

RESEARCH ARTICLE

Exploration of Psychological Well-Being, Resilience, Ethnic Identity, and Meaningful Events Among a Group of Youth in Northern England: An Autobiographical Narrative Intervention Pilot Study

ADOLESCENT
PSYCHIATRYCaroline S. Clauss-Ehlers^{1,*}¹Rutgers University, New Brunswick, New Jersey, USA

Abstract: Background: Autobiographical narrative (*i.e.*, the process through writing or storytelling where one recalls life experiences and their impact on identity) has been found to effectively help adolescents cope with a range of medical and psychological issues.

Objective: The current study addressed the overall preliminary research question: How does implementing an autobiographical narrative approach promote resilience, psychological well-being, and ethnic identity among adolescents? A secondary study aim was to explore how central the memories evoked by each workshop were to participant identity. The study's third goal was to promote life skill development and self-awareness through participation in the autobiographical narrative intervention.

Methods: The intervention incorporated a community-based participatory research (CBPR) framework in its partnership with a community centre in Northern England. The intervention consisted of an 8-week autobiographical program with youth participants from working and lower middle-class backgrounds. Socioeconomic status was operationalized by self-report on a demographic data sheet completed by participants.

Results: Analyses indicated that participants viewed the events discussed in the 8-week program as being more central to their lives after their participation. Maladaptive coping appeared to decrease after participation in the intervention.

Conclusion: Results suggest interventions that incorporate an autobiographical narrative approach within a CBPR framework may promote positive outcomes among adolescents with limited economic resources.

ARTICLE HISTORY

Received: January 09, 2020
Revised: February 04, 2020
Accepted: February 13, 2020

DOI:
10.2174/2210676610666200226090427



Keywords: Resilience, youth, autobiographical narrative, well-being, global adolescent mental health.

1. INTRODUCTION

An autobiographical narrative has been defined in the literature as “the stories people remember (and often tell) about events in their lives. Some autobiographical narratives refer to memories of important personal events, like “my first date” or “the day my father died.” Others may seem trivial, like a memory of yesterday's breakfast”

(McAdams, 2007). McAdams (2012a, b) discusses the different meanings people attach to their narrative stories and identities. His research suggests that people who tell “redemptive stories” (*i.e.*, stories about an adversity or bad situation that had a positive outcome) tend to define their lives as more meaningful than those who tell “contamination stories” (*i.e.*, stories where a good situation turns bad; McAdams, 2012a,b). McAdams' (2006; 2012a,b) research indicates that those who tend to tell contamination stories, as opposed to redemptive stories, are less generative, less likely to support younger generations, and more anxious and depressed (McAdams, 2012a,b).

*Address correspondence to author Caroline S. Clauss-Ehlers at the Graduate School of Education, Rutgers, University, 10 Seminary Place, New Brunswick, NJ, 08901, USA; E-mail caroline.clauss-ehlers@gse.rutgers.edu

An autobiographical narrative has been used in research to explore the extent to which telling one's story promotes a range of positive outcomes (Banks & Salmon, 2013; Glück, Bluck, Baron, & McAdams, 2005; McGanon & McMahon, 2019; Piana *et al.*, 2010). For instance, research indicates that speech pathologists who have helped children and adolescents develop personal event narratives facilitated "reminiscing, reflecting, making coherent connections, and signaling the plot structure. Furthermore, they can activate metacognitive awareness of how evaluations of experiences, coherence, and plot structure are signaled in well-formed personal event narratives and life stories" (Westby & Culatta, 2016, p. 1). Other research has identified a connection between the quality of reminiscing practices among mothers with their preschool children and phonological awareness (Leyva, Sparks, & Reese, 2012); examined wisdom (*e.g.*, empathy, support, flexibility, self-determination, assertion, and balance) via an autobiographical narrative approach (Glück, *et al.*, 2005); and engaged in a "critical examination of the two-worlds thesis in light of autobiographies written by children of immigrants in 20th-century North America" (Karakayali, 2005, p. 326).

2. AUTOBIOGRAPHICAL NARRATIVE AND YOUTH EXPERIENCES: IMPLICATIONS FOR RESILIENCE, WELL-BEING, ETHNIC IDENTITY, AND CENTRALITY OF EVENTS

2.1. Developmental Considerations

Research documents the benefit of using an autobiographical narrative approach for youth-focused interventions (Banks & Salmon, 2013; McLean & Pasupathi, 2011; Piana, *et al.*, 2010; Roxberg, Burman, Guldbrand, Fridlund, & Barbosa da Silva, 2010). Researchers have shared that an autobiographical narrative is a powerful tool given that telling one's life story is central to identity development-- a key developmental task for adolescents (Banks & Salmon, 2013). A body of research documents how autobiographical reasoning (*i.e.*, making linkages between past experiences and the current self) can promote resilience and growth in the face of adversity and predict positive psychological well-being years later (Banks & Salmon, 2013; Lilgendahl & McAdams, 2011).

Given that adolescence is a critical time for identity development, the use of an autobiographical narrative approach that encourages telling one's story and the consolidation of identity seems developmentally appropriate. For instance, in a study of narrative identity in adolescence that examined content and processes by which identity developed, McLean and Breen (2009) found adolescent participants demonstrated an increase in meaning-making (*i.e.*, how one learns from events experienced in one's past) alongside an increase in age. This research suggests that narrative identity can further identity development among adolescents (McLean & Breen, 2009). The following discusses similar connections between autobiographical narrative interventions and current study variables of resilience, psychological well-being, ethnic identity, and centrality of events.

2.2. Resilience and Psychological Well-being

Results from the autobiographical intervention literature suggest that telling one's story during adolescence promotes resilience and psychological well-being (McGanon & McMahon, 2019; Piana *et al.*, 2010). Resilience has been discussed in the literature as a process of overcoming adversity (Masten, 2014; Rutter, 1985). Recent research has taken a contextual approach to resilience, examining the ability to overcome adversity within a larger sociocultural context (Clauss-Ehlers, 2004, 2008; Clauss-Ehlers, Chiriboga, Hunter, Roysircar, & Tummala-Narra, 2019).

Contextual approaches look beyond resilience as characteristics reflected at the individual level. Rather, cultural resilience examines and incorporates the extent to which cultural supports and factors in young people's environments promote coping processes that help them overcome hardships, thus promoting resilience (Clauss-Ehlers, 2004, 2008). Community resilience challenges community deficit approaches and explores how communities promote resilience and recovery (Oppenheimer, Miller, & Clauss-Ehlers, unpublished manuscript; Ungar, 2011). Community resilience has been defined as "social capital, physical infrastructure, and culturally embedded patterns of interdependence that give it the potential to recover from dramatic change, sustain its adaptability and support new growth that integrates the lessons learned during a time of crisis" (Ungar, 2011, p. 1742).

The notion of cultural resilience, or how the surrounding environment can help young people manage adversity, connects with psychological well-being (Ryff, 1989). Ryff's scale (1989) captures key concepts thought to promote psychological well-being that includes: environmental mastery, autonomy, self-acceptance, positive relations with others, personal growth, and having a purpose in life. Environmental mastery refers to having confidence in one's ability to combat environmental challenges (Ryff, 1989). With environmental mastery, young people have a greater sense of self-efficacy in the interface with their environment. Autonomy as a concept that promotes psychological well-being can be understood as young people's ability to trust that they can act alone (Majorano, Musetti, Brondino, & Corsano, 2015). Self-acceptance is thought to promote psychological well-being as it means that individuals accept, or are working on accepting, who they are (Howard & Renfrow, 2014).

Autonomy and self-acceptance are complemented by factors such as positive relations with others, personal growth, and having a purpose in life (Ryff, 1989). Research demonstrates how social support mediates the connection between resilience and psychological well-being (Clauss-Ehlers & Wibkrowski, 2007; Malkoc & Yalçın, 2015). Other research has shown how character strengths, including emotional, interpersonal, and intellectual competence, correlate with resilience (Jayalakshmi, & Magdalin, 2015; Martínez-Martí & Ruch, 2015). Forgiveness and hope have been identified as mediators with regard to the meaning of life and subjective well-being (Yalçın, & Malkoç, 2015). Having a sense of something larger than oneself has been found to correlate with resilience (Clauss-Ehlers, 2008).

Research demonstrates how autobiographical narrative can promote resilience and well-being among young people. For instance, Piana *et al.* (2010) incorporated autobiographical narrative into an intervention implemented in camps that focused on addressing diabetes among young people recently diagnosed with Type 1 diabetes. Through engagement in various writing workshops, adolescents came better to understand the impact of diabetes on their daily experiences, apply new meanings to those experiences, assert responsibility for medication management, and learn

to cope with resulting life changes. Researchers also found that sharing experiences related to the disease helped decrease loneliness and isolation (Piana *et al.*, 2010).

The authors conclude that the autobiographical narrative approach promoted a change in the quality of life for adolescents with Type 1 diabetes who participated in their study. According to the authors, study results indicated that, while writing about diabetes was difficult, telling one's story through writing helped "some...to develop self-awareness, self-training and the continued discovery of innermost feelings. For many, it represented a safety valve, an outlet for the distress and sorrow accompanying the disease (Piana, *et al.*, 2010, p. 62).

2.3. Ethnic Identity

Ethnic identity development is also thought to promote psychological well-being among adolescents. Ethnic identity has been operationalized as having two components: ethnic identity search and affirmation, belonging, and commitment (Phinney, 1992). Ethnic identity search refers to processes whereby individuals engage in activities to learn more about their ethnic group and ethnic group membership. Affirmation, belonging, and commitment is an affective aspect of ethnic identity that reflects the extent to which individuals have pride in their ethnic group membership and understand the meaning of that group membership in their lives (Phinney, 1992).

An autobiographical narrative approach has been used to learn more about ethnic identity and group membership. For instance, Reese, Fivush, Merrill, Wang, and McAnally (2017) examined adolescents' intergenerational narratives from three cultural groups in New Zealand. Intergenerational narratives included telling stories about their mothers and fathers with a specific focus on early life experiences. Researchers found that intergenerational narratives can serve different purposes for adolescent identity exploration across different cultural contexts. For instance, New Zealand Chinese and Māori adolescents were more likely to talk about how their identities connected to their parents' experiences in comparison to their New Zealand European adolescent counterparts (Reese, *et al.*, 2017).

2.4. The Centrality of Events

The centrality of events refers to the extent to which an event is central to an individual's identity and personal narrative (Berntsen & Rubin, 2006). The idea here is that those events that have a high impact on our lives can influence our identities and the way that we view ourselves (Berntsen & Rubin, 2006). Critical in our understanding of this process, however, is that such events with high impact may be positive or negative/traumatic (Berntsen & Rubin, 2006). Hence memories that are traumatic may contribute to a distressing reference point, and thus contribute to mental health issues such as post-traumatic stress disorder (PTSD; Berntsen, Willert & Rubin, 2003).

Banks and Salmon (2013) examined relationships between well-being, anxiety and depression, and centrality of events through an autobiographical narrative task that asked young adult participants to report on two high points (*e.g.*, positive life experiences) and two low points (*e.g.*, negative life experiences) in their lives (McAdams, 2006, 2012a,b). These researchers explored the concept of the centrality of events by examining how self-event connections (*i.e.*, statements that connect an event with a personal attribute) and sophistication of meaning (*i.e.*, level of insight) relate to psychological functioning. The autobiographical narrative data collected for their study involved asking participants to write about two high points (*i.e.*, moments of happiness) and two low points (*i.e.*, moments of despair) in their lives (Banks & Salmon, 2013; see McAdams, 2006 for more about this autobiographical approach). Results indicated that young people who were *very likely* to connect more life events with aspects of self in a negative way (*i.e.*, low points) were more likely to demonstrate a correlation with greater mental health issues, hence they experienced fewer aspects of psychological well-being. Further, young adults who connected low points as being a central aspect of identity were associated with greater psychopathology and less psychological well-being. This was not the case, however, for young people who connected low points with positive aspects of self, meaning they were able to “reason about the self in positive ways in narratives of these difficult experiences” (Banks & Salmon, 2013, p. 10). Here, increased centrality of events was associated with enhanced psychologi-

cal well-being. This appeared to act as a protective factor against mental health issues.

The aforementioned research demonstrates how an autobiographical narrative is an approach that can promote well-being, resilience, ethnic identity development, and centrality of events among adolescents. Youth who are encouraged to develop their autobiographical narratives benefit from increased maturity, self-acceptance, and self-efficacy (Piana *et al.*, 2010). The current study builds on these findings in its design of a pilot intervention aimed to support resilience, psychological well-being, ethnic identity, and centrality of events among a group of adolescent participants from an under-resourced community in Northern England (Piana *et al.*, 2010; Banks & Salmon, 2013; Reese, *et al.*, 2017). The primary and secondary aims of the current study are presented below.

2.5. Research Questions to Address Primary Study Aims

1. Does an autobiographical narrative intervention promote resilience among a group of youth from working class and lower middle class backgrounds in Northern England?
2. Does an autobiographical narrative intervention promote psychological well-being among a group of youth from working class and lower middle-class backgrounds in Northern England?
3. Does an autobiographical narrative intervention further a sense of ethnic identity among a group of youth from working class and lower middle class backgrounds in Northern England?

2.6. Research Questions to Address Secondary Study Aims

1. How central were the memories evoked by each workshop to participants' identity?

2.7. Community-based Participatory Research

Community-based participatory research (CBPR) is a methodological approach that includes the community in research efforts (Belone *et al.*, 2016). CBPR encourages researchers to give back to the communities where they collect data (Lichtveld, Goldstein, Grattan, & Mundorf,

2016). The researcher develops a partnership with the community where scientific inquiry is taking place (Clauss-Ehlers, *et al.*, 2019). Through this partnership, the investigator partners with the community and contributes an aspect of the research process--rather than simply taking data out of the community and then leaving.

Examples of community contributions via the CBPR approach include research presentations; culturally adaptive interventions designed with community partners; provision of a service not currently available in the community; and discussion about research results and community implications; among other possible contributions (Frerichs, Hassmiller Lich, Dave & Corbie-Smith, 2015; Jernigan, Jacob, the Tribal Community Research Team, & Styne, 2016). For the purposes of the current study, the use of a CBPR approach was responsive to community needs as follows: 1) developing an intervention based on the recommendation and request of community youth leaders; 2) culturally adapting the autobiographical narrative approach for a community in Northern England; 3) developing an intervention via consultation with community youth workers; 4) creating an 8-week intervention program developmentally responsive to adolescents; and 5) providing a service that might not otherwise be accessible for youth at the centre.

The narrative autobiographical approach, with its empirical base that supports identity development and psychological well-being among young people, is thought to be a natural fit with CBPR. The CBPR approach can promote the use of autobiographical narrative within a community-intervention context--giving back to the community through an intervention that supports adolescents. The sharing of one's autobiographical narrative within a group context not only allows for the telling of one's story, it also affords an opportunity to hear others' stories.

The process of hearing about others' experiences may be critical in helping people feel less alone. This may be particularly relevant for young people whose developing identities may fluctuate between feeling lonely while also dealing with the developmental task of separation/individuation (Majorano *et al.*, 2015). Given that the peer group is an important aspect of adolescent development, hearing stories shared by adolescent peers may fur-

ther support coping and reduce a sense of isolation.

3. METHODS

CBPR was incorporated in the current autobiographical narrative study with adolescents in a working and lower middle-class community in Northern England. This approach was used to address the study's central research questions: How does implementing an autobiographical narrative approach promote resilience, psychological well-being, and ethnic identity development among adolescents? As well as the study's secondary aim: How central were the memories evoked by each workshop to participants' identity? Providing an intervention for young people that supports the development of life skills and self-awareness via intervention participation was a third, related goal. Through the application of a CBPR framework, it was hoped that knowledge would be generated from the study and that the community would benefit from the intervention as well (see Belone, *et al.*, 2016).

3.1. Sample, Intervention, and Study Design

3.1.1. Ethical Approval

The study was approved by the Rutgers University Institutional Review Board (IRB).

The sampling strategy was to enroll young people between the ages of 13 and 23 who were involved with a youth services center and/or the surrounding community in an economically-challenged community in Northern England. Participants were approached *via* an advertisement about the study and knowledge of the study through their connection with the youth centre. Participation in the study was fully voluntary and at the discretion of young people, and where applicable, their parents, to participate. A total of 24 young people enrolled in the study. Each young person under 18 years of age was required to have a parental signed consent form and they completed an assent form. For young people 18 or older, a signed consent form was required.

Of the 24 participants who enrolled in the study, 10 participants completed the measures at Time 1 (pre-intervention) and Time 2 (post-intervention). The age range among these 10 participants was 13 to 20, with a mean age of 15. Socioeconomic

status (SES) was operationalized by self-report on a demographic data sheet completed by participants. The self-reported SES among participants who completed pre-post surveys was 80% working class and 20% lower middle class. In England, the working class may include unskilled, semi-skilled, and skilled laborers who work in a specific trade. The lower middle class tends to refer to those who work in office jobs and may speak with accents that reflect where they live. Working-class is considered to reflect lower socioeconomic status than the lower middle class in the English context (Robson, 2016). While it is possible that there may not be full accuracy in the self-reporting of social class in the current study, it is important to note that self-report results of SES fit with the level of overall deprivation in the community where the study was conducted. Such deprivation levels are over double those of England, with two-fifths of children living in deprivation.

Twenty percent of participants who completed the study were male, and 80% were female. One hundred percent of the sample was White. This finding reflects an overall community demographic that has a much lower proportion of diverse racial/ethnic groups in comparison to England's overall demographics. For instance, community profile data indicates that only 3.3% of the population in the community where the data was collected did not identify as "White British."

Ten percent of the sample self-reported their educational status as having had primary education and 90% self-reported educational status as secondary education. It might be that the 10% who self-reported as having had primary education meant that they had completed their primary education (and thus were in secondary school). This fits with the study's age parameters of participants being between the ages of 13 and 23.

3.2. Intervention

An 8-week intervention was developed that incorporated autobiographical narrative techniques to promote resilience, psychological well-being, and ethnic identity among participants, as well as explore how central workshop themes reflected their lives and experiences. Intervention workshops were held once a week for two hours over the course of the 8-week period. Workshops were

developed in accordance with autobiographical narrative workshop strategies identified in the literature (Banks & Salmon, 2013; McAdams, 2006; Piana, *et al.*, 2010). Hence, some of the workshops reflected those that Piana *et al.* (2010) implemented in their intervention study. Other workshops incorporated autobiographical narratives about high and low points as discussed by McAdams (2012, a,b) and indicative of how the centrality of events can influence identity (Banks & Salmon, 2013).

Table 1 presents a detailed description of each workshop theme. Weekly workshop themes included: Week 1=1a administration of measures prior to the intervention, 1b. Why am I here? (Piana, *et al.*, 2010); Week 2=My life history: The introductory interview; Week 3=My life history: Two high points from one's life history; Week 4=My life history: Two low points from one's life history; Week 5=Creative workshop: Express yourself by creating a mask (Piana, *et al.*, 2010); Week 6=Dear Mask, I am writing to you (Piana, *et al.*, 2010); Week 7=My relationships with others (Clauss-Ehlers, 2008); and Week 8a=The meaning of the autobiographical workshops, 8b= administration of measures post-intervention participation (Clauss-Ehlers, 2008; Piana, *et al.*, 2010).

While weeks 2, 3 and 4 specifically focused on participants' life histories, weekly themes varied. For instance, Week 2 involved an introductory interview where participants started to share their stories; Week 3 focused on sharing two high points, or positive experiences, from one's life history; and Week 4 focused on sharing two low points, or negative experiences from one's life history. Weeks 3 and 4 themes reflect McAdams' (2013) focus on high points and low points as factors that influence narrative identity and the extent to which people attribute purpose and meaning from them.

3.2.1. Procedure

Consent and assent forms were completed before study participation. There were several versions of consent and assent forms depending upon the age of the participant.

Parent consent forms were signed for those participants under age 18. Participants under age 18

Table 1. Workshop intervention themes and strategies.

Intervention Week	Name of Intervention Workshop	Workshop Description
Week 1a Week 1b	<i>Administration of measures prior to intervention participation</i> <i>Why am I here?</i> (Piana, et al., 2010)	Includes signed assent and consent forms as required. Workshop intervention parameters and goals explained; participants asked to share what they hoped to get out of the workshop intervention; participants introduced themselves to “create the appropriate narrative atmosphere in the group” (p. 57).
Week 2	<i>My life history: The introductory interview</i>	Participants interviewed one another to get a sense of participants’ history of autobiographical narrative. Participants then presented their partner’s narrative histories to the group. The rationale for having someone else present one’s history is that it will be easier to share on behalf of someone else at this stage of the group’s development. Participants are informed that they can ask their partner not to share certain information with the larger group as needed.
Week 3	<i>My life history: Two high points from one’s life history</i>	This workshop builds on autobiographical narrative work conducted by McAdams (2006) and Banks and Salmon (2013). The workshop began with a 30-minute check in followed by participant writing about 2 “high points” in one’s life (<i>i.e.</i> , major accomplishment, positive relationship, helpful life changing event). Subsequent group discussion regarding autobiographical high points was organized according to the following questions: 1. What are two high points that have happened in your life? 2. What makes those two areas special? 3. How did these two high points change your life? 4. How did they change the lives of those around you?
Week 4	<i>My life history: Two low points from one’s life history</i>	This workshop incorporates autobiographical narrative work conducted by McAdams (2006) and Banks and Salmon (2013). The workshop began with a 30-minute check in followed by participant writing about 2 “low points” in one’s life (<i>i.e.</i> , a challenge, stressor, negative life altering event). Subsequent group discussion regarding autobiographical low points was organized according to the following questions: 1. What are two low points that have happened in your life? 2. What stands out for you about the two low points? 3. How did these two low points change your life? 4. How did they change the lives of those around you? 5. How did you manage or cope with those two low points? 6. Are there ways that you feel you haven’t been able to cope?
Week 5	<i>Creative workshop: Express yourself by creating a mask</i>	This workshop incorporates an autobiographical narrative approach presented by Piana et al. (2010). Participants use art supplies to decorate papier maché masks. As participants complete their masks, Piana et al.’s (2010) technique of writing a letter to the mask is introduced. For instance, participants respond to the phrase “Dear Mask.....” and write about the mask they feel they hide behind.
Week 6	<i>Dear Mask, I am writing to you....</i>	This workshop is based on the autobiographical narrative work of Piana et al. (2010). The workshop begins with a 30 minute check in. Participants can then continue to work on their masks and write letters to them.

(Table 1) Contd...

Intervention Week	Name of Intervention Workshop	Workshop Description
Week 7	<i>My relationships with others</i>	This workshop builds on the resilience literature that discusses the importance of supportive relationships as an adaptive coping mechanism that supports resilience (Clauss-Ehlers, 2008). Participants are encouraged to write about a) their relationships with others; b) how they have an impact on the participant’s life; c) what they mean to the participant; and d) influential people in their lives.
Week 8	<i>The meaning of the autobiographical workshops</i>	The focus of the final workshop is to integrate meaning making literature (Clauss-Ehlers, 2008; Piana <i>et al.</i> , 2010) into a conversation about how the workshops and their autobiographical narrative approach furthered self-understanding and purpose. Participants considered the following questions: 1. What did you learn about yourself by participating? 2. What did you learn about your family by participating? 3. How have you changed/grown since the start of the workshops? 4. What was most helpful about the workshops?

also gave verbal assent to participate via an Assent Form. The Consent Form-Young Adult Version, was signed by participants who were 18 years of age or older. Here no verbal assent was required.

The first workshop was divided into two parts--with the first part focused on pre- intervention data collection. Similarly, the last workshop was divided into two parts-- with the second part focused on post-intervention data collection. Participants completed questionnaires as a group just prior to the start of content for Workshop 1 and just after the content portion of Workshop 8. Participants completed questionnaires on their own in the group setting. However, if they had questions about the questionnaire, the Principal Investigator was present during data collection to respond to any queries.

Participants received 10 £ and lunch for each workshop they participated in. This stipend was to cover any related costs associated with travel to the community centre where workshops were implemented and to recognize the participant’s time commitment. Participants received notebooks to record autobiographical narratives. Notebooks were stored in a locked cabinet at the centre between workshops.

3.3. Measures

3.3.1. Participant Characteristics

A demographic information form asked participants to report on gender, age, race, ethnicity, education, and socioeconomic status.

3.3.2. Primary Outcomes Pre- and Post-intervention Measures

Three measures were administered to collect data on primary outcomes for study variables that included resilience, psychological well-being, and ethnic identity. Missing data for primary and secondary outcomes were dealt with by taking means of pre- and post-data.

3.3.3. Resilience

Resilience was measured using the Cultural Resilience Measure (CRM; Clauss-Ehlers, 2008). The CRM is a 52-item self-report measure that examines resilience within a sociocultural context. Three screening items determine if there has been adversity that would introduce an experience of having to be resilient (*i.e.*, “I have NOT experienced any difficulties in my life”). Screening items are followed by questions that make up the CRM’s five subscales: adaptive coping, maladaptive coping, global coping, sociocultural support (*i.e.*, the extent to which one’s sociocultural environment promotes resilience), and insight timing (*i.e.*, the time in life when awareness/insight is gained about the challenge faced). Subscales are scored on a Likert scale with a range of 1 (Strongly Disagree) to 4 (Strongly Agree) with greater scores indicating greater resilience. For the Insight Timing item, responses are scored from 0 to 4 with higher scores reflecting having earlier insight about the challenge to resilience (*i.e.*, primary/elementary school years=4) and lower scores being related to developing insight later on in life (*i.e.*, post high school/bachelor’s degree=1) or still

not yet having fully understood the challenge to resilience (*i.e.*, 0). The maladaptive coping subscale is the only subscale that is a reversed score. Subscale scores are determined through the summation of subscale items. Subscale reliability for an earlier iteration of the CRM was reported from .29 to .72. Face validity (*e.g.*, logical validity), when compared to another resilience measure, was reported at .91 (Clauss-Ehlers, 2008). Face validity measures the extent to which an instrument measures what it is intended to measure. According to Salkind (2010), face validity answers the question "On the face of things, do the investigators reach the correct conclusions?" (no page number).

3.3.4. *Psychological Well-being*

Psychological well-being was measured using Ryff's Scales of Psychological Well-being (Ryff & Keyes, 1995). The long form of the scale includes 84-item self-report items. The six components of psychological well-being that make up Ryff's subscales include: autonomy (*e.g.*, "I am not afraid to voice my opinions, even when they are in opposition to the opinion of most people"), environmental mastery (*e.g.*, "I am quite good at managing the many responsibilities of my daily life"), personal growth (*e.g.*, "I think it is important to have new experiences that challenge how you think about yourself and the world"), positive relations with others (*e.g.*, "It is important to me to be a good listener when close friends talk to me about their problems"), purpose in life (*e.g.*, "I have a sense of direction and purpose in my life"), and self-acceptance (*e.g.*, "I like most aspects of my personality"). Scores are determined *via* a Likert format on a scale of 1 to 6 where 1 = Strongly Disagree and 6 = Strongly Agree. Some items are reverse scored. Internal consistencies for subscales have been reported as follows: autonomy=.86; environmental mastery=.90; personal growth=.87; positive relations with others=.91; purpose in life=.90; and self-acceptance=.93 (Ryff, 1989).

The Ryff can be scored by taking means or sums. In the current study, scores were calculated by taking means to account for missing data. Depending on the subscale, higher scores indicate greater psychological well-being, while lower scores indicate less psychological well-being. Internal consistency coefficients for the scale have been reported between 0.86 and 0.93 (Springer & Hauser, 2006). The scale has been reported as hav-

ing face validity with three factors that have eigenvalues greater than 1. For instance, the first factor had loadings above 0.60 for four RPWB scales (environmental mastery, self-acceptance, purpose in life, personal growth); the second factor indicated loadings above 0.40; and the third factor had a loading of over 0.80 for autonomy and personal relations (Springer & Hauser, 2006).

3.3.5. *Ethnic Identity*

Ethnic identity was measured using the Multicultural Ethnic Identity Measure (MEIM; Phinney, 1992). Ethnic identity is measured according to two subscales: 1. Ethnic identity search (*i.e.*, the extent to which the participant seeks out information and activities to learn more about his/her ethnic identity); and 2. Affirmation, belonging, and commitment (*i.e.*, the extent to which the participant engages in activities related to his/her ethnic identity to experience a greater sense of belonging with one's group). Scales are scored on a Likert scale with scores that range from 1 (Strongly Disagree) to 4 (Strongly Agree). It is recommended that subscale scores are determined by calculating the mean of items for each subscale. The current study scored the MEIM by taking the means of the items. Reliability is reported at .81 with high school students and .90 with college students (Roberts *et al.*, 1999).

3.4. *Secondary Outcomes Measures, Administered After Each Workshop*

3.4.1. *The Centrality of Events*

How central the memories evoked by each workshop were to participants' identity were measured using The Centrality of Event Scale (7-item version, CES-7; Berntsen & Rubin, 2006). This is the only measure in the protocol that was administered to participants after each workshop. This measure was administered after each workshop to get a sense of the extent to which the memories evoked from each specific workshop theme resonated with their identities. For instance, participants were asked to respond to items such as "This event has become a reference point for the way I understand myself and the world." The 7-item version demonstrates a Cronbach alpha of .88 and internal consistency of .89 (Berntsen & Rubin, 2006). Correlations with other scales indicate construct validity for this scale (Cann *et al.*, 2010).

4. RESULTS

Analyses were conducted using SPSS version 17. Findings are reported in Tables 2 to 5b. with significance indicated at the .01 and .05 levels. Experiment wise error, e.g., Bonferonni, is not addressed given the current pilot study nature of the research.

Statistical analyses were conducted in efforts to respond to the pilot study’s two primary research goals. The primary outcome measures addressed three research questions specifically geared to explore if an autobiographical narrative intervention promotes resilience (Question 1); psychological well-being (Question 2); and ethnic identity (Question 3) among a group of youth from working class and lower middle class backgrounds in

Northern England. The secondary outcome measures explored how central the memories evoked by each workshop were with regard to participants’ identity. A third research goal, in keeping with a CBPR framework, was to provide an intervention for young people that supports the development of life skills and self-awareness.

4.1. Primary Outcomes Pre- and Post-Intervention Measures

Resilience, psychological well-being, and ethnic identity. T-tests for total scale scores indicated there were no significant findings between Time 1 and Time 2. T-tests for subscale scores indicated one significant change in the CRM maladaptive coping subscale between Time 1 and Time 2 of .043 at the .05 level (See Table 2).

Table 2. Paired samples test of Time 1 and Time 2 scales and subscales.

Variable	Time 1		Time 2		T-test Sig.	Effect Size
	M	SD	M	SD		
CRM	2.739	0.309	2.677	0.249	0.621	0.109
Ryff	3.623	0.520	3.650	0.529	0.730	-0.026
MEIM	2.379	0.585	2.685	0.589	0.124	-0.252
CES-7	3.171	0.425	3.614	0.495	0.018*	-0.433
AC	2.517	0.219	2.535	0.397	0.879	-0.028
MC	2.790	0.479	2.337	0.406	0.043*	0.454
GC	2.767	0.446	2.933	0.466	0.322	-0.179
SCS	2.620	0.382	2.680	0.454	0.638	-0.071
Insight Timing	3.00	1.247	2.90	1.595	0.847	0.035
AUTO	3.657	0.633	3.721	0.909	0.762	-0.041
ENMA	3.293	0.537	3.450	0.591	0.248	-0.138
PERG	4.007	0.995	4.086	0.800	0.647	-0.044
PSRL	3.686	0.632	3.837	0.595	0.397	-0.122
PRLF	3.707	0.561	3.514	0.647	0.257	0.157
SELF	3.386	0.686	3.293	0.622	0.511	0.071
EthID	2.222	0.463	2.622	0.674	0.111	-0.327
Aff	2.492	0.692	2.730	0.560	0.203	0.415

Note. N=9. Statistical Significance: *p<.05, **p<.01, ***p<.001. CRM indicates *Cultural Resilience Measure*, GC indicates the Global Coping Subscale of the *Cultural Resilience Measure*, AC indicates the Adaptive Coping Subscale of the *Cultural Resilience Measure*, MC indicates the Maladaptive Coping Subscale of the *Cultural Resilience Measure*, SCS indicates the Sociocultural Support Subscale of the *Cultural Resilience Measure*. Ryff indicates the *Ryff Scale of Psychological Well-Being*, AUTO indicates Autonomy Subscale of the *Ryff Scale of Psychological Well-Being*, ENMA indicates Environmental Mastery Subscale of the *Ryff Scale of Psychological Well-Being*, PERG indicates Personal Growth Subscale of the *Ryff Scale of Psychological Well-Being*, PSRL indicates Positive Relations with Others Subscale of the *Ryff Scale of Psychological Well-Being*, PRLF indicates Purpose in Life Subscale in the *Ryff Scale of Psychological Well-Being*, SELF indicates SELF-acceptance Subscale in the *Ryff Scale of Psychological Well-Being*. MEIM indicates *The Multiple Ethnic Identity Measure*, EthID indicates Ethnic Identity Search Subscale of the *The Multiple Ethnic Identity Measure*, and Aff indicates Affirmation, belonging, and commitment Subscale of the *The Multiple Ethnic Identity Measure*. CES-7 indicates *The Centrality of Events Scale*.

4.2. Secondary Outcomes Centrality of Events

The CES-7 was administered to participants prior to intervention participation and after participation in each workshop session, including the last workshop session as the final post-intervention data point. A t-test for the CES-7 (Berntsen & Rubin, 2006) was conducted to look at differences among participants before (pre-intervention) and after (post-intervention) intervention participation. Findings indicated significance at the .05 level for the overall scale (See Table 2).

A repeated measures analysis on the CES-7 variable (e.g., the salience of the events discussed in workshops 1, 3, 4, 6, and 8) was run across data for weeks 1 (theme=administration/ why am I here), 3 (theme=my life history: 2 high points), 4 (theme=my life history: 2 low points), 6 (theme=dear mask, I am writing to you), and 8 (theme=meaning of the autobiographical workshops) as these comprised the weeks with complete participant CES-7 data. Sample CES-7 items include the following statements: “I feel that this event has become a part of my identity.” And “This event was a turning point in my life.” Hence, the purpose of running the repeated measures analysis was to determine if the curriculum in each autobiographical narrative workshop was relevant for participants. Findings were significant at .05 and .01 levels (see Table 3).

4.3. Correlations: Resilience, Psychological Well-being, Ethnic Identity, and Centrality of Events

4.3.1. Correlations Among Overall Scales Pre- and Post-intervention

Correlations between overall scales were run to determine if there were significant relationships among overall scale scores during Time 1 and Time 2 data collection points (See Tables 4a. and 4b.). Two significant findings were found among Time 1 correlations (e.g., pre-intervention). The CRM was significantly correlated with the CES (.828, p<.01) and the MEIM was significantly correlated with the Ryff (.670, p<.05). Correlations between overall scales for Time 2 data (e.g., post-intervention) identified one significant relationship. The CES was significantly correlated with the MEIM (.924, p<.01).

4.3.2. Correlations Among Subscales Pre- and Post-intervention

Correlations between subscales were run to determine if there were significant relationships among subscale scores during Time 1 and Time 2 data collection points. Table 5a. presents correlations among subscales during Time 1. Table 5b. presents correlations among subscales during Time 2.

Table 3. Repeated measures of centrality of events scale within-subjects.

Time	Mean Square	Sig.
Sphericity Assumed	0.380	0.023*
Greenhouse-Geisser	0.659	0.053
Linear	1.475	0.008**

Note. N=10. Statistical Significance: *p<.05, **p<.01, ***p<.001. Taken from Week 1, 3, 4, 6, and 8.

Table 4a. Correlations among Scales Time 1.

Variable	CRM	Ryff	MEIM	CES-7
CRM	1	-	-	-
Ryff	0.286	1	-	-
MEIM	0.469	0.670*	1	-
CES-7	0.828**	0.157	0.458	1

Note. N=10. Statistical Significance: *p<.05, **p<.01, ***p<.001. CRM indicates *Cultural Resilience Measure*. Ryff indicates the *Ryff Scale of Psychological Well-Being*, MEIM indicates *The Multiple Ethnic Identity Measure*, CES-7 indicates *The Centrality of Events Scale*.

Table 4b. Correlations among Scales Time 2.

Variable	CRM	Ryff	MEIM	CES-7
CRM	1	-	-	-
Ryff	0.376	1	-	-
MEIM	-0.459	-0.105	1	-
CES-7	-0.520	-0.007	0.924**	1

Note. N=10. Statistical Significance: *p<.05, **p<.01, ***p<.001. CRM indicates *Cultural Resilience Measure*. Ryff indicates the *Ryff Scale of Psychological Well-Being*, MEIM indicates *The Multiple Ethnic Identity Measure*, CES-7 indicates *The Centrality of Events Scale*.

Table 5a. Correlations among subscales Time 1.

Variable	EthID	Aff	AUTO	ENMA	PERG	PSRL	PRLF	SELF	GC	SCS	AC	MC	Insight Timing
EthID	1	-	-	-	-	-	-	-	-	-	-	-	-
Aff	0.899**	1	-	-	-	-	-	-	-	-	-	-	-
AUTO	0.542	0.491	1	-	-	-	-	-	-	-	-	-	-
ENMA	0.610	0.724*	0.188	1	-	-	-	-	-	-	-	-	-
PERG	0.526	0.378	0.773**	0.165	1	-	-	-	-	-	-	-	-
PSRL	0.556	0.682*	0.704*	0.248	0.649*	1	-	-	-	-	-	-	-
PRLF	0.278	0.309	0.667*	0.399	0.773**	0.545	1	-	-	-	-	-	-
SELF	0.431	0.567	0.406	0.825**	0.260	0.403	0.560	1	-	-	-	-	-
GC	0.596	0.458	0.332	0.317	0.231	0.368	0.077	0.318	1	-	-	-	-
SCS	0.226	0.273	0.097	0.610	0.258	0.147	0.556	0.675*	0.378	1	-	-	-
AC	-0.136	0.047	-0.397	0.312	-0.459	-0.235	-0.069	0.350	0.066	0.656*	1	-	-
MC	0.066	0.362	-0.329	0.421	-0.121	0.154	0.094	0.252	-0.350	0.353	0.535	1	-
Insight Timing	0.300	0.164	0.161	0.024	0.192	0.201	-0.113	-0.176	0.666*	-0.093	-0.435	-0.456	1

Note. N=10. Statistical Significance: *p<.05, **p<.01, ***p<.001. EthID indicates Ethnic Identity Search Subscale of the *The Multiple Ethnic Identity Measure*, and Aff indicates Affirmation, belonging, and commitment Subscale of the *The Multiple Ethnic Identity Measure*. AUTO indicates Autonomy Subscale of the *Ryff Scale of Psychological Well-Being*, ENMA indicates Environmental Mastery Subscale of the *Ryff Scale of Psychological Well-Being*, PERG indicates Personal Growth Subscale of the *Ryff Scale of Psychological Well-Being*, PSRL indicates Positive Relations with Others Subscale of the *Ryff Scale of Psychological Well-Being*, PRLF indicates Purpose in Life Subscale in the *Ryff Scale of Psychological Well-Being*, SELF indicates Self-acceptance Subscale in the *Ryff Scale of Psychological Well-Being*. GC indicates the Global Coping Subscale of the *Cultural Resilience Measure*, SCS indicates the Sociocultural Support Subscale of the *Cultural Resilience Measure*, AC indicates the Adaptive Coping Subscale of the *Cultural Resilience Measure*, and MC indicates the Maladaptive Coping Subscale of the *Cultural Resilience Measure*.

5. DISCUSSION

5.1. Primary study aims Research questions 1, 2, and 3

The efficacy and therapeutic impact of autobiographical narrative have been documented in studies of adolescents with asthma (Warner, *et al.*, 2006) and Type 1 diabetes (Piana *et al.*, 2010), among other concerns. A central tenet of the autobiographical narrative approach is that the telling of one’s story, whether through writing or related activities (*i.e.*, decorating a mask), is a cathartic tool.

The primary purpose of this autobiographical narrative study was to address how incorporating an autobiographical narrative approach can promote resilience, psychological well-being, and ethnic identity among adolescents *via* a CBPR framework. This question was explored through an 8-week workshop curriculum implemented at a community-based centre in an English community with levels of deprivation more than double those in England.

It was interesting to note that the t-test ran for measures of resilience (*e.g.*, the CRM), psycho-

Table 5b. Correlations among subscales Time 2.

Variable	EthID	Aff	AUTO	ENMA	PERG	PSRL	PRLF	SELF	GC	SCS	AC	MC	Insight Timing
EthID	1	-	-	-	-	-	-	-	-	-	-	-	-
Aff	0.879**	1	-	-	-	-	-	-	-	-	-	-	-
AUTO	-0.277	0.012	1	-	-	-	-	-	-	-	-	-	-
ENMA	0.193	0.428	0.637*	1	-	-	-	-	-	-	-	-	-
PERG	-0.594	-0.395	0.530	0.448	1	-	-	-	-	-	-	-	-
PSRL	-0.335	-0.253	0.542	0.597	0.779**	1	-	-	-	-	-	-	-
PRLF	-0.022	0.129	0.260	0.684*	0.642*	0.552	1	-	-	-	-	-	-
SELF	0.083	0.275	0.723*	0.667*	-0.021	.0301	0.084	1	-	-	-	-	-
GC	0.258	0.441	0.114	0.659*	0.237	0.104	0.741*	0.248	1	-	-	-	-
SCS	0.471	0.742	0.202	0.649*	0.079	0.090	0.574	0.324	0.728*	1	-	-	-
AC	0.288	0.267	-0.104	0.196	0.058	-0.136	0.418	-0.096	0.574	0.777**	1	-	-
MC	-0.025	0.158	-0.233	0.021	-0.062	0.126	-0.062	-0.101	-0.068	-0.433	-0.305	1	-
Insight Timing	-0.611	-0.714*	0.050	-0.284	0.300	0.510	-0.206	-0.151	-0.707*	-0.632*	-0.520	0.285	1

Note. N=10. Statistical Significance: *p<.05, **p<.01, ***p<.001. EthID indicates Ethnic Identity Search Subscale of the *The Multiple Ethnic Identity Measure*, and Aff indicates Affirmation, belonging, and commitment Subscale of the *The Multiple Ethnic Identity Measure*. Auto indicates Autonomy Subscale of the *Ryff Scale of Psychological Well-Being*, ENMA indicates Environmental Mastery Subscale of the *Ryff Scale of Psychological Well-Being*, PERG indicates Personal Growth Subscale of the *Ryff Scale of Psychological Well-Being*, PSRL indicates Positive Relations with Others Subscale of the *Ryff Scale of Psychological Well-Being*, PRLF indicates Purpose in Life Subscale in the *Ryff Scale of Psychological Well-Being*, SELF indicates Self-acceptance Subscale in the *Ryff Scale of Psychological Well-Being*. GC indicates the Global Coping Subscale of the *Cultural Resilience Measure*, SCS indicates the Sociocultural Support Subscale of the *Cultural Resilience Measure*, AC indicates the Adaptive Coping Subscale of the *Cultural Resilience Measure*, and MC indicates the Maladaptive Coping Subscale of the *Cultural Resilience Measure*.

logical well-being (e.g., the Ryff scale), and ethnic identity (e.g., the MEIM) identified a decrease in maladaptive coping as the only significant finding. It may be that in the time before and after intervention participation, participants were learning about how to not engage in maladaptive coping behaviors (i.e., self-isolation). Perhaps the writing and sharing of one's story via autobiographical narrative strategies helped participants think through better coping strategies, thus decreasing reliance on maladaptive strategies.

This is also an interesting finding given a recent community profile report that found the highest disease prevalence in the community was depression. Depression was one of two conditions that demonstrated the highest increase in prevalence rate from 2015 to 2016 (the intervention for this study was implemented in 2016). Such prevalence data, alongside the change in maladaptive coping, implies that autobiographical interventions that encourage resilience and psychological well-being can benefit the young people who engage in them, and, by extension, benefit the community where they are implemented as well.

5.2. Secondary Study Aims: Research Question 4

Perhaps the most interesting study finding was the surprisingly high level of CES-7 significance. This is an important finding, not only because of the small sample size, but also due to the focus of the intervention and the centrality of autobiographical memory for the study. We will recall that the CES-7 (Berntsen & Rubin, 2006) is a self-report measure that examines how central an event or a memory is to one's identity. Berntsen and Rubin (2006) created the CES-7 scale to measure "the extent to which a memory for a stressful event forms a reference point for personal identity and for the attribution of meaning to other experiences in a person's life" (p. 7).

This significant study finding was based on analyses run on CES-7 data for weeks 1 (i.e., Why am I here?), 3 (i.e., My life history: Two high points from one's life history), 4 (i.e., My life history: Two low points from one's life history), 6 (i.e., Dear Mask, I am writing to you), and 8 (i.e., The meaning of the autobiographical workshops). It is interesting to note that the content of these

curricular experiences perhaps spoke to the memories and related attributions that youth participants made through considerations of high points, low points, writing about the mask they feel they hide behind (see Table 1), and exploring what they learned about self and family through the autobiographical narrative intervention. This fits with Berntsen and Rubin's (2006) discussion about the role of "reference points in everyday experiences" (p. 2). They state: "Memories for personally salient events may function as personal reference points for the attribution of meaning to other experiences as well as for the generation of expectations for the future" (p. 2).

This significant finding was interpreted to mean that the workshop series was meaningful for participants overall. It suggests that as the young people engaged more deeply in autobiographical narrative activities, they became more aware of the centrality of the workshop topics within their lives. Subsequently, it seems that participants had a greater sense of those experiences and events that shaped their identities as a result of participating in the intervention.

This study did not explore whether psychological well-being was moderated by identification with positive experiences more than negative experiences when young adults did not connect low points "to positive characteristics or developments in the self" (as explored in the Banks and Salmon 2013 study, p.13). However, it is interesting to note that the two significant findings, decrease in maladaptive coping and CES-7 significance, might suggest that as the young people who participated in the study talked and wrote about those experiences that were important to them, the awareness that came from verbalizing these experiences helped them think through better coping strategies to manage stressful life situations (*e.g.*, resilience).

These possibilities may have prompted participants to integrate such experiences into their own sense of identity more fully, as evidenced by the significant CES-7 findings. It appears that designing a workshop curriculum intervention with an autobiographical narrative approach is a helpful tool for adolescents who face challenges to resilience. Further, having a greater awareness of those events that are central to one's life--both shared and heard--underscores the importance of creating a safe environment where youth can share,

be heard, feel understood, and reciprocally listen to the experiences of their peers and learn from them.

5.3. Third Study Aim: A Supportive Intervention

These qualitative experiences introduce a discussion about the third research goal--to provide an intervention for young people that supports the development of life skills and self-awareness. Throughout the curriculum, participants talked about their strong community ties, along with the resulting stressors they experienced. This finding is thought to reflect how participants' recognition of the centrality of events within their communities prompted a sense of wanting to learn more about their ethnic backgrounds. It was thought that adolescent participants also experienced a greater sense of belonging as they engaged in this process.

The workshop curriculum sought to address this goal through a community-based participatory research (CBPR) framework. CBPR refers to research that is not designed to merely go into the community, collect data, and publish new knowledge. Rather, the CBPR approach seeks to "[re-duce] disparities and [improve] health status within communities of color...and other communities of social identity that have faced histories and patterns of discrimination or stigmatization" (Belone, *et al.*, 2016, p. 199). Adolescents in the current study were aware of their social class status and where they stood in terms of English society. They talked about the stressors their families experienced and the impact those stressors had on their lives.

The current research project was committed to not simply eliciting data from young people. Rather, it strived to give back to them, and their community, through the workshop curriculum. In this sense, the study's participatory research approach focused on building "equitable partnerships with interdisciplinary teams of professionals and community members, re-centering paradigms within a specific community and cultural context, constant reflective communication, and deepening relationships over an extended period" (Belone, *et al.*, p. 212). At the end of the curriculum, participants shared how the workshops gave them something to do and a place to go during the summer

holiday. They talked about how they looked forward to the workshops and saw them as a place where they could share their experiences and listen to those of their peers.

5.4. Limitations

There were several limitations associated with this pilot study. The sample size was small, making it difficult to generalize findings. In addition, there was no control group with which to compare results. A related limitation is that the research design did not control for experiment wise error. Further, while 24 young people initially signed up for the research study, many did not consistently attend workshops after the school year ended. As a result, pilot study results reflect the participation of the 10 youth who consistently attended the 8-week workshop series.

Another limitation concerns generalizability regarding demographics. One hundred percent of the sample was White, a finding that reflects overall community demographics that have a much lower proportion of diverse racial/ethnic groups in comparison to England as a whole. In addition, in England, social class distinctions are often made based on a person's accent. The youth in this study represented an area where Scouse is a common accent (Lally, 2017). Further, the youth participants in this study were from a part of Northern England where two fifths of children live in deprivation.

5.5. Implications for Clinical Work

The narrative autobiographical approach appears to be a successful way to engage young people who face multiple stressors and economic challenges. That the workshop was delivered in a youth centre, a place that the youth had a relationship with, suggests that community-based services can reach youth where they are, and in settings they are familiar with. This level of familiarity might normalize the experience of seeking services from a community-based clinic or centre.

The writing and sharing of the autobiographical narrative appears to have had a positive impact on how the youth thought about decision making and life choices. It might have been that maladaptive coping appeared to decrease after study participation because participants learned about different coping strategies, not only from sharing their own

experiences, but also from hearing those of their peers. For instance, youth reported that learning about what their peers were going through decreased feelings of isolation, including the sense that they were the "only one" experiencing an identified stressor.

5.6. Future Directions for Research

Future research is needed to explore the positive impact that CBPR autobiographical narrative interventions can have on adolescent development and well-being. One logical next step is to consider ways to implement CBPR autobiographical narrative intervention studies that share a similar approach on a larger scale and with more youth participants. Research is needed to explore the outcomes of this approach among cultural and linguistically diverse adolescents. Culturally adapting autobiographical narrative approaches to be responsive to diverse youth and their families is an important area of future research (Clauss-Ehlers, *et al.*, 2019).

In the current study, correlational analyses were employed. Moving forward, researchers are encouraged to implement study designs that produce predictive relationships among variables. By employing an experimental design, future research can provide greater clarity about those factors that might contribute more strongly to positive outcomes.

ABOUT THE AUTHOR

Caroline S. Clauss-Ehlers, Ph.D., ABPP is Associate Professor and Program/Clinical Coordinator for the Programs in School Counseling and Counseling Psychology at Rutgers University. She chaired the American Psychological Association's Task Force on Re-envisioning the Multicultural Guidelines for the 21st Century (see <https://www.apa.org/about/policy/multicultural-guidelines>). She is the past editor of the *Journal of Multicultural Counseling and Development* (2011-2017).

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The study was approved by the Rutgers University Institutional Review Board (IRB).

HUMAN AND ANIMAL RIGHTS

This research was conducted in compliance with the Rutgers University Institutional Review Board in accordance with the protection of human subjects participating in research.

CONSENT FOR PUBLICATION

Not applicable.

AVAILABILITY OF DATA AND MATERIALS

Not applicable.

FUNDING

The study was supported through funding from the centre where it was implemented. The principal investigator (PI) was not the sole recipient of funding as the funding was not applied directly, rather it was distributed by the centre where the study was implemented. This small internal grant-like support within the centre came from The Trusthouse Charitable Foundation.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

ACKNOWLEDGEMENTS

This article is dedicated to the memory of Billy Waldron, a true advocate for young people. Thank you to Centre staff and the surrounding community for their interest in this project. Thanks to Noël Su and Greg Camilli for their support. Many thanks to study participants and their families for the involvement and participation that made this research possible.

REFERENCES

- Banks, M.V., Salmon, K. (2013). Reasoning about the self in positive and negative ways: Relationship to psychological functioning in young adulthood. *Memory*, 21(1), 10-26.
<http://dx.doi.org/10.1080/09658211.2012.707213>
 PMID: 22897204
- Belone, L., Tosa, J., Shendo, K., Toya, A., Straits, K., Tafoya, G., Rae, R., Noyes, E., Bird, D., & Wallerstein, N. (2016). Community-based participatory research for cocreating interventions with Native communities: A partnership between the University of New Mexico and the pueblo of Jemez. In N. Zane, G. Bernal, & F.T.L. Leong (Eds.). *Evidence-based psychological practice with ethnic minorities: Culturally informed research and clinical strategies* (pp. 199-220). Washington, D.C.: American Psychological Association.
<http://dx.doi.org/10.1037/14940-010>
- Berntsen, D., Rubin, D.C. (2006). The centrality of event scale: A measure of integrating a trauma into one's identity and its relation to post-traumatic stress disorder symptoms. *Behav. Res. Ther.*, 44(2), 219-231.
<http://dx.doi.org/10.1016/j.brat.2005.01.009> PMID: 16389062
- Berntsen, D., Willert, M., Rubin, D.C. (2003). Splintered memories or vivid landmarks? Qualities and organization of traumatic memories with and without PTSD. *Appl. Cogn. Psychol.*, 17, 675-693.
<http://dx.doi.org/10.1002/acp.894>
- Cann, A., Calhoun, L.G., Tedeschi, R.G., Kilmer, R.P., Gil-Rivas, V., Vishnevsky, T., Danhauer, S.C. (2010). The Core Beliefs Inventory: A brief measure of disruption in the assumptive world. *Anxiety, Stress, and Coping*, 23(1), 19-34.
<http://dx.doi.org/10.1080/10615800802573013>
 PMID: 19326274
- Clauss-Ehlers, C.S. (2004). Re-inventing resilience: A model of "culturally-focused resilient adaptation." In C.S. Clauss-Ehlers & M.D. Weist (Eds.), *Community planning to foster resilience in children*. (pp. 27-41). New York, NY: Kluwer.
http://dx.doi.org/10.1007/978-0-306-48544-2_3
- Clauss-Ehlers, C.S. (2008). Sociocultural factors, resilience, and coping: Support for a culturally sensitive measure of resilience. *J. Appl. Dev. Psychol.*, 29(3), 197-212.
<http://dx.doi.org/10.1016/j.appdev.2008.02.004>
- Clauss-Ehlers, C.S., Chiriboga, D.A., Hunter, S.J., Roysircar, G., Tummala-Narra, P. (2019). APA Multicultural Guidelines executive summary: Ecological approach to context, identity, and intersectionality. *Am. Psychol.*, 74(2), 232-244.
<http://dx.doi.org/10.1037/amp0000382> PMID: 30762387
- Clauss-Ehlers, C.S., Wibrowski, C. (2007). Building resilience and social support: The effects of an educational opportunity fund academic program among first- and second-generation college students. *J. Coll. Student Dev.*, 24(5), 574-584.
<http://dx.doi.org/10.1353/csd.2007.0051>
- Frerichs, L., Lich, K.H., Dave, G., Corbie-Smith, G. (2016). Integrating systems science and community-based participatory research to achieve health equity. *Am. J. Public Health*, 106(2), 215-222.
<http://dx.doi.org/10.2105/AJPH.2015.302944> PMID: 26691110
- Glück, J., Bluck, S., Baron, J., McAdams, D.P. (2005). The wisdom of experience: Autobiographical narratives across adulthood. *Int. J. Behav. Dev.*, 29(3), 197-208.
<http://dx.doi.org/10.1177/01650250444000504>
- Howard, J.A., Renfrow, D.G. (2014). Intersectionality. In J.D. McLeod, E.J. Lawler, & M. Schwalbe (Eds.), *Handbook of the social psychology of inequality*. (pp. 95-121). New York, NY: Springer.

- Jayalakshmi, V., Magdalin, S. (2015). Emotional intelligence, resilience and mental health of women college students. *J. Psychosom. Res.*, *10*(2), 401-408.
- Jernigan, V. B. B., Jacob, T., Tribal Community Research Team, & Styne, D. (2016). The adaptation and implementation of a community-based participatory research curriculum to build tribal research capacity. *American Journal of Public Health*, *105*(S3), S424-S432.
<http://dx.doi.org/10.2105/AJPH.2015.302674> PMID: 25905848
- Karakayali, N. (2005). Duality and diversity in the lives of immigrant children: Rethinking the "Problem of the Second Generation" in light of immigrant autobiographies*. *Can. Rev. Sociol. Anthropol.*, *42*(3), 325-343.
<http://dx.doi.org/10.1111/j.1755-618X.2005.tb00843.x>
- Lally, K. (2017). How many different types of Scouse accent are there? *Echo*. <https://www.liverpoolecho.co.uk/news/liverpool-news/how-many-different-types-scouse-13269716>
- Leyva, D., Sparks, A., Reese, E. (2012). The link between preschoolers' phonological awareness and mothers' book-reading and reminiscing practices in low-income families. *J. Literacy Res.*, *44*(4), 426-447.
<http://dx.doi.org/10.1177/1086296X12460040>
- Lilgendahl, J.P., McAdams, D.P. (2011). Constructing stories of self-growth: How individual differences in patterns of autobiographical reasoning relate to well-being in midlife. *J. Pers.*, *79*(2), 391-428.
<http://dx.doi.org/10.1111/j.1467-6494.2010.00688.x> PMID: 21395593
- Lichtveld, M., Goldstein, B., Grattan, L., Mundorf, C. (2016). Then and now: Lessons learned from community-academic partnerships in environmental health research. *Environmental Health: A Global Access Science Source*, *15*(1), 117.
- Majorano, M., Musetti, A., Brondino, M., Corsano, P. (2015). Loneliness, emotional autonomy and motivation for solitary behavior during adolescence. *J. Child Fam. Stud.*, *24*(11), 3436-3447.
<http://dx.doi.org/10.1007/s10826-015-0145-3>
- Malkoc, A., Yalcin, I. (2015). Relationships among resilience, social support, coping, and psychological well-being among university students. *Turkish Psychological Counseling & Guidance Journal*, *43*(5), 35.
- Martínez-Martí, M., Ruch, W. (2017). Character strengths predict resilience over and above positive affect, self-efficacy, optimism, social support, self-esteem, and life satisfaction. *J. Posit. Psychol.*, *12*(2), 110-119.
<http://dx.doi.org/10.1080/17439760.2016.1163403>
- Masten, A.S. (2014). Global perspectives on resilience in children and youth. *Child Dev.*, *85*(1), 6-20.
<http://dx.doi.org/10.1111/cdev.12205> PMID: 24341286
- McAdams, D. (2007). Autobiographical narratives. In R. F. Baumeister & K. D. Vohs (Eds.), *Encyclopedia of social psychology* (Vol. 1, pp. 84-85). Thousand Oaks, CA: SAGE Publications, Inc. doi: 10.4135/9781412956253.n47
- McAdams, D.P. (2012a). Exploring psychological themes through life narrative accounts. In J.A. Holstein & J.F. Gubrium (Eds.), *Varieties of narrative analysis*. (pp. 15-32). London: Sage. a
<http://dx.doi.org/10.4135/9781506335117.n2>
- McAdams, D.P. (2012b). *Life story interview*. <https://www.sesp.northwestern.edu/foley/instruments/interview/b>
- McAdams, D.P. (2006). *Foley Center, guided autobiography*.
<http://www.sesp.northwestern.edu/foley/instruments/guided/>
- McGannon, K.R., McMahon, J. (2019). Understanding female athlete disordered eating and recovery through narrative turning points in autobiographies. *Psychol. Sport Exerc.*, *40*, 42-50.
<http://dx.doi.org/10.1016/j.psychsport.2018.09.003>
- McLean, K.C., Breen, A.V. (2009). Processes and content of narrative identity development in adolescence: Gender and well-being. *Dev. Psychol.*, *45*(3), 702-710.
<http://dx.doi.org/10.1037/a0015207> PMID: 19413426
- McLean, K.C., Pasupathi, M., Pals, J.L. (2007). Selves creating stories creating selves: A process model of self-development. *Pers. Soc. Psychol. Rev.*, *11*(3), 262-278.
<http://dx.doi.org/10.1177/1088868307301034> PMID: 18453464
- Oppenheimer, M., Miller, E.W., & Clauss-Ehlers, C.S. (*unpublished manuscript*). Reducing mental health disparities by promoting social emotional health among early adolescents: Middle school as a system of care.
- Phinney, J. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with adolescents and young adults from diverse groups. *J. Adolesc. Res.*, *7*, 156-176.
<http://dx.doi.org/10.1177/074355489272003>
- Piana, N., Maldonato, A., Bloise, D., Carboni, L., Careddu, G., Fraticelli, E., Mereu, L., Romani, G. (2010). The narrative-autobiographical approach in the group education of adolescents with diabetes: A qualitative research on its effects. *Patient Educ. Couns.*, *80*(1), 56-63.
<http://dx.doi.org/10.1016/j.pec.2009.10.020> PMID: 20045279
- Reese, E., Fivush, R., Merrill, N., Wang, Q., McAnally, H. (2017). Adolescents' intergenerational narratives across cultures. *Dev. Psychol.*, *53*(6), 1142-1153.
<http://dx.doi.org/10.1037/dev0000309> PMID: 28414512
- Roberts, R., Phinney, J., Marse, L., Chen, Y., Roberts, C., Romero, A. (1999). The structure of ethnic identity in young adolescents from diverse ethnocultural groups. *J. Early Adolesc.*, *19*, 301-322.
<http://dx.doi.org/10.1177/0272431699019003001>
- Robson, D. (2016). How important is social class in Britain today? *BBC News*.
<https://www.bbc.com/future/article/20160406-how-much-does-social-class-matter-in-britain-today>
- Roxberg, A., Burman, M., Guldband, M., Fridlund, B., & Barbosa da Silva, A. (2010). Out of the wave: The meaning of suffering and relieved suffering for survivors of the tsunami catastrophe. An hermeneutic-phenomenological study of TV-interviews one year

- after the tsunami catastrophe, 2004. *Scand. J. Caring Sci.*, 24(4), 707-715.
<http://onlinelibrary.wiley.com/doi/10.1111/j.1471-6712.2009.00767.x/abstract>
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *Br. J. Psychiatry*, 147, 598-611.
<http://dx.doi.org/10.1192/bjp.147.6.598> PMID: 3830321
- Ryff, C.D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *J. Pers. Soc. Psychol.*, 57(6), 1069-1081.
<http://dx.doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C.D., Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *J. Pers. Soc. Psychol.*, 69(4), 719-727.
<http://dx.doi.org/10.1037/0022-3514.69.4.719> PMID: 7473027
- Salkind, N.J. (2010). Face validity. *Encyclopedia of research design*. Thousand Oaks, CA: Sage Research Methods.
- Springer, K.W., Hauser, R.M. (2006). An assessment of the construct validity of Ryff's Scales of Psychological Well-Being: Method, mode, and measurement effects. *Soc. Sci. Res.*, 35, 1119-1130.
<http://dx.doi.org/10.1016/j.ssresearch.2005.07.004>
- Ungar, M. (2011). Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. *Child. Youth Serv. Rev.*, 33, 1742-1748.
<http://dx.doi.org/10.1016/j.chilyouth.2011.04.027>
- Warner, L.J., Lumley, M.A., Casey, R.J., Pierantoni, W., Salazar, R., Zoratti, E.M., Enberg, R., Simon, M.R. (2006). Health effects of written emotional disclosure in adolescents with asthma: A randomized, controlled trial. *J. Pediatr. Psychol.*, 31(6), 557-568.
<http://dx.doi.org/10.1093/jpepsy/jsj048> PMID: 16014820
- Westby, C., Culatta, B. (2016). Telling tales: Personal event narratives and life stories. *Lang. Speech Hear. Serv. Sch.*, 47(4), 260-282.
https://doi.org/10.1044/2016_LSHSS-15-0073