Motivational and Affective Themes in the Life Stories of Underserved Emerging Adults: A Pilot Study

William L. Dunlop[1,2], Majse Lind[3,4], Nicole Harake[1], Daniel Lee[5], Angeles Sedano[5], Colin Ring[5], & Jordan P. Davis[5]

[1]University of California, Riverside
[2]Aarhus University
[3]University of Florida
[4]Aalborg University
[5]University of Southern California

Narrative identity is an internal and evolving life story, constructed in the interest of attaining purpose and personal persistence. Here, we report the results of a pilot study examining the narrative identities of a sample of underserved emerging adults ($n = 19$) currently receiving social services. Participants, the majority of which were ethnic minorities, provided five self-definitional autobiographical stories during a semi-structured life story interview. Stories were reliably quantified for agency (themes of self-mastery and competence), communion (themes of intimacy and connectedness), redemption (stories that began negatively and ended positively) and contamination (stories that began positively and ended negatively). Across two time points, agency was negatively associated with depressive symptoms, and redemption tended to be negatively associated with emotional dysregulation. Relations between narratives and psychological well-being were summarized via the illustration of four qualitative case summaries embodying these broader trends.

Key words: Aging; Redemption; Narrative Identity; Depression; Emotion Dysregulation

Emerging adulthood is a time of heightened societal demands focused on purpose, identity exploration, and new relationships between adolescence and adulthood (Arnett, 2000). It is in this developmental period that individuals begin to engage in the task of constructing life stories, or narrative identities, in which the selves of the past, present, and future are drawn together within a story-based framework (Habermas & de Silveira, 2008; McAdams, 1995). Once formed, there is an impetus to 'keep the story going' (Giddens, 1991), meaning that narrative identities are both reflective and directive (see also, Dunlop & Tracy, 2013).

In their efforts to assess narrative identity, researchers have found it useful to target participants' descriptions of specific key scenes (Adler et al., 2017), including life high points, low points, and turning points, as well as descriptions of earliest memories and major life challenges (McAdams, 2008). When providing these descriptions, participants are encouraged to provide as many details as possible and to note the relevance that the said experience holds for the self. Most commonly, narrative identity researchers then work to reliably quantify various features and themes inherent in participants' stories (see McCoy & Dunlop, 2016).

Stories differ meaningfully on the basis of the *agency* and *communion* they contain. Agency and communion are broad meta-constructs capturing the 'duality of human existence' (Bakan, 1966)—the need to get ahead (agency) and the need to get along (communion; Hogan, 1982; see Wiggins, 1991). Within narrative, agency manifests in the attributes of the protagonist. A high level of agency is present when this character is autonomous, efficacious, capable, and competent. A low level of agency is present when the protagonist is framed as powerless, subject to the impulses of other characters and external circumstances. Communion in narrative manifests via an orientation towards connectedness, friendship, and dialogue, whereas low levels of communion are defined by the absence of these constructs. Tonal shifts in story are also relevant. Some personal stories begin negatively and end positively. Within the American canon, such stories may take many forms, including rags to riches, illness to health, or suffering to salvation (McAdams, 1999). Other stories begin positively and end negatively, wherein a favorable beginning is ultimately spoiled or ruined, leading to a

pessimistic resolve (McAdams, 1998). The former story is *redemptive* in nature, whereas the latter is *contaminated*.

Narrative themes of agency, communion, redemption, and contamination have been found to demonstrate robust relations with measures of psychological well-being (see Adler et al. 2016; McAdams et al., 1996, 2001). Typically, agency, communion, and redemption relate positively with psychological well-being, whereas contamination relates negatively with this outcome. While these relations appear relatively robust, they are not immune from often puzzling instances of moderation. Researchers have noted that, among certain samples, the relations between some features of narrative identity—in particular, redemption and psychological well-being typically observed—are not found (e.g., McCoy & Dunlop, 2017; McLean, 2014; McLean & Mansfield, 2011).

As an example of such varied relations, McCoy and Dunlop (2017) found that, among a sample of Adult Children of Alcoholics (ACOAs), a negative relation was noted between the tendency to disclose redemptive stories and emotional functioning. In contrast, Adler et al. (2015) found that redemption was predictive (positively) of subsequent health trajectories, even among those participants who had experienced a major physical illness diagnosis, and Dunlop and Tracy (2013) noted a positive relation between redemption and recovery in a sample of Alcoholics Anonymous members. Collectively, these projects are suggestive of the possibility that redemption may work differently for different people (Dunlop, 2021). They also underscore the need to continue study of narrative identity within harder to reach samples.

The Present Study

In this IRB-approved pilot study, we explored the lives and life stories of a small group of emerging adults who were seeking mental health and case management services for substance abuse and PTSD symptoms. Many were involved in the juvenile justice system or referred to the system by parents or schools preventatively before law enforcement involvement. Participants, the majority of which were ethnic minorities, took part in a semi-structured Life Story Interview (LSI; McAdams, 2008) in which they disclosed five key scenes. These stories were reliably quantified for themes of agency, communion, redemption, and contamination. Well-being is often used as an umbrella construct (Wang et al., 2012) and, here, we examined how the narrative themes related to depression (the flipside of psychological well-being) and emotion dysregulation. Underserved and marginalized youth are at greater risk of developing deficits in self-regulation such as emotion regulation and elevated symptoms of depression (Davis et al., 2016, 2018). If significant relations were noted between a given narrative theme and an outcome variable, we then fleshed out these relations via the presentation of four case summaries. These case summaries were presented in the interest of illustrating and

contextualizing these findings, rather than explaining any and all broader relations.

Due to the relatively uniform positive relations noted between agency, communion, and psychological well-being and the negative relation between contamination and psychological well-being (e.g., Adler et al., 2015, 2017; Lind et al., 2020; McAdams et al., 1996, 2001), we predicted such relations would be present in our data. In contrast, due to the relatively varied relations shared by redemption and psychological well-being (e.g., Dunlop & Tracy, 2013; McCoy & Dunlop, 2017; McLean, 2014), we did not formulate a hypothesis regarding the direction of this association. The majority of research examining associations between redemption and psychological well-being have focused on healthy populations or at-risk adult populations (see also Dunlop, 2021). Thus, shedding light on redemption in psychologically vulnerable emerging adults in the context of creating a narrative identity (Habermas & de Silveira, 2008) constitutes an important gap in this literature.

Method

Participants

Beginning in November 2018, participants were recruited as part of a pilot study focused on the relapse prevention of underserved emerging adults with substance use problems and PTSD symptoms via a randomized controlled trial (RCT) of a mindfulness intervention. Flyers were distributed to therapists and case managers at two facilities providing social services, family services, and mental health services to children, young adults, and families in the Los Angeles area. These flyers sought participants between 18 and 26 years of age who were currently receiving services at either location. The majority of individuals receiving services at these facilities were referred from the juvenile justice system and foster care systems, or they had sought help on their own.

After reviewing the study information on the recruitment flyer, individuals that indicated an interest in participating in the study completed an Authorization to Release Contact Information form. Study personnel then contacted them, described the study in detail, and administered a screening questionnaire to determine eligibility. Our screening questionnaire assessed individuals' ages, alcohol and drug use, and PTSD symptoms. Respondents were deemed eligible for inclusion if they were between 18 and 26 years of age, reported past month substance use problems, and screened positive for probable PTSD (a score of 2 or more on the primary care PTSD screen measure [PC-PTSD]; Prins et al., 2003).

A total of 79 individuals completed our screening questionnaire. Of these, 27 met the inclusion criteria outlined above and, of those, 24 completed the consent form. Two of these participants subsequently withdrew from the study prior to the administration of the LSI; one participant did not complete the assessment containing the

LSI; one participant was withdrawn from the study by researchers; and the interview data from one participant was lost, resulting in a total sample of 19 participants. On average, participants in our sample were 20.11 years of age (SD = 1.23 years), with 58% identifying as female. The majority of participants self-identified as ethnic minorities, with 74% identifying as Hispanic or Latino, 26% as African American or Black, and the remaining participants identifying as White (5%), and Native American (5%).[1]

Procedure

Once eligible participants provided informed consent, they completed a baseline assessment which included measures of depression and emotion dysregulation. Participants were then randomly assigned to either a mindfulness intervention or treatment as usual (TAU). This condition assignment was done to explore the impact of mindfulness on participants' psychological well-being, rather than their narrative identities (differences in the stories told across conditions are, however, explored below). Those in the mindfulness group were asked to participate in weekly mindfulness sessions for eight weeks. Those in the TAU group received, for a period of six weeks, weekly information regarding behavioral health outcomes, alcohol and drug use, sleep, and mental health via email. Four weeks after taking part in the baseline measurements, participants in both groups completed the LSI (McAdams, 2008) and a second questionnaire battery which contained measures of depression and emotion dysregulation. The LSI was administered in the interest of capturing an important dimension of participants' personalities and sense of selves, rather than as an outcome of the intervention (although differences in participants' stories were considered between our two conditions). Participants were given $40 USD in exchange for completing the baseline assessment and $20 USD for completing the follow-up assessment.

Life story interview. In the content of semi-structured interviews, participants produced five key scenes: *a high point, low point, turning point, earliest memory*, and *a life challenge*. These interviews were conducted by several of the junior authors of the current paper and took approximately 30-40 minutes to complete. Interviews were transcribed by research assistants and validated for accuracy by multiple study personnel and the principal investigator. Narrative material was then reliably coded for four constructs, capturing the motivational and affective nature of participants' stories in terms of their agency, communion, redemption, and contamination.

Agency and communion were quantified using the *Surplus and Thwarted Agency and Communion* coding system. (STAC; Lind & Dunlop, 2020). In STAC, coders first note whether each story was relevant to these meta-

constructs. If deemed relevant, then each story is rated on a three-point scale, with "-1" indicating thwarted [agency/communion], "1" indicating fulfilled [agency/communion], and "0" indicating equal parts thwarted and fulfilled [agency/communion]. Using this coding system, two raters demonstrated considerable consensus in both the identification of stories that were or were not relevant to agency or communion (95% and 88% agreement, Cohen's κ = .90 and .70, respectively) as well as the rating of those stories deemed relevant to each theme (*ICC*s = .91 and .97, respectively). These ratings were then aggregated across the five stories, within each interview, resulting in a single score of agency and communion for each participant (for discussion of such aggregation, see Dunlop et al., 2019).

The affective features of participants' stories were quantified via a consideration of *redemption* and *contamination*. In a redemptive story, a negative beginning ultimately gives way to a positive ending (McAdams, 1999). In a contaminated story, the opposite occurs, and the emotionally positive story beginning is ultimately spoiled, leading to a negative ending (McAdams, 1998). Each story was coded for the presence ("1") or absence ("0") of each theme. Two raters demonstrated considerable consensus in their identification of redemption and contamination in participants' stories (96% and 90% agreement, Cohen's κ = .90 and .60, respectively). As was the case with agency and communion, ratings were then aggregated.

Depression and emotion dysregulation. Depression was assessed using the Center for Epidemiological Studies Depression Scale (CESD-10; Andresen et al., 1994), which contained items such as "I felt depressed" that were rated on a four-point scale ranging from "0" (Rarely or none of the time; less than 1 day) to "3" (Most or all of the time; 5-7 days." The possible range of scores was 0-30 with higher scores indicating more symptoms of depression. The cutoff score for depressive symptoms was ≥ 10. Emotion dysregulation was assessed using the Difficulties in Emotion Regulation Scale (DERS-18; Victor & Klonsky, 2016), which contained items such as "I have difficulty making sense out of my feelings," that were rated on a scale ranging from "1" (Almost never) to "5" (Almost always). Total scores could range from 18 to 90 with higher scores indicating higher emotion dysregulation. Responses to each measure were then aggregated within each timepoint (αs ≥ .64).

Results

We first determined whether the mindfulness and TAU groups differed in terms of narrative themes, depression, or emotion dysregulation. A series of

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[1] The total percentage of these ethnic identifications is greater than 100% due to rounding as well as the fact that participants could identify with more than one ethnicity.

Table 1

Means, standard deviations, and results from independent-samples t-tests

	Mindfulness group (N =11)		TAU (N = 8)		t-tests
	M	SD	M	SD	
Agency	.19	.42	.28	.51	$t(17) = .42, p = .68, d = .19$
Communion	-.38	.61	-.13	.28	$t(17) = 1.07, p = .30, d = .53$
Redemption	.29	.27	.34	.27	$t(17) = .42, p = .68, d = .19$
Contamination	.19	.25	.15	.14	$t(17) = -.38, p = .71, d = .20$

* $p < .05$

independent-samples t-tests showed no differences between the participants in the mindfulness group and the TAU group for the four narrative themes (Table 1). Participants did not differ on symptoms of depression or emotion regulation before the intervention (Table 2). Furthermore, two mixed-model ANOVAs with time point (baseline & 4 weeks into the intervention) as the within-subject factor and group (mindfulness vs TAU) as the between subject factor were conducted to examine

disclosed more redemptive stories about their pasts demonstrated a marginally greater degree of emotion regulation. No significant associations were found between themes of agency, communion, contamination, and emotion regulation. An association, strong in magnitude, was found between elevated depression and higher emotion dysregulation. Below, we present four cases from our sample that illustrate the broader trends between: 1) fulfilled agency and diminished depression and 2) increased redemption and greater emotion regulation.

Agency Examined

In our larger sample of emerging adults, Christina[2] scored approximately half a standard deviation above the mean in agency (i.e., feeling empowered and self-confident) and, at both time points, half a standard deviation below the mean in depression. Turning to the first story she shared with us, Christina narrated a life high

Table 2

Means, standard deviations, and results from the mixed-model ANOVAs

	Mindfulness group (N =11)		TAU (N = 8)		Time	Group	Interaction
	T1	T2	T1	T2			
Depression	18.82 (7.52)	17.53 (7.03)	15.75 (6.32)	14.88 (4.05)	$F(1, 17) = .76$, $p = .39$, $\eta_p^2 = .04$	$F(1, 17) = 1.43$, $p = .25$, $\eta_p^2 = .08$	$F(1, 17) = .02$, $p = .90$, $\eta_p^2 = .001$
Emotion Dysregulation	50.80 (16.26)	54.90 (14.79)	45.29 (16.63)	43.43 (10.86)	$F(1, 15) = .13$, $p = .72$, $\eta_p^2 = .009$	$F(1, 15) = 1.60$, $p = .22$, $\eta_p^2 = .10$	$F(1, 15) = .96$, $p = .34$, $\eta_p^2 = .06$

* $p < .05$

Note. N = 17 for emotion dysregulation (10 vs 7).

potential treatment effects from T1 to T2. No group, time, or interaction effects were discovered (see Table 2). Since no significant differences were found between the mindfulness group and the TAU group, the subsequent analyses were conducted based on the entire sample.

Descriptive information and inter-relations among study variables based on the whole sample are presented in Table 3. Evident from this table, the four narrative themes were not significantly correlated with one another. Those who disclosed stories of fulfilled relative to thwarted agency evidenced significantly lower levels of depression. Narrative themes of communion, redemption, and contamination were not significantly related with symptoms of depression. In addition, emerging adults who

point that was defined by self-acceptance. In it, she described an increased self-acceptance and confidence when attending the youth group,

> …this youth group kind of helped me find like who I am and to be okay with like accepting myself and such. So I was around with like all these other, um, you know, other kids and also like the priest there, he was like a role model to me, you could say. Um, he was very like, uh, a father image to me. Um, so he would always be there for me, you know, give me advice, not to like... To always believe in myself.

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[2] All names used in these case studies are pseudonyms.

Table 3

Descriptive Statistics and inter-relations among study variables

	M	SD	1	2	3	4	5	6	7	8
Narrative Identity										
1. Agency	.23	.45	—							
2. Communion	-.28	.50	-.16	—						
3. Redemption	.31	.26	-.06	.29	—					
4. Contamination	.17	.20	-.22	-.21	-.39+	—				
Emotional Functioning (Time 1)										
5. Depression	16.00	7.82	-.65**	.19	-.22	.03	—			
6. Emotion Dysregulation	47.23	16.22	-.35	-.24	-.46+	.19	.71***	—		
Emotional Functioning (Time 2										
7. Depression	15.95	4.87	-.49*	-.09	-.21	.18	.78***	.69**		
8. Emotion Dysregulation	48.56	15.38	-.26	-.05	-.44+	-.17	.77***	.70**	.56**	—

Note. +*p* < .10; * *p* < .05; ** *p* < .01; *** *p* < .001

Note. Correlations between narrative themes and emotion dysregulation at T1 (*N* = 18) and at T2 (*N* = 17)

Themes of self-acceptance also permeated Christina's turning point. Our author noted becoming more open and comfortable when she started receiving help and changed her environment,

…that's when I started receiving like, um, services and it kinda like opened my mind more, you can say. Um, it also helped me, besides um, that like in my sophomore year I actually switched schools, so that helped me a lot as well. um like, a new environment, new people. Um, I just felt more comfortable, um, being who I actually am because I don't know, I just felt like so judged back then and like seeing other people express themselves made me feel comfortable. So, I guess meeting new friends, meeting new people, making new friends, um, being more social actually. Like I took a social media break for a while, and I felt that actually like improved my mental health lot.

In Christina's narrative identity, some of her most central and self-definitional moments are defined by an increased and fulfilled agency, brought about by her interactions with benevolent peers and mentors. This is not so in Alejandra's story. In our broader sample Alejandra scored approximately two standard deviations below the mean on narrative agency and, at both time points, over one standard deviation above the mean on depression. Alejandra's story is one of thwarted agency. At her low point, our narrator described a reduction in agency while also harboring a secret history of being the victim of sexual abuse,

…So, I went from being, not happy but you know, I was an actual, you know, I was a pretty good kid until like just avoiding everything. I became really depressed and suicidal. And that caused so many problems and that's what caused for me to get taken away. And it sucked because I couldn't tell my brother, you know, what was going on. So, it impacted him, and it just really broke my heart…

Whereas Christina's turning point entailed becoming more comfortable with herself, Alejandra's turning point entailed intentional self-injury, and a distancing from others. In it, she described a suicide attempt, punctuated by the fact that no one in her household noticed this act,

…and I decided to overdose on [drug]. Umm. It occurred to me that it was going to happen like in movies where I would just drink them and pass out. But it took a while and well, nobody noticed that I was acting different… And it wasn't until I got home where I just, you know, ignored my dogs. I ran to my room, and I just passed out on my bed. I didn't wake up until probably eight at night and well, it just broke my heart because it felt like nobody checked up on me. Like nobody even bothered, like if I were to fall asleep nobody, like bothered to take off my shoes or anything or get me comfortable. So, it just felt like they didn't care.

Of all the narrative themes that have been examined in relation to flourishing, agency has, perhaps, demonstrated the most positive and robust one – among both vulnerable

and non-vulnerable populations alike (e.g., Adler et al., 2015; Jensen et al., 2021; Lind et al., 2019, 2020, 2021). We see a similar relation in our pilot study. Those in our sample with reduced levels of depression tended to construct stories of fulfilled agency. The protagonists in these stories were characterized as efficacious and capable of influencing the course of the lived events described. In contrast, those with accentuated levels of depression framed themselves as fragile and overwhelmed by life circumstances. As we will illustrate below, the second theme that was telling of our participants' psychological well-being was predicated on construing negative and challenging life circumstances as a springboard for self-development and positive resolve.

Revisiting Redemption

In our pilot study, those who disclosed redemptive stories about their pasts tended to demonstrate greater emotion regulation (i.e., less emotion dysregulation) than their less redemptive peers (rs $\leq$ .44). Sara scored approximately two standard deviations above the sample mean for redemption. This high value contrasts with her relatively low levels of emotion dysregulation (which was approximately half a standard deviation below the mean at both time points). When asked for a low point from her life, Sara described leaving her mother to live with her aunt, a difficult transition that was, ultimately, for the best,

> Um, I was taken from my mother by my auntie because my mom was doing drugs, not putting me first, putting everything behind, putting me behind everything. Um, my auntie and my granny came. They got me. Like I'm young, so I didn't know what was going on. So, I'm just thinking I'm going to go stay with my auntie for a couple of days. No. Um, that wasn't the case. Um, she told me what was going on with my mom. I had to leave, uh, left that same day. Um, and it was devastating cause I seen my mom cry… but now looking back on it and what it has done for me now, um. I'm not the same person as I was, because I grew up differently from what my mom did with my auntie. Um, so it's like, it's a good, it's a good turn around to it, but also it's like a lot of my childhood was taken from me. So, but the upside of it is that, um, it makes, it made me a better person. The road that my mom went down, I don't want to go down.

A similarly redemptive tale was disclosed when Sara was asked for a life turning point. Here, she described her time without a home, before meeting and moving in with her boyfriend. Narrating this experience with a redemptive arc, she notes, "But now looking back, I don't regret it. I don't because it wouldn't make me the person I am today. Um, like now…more confident." The last story Sara was prompted for was a life challenge. In response, she

recognized graduating from high school. By her own admission, for much of high school she did not put in the effort such a commitment required, leading to a frantic attempt to make up for "absences and tardies" shortly before graduation. As we see, her mother was the one who inspired her to achieve her goal, but not in the manner intended,

> …And one thing I do remember that made me get motivated, was hearing my mom say I wasn't going to make it. My mom said that. That gave me the motivation to prove her wrong, because I'm not going to go down the same path she did. And I told my auntie what me and my mom talked about, my auntie was upset, and she just said prove her wrong. And I did that by crossing the stage and getting my diploma. And looking back now, what made it made me a better person because I know I did what I had to do, whether I was cramming it or not. And that now I am where I am, ready I'm in college, working, school. It's just a lot. It's just good.

Sara's is a story of redemption, one that came coupled with lower levels of self-reported emotion dysregulation. This profile contrasts with that of Chloe, who scored approximately two standard deviations above the mean on emotion dysregulation (both time points). None of Chloe's stories were redemptive in nature. For example, when asked for a low point, Chloe described a suicide attempt, noting feeling "embarrassed" while waking up in the hospital a week later. Embarrassment is also a central feature of Chloe's turning point. Here she describes reconnecting with her mother after an extended separation. The intervening years had not been kind to Chloe's mother, leading Chloe to struggle with feelings of guilt for being too hard on her,

> …It definitely impacted me in a very negative way cause over that I just kept being so hard on myself for having so much hate for her. Um, I ended up being like hospitalized after that, because I just went through like an episode of mania. But yeah, I would say it definitely impacted me very negatively. So, of course I would never go see her ever again. Yeah.

Chloe's mother makes several appearances in her story, including the life challenge. This key scene concerns Chloe's mom's initial departure from the family. As Chloe noted,

> But, um, I definitely, it definitely messed with my self-worth cause I just, I was known to always have like issues since like I was a child. So, I just felt like, uh, maybe if I wouldn't have had all those stuff or I handle them better. That would have, um, you know, she would've stayed. So, it

definitely impacted me on my, the way I viewed myself a lot.

Like narrative agency, themes of redemption within self-narratives have been found to correspond with a number of adaptive outcomes, including psychological well-being, health behaviors, and here, emotion regulation (see also, Dunlop & Tracy, 2013; McAdams et al. 2001; McCoy & Dunlop, 2017). Redemption, which represents a cultural ideal within the west (see Dunlop, 2021), shares a close conceptual space with emotion regulation. Those with greater regulatory skills may also possess the ability to examine and re-examine their experiences, in the interest of capturing the silver linings therein. Once more, the construction of a redemptive story, and the meaning that it creates, may help mitigate negative and overwhelming emotions (see Dunlop, 2021). It is important to note, however, that some lives are more easily storied redemptively than others, and this may be particularly so for the young people included in the current study. As such, there may be certain barriers lying before those who wish to 'make the best' of their trying experiences. It is to a discussion of these and related topics that we now turn.

Discussion

In this pilot study, we built upon and expanded research examining the form and function of narrative identity within vulnerable populations via our examination of a small sample of emerging adults, the majority of which self-identified as ethnic minorities and were currently seeking mental health and case management services for substance abuse and PTSD symptoms. We collected and quantified our participants' stories for themes of agency, communion, redemption, and contamination and examined them in relation to measures of depression and emotion regulation. We observed negative relations between agency and depression and a marginally significant relation between redemption and emotion dysregulation. These relations were further illustrated by way of qualitative case summaries of four participants reflecting these broader quantitative trends.

Narrative agency has proven to be one of the most robust predictors of psychological well-being (Adler et al., 2015; Jensen et al., 2021; Lind et al., 2019, 2020, 2021; McAdams et al., 1996). This was found in the current study as well, with agency demonstrating a strong negative relation with depression (as assessed at both time points). Across the board, a personal story infused with beliefs in one's own ability, autonomy, and efficacy may represent a necessary component of adaptive functioning. The same cannot be said about redemption. The extant literature examining this construct within vulnerable populations is, by all reasonable accounts, mixed (e.g., Adler et al., 2015; Dunlop & Tracy, 2013; McCoy & Dunlop, 2017). Sometimes, redemption and adjustment share a positive relation (e.g., Adler et al., 2015). Sometimes, the opposite

has been found (e.g., McCoy & Dunlop, 2017). In the current study, we further noted a positive relation between redemption and psychological adjustment, as manifest in the negative relation between redemption and emotion dysregulation. Our work signals the need to more thoroughly consider the complexities within, and diversity between, various populations. This will also be important to help explain the null results found between narrative themes, depression, and emotion regulation in this hard-to-reach population.

A question likely emerging from these data is whether and to what degree the stories our participants shared with us matter for their psychological well-being and emotional functioning. Do these stories carry implications for one's affect, behavior, and cognition? We think so. Stories tell us about the attributions participants have made about past events as well as the attributions that are, in the future, likely to be made. Bridging the current results with the extant literature, which includes work conducted using prospective and longitudinal designs (e.g., Adler et al., 2015), we note that crafting a particularly agentic story about one's past, wherein the protagonist is framed as efficacious, capable, and competent, may carry important downstream benefits.

Limitations and Conclusions

Across two time points, agency was negatively related with symptoms of depression, and higher redemption tended to be associated with better emotion regulation in underserved emerging adults. Four case studies gave voice to these tendencies. Relations between narratives and psychological well-being were summarized via the illustration of four qualitative case summaries embodying these broader trends. Future work drawing from our preliminary efforts should do so while being mindful of the inherent limitations of the current project. First and foremost is our small sample size. All things being equal, a larger sample size nets a researcher a more reliable dataset (e.g., Button et al., 2013). As such, the benefits of the relatively unique and hard to access sample and assessment procedure reported here need be balanced with concerns regarding the number of participants assessed. Second and on a related note, due to our small sample size, we were limited in our ability to distinguish the substance use and PTSD histories of our participants. The personal histories our participants brought with them to this study most certainly differed in meaningful and substantial ways. Third and relatedly, had our sample been larger, we would have been able to explore relations between redemption and emotion dysregulation as moderated by participants' ethnic background and socioeconomic status. Fourth, the self-report assessment of depression and emotion dysregulation should ideally have been supplemented with other types of measurement (e.g., an interview or a behavioral task). Finally, the intervention was not yet complete at the second timepoint, which may help explain

why no changes in depression and emotion regulation were found.

Despite these limitations, we hope that this pilot study provides evidence for the efficacy of exploring the narrative identities of at-risk emerging adults currently receiving social services as well as other at-risk groups, thereby inspiring future work in this area. Conducting work with the population considered here, while being mindful of the aforementioned limitations, will further understanding of both the content and correlates of narrative identity.

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