiry!

Mimi Savage PhD Cand., RDT
APPENDIX D

PPSA Witnessing Session Questionnaire
Please note that what you disclose will be shared with the participants because they will take part in finding concurrent themes in this section of the research. They are active participants in this. What you disclose and your identity (name) will not be shared in the dissertation, educational forum, scientific published article or any other public forum not associated to this study because you have your right to anonymity. Your relationship (i.e., “a parent commented”) may be disclosed if permitted by signature below. This form verifies that you consent that I may include the findings of the questionnaire in the dissertation study currently titled: Making Personal Public Service Announcements with Adopted Young Women from Foster Care: A Narrative Inquiry

Thank you for supporting this work and the participants and I acknowledge continued ethical research protocol as set by The Lesley University Institutional Review Board for this study. If any problem in connection to the research arises, you can contact the researcher Myriam D. Savage, Doctoral Candidate, RDT [personal contact information removed prior to dissertation publication] or Lesley University IRB Representative, Dr. Robyn Flaum Cruz at [contact information removed prior to dissertation publication] or Dr. Nisha Sajnani at nsajnani@lesley.edu who is the Sponsoring Advising Faculty for the dissertation study.

Myriam D. Savage, PhD Cand., RDT (Mimi)____________________________

Your Name (printed)_______________________________________________

Your Name (signature)_______________________________________________

1) How do you know the participant(s)?

2) What was your experience (your thoughts or feelings) viewing the PPSA? For instance, what images or words stuck out for you? Note below: Can you share any of your connections to the person’s PPSA listed? What it means to you?

For: (Orange) (Turquoise) (Fuchsia) (Purple)

3) How do you imagine an expressive therapy exercise like the PPSA helps or does not help self-identity in adolescent girls who have been adopted? How about other populations?

4) How do you see this type of expressive therapy exercise helping or not helping adoption promotion or support services for youth and families?

5) Any other comments or reflections about this experience today that you would like to share?
Please Note: There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research may and should be reported if they arise. If necessary contact the committee chairperson listed above.
APPENDIX E

Letter of Accomplishment, Recognition, and Thanks
October 12, 2014

Dear (name of participant) and Family,

Thank you for participating and sharing your lives during this research. Your involvement with this inquiry may help other children. I truly appreciate your constant engagement with the narradrama exercises, story making, mask-making, and with making the PPSA. I’m grateful for your personal work exploring how all those elements in our research connected to your life history past, present, and future. The data we gathered and continue to generate may prove beneficial to others and I hope it was also some fun! Your work will be appreciated by other researchers and students at Lesley University and in the creative arts therapy, social science, and education fields. As a registered drama therapist, researcher, and person who is privileged to know you, I am thankful to your family and you for letting me catch a glimpse of your lives. I look forward to what innovative expressive therapy research like this will bring to the foster care system, adopted youth, and other populations of young people. I wish you all the best for a bright future filled with family and love. You all have a place in my heart and mind and I welcome a continued relationship as a person in the field of expressive therapy and drama therapy.

With Warmest Regards,

Mimi Savage

PhD Candidate, RDT
APPENDIX F

Pledge of Confidentiality
Signed by doctoral research assistant, peer reviewer, listening community, & editor

This is to certify that I, ________________________, a research assistant, peer review contributor, or editor for the doctoral research project called Making Personal Public Service Announcements with Adopted Young Women from Foster Care: A Narrative Inquiry, understand that any information (written, verbal, digital, or other form) obtained, witnessed, or recorded in writing, audio, or video during the performance of my duties must remain confidential. This includes all information about members, clients, families, employees and other associate organizations involved in this research, as well as any other information otherwise marked or known to be confidential. All data gathered during the intervention and sessions will be the sole property of the researcher, Myriam D. Savage, Doctoral Candidate, RDT and will be released to her before the final sessions with the participants. All field notes, journal notes, and data from peer review and triangulation that will occur between researcher and assistant during the research project will remain anonymous in the dissertation writing in order to protect all individuals if they so choose.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality and will be reviewed by the Lesley University IRB Committee and will be addressed according to the research rules and protocol considered ethical for human subjects research. This research represents the ethics of the Lesley University community as well as the researcher who is directing the study.

Because of the sensitive nature of working with human subjects and in this case with youth, I further understand that any breach of the duty to maintain confidentiality could be grounds for immeditatedismissal and/or possible liability in any legal action arising from such breach.

____________________________
Printed Name & Signature of Research Assistant or Peer Reviewer

____________________________
Date

Myriam D. Savage
Printed Name & Signature of Researcher/Witness

Any questions or concerns can be addressed from the following contacts:
Myriam D. Savage Doctoral Candidate, RDT [personal contact information removed prior to dissertation publication]; Robyn Flaum Cruz, PhD, BC-DMT, Associate Professor Expressive Therapy PhD Program and IRB Representative at Lesley University, 29 Everett St., Cambridge, MA; Nisha Sajnani, PhD, RDT Assistant Professor Lesley University, Sponsoring Advising Faculty for the dissertation study.

Please Note: There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research may and should be reported if they arise. If necessary contact the committee chairperson listed above.
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