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‘To talk or not to talk?’: Foster youth's experiences of sharing stories about their past and being in foster care

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ABSTRACT

Sharing stories about the past and about being in care, can help adolescents placed in foster families to make meaning of their experiences and connect with their conversation partner. However, what obstacles and opportunities for sharing stories are experienced by foster youth has not been researched, while this holds important implications for research and practice. In an episodic interview, thirteen adolescents and young adults (16–23 years) talked about their experiences with sharing their memories about their past and being in foster care. Using a thematic analysis, two themes were constructed, each containing three sub-themes. The theme ‘When’ included references to the prerequisites for talking and considerations made by participants, and contained the sub-themes ‘How often do I talk’, ‘Conditions’ and ‘Ownership of my story’. The theme ‘Why’ included references to the rationales for sharing or not sharing memories, which contained the sub-themes ‘Protection’, ‘Understanding’ and ‘Processing the past’. The stories of the participants highlight both the opportunities and obstacles for talking. Foster parents and foster care workers should be aware of the needs foster youth have with regard to conversations about their experiences and should try to facilitate the meaning-making processes, although some foster youth prefer managing their memories in a more private way.

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1. Introduction

Adolescents often share memories with people they are close to, such as parents and peers, and tell them stories about personal events (Thorne, 2000). Autobiographical memory telling has a personal and a social function: meaning-making of past events and developing intimacy with the dialogue partner (McLean & Thorne, 2003). McLean (2005) found that personal telling functions are most common, especially when sharing memories with parents in early adolescence. These interactions with parents appear to help adolescents in regulating emotional events. Peers, on the other hand, are often told memories after they are properly processed, and sharing memories with peers more often serves a social function.

The meaning-making process that is involved in sharing memories can be considered as an aspect of constructing a life story: ‘An internalized and evolving self-story about the reconstructions of one’s past, the perceived present and anticipated future that develops during adolescence’ (McAdams, 2001, p. 101). The skills preceding the ability to make meaning of past experiences already form early in development through interactions with attachment figures (McAdams, 2001). Open, coherent, and emotionally regulated co-constructed dialogues between parents and young children are important for establishing a coherent

autobiographical memory, and help children to form an evaluative framework for thinking about and interpreting past experiences (Fivush, 1991; Oppenheim & Koren-Karie, 2009). This is also evident in mother-child dialogues about distressing events. Maintaining a dialogue about distressing events can contribute to children’s emotional and behavioral regulation when these dialogues form a psychological secure base. However, when such dialogues form an insecure base, for example when parents are emotionally unavailable, they can result in incompetent coping skills, and emotional and behavioral dysregulation (Oppenheim & Koren-Karie, 2009).

Adolescents growing up in family foster care, like other adolescents, have many positive and good memories about their lives. However, unlike many other adolescents they also have life stories that are filled with adverse experiences, loss, and separation from attachment figures (Dovran, Winje, Arefjord, & Haugland, 2012; Tarren-Sweeney, 2013). For these adolescents, sharing their memories and constructing their life story is not a straightforward process, because they have to find a balance in these positive and negative memories and integrate both into their life story. Painful and traumatic memories are not always easy to recollect, because the emotions of the memory can re-emerge, which could result in a hyperarousal stress response, or an emotional shutdown response (Hanney & Kozłowska, 2002). In addition, negative experiences with (previous) attachment figures make sharing distressing memories more difficult for adolescents in family foster care, for example when these attachment figures insufficiently regulated the emotional aspects of distressing events for them, or insufficiently

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scaffolded them in constructing these memories. A third difficulty that refrains adolescents in family foster care from sharing their distressing memories, is that they feel that it would cause people to see and treat them differently (Kools, 1997). Adolescents often conceal that they are in care, or hide why they came into care, to avoid stigmatization (Madigan, Quayle, Cossar, & Paton, 2013; Sinclair, Wilson, & Gibbs, 2001). A final barrier for adolescents to narrate their experiences is the lack of a stable social network in which they feel safe and comfortable enough to share their memories. Although some adolescents have regular and satisfactory contact with both their biological family and foster family (Buehler, Rhodes, Orme, & Cuddeback, 2006), many have lived in multiple foster families, and/or have difficulties to remain in contact with their birth family (Eggertsen, 2008; Moyers, Farmer, & Lipscombe, 2006). In addition, these adolescents have problems to maintain friendships with peers due to frequent relocations and to establish new friendships due to behavioral issues (Price & Brew, 1998).

In conclusion, adolescents in foster care often encounter difficulties that refrain them from sharing their (distressing) memories. However, sharing both their positive and negative memories with foster parents could help them to make meaning of their experiences and regulate the emotions these memories evoke (Hanney & Kozłowska, 2002). For example, adolescents in foster care who actively disclose previous sexual abuse to their foster parents exhibit less externalizing behavioral problems, while those who recant their stories show more dissociation (Gries et al., 2000). Schofield and Beek (2005) suggest five caregiving dimensions that can promote a secure base in which children can share their memories: Trust in availability of the caregiver(s), the experience of family membership, and a certain amount of reflective functioning, self-esteem, and autonomy of the child. However, research on how adolescents in family foster care *experience* the conversations in which they do share their memories, lacks. This information would be of significant importance to foster parents, professionals and teachers to help them to be sensitive to the conditions under which adolescents want to talk about their (adverse) experiences, especially with regard to *when* they want to talk and to *whom*. This could provide foster youth with the opportunities to benefit from sharing their stories and to facilitate their meaning-making process. The main research question of this study is therefore: “What are the experiences of adolescents in family foster care with regard to sharing stories about their past and about being in care?”

2. Method

This study is part of a project on the psychosocial needs of foster youth. We used an episodic narrative interview (Flick, 1997) and invited foster youth to talk about the needs they experienced while in care. This article will focus on their accounts of sharing stories about their past and being in foster care to adults and peers. For this specific aim a qualitative approach with thematic analysis was chosen to capture the experiences of foster youth and gain a deep understanding of these (Braun & Clarke, 2006).

2.1. Participants

The participants were part of a purposive sample contacted through two foster care organizations in the Netherlands, two youth groups and social media. Snowball sampling was used to contact additional participants. The final sample included thirteen participants who were willing and able to answer the episodic interview questions. Participants were included when they had experienced at least one stable family placement of at least two years (range 2–16, $M = 7.3$ years), so that they had the chance to build a stable relationship with at least one parental figure during care. The age of the participants varied between 15 and 23 years old ($M = 19.1$). We included older adolescents (lower age limit of 15), because they were expected to have the capacity to reflect

on their foster care period and their experiences in a more coherent way than younger adolescents. In addition, an upper age limit of 26 was used to include only young adults who transitioned out of foster care in the recent past, with more detailed memories of their care period. Within the sample, six participants still lived with their foster family, while the other seven lived on their own, or together with a partner. The majority of the participants were women (85%), Caucasian (85%) and reported to have no mental health problems (78%). During the interviews all participants indicated experiencing physical abuse, sexual abuse or neglect prior to foster care, and many indicated they also had negative experiences during or after care, such as emotional neglect or physical abuse by foster parents. For anonymity reasons, fictitious names for the participants will be used throughout this paper.

2.2. Instruments

The aim of the episodic interview was to ask participants about their needs while in family foster care and the actions of themselves and others with respect to satisfying these needs. Episodic interviews consist of nine phases, in which participants clarify what the concept under investigation means to them, how this relates to their biography and how everyday experiences relate to this concept (Flick, 1997). The interviewer had a list with conversation topics to be covered during the interview, for example the parenting style of foster parents, the impact of previous adverse experiences, and the contact with their birth family. The episodic and narrative nature of the interview guided participants to talk about concrete and everyday experiences and memories of the foster care period. Contrary to narrative interviewing, participants did not have to give one biographical narrative, but talked about different episodes of their foster care experience that related to the topics addressed. The interview had an open structure, allowing participants to determine which memories they talked about during the interview, and how deeply these were discussed (Flick, 1997). The interview was piloted with two adults formerly in family foster care (ages 34 and 35).

Participants additionally filled out a short demographic questionnaire that included questions about their age, the number of foster families they lived in, the duration of their foster care period and their mental health status.

2.3. Procedure

Two foster care organizations sent out letters to (former) foster youth with information about the research project, and through social media a short message about the project was posted and shared. Foster youth were asked to contact the researchers if they wanted to participate. The youth groups were contacted by the researchers and spread the information about the research among their members. Snowball participants were always contacted by the previous participant first; if they wanted to participate, their contact information was given to the researcher. Through emails and telephone calls, the participants were further informed about the research. If they were fitting the inclusion criteria and agreed to participate, an appointment was made with the first author, who conducted all the interviews. Participants were interviewed once or twice within a limited time frame; the duration of a single interview varied between one and two-and-a-half hours. The interviewer visited the participants at their home, unless they preferred to have the interview somewhere else (which occurred once), at a time convenient for them. Participants signed an informed consent form and were allowed to ask any questions they had about the research and the procedures. All interviews were voice-recorded with permission of the participants. The research procedure was approved by the Ethics Committee of the Department of Educational Studies and Youth Care at the University of Groningen, The Netherlands.

2.4. Data analysis

The interviews were literally transcribed and checked for accuracy through randomly selecting fragments and listening to the corresponding audio segments. The transcripts were then analyzed by a team of three researchers using a thematic analysis (Braun & Clarke, 2006), and supported by the software program NVivo 10. We started coding from the interview transcripts and treated the stories as a reflection of the reality of the participants.

The first step was familiarizing ourselves with the data corpus by reading the transcripts as a whole and re-reading them twice. The transcripts were then subjected to initial coding, in which relevant extracts (about the needs of foster youth) were selected and coded, using descriptive words that captured the essence of the extracts. These initial codes were collated within a single participant to form (potential) themes, and after analyzing the first five participants the themes of the three researchers were compared and provided input for the codebook. Each subsequent interview was then coded according to the codebook. During the analyses the researchers frequently discussed their coding and reflected on the coding process, which resulted in adjustments to the codebook during the analysis.

It was striking that all 13 participants mentioned ‘talking about their past’ even though they were not specifically asked about this during the interview. We therefore decided to perform an additional analysis of this topic and made a data set with all extracts related to participants’ sharing behavior. In the most prominent case, 23% of the interview responses covered the participant’s sharing behavior, while on average participants talked about this in 11% of the interview transcript.

The additional analysis, focused on this sharing behavior, started from the overall codebook that was developed during the previous analysis. The first step was to reread all interview extracts selected for this specific data set. Additional coding was then performed to highlight more detailed aspects of talking about the past and about being in care. The potential themes that were constructed previously were evaluated in light of the added codes. The final codebook was determined through reflective discussions within the research team about the given codes and underlying reasons for giving these codes.

The final analysis resulted in two main themes, each consisting of three sub-themes. The first main theme involved *when* foster youth told their story, and contained all extracts about the prerequisites for talking and the considerations they made in that respect. The three accompanying sub-themes covered how often they were telling their story, under what conditions they preferred to tell their story, and the ownership of their story. The second main theme ‘*Why*’ illustrates the reasons of the participants to share or not share their story with others. The three accompanying sub-themes covered the protection of themselves and others (e.g., from negative emotions), the meaning-making process (understanding) foster youth can achieve through talking, and what foster youth indicated as being helpful when processing their past. Table 1 gives an overview of the two main themes, the six sub-themes and codes within each sub-theme. Multiple sub-themes were sometimes covered within a single interview extract. We did not differentiate between talking about the past and talking about being in family foster care, because these storylines were intertwined for all participants. Furthermore, participants did not reference to any influence of their mental health status or if they experienced abuse during care on their sharing behavior. Therefore we will report on the participants as a single group.

3. Results

3.1. When

3.1.1. How often do I talk

The amount of conversations the participants had about their past and being in family foster care depended on if they considered themselves a ‘talker’ and on how the conversation was started.

Table 1

Overview of the main themes, sub-themes and codes.

Main themes	Sub-themes	Codes
When	How often do I talk?	Being a talker or a non-talker Start of the conversation Interest from someone Trusting someone Having accepted the story Having the skills to talk
	Conditions	What I tell to whom What someone is allowed to do with my story
	Ownership of my story	Avoid triggering negative emotions Protect social relationships Look to the future Protect others from negative emotions
Why	Protection	Their past Their family The influence of the past on the present Get understanding from others Have others consider their past
	Understanding	Through talking Through activities Through meeting with friends Other
	Processing the past	

There were two distinct groups of participants with regard to how often they said they talked about their past experiences. One group ($n = 7$) reported they were almost never talking about their past, while the other group ($n = 6$) said they were very open and had no trouble telling their story. Although this split between talkers and non-talkers seems clear-cut, during the interviews ambiguities arose, showing that participants’ self-classifications were mostly reflecting a general feeling or inclination. The group of non-talkers accounted incidences in which they *did* talk, for instance, and participants in the group of talkers indicated that not everyone needed to know. Three participants mentioned how they transitioned from telling everybody their story to being more selective to whom they tell.

I am reasonably extravert, and I just really told everybody [my story]. Only since last year I've decided, you know what, not everybody needs to know that I don't have parents anymore.

(Araja)

How often participants were talking was also influenced by when a conversation about their past or about being in care was started. Generally, there were two reasons to begin such conversations, either because adolescents had the need to talk about it, or because conversation topics required discussing the past. The first was more of an active step of participants themselves, as illustrated by Nicole:

There were moments that I really needed to talk about it [with foster parents]. During a cozy night by the fire place. It is also a sense of trust that develops gradually.

The second reason depended on the topics that the conversation partner of the participant addressed. Stories were told when there were certain incidents that required discussing the past or being in foster care, for example when a new friend asked about their parents.

3.1.2. Conditions

Before adolescents in family foster care were willing to tell their story, certain conditions had to be met. The participants mentioned four conditions that made it easier to tell their story: People showing interest in their story, trusting the person they tell, having accepted what they tell, and having the skills to share these details.

Firstly, 12 of the 13 participants indicated that people should show an interest in their story, which is shown by asking questions and active

listening. They appreciated it when people suggested to talk whenever they were ready.

If I want to talk about it [with foster parents], that's possible, but I am not forced to talk about it or anything.

(Melissa)

The participants also indicated when showing interest was not executed correctly. They warned for being too 'pushy': People can be too persistent, even when participants indicated they did not want to talk about it. In contrast, participants also experienced a lack of interest from some people they expected to show concern. One participant did not feel like she could openly talk about being in care with her foster parents, and another participant was disappointed that her social worker did not call her after she was placed into care.

Trusting the conversation partner was the second condition for participants to share their story. This trust could be obtained when they knew the person for a long time, when they felt they could be completely honest with that person, or when they felt part of the foster family. Trust did not happen overnight, but was something that needed to be built. For example, one participant had regular meetings with a social worker, but it took her two months before she actually started talking about the past. A trustworthy person could also be someone with a neutral point of view, such as an interested outsider, although participants mostly mentioned they had missed someone like this. Lastly, participants indicated the fragility of trust, which was illustrated by participants who had negative experiences after telling their story to friends, or who were reluctant to open up to their foster parents due to previous negative experiences.

Small signals caused me to keep to myself, because I was afraid they [foster parents] were going to send me away. I think that if there was more trust [...] I would have been more able to have these personal conversations and indicate what was bothering me.

(Jennifer)

The third condition was that participants needed to have accepted their own story to a certain level, as indicated by statements such as:

I have accepted it.

(Shanti)

It is a fact [what happened at birth parents house], and nowadays it is not more than a fact.

(Maaïke)

It was important to note that participants mentioned that talking did not affect them in a negative way (anymore). They had processed the distressing aspects of their story, which made it easier to talk about it. Melissa used a metaphor to describe this:

Imagine jumping into a swimming pool and breaking your leg. It really hurts at that moment and you try not to pay attention to it, because if you focus on the pain it will hurt even more. But once that leg is healed, you can talk about what happened, because the pain is gone. That is what I have with talking about my past. When I talk about it now, I do not get emotional anymore.

The last condition participants mentioned was having the necessary conversation skills to tell their story. Participants mentioned when they felt their skills were insufficient. For instance, two participants indicated that their birth family raised them to be silent and to not voice their opinion. Another participant said she did not know how to talk about her difficult past, until she learned how to do this in group therapy.

3.1.3. Ownership of my story

The last consideration participants made before telling their story, was ensuring they had the ownership and control over their story. Participants indicated they told different versions of their story to different

people, omitting parts of the story they thought were irrelevant to that specific person. They put much effort into this decision, deliberately considering what they wished to share with whom.

[Tessa gets emotional when people talk about drugs and/or alcohol] Uhm, well, I tell them that I have some past with drugs and alcohol, but not that it was my mother, you know. I rather not talk about that, that is somewhat of a black page in my past.

(Tessa)

If it was necessary to tell their story to a third party, for instance someone within the foster care organization, participants wanted to be notified in advance and receive an adequate explanation. It was important for participants to have a sense of control about what people could do with their story after they told it. Their story should not be shared with others without their knowledge or consent, and if it was passed on, it should be accurate. Two participants in particular had a very negative experience when other people changed their story, or used it as gossip. As Tessa illustratively said:

The more things you tell, the more people can twist the story.

However, there were also participants with positive experiences of people talking to others about their story. One participant said she always mentioned that friends could talk about her story with their parents, because she could imagine that her story was perhaps disturbing to them. Another participant was glad her biological mother and boyfriend talked about her past with each other, because she felt it showed how much they cared about her.

3.2. Why

3.2.1. Protection

Memories of the past can evoke variety of emotions, and all participants talked about how *not* talking sometimes protected them. On the other hand, some participants indicated that talking was actually protecting them, or that talking was something they did not want to be protected from. Participants also talked about how they sometimes protected their conversation partners from the negative emotions their stories could trigger.

One of the reasons to avoid sharing memories was that talking about their past caused participants to feel angry, hurt, ashamed, or otherwise uncomfortable.

It bothers me less if I don't talk about it than when I do talk about it. If I talk about it, it all comes back to me and it only makes me unhappy and I'll be thinking about it more.

(Maaïke)

Conversation topics related to their life story (e.g., about parents, drugs, or sex) could also be a negative trigger, even when these were not directly about their personal experiences.

Participants also indicated social reasons to keep their stories to themselves. They could be reluctant to share certain stories because they did not want to receive negative reactions from others, or be treated differently. Some of them experienced that people showed a lack of expectations with regard to their future, because they were in foster care. Participants also did not tell their story to protect valuable relationships. Some were afraid to get into arguments with their biological family if they told them things that happened during their stay in foster care, while others did not share everything with their foster parents in fear of compromising their position in the foster family.

I found it very difficult to... I didn't want to say anything negative about my parents. I didn't want them [foster parents] to think there was anything wrong there.

(Nicole)

A last reason of 'protection' was that participants wanted to leave the past behind, and focus on the present and future. Some said that foster care was a fresh start in which they could become the person they wanted to be.

Just leaving the past behind you, you know, leaving it behind you and looking at the future, but also talk about it sometimes.

(Melissa)

Contrary to the statements above, participants also indicated that talking could protect them, or that they did not want to be protected from talking. Araja mentioned this in relation to the care system procedures: 'If you need help as a foster child, you better keep talking about it to everyone and be nice to the professionals'. Participants also indicated they did not want people to feel as if they should avoid talking to them. They were not ashamed of what happened and it did not hurt them to talk about it.

I had a good friend and her grandmother died, the whole family was grieving. And she didn't really dare to say that to me, because she thought I've been through enough [the participant's biological mother died]. [...] I think that is a common misconception.

(Shanti)

Participants also indicated that their story could upset other people. In order to protect people from these negative feelings, participants did not always share stories about their past, or omitted certain details. One of the negative feelings that could be evoked was a sense of powerlessness, since the conversation partner could not do anything about what happened. Lastly, participants talked about how their traumatic stories could trigger traumatic memories of (e.g.,) friends who had similar experiences. They did not want to put their friends into this emotional state, and therefore decided not to talk about their experiences.

If I would tell her [participant's friend] things just like that, she would get really upset. She would start dreaming about it and thinking about it, and she'll just find it awful for me. And I really want to prevent that from happening.

(Maaïke)

3.2.2. Understanding

Participants indicated that telling their story gave them a better understanding of themselves and their situation, because through talking they could acquire information about their past, their family and about how their past influenced them today. In addition, many participants talked about how they wanted *other people* to understand them better and to take their story into consideration when interacting with them.

Acquiring a more complete image of their past was valued greatly by the participants. Curiosity about their biological family and under what circumstances they were placed out-of-home was especially prevalent among participants who were very young when placed in foster care, although this was also mentioned sometimes by participants who were placed out of home at a later age. Questions related to this were mostly asked to foster parents or their guardian. A few participants also mentioned that reading their file when they turned 18 was revealing, because it could convey information not given to them through conversations.

Reading the file and taking everything in, and I mean I didn't have a small file, so. There were a couple of things that I found out: 'Wait, is that what happened?!' And what choices were made and I was like 'they really did think that one through'.

(Akaash)

In addition, understanding their families' behavior and problems was also discussed. Knowing the reason behind the problematic behavior of

their parents helped participants to understand their parents better, and the choices that were made by others with regard to the contact with their parents. Although the truth about their family was sometimes tough, it was more appreciated than being withheld the information.

I found it very pleasant that she [aunt] was honest about why she never chose us [to live with her]. She was very honest, but also very harsh about it.

(Shanti)

Participants also indicated they wanted to understand the impact their past had on their own behavior. When they talked (to e.g., foster parents) about their behavior, thoughts or emotions, they could reconstruct where these could be coming from. Participants appreciated foster parents showing their insights with regard to this, because it made them feel heard. In addition to helping them to understand their behavior, participants also appreciated when foster parents assisted them in changing their behavior for the better.

We had conversations when something was bothering me, and then we figured out what might be the reason for this. And how I could handle that. That was really nice. They [foster parents] really tried to help me in so many ways.

(Jennifer)

Professionals were also mentioned as being helpful in assisting participants to better understand their behavior. One participant, for instance, mentioned that group therapy helped her to find out who she was and why she did what she did.

In addition to gaining a better understanding of themselves, participants indicated that telling others about their experiences helped these people to understand them better. Most friends of the participants had no idea what foster care was, and sharing stories gave more insight. Some participants felt relieved when people understood the sometimes difficult decisions they had to make, for example with regard to (a lack of) contact with their birth parents. Friends who were present during the process of out-of-home placement were highly valued, because they often did not need an explanation to understand. However, participants indicated that it was very hard for others to completely understand everything.

If I just say 'I have no contact with my stepbrother', the first reaction I get is: 'I think that is wrong'. But when I explain why I have no contact, suddenly they are more understanding of the situation.

(Joyce)

Besides gaining understanding of other people, a prominent reason for the participants to tell their story was for people to change their behavior toward them. For example, after people found out the participant was in foster care, they were more careful with using words like "mother", "father" or "parents". Participants mentioned incidents where people did not take their past into account, which resulted in feelings of anxiety, anger, or mistrust.

I always really needed somebody there that I felt safe with. I didn't dare to ride my bike alone in the dark. And my friends said: 'You are just like the kids we babysit'. And I was like, they have no idea they are dealing with a traumatized person.

(Araja)

According to the participants, foster parents should be briefed about the history of youth living with them by foster care workers, in order to fully understand the adolescent's behavior. This relieved some of the burden of talking, because the participant did not need to disclose everything.

3.2.3. Processing the past

This last sub-theme described how participants processed their past. On the one hand, conversations with foster parents, professionals and friends assisted the participants in processing their experiences and

memories. On the other hand, participants explicitly did not (want to) talk to process their past, but rather privately reflected on it, or engaged in certain activities.

Participants gave many examples of how talking helped them to cope with their past. These conversations were often with foster parents, but also therapists, friends and people with similar experiences could be valued conversation partners. Foster parents were valued because they actively listened to their stories, added a more neutral or balanced interpretation or explanation, pointed out positive aspects, or became the youth's advocate. Therapy was considered helpful if it expanded youth's skills to express their feelings, if it helped them to understand the position of people in their life, or if it helped them to shape their identity and future plans. Negative experiences were also mentioned, for example when participants did not want to disclose their story in therapy. Nevertheless, talking about their past mostly resulted in a considerable relief for the participants.

I really liked the more personal conversations [with my foster parents], as far as I can remember. I liked having these conversations and I also liked that they noticed me or something. They really noticed how I was doing.
(Nicole)

Processing the past through non-verbal means was mentioned twice as often as verbal means, and many participants indicated that not talking about the past assisted them more. Participants undertook activities, met with friends, or used other non-verbal ways to process their past or to avoid getting emotional. Examples of activities mentioned were: reading, running, interacting with animals, listening to music, and playing video games.

I could express so many emotions in my guitar play, especially during my stay in the second foster family I played so, so often.
(Maaïke)

Besides through these activities, the past could also be processed in a more private and self-oriented manner, through reflecting on it, or writing about it. Foster parents could facilitate this by giving the adolescent space to process, although participants said they did not always feel this was granted.

Friends were sought when participants needed relaxation and time away from their foster family. With their friends they could leave the past behind, enjoy the moment and recharge their batteries.

Instead of being bombarded with only this negative stuff, you can sometimes just feel neutral. It is such a relief if you find that distraction with something fun to do [with friends].
(Savannah)

There were a few other non-verbal ways participants used to process the past or their life in care. One participant pointed out that hypnotherapy helped her because it was mostly non-verbal. Religion could also be a form of support for foster youth, sometimes because it was something familiar from before the out-of-home placement, or because it helped placing negative experiences in a different light. Lastly, some participants said that processing the past was not always a conscious process, but sometimes just happened over time, as a gradual process without marked milestones. On the other hand, other participants said that there was a specific moment they found closure.

At one point I was just like 'whatever, I just have two moms, that's fine. And I have two dads, that's fine too'. In that moment I just flipped a switch.
(Joyce)

4. Discussion

Sharing their life story with people close to them was something participants of this study often discussed during the interviews. This is

remarkable on one hand, because the interviewer did not specifically ask about this subject, but it is yet understandable, because adolescents are trying to navigate a social world that is mostly focused on verbal communication to establish intimacy (McLean, 2005; Thorne, 2000). The stories of (former) foster adolescents with regard to when and why they tell people about their past and being in care, illustrate both the opportunities and obstacles youth in foster families encounter when sharing their experiences.

In the sub-theme 'How often do I talk?' a general inclination toward being more of a talker or less of a talker was expressed. This sub-theme also illustrated that a conversation can either be actively started, or passively allowed to start when others prompt this. Before a satisfactory conversation about their experiences can take place, foster youth said the conditions of interest from someone, trusting someone, having accepted the story, and having the skills to talk should be present. The ownership and control over what they tell about their past was an important aspect youth take into consideration. Reasons reported for talking about the past (or keeping it silent), were to protect themselves and others, to understand themselves, to gain understanding from others, and to process their past.

4.1. Concealment and control

With regard to when and why adolescents in family foster care tell their stories, there is some overlap with the studies of Madigan et al. (2013) and Sinclair et al. (2001) in that youth often hide their past to avoid stigmatization. The adolescents in this study explicitly choose whom they told their story and what details they shared, and they wanted to have control over what happened with their story once they have told it. This also aligns with research by Cowan (2014) that has shown that stigmatized secrets are more often shared with people who (are suspected to) have a positive attitude toward that secret. Since secrets are often not shared with people who (are suspected to) have a negative attitude toward the secret, chances are reduced that these people will appraise the secret differently, which contributes to stigmas present in society. In this specific case, the sharing behavior of foster youth can affect the societal stigma about being in family foster care.

4.2. Conditions for talking

The conditions 'interest from someone' and 'trusting someone' highlight some of the prime dimensions of fostering, as outlined by Schofield and Beek (2005): promoting trust in availability, promoting reflective functioning in the adolescent, and promoting family membership. Foster parents should stimulate talking, listen actively and be available to their foster child. The conditions of trust and interest are also mentioned with regard to friends and professionals. Often, participants wish to know a person for a longer period before disclosure, which gives them time to build a relationship and to decide if it is safe to share their story.

The condition of acceptance, although clearly articulated by participants, is also ambiguous in relation to some of the reasons why youth talk. On the one hand, youth indicated that they only wanted to talk when they have accepted their story, but on the other hand, talking helped them to process and cope with their past. For some adolescents this could call for using more non-verbal techniques to process their past before they are ready to talk about it. Examples of commonly used non-verbal therapy techniques are puppet-play, art, drawing and rituals (Hanney & Kozłowska, 2002). The condition of acceptance also illustrates the importance of timing the conversation; in some cases it might be best to delay a difficult conversation for youth to have some time to process, while in other cases youth might need someone who actively stimulates their sharing behavior.

The last condition participants mention, is having the skills to talk about their past. This also relates to the promotion of reflective function (Schofield & Beek, 2005), since participants indicated they sometimes

miss the necessary skills to talk and reflect upon their experiences. If necessary, therapeutic interventions can help foster youth to acquire more conversation skills and reflective functioning (Craven & Lee, 2006). Especially foster parents should be aware of the expectations they place on foster youth and how this might not align with their current skills.

4.3. Reasons for talking

Participants mostly discussed personal reasons for sharing their memories. This means that the goal of sharing was to get a better understanding of themselves and their background, instead of forming a bond with someone (social reasons). Although McLean (2005) also found social reasons for sharing memories, most participants in the current study said they did not share memories before a bond had been formed. This difference can be explained by the nature of the memories participants were asked about. While McLean (2005) focused on self-defining memories (i.e. a vivid memory that conveys how participants became who they are today), the memories of this study were more (negatively) emotionally laden, and thus less likely to be shared for social reasons. That said, the aim of the current study was not to differentiate between social and personal memory sharing, thus a definite dismissal of social memory sharing of foster youth about their past is not possible.

Participants in this study also mentioned a third reason for memory sharing, which can be described as interpersonal. By sharing their memories they try to influence future interactions with their conversation partner. Knowing their story implicitly comes with the responsibility to adjust how one approaches the adolescent. After sharing, youth expect their conversation partners to try to prevent triggering traumatic memories or loyalty issues in the future.

4.4. Life story

Trying to understand themselves and processing the past are meaning-making processes that can be linked to forming a life story (McAdams, 2001). This is especially relevant during adolescence, since adolescents' main developmental task is to form a mature psychosocial identity in which a realistic self-definition and life story are key (Erikson, 1968; Habermas & Bluck, 2000; Harter, 1990). Foster children often lack a positive role model for identity development due to instable living situations (Lasson, 2002) and encounter stigmatization from being in care (Madigan et al., 2013). This puts foster youth at risk for developing a stigmatized identity, in which they internalize the negative expectations and descriptions given by others (Kools, 1997).

Many participants indicated that foster parents and therapists could provide them the opportunity to construct their life story. Foster parents were seen as conversation partners when foster youth needed support, while therapists were conversation partners to share issues of loyalty and unresolved emotions with. These dialogues resemble what other researchers describe as a secure base in which youth are assisted with forming their memories and an evaluative framework for thinking about these memories (Fivush, 1991; Oppenheim & Koren-Karie, 2009). However, the current study also shows that in addition to having conversations with other people, adolescents had internal conversations in which they privately reflected on their experiences. Foster parents could support this by being available, but at the same time giving the adolescent space to go through this process alone.

4.5. Processing traumatic experiences

Participants often reported getting emotional with regard to their memory sharing (or actively preventing this from happening). The reasons adolescents and young adults talk or avoid to talk about emotional memories can be linked to active and avoidant coping (Billings & Moos, 1981). Active coping is displayed by foster youth who discuss their memories in order to make meaning of these experiences, or who

otherwise take time to reflect on their past. Receiving therapy can also be viewed as active coping, since common aspects of therapy for traumatized youth are encouraging the expression of abuse-related feelings, and clarification of erroneous beliefs that might lead to negative attributions about the self or others (Hanney & Kozłowska, 2002). These (internal) conversations may help youth to regulate their emotions and assist them in processing their experiences (Ahmed, Windsor, & Scott, 2015; Oppenheim & Koren-Karie, 2009).

Avoidant coping is shown by foster youth when they do not talk about their past in order to avoid negative emotions or protect their relationships, and when they undertake activities to take their mind off their memories. Research has shown that adolescents who frequently engage in this type of coping are more likely to develop behavioral and emotional problems (Barendregt, Van, Bongers, & Van Nieuwenhuizen, 2015; Recklitis & Noam, 1999; Rosenberg, Burt, Forehand, & Paysnick, 2016). One of the few studies on coping strategies of youth in family foster care shows that youth who experienced abuse are using more avoidant coping mechanisms. They are less likely to go to friends for support, and are more likely to blame themselves (Browne, 2002). This differentiation between abused and non-abused foster youth has not been made in the current study. Participants were not asked about this specifically, but all reported having experienced some form of child maltreatment.

Although both active and avoidant coping are visible in the reasons of foster youth to talk or not talk, some youth do not consider their memories and care situation as stressors. These participants are more oriented toward the future and do not feel the need to keep reflecting or thinking about the past. This might be the result of successful coping and processing of past events.

4.6. Strengths and limitations

The importance of sharing or not sharing certain aspects of their life story is displayed in the many (spontaneous) references of foster youth during the interviews. The stories of the participants are multi-faceted and complex, making the use of interviews and qualitative analysis an adequate method for delineating their experiences. In addition, the interview might also have contributed to the meaning-making processes of the participants.

A limitation of this study is that this type of research only includes those foster youth who are willing and able to participate in the study. Although about half of the participants indicated they usually do not openly talk about their experiences, they may not accurately represent the group of foster youth who do not want to share their memories. Furthermore, young adults who are seriously struggling with their health, employment or living situation did not participate in this study. That said, the participants in this study all encountered many adverse events before, during and after their stay in a foster family, and are thus not a mere reflection of the 'best-case-scenario' adolescents and young adults.

4.7. Recommendations for research and practice

Future research could try to overcome the limitations of the current study by trying to incorporate young adults who are currently struggling with their health and well-being, for example by including participants who are utilizing homeless shelters and/or who are being treated in mental health facilities. Other studies could focus on how foster families, foster care workers, and friends deal with the life stories of foster youth, to see if their reports are in line with those of foster youth. Lastly, more research is needed to (further) develop practical tools and techniques foster parents and foster care workers can use to elicit story telling of youth in foster care. A tool commonly used within the foster care setting is 'life story work', which consists of making a life story book with the foster youth (Cook-Cottone & Beck, 2007; Ryan & Walker, 2007). Two qualitative studies have shown positive experiences with

this tool (Shotton, 2013; Willis & Holland, 2009), but other research reveals more mixed experiences of youth (Watson, Latter, & Bellew, 2015). More empirical evidence of the benefits is desirable, as is the search for alternative tools for life story work.

This study emphasizes the importance of creating the appropriate conditions in order for adolescents in family foster care to talk about their past experiences. Foster parents, professionals and teachers should be aware of these conditions and how they can meet these, especially when it comes to building a trusting relationship. In addition, foster parents and professionals should be aware that adolescents might already be processing their experiences in more self-focused way, through writing and personal reflection, for instance.

Most participants in this study highlighted how they benefitted from sharing their memories. It is therefore important for foster youth to know that sharing can be helpful, and thus to inform them about these beneficial effects, without being intrusive. If deemed necessary, youth could learn from their caregivers and professionals how to strengthen their conversation skills. At the same time, foster youth should be prepared for possible negative or unwanted reactions they can receive when sharing their experiences. Since control and ownership were recurrent themes in the interviews conducted for this study, foster youth are advised to explicitly choose whom they tell their story and what details they disclose, as well as to explicitly inform their conversation partners about what they can do with their story once it is told.

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