To the Graduate Council:

I am submitting herewith a dissertation written by Nina D. Pennewell entitled "Human Resiliency: The Experience and the Phenomenon." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.

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We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

Vice Provost and
Dean of The Graduate School

HUMAN RESILIENCY:

THE EXPERIENCE AND THE PHENOMENON

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Nina D. Pennewell

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TO THOSE WITHOUT HEROES

BUT NOT WITHOUT HOPE

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ABSTRACT

The purpose of this study was to describe the human experience of resiliency. A qualitative method was utilized, guided by principles within phenomenological methodology. Ten volunteers from the general population were interviewed in an open-ended manner concerning their experience of resiliency. Their interviews were transcribed and the resulting transcripts were interpreted using a hermeneutic "narrative analysis".

The analysis resulted in a narrative structure which divided itself into three distinct phases: Worst Time, Grasping for Straws and Being Resilient. The experience was invariably described as a temporal, dynamic, ongoing process occurring within an inter-relational context characterized by concerns with self, relationships to others, the world, and time. Self-boundaries were defined in terms of three major themes: connection, continuity and control and their antithesis: disconnection, discontinuity and lack of control.

Based upon participants' descriptions, the focal experience of Being Resilient involves two inter-related processes whereby one surrenders to the desire to fall apart and then recovers, resulting in an experience of profound change. Change was described as a shift in attitude which happens only after one is able to make sense of suffering.

An integral part of this process involves the ability to maintain a sense of continuity over time when confronted by adversity, even as one experiences change. This was often described in terms of recovering a sense of balance when figure/ground relationships had been disrupted. Change and the opportunity for continued growth separate the experience of resiliency from mere coping.

The narrative structure suggests resilient stories have a specific pattern which is both continuous and open, allowing one to make sense of life in a way that leaves it open for further growth. As such, resilient stories reflect the lived-experience of resiliency by promoting a sense of balance and providing opportunities to re-interpret stories in light of new knowledge.

Implications of these results were discussed in terms of clinical work with patients. Suggestions for future research were also described.

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CHAPTER I

INTRODUCTION

You're walking. And you don't always realize it.
But you're always falling.
With each step, you fall forward slightly.
And then you catch yourself from falling.
Over and over you're falling.
And then catching yourself from falling.
And this is how you can be walking and falling
at the same time.

Laurie Anderson

This study explores the phenomenon of human resiliency. Resiliency concerns the capacity to 'bounce back' or recover from adversity. While the word resilience originally had its roots in the Latin verb, resilire, which means to jump back or recoil, Webster (1986) defines it as the ability to adjust easily to misfortune or change. These two definitions imply a certain degree of flexibility or elasticity in response to physical or emotional injury. In psychology, resilience has several definitions, each influenced by the theoretical background of the particular researcher. Despite this variety, all reflect a common emphasis on flexibility or adaptability. For example, Demos

(1989) considers resilience to be the capacity to recover from a disappointment, obstacle or setback whereas Werner and Smith (1982) define it as the capacity to cope effectively with both internal and external stress. Rutter (1987) views resilience as a trait which exists along a continuum. For him, it makes sense to speak of resilience as variance, or the positive pole of individual differences in people's response to distress. Cohler (1987) has a process oriented definition of resilience in which he describes it as the capacity to maintain feelings of personal integration and a sense of competence when confronted by adversity.

Resilience is used interchangeably with related terms such as adaptation, hardiness, coping and invulnerability. All of these terms, including resiliency, fall under the general rubric of risk research, which focuses on populations predicted to be at higher than normal risk for the development of pathology. These populations include foster children, children born to poverty, children of divorce and children with one or more mentally ill parent. It also includes adult populations who have been exposed to extreme and/or constant stress in the form of disease, tragedy or just plain hard luck. These different areas of research have all contributed in some way to an understanding of human resiliency and will be considered throughout this paper.

The Need for Balance

> For too long a time, for half a century in fact, psychiatry tried to interpret the human mind merely as a mechanism, and consequently the therapy of mental disease merely in terms of a technique. I believe this dream has been dreamt out. What now begins to loom on the horizon, are not the sketches of a psychologized medicine but rather those of a humanized psychiatry (Frankl, 1962 p. 136).

Psychology as a profession has been traditionally grounded in describing mental functions largely in negative terms so that a bleak picture of humankind has emerged. No where is this more evident than in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R, American Psychiatric Association, 1987) where the "doctrine of a pathological model is inscribed chapter and verse, expressing the finely wrought elements that characterize human frailties and flaws" (Goldstein, 1990, p. 268). People are seen as damaged, weak and basically flawed, with pathology seeming to be the norm. One forgets that most people, in fact, survive, sometimes thrive, even under extremely difficult circumstances. How does psychology account for this?

For a period of time, this anomaly was largely ignored. Over the last few decades, however, an abundance of data has

accumulated leading to the evolution of a field of research whose purpose is to understand healthy adaptation. Originating from research on coronary heart disease and stress, and continuing through the present in the form of childhood longitudinal studies, these studies examine the healthy aspect of human development including coping abilities, mechanisms of healthy adaptation and human resiliency. Such a shift in focus reflects the belief that, in order to understand illness fully, one must have a clearly defined concept of health.

This shift was inevitable: one has to account for prosperity in the face of adversity. Simply defining "good mental health" in terms of an absence of pathology is no longer sufficient; it does not explain the occurrence of healthy development, especially in circumstances where pathology would normally be predicted. The emphasis on resilience, or the "healthy" aspect of development, has provided a much needed sense of balance reminding us that an individual is more than the sum of negative parts.

Significantly, there is a socio-political aspect involved here concerning crucial issues of authority, autonomy and control. As Goldstein (1990) describes it, in the helping professions, descriptive-explanatory schemes typically express two contrasting points of view: one, a humanistic perspective that is concerned with the process of survival; the other, a medico-scientific model that centers

on classification of pathology and disability. The latter approach spends a great deal of time and effort on the process of identifying and categorizing disease. Unfortunately, when one utilizes a disease concept in the process of therapy, an inherent imbalance occurs in the relationship between therapist and patient. A relationship which focuses on one member's failings or pathology must, in some way, elevate the other's power and status. Conversely, a strength oriented relationship by its nature and intent suggests a desire for equality and sharing (Goldstein, 1990), and serves to empower those who come to us for help thereby making them a more active part of the process. Rather than focusing on how one is broken, the therapist now explores how one is strong, how one has managed to survive despite hardship. Such an approach does not deny failure or diminish suffering but empowers the patient by emphasizing strength, cooperation and the capacity to act.

The Power of Language: an Ethical Shift

Language is more that just a form of communication; it provides a frame of reference about which we organize our lives. Language is a social construction reflective of our cultural, symbolic and historical heritage. This is especially true of metaphors, which represent a more personalized adaptation of entire categories of objects or ideas. Norton (1989) utilizes the term, "life metaphor", to

conceptualize the relationship between a particular experience and an individual's perspective of the experience so it reflects her/his attitude towards life as well as a style of coping. For example, those who see "life as a bowl of cherries" have a much different perspective than those who see "life as an adventure".

Understood in this way, a life metaphor may function as a prophecy, guiding and reflecting an individual's life just as a self-fulfilling prophecy guides and reflects reality (Watzlawick, Beavin, and Jackson, 1967). By focusing on strength, or the process of resiliency, a powerful message is communicated to society at large that recognizes the potential each individual has to heal him or herself. Mental health becomes an additive process as opposed to a subtractive one, where one builds upon strengths rather than removing deficiencies. As Goldstein (1990, p. 273) suggests: " A strength approach to practice encourages clients to discover their own abilities, to explore possibilities, and to discover the richness of choice. Such an approach frees people to be at ease with their own humanness."

Overview of Research

This study is an exploration of the phenomena and experience of human resilience. There will be an emphasis on positive qualities such as health, strength, success,

competence and the ability to integrate the unexpected within a meaningful framework. It will explore coping strategies utilized within the context of everyday life and ordinary events as well those employed under more extraordinary circumstances. Because there is an emphasis on the experience of resiliency, a qualitative research technique has been employed to obtain a description of the experience of resiliency from the perspective of people who have managed to turn disaster into success.

The second chapter is devoted to a review of literature concerning resiliency and related constructs such as hardiness, coping, adaptation and invulnerability. It traces the development of risk research, beginning with stress and its relationship to the processes of adaptation and coping. Included will be reviews of life-span and developmental psychology research concerned specifically with resilience, coping and survival under the most extreme circumstances. The concept of resiliency and its implications for therapeutic intervention will also be addressed. The third chapter will contain a brief overview of phenomenological psychological research and will discuss the concept of disciplinary rigor within qualitative research. The fourth chapter reviews the specific methodology utilized in this particular study. The fifth chapter summarizes the results of the analysis of present data, providing examples of the narrative structure which

emerged through this process. Finally, the sixth chapter discusses the present results in relation to previous research, with a particular emphasis on therapeutic intervention.

CHAPTER II

REVIEW OF THE LITERATURE

The notion of resiliency first came into prominence around forty years ago when "vulnerability" or individual and group differences at various stages of life were investigated with laboratory rats. It was noted that within this population, a high degree of variance was found with respect to the lethal effects of certain poisons, with increased vulnerability being shown in isolated rats and decreased vulnerability being shown when rats were reared in groups. It was subsequently discovered that a hyper-vulnerability could be transmitted across generations with selective breeding (Anthony, 1987). During these same experiments, it was noted that when certain laboratory rats were placed in various types of extreme environments, a small percentage not only survived the ordeal but seemed to thrive on adverse conditions as witnessed by faster maze-running resourcefulness and enhanced exploratory behavior (Anthony, 1987a). This quality was described as "resilience".

Hinkle (1972) spoke of resilience in his description of human subjects during epidemiological studies on susceptibility to coronary heart disease. In these studies, a pattern of varying susceptibility emerged in which

"resilient" individuals remained relatively healthy over a twenty year span compared to more vulnerable subjects, who succumbed to disease. This difference in susceptibility was linked to a dispositional tendency as well as to certain characteristic responses to both social and interpersonal relationships. These resilient individuals seemed "almost sociopathic" in their narcissistic, self-absorbed attitudes, showing little psychological reaction to events and situations, such as death of a spouse or separation from family, events which caused profound reactions in other members of the group (Hinkle, 1974). Hinkle concluded that the superior physical health of the resilient individuals seemed to come at the expense of interpersonal relationships. While these individuals were highly attuned to their own needs, they were relatively insulated from those of others. What is interesting about these results is that they are in direct conflict with much of the current social support literature regarding physical and emotional health, which would suggest that impoverished relationships should endanger the health of an individual rather than promote it.

Stress

Stress research has contributed significantly to the study of risk, vulnerability, and resilience. Selye (1982, p. 7) defines stress as "the non-specific result of any

demand upon the body, be it mental or somatic." He noted that a variety of factors, such as emotional arousal, fear, fatigue, pain, humiliation, loss of blood, etc., will all produce physical symptoms of stress. Greatly influenced by the work of Cannon (1939) and his concept of body homeostasis, Selye (1936, 1956) developed the theory of generalized adaptation syndrome (GAS). The GAS response is a description of universal bodily changes every organism experiences during times of stress, especially during "fight or flight" (Cannon, 1939) circumstances; that is, under extreme conditions in which the organism must act to survive. It is very much a mechanistic theory in which the perceived event leads to predictable reactions.

The discovery of a universal physical reaction to stress initially led researchers to investigate its biochemical mechanisms. Certain diseases and illnesses, such as peptic ulcer and hypertension, became associated with the effects of chronic stress. Principal pathways were isolated as well as the primary organs and hormones involved in this process. Such research was fruitful in regards to understanding how the body responds to stress. There were certain inherent problems, however, in defining stress only in terms of physical consequences. For example, joy and sexual arousal evoke similar physical responses yet are conceived of as pleasurable events by most individuals, as opposed to stressful ones. More importantly, a strict

mechanistic theory did not account for the fact that people respond differently to the same situation or stimuli.

The advent of WWII provided a huge impetus to research on stress, with the focus shifting to the stimulus or stressful event itself. The effects of military combat (Grinker and Spiegel, 1945), concentration camps (Bettelheim, 1943), bereavement (Lindemann, 1944), and traumatic injury (Hamburg, Hamburg & deGoza, 1953) were all studied in an effort to understand the consequences of extreme stress on human beings. It was soon recognized that change in and of itself was stressful, regardless of whether it was positive or negative. With this in mind, Holmes and Rahe (1967) defined stress as a class of stimuli or situations that typically require adaptation or readjustment, and developed a life scale of stressful events in which events were rated according to the degree of life changes involved. While these scales proved popular, they were unable to deal with variations in people's scores; for example, one event might greatly affect one individual but leave another relatively untouched.

Selye began to address this issue of variability. During his research, he noticed that the organism's ability to adapt to the insult of physical disease appeared to change over time and often influenced the course of a particular disease. He suggested that, while most organisms will adapt to stress, "adaptation energy is finite"; after

periods of continued, unrelenting stress, the organism becomes overtaxed, leaving it vulnerable to disease and death. Recognizing the complex relationship between health and one's ability to adapt, Selye (1982) concluded that "No malady is just a disease of adaptation nor are there any disease producers that can be so perfectly handled by the organism that maladaptation plays no part in their effects upon the body" (p.14). This realization served as a turning point for researchers who then began to study adaptation, or the process of handling stress.

Adaptation vs. Adaptability

While most theories of adaptation have evolved from Selye's (1956) General Adaptation Syndrome (GAS), and therefore focused largely on physiological responses, later theories attempted to explore both the cognitive and physiological processes involved in stress mediation. While the terms coping and adaptation were used interchangeably for a time to describe these processes, Murphy (1962), in her work on childhood coping, attempted to distinguish between coping and adaptation by suggesting that coping was the process of coming to terms with a challenge and adaptation was the result. Dubos (1965), who spoke from a biological orientation, further expanded the concept of adaptation, but differentiated the concept of adaptation from adaptability. Adaptation was described as purely

genetic (genotypic) responses, whereas adaptability was seen as a more active (phenotypic) process involving both the organism and the environment.

Others have incorporated the idea of an active process initiated by the individual. Pollock (1989) defined adaptability as a complex process involving numerous internal and external factors which influence both the response and the subsequent level of adaptation established. Felsman (1989) described adaptation as a function of the individual's unique strengths, capacities, and vulnerabilities combined with "goodness of fit" to the demands and opportunities of the environment. Jones (1991) has provided the most inclusive definition of all in which she views adaptability as a "complex phenomenon encompassing biological, psychological, social, cultural and spiritual components" (p. 99). According to her, adaptability includes both the qualities of hardiness and resilience. She suggests that there are some situations which call for adaptation and change in oneself to accept what cannot be changed in the environment, whereas there are other situation in which the environment can and must be modified to maintain well-being and survival (Jones, 1991).

The shift in focus from the stimulus event and its measurement to an examination of process variables led researchers to begin looking at the cognitive processes involved in handling stress. In an effort to explain why

the same event could evoke different responses from different people, Benner, Roskies, & Lazarus (1980) argued that the consequences of stress cannot be understood merely in terms of the stressful event because there are mediating psychological processes which intervene to give the event meaning to the organism. Thus, while the stressful event certainly has an impact, it is the appraisal of the event which holds meaning for the individual (Holroyd & Lazarus, 1982). The appraisal process is highly subjective for each individual in that how one appraises an event depends upon past life experience as well as personal attitude so that similar events may evoke different responses among different people.

Coping

Moos and Billings (1982) referred to the "appraisal process" as coping. They spoke of life events as relatively discreet, short-term stressors, which could be affected by "coping resources", a complex set of personal, attitudinal and cognitive factors that provide the psychological context for coping. They developed a conceptual model in which they broke down the relevant cognitive processes into three separate areas. First, there is appraisal-focused coping in which one attempts to identify, understand and find meaning in the event as well as to evaluate strategies based on past experience and the current situation. Next, there is

problem-focused coping in which there is information seeking as well as relevant action taken and alternative plans considered. Finally, there is emotion-focused coping whereby efforts are made to control and regulate the emotions aroused by the crisis (Moos and Billings, 1982).

In studying the process of self-efficacy, Bandura (1977; 1982) suggested that individuals must believe that they can successfully accomplish a task for them to engage in efforts to master it. Relating this idea to stress research, Lazarus and Folkman (1984) hypothesized that the impact of the stressor is influenced not only by how one interprets the situation but also by what one thinks they can do to influence events. They defined coping as a dynamic process whereby one is constantly changing cognitive and behavioral efforts to manage specific demands that are appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1984, p.141).

Houston (1987) criticizes the approach of Lazarus and Folkman on the basis that there is too little emphasis upon pre-existing internal stressors such as disturbing thoughts, desires and memories which may influence the appraisal process. Additionally, some individuals may have a dispositional response which is hard-wired or built into the organism (Zajonc, 1984) which cannot be altered. Houston proposed a response-based definition of stress which focuses on the state or condition of being disturbed where

physiological stress is distinguished from psychological stress. Physiological stress is defined as a physiological condition from which relief is needed for the organism's physiological well being whereas psychological stress is the experience of negative feelings (Houston, 1987). If psychological stress is a subjective phenomenon, then one can account for individual differences. Within this context, then, coping applies only to psychological stress. It is defined as a response or responses whose purpose is to reduce or avoid psychological stress, that is, negative feelings (Houston, 1987). In this respect, coping is envisioned as an ongoing, evolving process in which the individual uses either covert responses or overt action to minimize negative feelings.

Coping as a Defense Mechanism

There is an historical context for coping within the psychoanalytic literature. Here, coping is viewed as a defense mechanism that helps the individual manage anxiety. It is in Freud's early work that the notion of defense mechanism first comes to light. He observed that trauma seemed to be the causative agent in certain neurosis, with the neurosis serving as a defense by transforming sexual wishes into acceptable impulses (Freud, 1915-1917). Reich (1933) built upon this concept of defense by expanding it to include a means of protection, through action, against

recognition of unacceptable wishes and goals.

Ego psychologists (Hartmann, 1950; Redl, 1969; Haan, 1977) feel the ego plays an essential role in one's defensive structure. They describe the ego itself as a "protective barrier" against both excessive external and, in a somewhat different sense, internal stimuli (Hartmann, 1950). Within this framework, the ego aids one in coping with stress by serving as a barrier that filters nonrelevant stimuli. Yet, ego psychologists readily acknowledged that there was a distinction between coping and defense mechanisms. Coping was seen as a broader category which implied something beyond intrapsychic defensive maneuvering. It is more of an active process that includes the mastering of both objective and subjective anxiety and a heightening of frustration tolerance (Anthony, 1987a). Kroeber (1963) suggested that coping mechanisms differ from defense mechanisms in that coping mechanisms are more flexible, purposive, selective and oriented to present reality and future planning; they involve largely conscious, secondary-process thinking and operate in accordance with individual needs and ordered, tempered, open impulse satisfactions (Anthony, 1987a).

Redl (1969) was the first to introduce the concept of "ego resilience" as one explanation for an ability to cope. In his clinical work, he noticed that even under the most adverse conditions, certain individuals were able to cope

extremely well. What so astonished Redl, however, was the fact that, in the face of this "astounding degree of ego resilience", psychiatric literature continued to focus primarily upon vulnerability and clinical failure, having little to say either practically or theoretically about the occurrence of unexpected health (Cited in Anthony, 1987a).

As if in response to Redl's lament concerning the lack of interest in the healthy aspect of human development, other researchers began to emphasize the adaptative functioning of the ego. In their studies, Block and Block (1980) noted that certain individuals seemed to have an edge over others in their response to adversity and invoked Redl's term of "ego resilience". They further expanded this concept to include "resourceful adaptation to changing circumstances and environmental contingencies" (Block & Block, 1980, p. 48). Haan (1977) developed a structural hierarchy which differentiated the various adaptive functions of the ego, with coping representing the most sophisticated form of ego expression. In this scheme, coping is the mode of ego-functioning based on consensual reality and involves purpose, flexibility, logic and choice. A defensive mode is that form of ego expression which tends to distort logic and reality and often is based on negativity and rigidity. Finally, there is fragmentation whereby the functioning of the ego is automated, ritualistic, affectively directed, and irrational.

Denial

Denial is usually described as a pathological defense in which one attempts to avoid anxiety or to construct solutions by ignoring facts. Those who employ such a defense often are accused of sustaining illusions and avoiding reality. In this respect, denial is seen as maladaptive at best and psychotic at worst. Some would argue, however, that there are instances in which denial should be considered both a natural and necessary form of adaptation. For example, Alloy and Abramson (1979) suggest that in some instances, e.g., such as in cases of unrelenting misery, denial is healthier in the long run. In their studies, they demonstrated that depressives are more accurate in their perceptions than non-depressives, who tend to deny more negative aspects of a given situation. They humorously concluded that wiser means sadder.

Additional empirical studies support the idea that self-deception and illusion are sometimes beneficial to mental health (Greenwald, 1980; Sackeim, 1983) leading one to believe that some distortion is occasionally necessary to keep a positive frame of mind. In fact, some researchers (Scheier and Carver, 1987) have suggested that a disposition toward optimism, regardless of whether based on fact or fantasy, seems to have an overall beneficial influence on one's health. Moorey and Greer (1989) confirm this point of view when they reported that women with breast cancer who

adopted a optimistic attitude and were determined to fight the disease as well as those who either denied the diagnosis of cancer or minimized its seriousness were significantly more likely to be alive and free of recurrence than those who responded with stoic acceptance or with an attitude of helplessness and hopelessness.

Druss and Douglas (1988) describe a particular type of denial exhibited by certain resilient patients, which involves a denial of the emotional impact of their disease rather than its physical infirmity. These patients manifest an emotional robustness in that they insist on taking an active role in their treatment and require a sense of partnership with their doctors. Often their care can be time-consuming because they demand to be viewed as a special case, as an exception to the statistical rules and predictions. Druss and Douglas (1988) suggest that such denial is healthy and that what is viewed negatively as denial from a psychodynamic perspective might be described from a cognitive viewpoint as "selective information processing" or "practicing positive mental attitudes". In this process, positive information is placed in the foreground while threatening facts, rather than being excluded from awareness, simply receive less attention (p. 166).

In their research on coping with traumatic experiences, Janoff-Bulman and Timko (1987) conclude that denial

facilitates the process of adaptation. According to these authors, people tend to use conceptual schema, based on experiences and beliefs accumulated during a lifetime, around which to organize their world. Their purpose is to provide the necessary stability to go on functioning in a complex and changing world. Because these schema "go beyond the data given...they are always abstract and not readily subject to the test of reality" (Janoff-Bulman & Timko, 1987, p. 138). Such schemata are extremely difficult to modify because they exist at the deepest level of one's being. Any change in these schema must be slow and gradual in order to provide sufficient stability and coherence to preclude a complete breakdown in the conceptual system and psychological functioning (Jannoff-Bulman & Timko, 1987, p. 145).

It seems any sudden trauma, such as rape, robbery or severe injury, "threatens the viability of our very basic theories of the world and ourselves, including primary postulates or an assumption of personal invulnerability, an assumption of meaningfulness and a belief in one's own self-worth" (Jannoff-Bulman & Timko, 1987, p. 141). Such events are simply too much to take in at one time. Denial, then, serves as a protective buffer, providing a "proper pacing in the revision and rebuilding of one's basic theories and assumptions" (Janoff-Bulman & Timko, 1987, p. 145). It is in this respect that denial is a natural and necessary

adjunct of survival and should be seen as an adaptive process because it allows one the time to reshape and to make sense of an event too horrible to comprehend immediately. Denial is pathological only if one continues to avoid the
event forever.

Downward Comparison

The theory of downward comparison has its roots in social comparison theory (Festinger, 1954) which describes the process whereby people evaluate themselves through comparison with other people who appear to possess similar characteristics. Typically, social comparison theory is viewed as an "upward" comparison theory in that individuals seeking to validate their own abilities usually select persons better off than themselves (Gruder, 1977). Downward comparison, on the other hand, is both a cognitive and social process in which an individual compares her/himself to another person, who is perceived to be worse off, in an effort to feel better (Wills, 1981; 1987). Downward comparison theory posits that at some point in the stress-coping process, distressed individuals will search for comparison information that will enable them to feel better about their own situation (Wills, 1987, p. 263). In this respect, downward comparison is considered a coping mechanism because it serves as a means of enhancing one's

self-esteem and increasing general well-being. Unfortunately, while downward comparison seems to motivate some people by guilt, "I shouldn't be complaining, there are people much worse off than me", it can also be used to devalue others and justify cruel behavior in an attempt to assert ones's superiority.

Humor and Laughter

Historically, there has been a body of literature as well as folklore to support the idea that humor and laughter contribute to good health. The ability to laugh at oneself or at one's problems represents a cognitive shift that allows a different perspective from which to view the world. If you can laugh at things, then they don't seem nearly as overwhelming. Moveover, laughter and humor help to relieve tension by making people momentarily forget their problems. It is in this respect, then, that they are viewed as a form of coping.

Freud characterized humor as one of the highest defense processes and spent much effort trying to understand it. He was able to accommodate laughter within his overall drive reduction theory by viewing it as a means of releasing pent-up tension, an idea borrowed from Spencer (1860). For Freud, laughter was a beneficial and liberating process in that it signified the "triumph not only of the ego, but also of the pleasure principle, which is strong enough to assert

itself here in the face of the adverse real circumstances," (Freud, 1959, p. 217). According to Freud (1928), laughter helped rid the body of unused or unnecessary psychic energy, an economic principle which fit well within his structural theory of the human psyche.

Cousins (1979), in his book, Anatomy of an Illness, speaks of the healing powers of laughter and was partially able to test his hypothesis during a period of hospitalization for a debilitating collagen disorder. For a specific amount of time, Cousins watched funny movies and sitcoms which made him react with a gut-wrenching belly laugh. After each viewing session, a sedimentation rate (an inflammatory index) was performed on his blood. It was noted that his sedimentation rate dropped at least five points (as compared to its level prior to the comedy sessions) and that he could rest for several hours afterward without medication. Cousins offered this decrease in sedimentation rate as proof to confirm his intuitions about the healing power of laughter.

The late comedienne, Gilda Radner, also felt strongly about the beneficial powers of laughter but for a different reason. After being diagnosed with ovarian cancer, she reported that she relied heavily on humor and laughter as a means of empowering and defining herself. According to Radner, being able to laugh was a way of claiming a part of herself as something separate from the cancer, which somehow

made her ordeal more bearable (Radner, 1989).

Creativity

To be creative involves the ability to think in abstract terms and create something through the use of imaginative skill. It involves the ability to think in abstract terms. Anthony (1987) suggests that creative coping occurs when assimilation (Piaget, 1951) is the dominant mode of functioning. Kris (1952), in addressing creativity, speaks of "regression in the service of the ego", in which, for a short period of time, the ego surrenders its normal defenses and allows a free exchange between external experience and one's psychic interior. Coping, then, can be seen as creative when one utilizes imagination to go beyond the limits imposed by a crisis. It is the ability to confront a problem imaginatively, forgetting the old rules and imposing one's own unique solution.

In his research on the phenomena of resilience, Flach (1988) insists that creativity is an essential part of being resilient. People who are creative have more options since they are not limited by conventions. Creativity gives one the capacity to respond to situations which call for novel but adaptive solutions, especially when old solutions no longer work. Flach (1988) has found it useful to divide the process of creative coping into five stages. First, there

is the fact-finding stage, where one re-examines the situation after realizing new methods are required to obtain a goal. Next, there is problem-finding, in which a cognitive shift takes place and the issues are redefined in a new light. Third, there is idea-finding, whereby new options are generated based on observing the dilemma in its new light. Fourth, there is solution-finding in which one is forced to exert judgement, evaluating both the positive and negative consequences of the new ideas. Last of all, there is acceptance-finding, in which the best ideas are selected, developed and then put into action.

Anthony (1987b) addressed some aspects of creative coping in his research on children of schizophrenic parents. His interest was piqued when he noted that there were certain children who thrived under what could only be described as deplorable conditions. To account for this phenomenon, he examined the process of creativity within these children. These resilient children were described as having sound normal defenses, a wide range of coping skills, and many available competencies. They utilized both constructive and creative capacities that provided imaginative ways of dealing with frightening realities so that they were able to generate more potential solutions than was the case with less creative children.

Kast (1991) speaks of the "creative leap... in which one can emerge from a crisis with new behavioral

possibilities, new dimensions of self-experience and new ways of experiencing the world, maybe even with a new perception of meaning" (p. 3). It is not the crisis itself which is creative, however, but the availability of creative impulses generated through facing and resolving the crisis which constitutes the creative leap. One is forced to try new approaches because old ones no longer work. Kast articulates a process in which there is a total surrender to feelings, which then allows a solution to emerge from within the very deepest part of one's being:

> To grieve creatively means to discover what life shared with the other has opened up in us, to reconsider and relive it consciously, to bring into awareness especially those sides of ours which this special person was the first to awaken and love into existence, to try them out as one's own possibilities of life (Kast, 1991, p. 30).

Creative coping, then, is evidenced when the individual is no longer limited by the situation or methods at hand but is able to invent means to carry the work further (Anthony, 1987b). For an adult, this means giving up old ways of coping and surrendering to all of the possibilities engendered within the new situation. Children, on the other hand, have very little past history

upon which to draw solutions so that creative coping tends to reflect the child's stage of development. For example, in the case of a child who must deal with the everyday reality of a psychotic parent, creative fantasy becomes an especially important tool in providing the child with a safe haven where she/he can escape an oppressive environment. In fantasy, a child is able to distance herself psychology from the ill parent and defend against the kind of submissive, receptive involvement with a psychotic parent that can lead to internalizing thought disturbances (Anthony, 1987b). This is undoubtably a form of "regression in the service of the ego" where the goal is to allow the child's ego to remain intact. In this instance, survival becomes the creative product.

Life-span/Developmental Psychology: Coping and Resilience

Developmental psychologists have contributed a great deal to the concept of resiliency through the study of coping over the life-span. One of the earliest examples is Erikson's (1963) developmental theory, which proposed eight universal life stages, in which a new challenge or crisis must be negotiated before moving on to the next stage. As one successfully moves into each new stage, a sense of efficacy and mastery evolves that helps build personal coping resources such as trust and personal autonomy. Each successful resolution prepares the individual for the next

encounter with crisis.

Folkman (1991) questions the concept of mastery as a criteria for successful coping on the basis that it does a great disservice to the efforts people make to cope with certain intractable and unrelenting conditions of life. In these situations (for example, a chronic, degenerative disease), mastery or resolution is not possible because the stress is ongoing. As an alternative, Folkman (1991) suggests that coping should be divided into two major functions; that of managing the problem and that of managing the emotion. In events appraised as uncontrollable, it is more adaptive to focus efforts towards managing one's emotional reaction whereas in events appraised as controllable efforts to influence the problem are more adaptive.

Thoits (1991) offers a variation on this point of view in noting there are times when only emotion-focused control is possible. While most stress researchers assume that if one perceives a lack of personal control they will decrease their efforts at problem solving, Thoits suggests that this is not necessarily so. For example, in every situation, the individual must evaluate it both cognitively and behaviorally. The behavioral component addresses whether or not to confront or avoid the situation whereas the cognitive component involves whether or not to accept the consequences or to change their meaning. Closely related to the

cognitive response is the emotional response, which can also be modified to be positive or negative. Her conclusion is that whenever one is anticipating a negative situation that is beyond one's control the most effective response is to focus on emotional responses.

Childhood Studies: Attachment Theory

The majority of research on resiliency has been the result of data gathered through study of the effects of stress on children. Initially, only pathological consequences of stress were emphasized until it was noted that certain children appeared unaffected or undamaged by stress, or by conditions that would have normally predisposed children towards pathology. Thus began the study of the phenomenon of resilience and a related interest in coping strategies, normal development and superior mental health. This research has been extended to cover the life-span.

Ainsworth (1978, 1985) has indirectly contributed to resiliency research through her articulation of attachment patterns between mother and infant. She describes three patterns of attachment labeled secure, anxious-resistant and anxious-avoidant, which are largely influenced by the caretaker's ability to respond to the needs of the infant. Bowlby (1982) suggested these patterns of attachment tend to persist over a lifetime and to influence one's behavior. He

delineated two possible developmental pathways which impact resiliency in later life; one towards anxious attachment and depression and one towards hostility and delinquency:

> So long as the family conditions are favorable, the pathway will start and continue within the bounds of healthy and resilient development; but should conditions become sufficiently unfavorable at any time, it may deviate to a lesser or greater extent toward some form of disturbed and vulnerable development (Bowlby, 1988).

Rutter and his colleagues (1974) have collected an extensive body of epidemiological data on two populations of 10 year old children living in Great Britain; one in an inner borough of London and the other on the Isle of Wight. They identified the following six risk factors to be associated with the incidence of psychiatric disorder in these children: severe marital discord, low SES, overcrowding and large family size, paternal criminality, maternal psychiatric disorder and placement of the child in the care of an outside authority. They also identified a "protective mechanism" which appeared to insulate some children against psychiatric disorder. This protective factor was conferred by a warm, loving relationship with at least one parent coupled with an absence of criticism.

Additional research on protective mechanisms (i.e., those factors which protect children from stress) has led Rutter to conclude that temperament, coping skills, self-esteem, environmental factors such as close parental identification, a cohesive family structure and good communication within the family all aid in this process (Rutter, 1984).

Longitudinal Child Studies

There are numerous longitudinal studies on children at risk (those who live in conditions favoring pathology) that specifically address the concept of resiliency. Within this research, labels such as invulnerability, invincibility and stress resistance capacities or protective factors have been used interchangeably with the concept of resilience. These studies, many of which concern infants, have continued up to the adult lives of their subjects and suggest that resiliency shows considerable variability over different points on the developmental continuum (Luthar & Ziglar, 1991). More importantly, these studies imply that certain interventions may prove effective in promoting healthy development in otherwise disadvantaged youngsters. Such discoveries have provided an impetus to the field of preventive psychology.

Lois Murphy (1962) of the Menninger Foundation was one of the earliest to study the process of coping in children. It was during her work with the Menninger Coping Project

that she first used the term "resilience" to describe a quality of "invulnerability" in children who managed to escape long-term negative effects despite being exposed to highly adverse conditions during critical periods of development (Murphy and Moriarity, 1976). According to Murphy, insults to both physical and emotional well-being were considered to be especially potent during certain "critical periods" (a concept borrowed from ethology). Some children appeared "resilient" in that they were able to bounce back despite injuries inflicted during so-called critical periods. In these instances, long-term damage seemed to be minimized through support from external sources such as an understanding caretaker, teacher, therapist. These findings led to a belief that wise interventions could reverse some of the damage hitherto thought to be permanent (Murphy, 1987).

The New York Longitudinal Study (NYLS) began in 1956 and was inspired by the concept that the child's own characteristics played a significant role in psychological development. This idea reflected an interactionist model, a somewhat radical concept which ran counter to the dominant drive-reduction and stimulus-response models popular during that era (Chess & Thomas, 1984). In the NYLS, interactions between parents and children were observed and documented for a period of years. One of the most important concepts to emerge from this project was the idea of "goodness of

fit", a concept which describes the importance of the interaction between child, parents and the environment in relation to healthy development. According to Chess and Thomas:

> It is not temperament as such, or parental or environmental factors as such which determine the child's psychological course, but the goodness or poorness of fit between the environmental expectations and demands and the child's temperamental style and capacities (Chess & Thomas, 1984, p. 129).

This implies that a poor fit, such as a slow child with a hyperactive, intrusive caretaker, would lead to problems for both child and parent because they would be out of synchrony with each other's natural rhythms. In a good fit, the parent would be able to adjust to the child and provide a suitable environment capable of stimulating the child's development at his/her own pace. Within this framework, Chess and Thomas (1984) conclude that a consistent healthy and productive developmental course from childhood onward is required to obtain a superior level of functioning in early adulthood.

Anthony, through his work at Chesnut Lodge and elsewhere, has added considerably to research on risk, vulnerability and resilience. In his early studies, he

described the "invulnerable" child, who appears to be psychologically invulnerable to pathology despite predisposing factors such as parental psychopathology (Anthony, 1974). This type of child is able to maintain a curious but compassionate stance towards his/her ill parent without becoming involved in his/her psychopathology. In addition, he/she did not seem to be overwhelmed by life events and was able to obtain support from the well parent or from some other outside adult figure (Anthony, 1976).

Anthony is also the director of the St. Louis Risk Research Project, begun in 1966. The original goal of the study was to explore the psychological and social effects upon children growing up in an environment that includes contact with a parent requiring hospitalization for a psychotic illness (Worland, Janes, Anthony, McGinnis, & Cass, 1984). A summary of the first major findings supported previous data suggesting that children of psychotic parents manifest greater clinical disturbance than children of normal parents (Worland, et al., 1984). Later analysis isolated additional predictors of lower mental health scores in children and included conditions such as living with a parent with schizophrenia or schizo-affective illness, having a lower family SES, and being a black child (Worland, Weeks, & Janes, 1987). It was also noted during this project that certain children defied these predictions: not only were they free of any significant psychiatric

disturbances, they actually seemed to be thriving and they exemplified characteristics of children that Anthony previously had described as invulnerable. This term (invulnerable) was considered to be broad and misleading and resilient was later determined to be a better descriptor (Anthony, 1987b).

Reviewing the research on resiliency, including his own, Anthony (1984) has suggested five distinct categories of "invulnerable individuals". The first includes the "invulnerable" who has a sociopathic or uninvolved approach to the world in which he/she is essentially estranged from it. Thus, he/she pays a price, i.e., isolation, for his/her invulnerability. The second category is the "invulnerable" who leads a charmed life because of over protectiveness by the mother. Achilles would be the literary prototype of such an individual. Anthony considers these people to be "psuedoinvulnerable" in that they remain psychologically attached, dependent, avoidant and self-centered, and tend to break down once they leave the protective ambience of the caretaker. The next group of "invulnerables" consists of what Anna Freud (1949) referred to as the "heroes". They are also "pseudoinvulnerable" and suffer from overdeveloped counterphobic defenses and marked exhibitionistic drives to be conspicuous (A. Freud, 1949), often taking foolish risks, especially if there is an audience. The fourth category includes "true heroes" or those who perform best under

pressure. They have a solid start in life, coming from a benign environment with supportive parents. These people have a reservoir of strength that allows them to survive adversity over a life time. They tend to be competent, creative, curious, responsible and interpersonally skillful. The last group are also true heroes but are considered to be a special subgroup in that they have bounced back from adversity and continue to do so, despite high risks. They lack the advantages of the fourth group, yet manage to thrive.

These are the type of children that Anthony describes in his St. Louis project. He concludes:

> Were we to study the forces that move such children to survival and adaptation, the long range benefits to our society may be far more significant than our many efforts to construct models of primary intervention designed to curtail the incidences of vulnerability (Anthony, 1987a, p. 46).

Norman Garmezy has also been a key figure in the field of resiliency research. He uses the term invulnerability to describe a small "odds-defying" sample of children considered to be "at risk", who had adjusted well to the harsh conditions of ghetto life (Garmezy & Neuchterlein, 1972). Risk factors were defined as elements operative in the person or environment that result in a heightened

probability for subsequent development of disease or disorder (Garmezy, 1985). Examples of risk factors include sex, demographic status, social and intellectual skills, genetic history, biochemical defects, stressful life events, residential area, mobility patterns, familial and cultural characteristics and social support. Vulnerability refers to the susceptibility or predisposition of an individual to negative outcomes.

Garmezy (1982, 1984, 1985) developed the idea of "protective factors" to explain how one became inoculated from the negative factors of stress. Protective factors enhanced resilience in both normal and high risk children by assisting in the maintenance of competence under distressing circumstances. Garmezy (1985) offers three categories of protective factors which aid in the development of resiliency: (1) positive personality dispositions, such as autonomy, independence, curiosity, empathy and problem-solving skills; (2) a supportive family milieu, that includes a warm, competent and caring mother; open communication between family members; and strong interest and support of the child; (3) an external societal agency that functions as a support system for strengthening and reinforcing a child's coping efforts.

Garmezy and his cohorts (Rolf & Garmezy, 1974; Garmezy & Devine, 1984; Garmezy & Tellegen, 1984) have been involved in an ongoing longitudinal study called Project Competence

(Minnesota Studies of Children Vulnerable to Pathology) focusing on resilient children in the hopes of illuminating variables that differentiate these children from their peers. Incorporating ideas based on the work of White (1959, 1979), Garmezy predicts that providing opportunities which promote competence in children will prove to be a useful method of intervention. Thus far, Project Competence has isolated two factors, (1) Engaged behavior and (2) Disruptive behavior, which are believed to be useful in making distinctions among children at risk (Garmezy & Tellegen, 1984). Like Anthony, Garmezy has tremendous admiration for these young people, calling them "Keepers of the Dream" (Garmezy, 1982, p. xix). It is his belief that understanding how these children rise above adversity will do more to promote mental health than all of the research on pathology.

Werner and Smith (1977, 1982, 1992) began the Kauai Longitudinal Study to monitor the impact of a variety of biological and psychosocial risk factors, including stressful life events as well as protective factors, on a cohort of individuals born on the island of Kauai in 1955. The earliest analysis of data, which included the first ten years, found that 30% of the population developed serious behavior and/or learning problems between birth and 18 years of age (Werner & Smith, 1977). Within this sample, there were a few children, who despite exposure to the same

conditions, seemed unaffected or "invincible".

Their second book, Vulnerable but Invincible, was dedicated to these special children and was described as "an account of our search for the roots of resilience, for the sources of their strength (Werner & Smith, 1982). Three protective factors, similar to those cited by other researchers (Anthony, 1876, 1987a; Garmezy, 1985) were isolated as conditions promoting a quality of invincibility: (1) a personal predisposition towards activity, social responsivity and autonomy in infancy and early childhood; (2) a warm, supportive family environment; (3) extra-familial peer and adult support sources and positive role models with which to identify (Werner & Smith, 1984). These findings support previous studies and suggest a developmental pattern which could potentially lead to methods of interventions for children at risk.

The last book to date focuses on the children of Kauai as adults, exploring their work life, marriages and parenthood. Again, Werner & Smith (1992) noted that, despite being reared in poverty with many risk factors, many grew into competent, autonomous young adults. They characterized these resilient young people as having had as adolescents an internal locus of control, a more positive self-concept, and a more nurturant, responsible, achievement oriented attitude than their peers. Additionally, they had better coping skills and were able to utilize support from

friends, kin and other adults.

Using data from the Child Health and Education Study (CHES) in Great Britain, Osborn (1990) isolated similar factors influencing the resiliency of socially disadvantaged school age children. Osborn believes that competency involves something more than lack of pathology so that within this framework, a resilient child is one who is vulnerable to an adverse outcome yet achieves competence. In this study, Osborn described degrees of resiliency, ranging from competent to exceptional and was able to distinguish factors which lead to competency from those which lead to exceptional outcomes. He defined protective factor in terms of two concepts, based upon either personal characteristics or a contextual/family factor which does not constitute the norm for the population under consideration thereby reducing the risk of developing the problem in question (Osborn, 1990, p. 26).

The results of Osborn's analysis suggests that the most important factor serving to <u>decrease</u> a child's chance for exceptionality is maternal depression. The most critical factor for <u>increasing</u> exceptionality is having no more than one sibling. There are also important factors in parental attitudes which lead to exceptionality. These include both parents' educational aspirations for their child, maternal interest in the child's education, and a non-authoritarian world view being exhibited by the mother.

Overall, those children whose parents had adopted a child-centered approach and were committed to education stood the best chance of being competent or exceptional at age ten. Osborn suggests that while the personality factors of the child which influence resiliency are important, it is the environmental factors which have the most potential for intervention and manipulation.

Interview Studies of Children at Risk

Festinger (1983) conducted an interview study which included 277 adults who had been placed in foster care as young children in New York City. The reasons for removal from birth parents consisted of parental neglect and abuse, mental illness of the primary caregiver, abandonment and desertion, parental inability to cope, parental death or physical illness. Such a background placed all of these young people within a high risk category, with predictions of a bleak future. The results of her study, however, indicated something altogether different. While they did have lower scholastic achievement than comparison groups, and the employment rates for blacks were lower than the rates for blacks who were not in foster care, overall, there was no difference in health or illness and most reported a sense of happiness with their lives (Festinger, 1983). None of these children grew up to become "problem-ridden" adults or turned into chronic and excessive users of welfare or

other public support systems. The results of this study are significant in that they challenge the public's stereotype of foster children.

In Williams and Kornblum's (1985) interview study, a group of children raised in extreme poverty were interviewed. In their ensuing book, Growing Up Poor, a chapter was devoted to the "superkids" or those young people who were able grow up and become competent, contributing members of society. A common theme united these children; despite their materially impoverished childhood, all of the "superkids" spoke of positive relationships with their parents, in which there was a mutual sense of love and respect between child and parent. The family environment was described as one in which parents set firm rules and promoted a belief in education, including making provisions for advanced educational opportunities for their children. These results are very similar to those of the longitudinal child studies cited earlier.

Summary of the Child Studies

After reviewing the childhood longitudinal studies, patterns begin to emerge which characterize resilient children. They posses the personal attributes of intelligence, sociability, curiosity, and creativity, tend to do well in school and are liked by both peers and teachers. They are able to utilize a social support system

outside of their family, in which they can distance themselves from their families' problems and secure positive role models after which to pattern themselves. As adults, they are described as nurturant, responsible, and achievement-oriented people who possess a good self-esteem and carry with them a conviction that they can influence their lives (i.e., have an internal locus of control). They have a strong sense of family values and social responsibility, and like the family in which they were raised, they support their children by setting rules, exerting discipline and respecting their child's individuality.

Finally, while the resilient child brings into the world certain attributes which interact with the environment, the environment is equally important as a source of protective factors which promote the qualities of resilience. These factors include a warm, stable and nurturing family environment and/or opportunities for external support outside of the family.

Resiliency in the Adult Years

Many participants of the childhood longitudinal studies are now adults, which has had the fortunate effect of yielding further research on the topic of resiliency. Elder (1974) has analyzed 171 participants from a longitudinal study of personality development at the Institute of Human

Development at Berkeley to explore the effects of growing up during the Great Depression on later psychological health and adjustment. His findings suggest that despite growing up in extreme poverty, the long-term consequences were generally positive for these people. Their youthful experiences served as motivation in that most of these individuals had great determination to do better in their own life as an adult. As adults, on the whole, they seemed more resilient, self-confident and less defensive than control groups to whom they were compared (Block, 1971; Haan, 1972).

Hightower (1993) utilized data from this same longitudinal study in an attempt to determine if one could make predictions about psychological health in middle-aged persons based on coping style during childhood and early adult years. He isolated two variables; the "need for status" and the "need for power" (as measured by the California Personality Index and Murray's Thematic Apperception Test) by age thirty, which enabled him to predict those who developed good psychological health at age fifty, regardless of environmental background (Hightower, 1993). These people are described as intellectually resourceful and creative and able to maintain mutually beneficial relationships with others while approaching life with the attitude that their actions will improve their lot in life.

There have only been a few longitudinal studies done on the elderly but this will change, no doubt, as participants in the childhood longitudinal begin to gray. Erikson (1982), writing in his mid-eighties, proposed expanding the seventh stage of his theory (generativity vs. stagnation) to a Grandparent Generative Stage. He also evinced grave concerns about the loosening of family structure, citing divorce, re-marriage and reconstituted families as well as excessive mobility as having the potential effect of depriving many grandparents of opportunities for generative involvements with future generations.

Despite the paucity of such research, a few studies have attempted to isolate variables which promote resiliency in the elderly. Moen, Dempster-McClain, and Williams (1989) have concluded that social integration, as defined by the number of roles occupied, promotes longevity in women. A significant finding in this study was that membership in a voluntary society was particularly salutary to health. Other characteristics, such as remaining active (Palmore, 1981,1985; Magnani, 1990), finding continued meaning within one's life (Putnam, 1987) and style of reminiscence (i.e., content and emotional tone) used in recounting one's life (Beaton, 1991) all influenced the ability to cope in advanced years and to promote a more satisfying pattern of aging.

There is some interest in the question of whether or not people change styles of coping over the years. One study concluded that the very aged who had been placed in a residential setting increased their longevity by adopting an essentially paranoid stance of being suspicious and preoccupied with the motives of others (Lieberman & Tobin, 1983). Costa, Zonderman and McCrae (1991) have reviewed the literature on coping and aging, and conclude that while the type of stressors experienced may change over time there is no evidence to support the idea that the ability to adapt to stress is impaired in the elderly, provided they have all of their cognitive faculties in tact (as most elderly do, despite popular misconceptions). In fact, they suggest that most elderly people demonstrate psychological resilience and that this is not diminished by time.

Social Support and Resilience

A great deal has been written about social support and its salutary effects on health (Cassel, 1976; Cobb, 1976; Brown & Harris, 1978, 1986; Spiegel, 1991). While, in general, it has been concluded that social support exerts a positive influence on an individual's mental and physical health, and therefore promotes resiliency (Cohen, 1991; Cohen & Wills, 1985; Kobasa & Puccetti, 1983; Kessler & McLeod, 1985) there is some debate as to what constitutes "social support". Is it the mere presence of people or an

ongoing relationship which keeps one from feeling alone and isolated? Is there an optimal number of relationships or is the presence of just one intimate and confiding relationship sufficient?

There are those who suggest it is the perception of support which is crucial. For example, Roos and Cohen (1987) hypothesize that it is perceived support as opposed to received support which influences an individual's interpretation of the stressor. Social networks may be available but ineffective in that someone who is perceived to be meddlesome and intrusive will not be helpful to the individual, regardless of noble intentions (Dunn, 1993).

There exists limited research on social support over the life span. Antonucci (1985; 1991) is one of the few researchers to address this area and has developed a "convoy" model of social support which proposes that as people develop and mature, they move through life both protected and made vulnerable by their social relationships. For example, at one point in an individual's life, their spouse, children or friends may be looked upon as a source of support and comfort whereas at another time they may be perceived as burdens or as sources of distress.

Hardiness

Hardiness is conceptualized as a personal characteristic that promotes positive adaptation, especially

in regard to physical health; in this sense it is used synonymously with the term resiliency. As a style of personality, hardiness consists of three related concepts: commitment, control and challenge (Kobasa & Maddi, 1977; Kobasa, 1982). In this model, commitment is seen as the ability to believe in the truth or value of what one is doing (Maddi, 1967, 1970), control is the tendency to believe that one can influence the course of events, and challenge is the belief that change, rather than stability, is the normative mode of life (Csikszentmihayli, 1975). Attitudes such as these help reduce the negative effects of stressful events thereby acting as a "buffer" against stress-related disease (Kobasa, 1982; Nowack, 1985; Nakano, 1990).

Other researchers suggest the buffering effects of hardiness apply only to psychological health and have no demonstrable effect on physical health. Most (but not all) of this research has been conducted in conjunction with studies of Type A behavior (Friedman & Rosenman, 1974), and stress related diseases such as coronary heart disease. In their research on Type A personality, hardiness and illness in women, Schmied and Lawler (1986) found no main effects or interactions for hardiness with stress and illness, and concluded either that hardiness does not generalize to women or its effects may be relevant only for mental and not physical health. Additional studies (Roth, Wiebe,

Fillingim, & Shay, 1989; Blaney, Goodkin, Morgan, Feaster, Millon, Szapocznik, & Eisdorfer, 1991; Lee, 1991) support this conclusion, finding no effect, or at least no main effect, between hardiness and its buffering effects on illness.

Some envision hardiness as having its greatest impact on personal attitudes which may then indirectly influence physical health. For example, Scheier and Carver (1987) find a relationship between hardiness and optimism, and conclude that the buffering effects of hardiness are best understood in relationship to optimism, which consequently has a direct influence on physical health (Van Treuren & Hull, 1986). Pollock (1989) simply refers to hardiness as that quality or personal resource which enables one to adapt.

Funk and Houston (1987) have criticized hardiness research by contending that most instruments measure hardiness by highlighting its negative indicators (i.e., lack of alienation, lack of self-esteem, etc.) and, therefore, it makes more sense to speak of the lack of hardiness as evincing maladaptive behavior. They conclude it is not the hardy individual who is particularly stress-resistant; rather, it is the nonhardy individual who is maladjusted. Building on these ideas, Rhodewalt and Zone (1989), in their comparison of hardy and nonhardy individuals, focused on cognitive factors in an attempt to

identify maladaptive behavior. They found distinct differences in the number of negative events reported and in the average amount of adjustment required for each event, thereby accounting for the difference in rates of illness and depression manifested in hardy vs. nonhardy individuals. They conclude it is the appraisal process itself which serves as a buffer for illness and depression.

The final area of contention in hardiness research concerns the definition of hardiness as a unitary or multi-dimensional construct. While Kobasa (1982) originally conceived of hardiness as a single trait, which united the three components of commitment, challenge and control, data are now emerging to support the idea of hardiness as a constellation of related but distinct traits (Funk, 1992; Wagnild and Young, 1991; Hull, Van Treuren and Virnelli, 1987; Hull, Van Treuren, and Propsom, 1988).

The health professions are especially interested in implications of hardiness as an attitude because of its effects on health care, prevention and maintenance. In response to this interest, Maddi has developed a training seminar for managers at Illinois Bell which enabled them both to raise their hardiness scores on a self-report measure as well as to reduce physical symptoms associated with stress. Incorporating some basic existential tenets as well as the concepts of hardiness (especially those of control and challenge), the major thrust of these seminars

was to convince people that they do have choices and therefore can influence the course of their lives (Wood, 1987).

Regardless of whether one envisions hardiness as an attitude, as having a stress-buffering effect, or a unidimensional or multidimensional trait, it has proven to be a fertile concept and continues to generate research for two reasons. First, attitudes and traits readily lend themselves to measurement as do the absence or presence of health effects. Moreover, hardiness as an attitude has great potential as an intervention because it can be taught.

Coping with Extreme Situations

Pain and suffering are part of the human condition. For most of us, life can be characterized as a series of events that challenge our ability to cope. Nowhere are the challenges more vividly exemplified than in extreme situations such as war, natural disaster, debilitating injury, life-threatening illness and criminal victimization. Because these events fall outside the mundane realms of human existence, previous experience cannot have prepared us to deal with them. As such, they challenge personal assumptions about oneself and the world, shattering the very foundations upon which one has built her or his universe. In the face of such awful reality, it seems impossible to maintain comforting illusions of the world as a just, safe,

and predictable place. How can one extract meaning and recover a sense of balance and efficacy from events that seem to defy the logical order of nature? How does one survive? In an effort to address these questions and further understand human resilience, this section will explore coping in extreme situations.

Common Themes

Reviewing the literature on coping in extreme situations, there are common themes which characterize the ability to endure extraordinary events, regardless of their nature. First, there is the initial task of physically surviving the immediate danger. This involves a reflexive action in which the situation is rapidly evaluated and decisions made accordingly. Here, instincts would seem to take over and self-preservation would seem to be the goal. In the face of unrelenting stress and turmoil, such as combat, a POW experience or devastating injury or illness, it takes a great deal of energy to maintain a will to survive. Certain emotional, cognitive and behavioral adjustments have to be made on an on-going basis and, ultimately, a personal and social meaning must be ascribed to the event or situation that will reinforce a will to live. It matters not what the meaning is, only that it allows the individual to continue with life, even under the most unbearable of circumstances.

After the crisis is over, there is a desire to return to life as it was before. Unfortunately, one of the effects of extreme trauma is that it permanently alters perceptions about oneself and the world. This is especially true when events are perceived to be beyond one's control. While unexpected, unforeseen or unpredictable events are generally more difficult to cope with than expected ones (Janis, 1958; Shultz, 1976), people who are victimized despite the fact that they took precautions and avoided risky situations may feel especially distressed because their assumptions of trust and safety have been so drastically violated (Wortman, 1983). This threat to personal identity may be more traumatic than any harm done to the body. Feelings of fear, vulnerability to repetition of the trauma, sadness over losses, and weakness about not being able to control one's life or emotional reactions contribute to feelings of defectiveness in oneself (Marmar & Horowitz, 1988).

Sometimes, as in the case of a chronic illness or debilitating injury, the crisis is never over. Every day serves as a reminder of losses. Each time the cycle of symptoms begin, the sufferer loses faith in the dependability and adaptability of basic human processes that the rest of us rely on as part of our general sense of well-being (Kleinman, 1988a, p. 45). The most mundane task becomes an insurmountable challenge, taxing one to the uppermost limits. In spite of the threat of gradual

deterioration of bodily functions and imminent death, life goes on.

Weisman (1979) has suggested a series of universal psychosocial phases, very similar to Kubler-Ross' (1970) proposed stages of dealing with death, that individuals experience who have been diagnosed with terminal cancer. They are: (1) the existential plight; (2) accommodation and mitigation; (3) recurrence and relapse; and (4) deterioration and decline. Weisman noted that those individuals who were less psychologically disturbed took action to confront or deal with the diagnosis whereas those who were more psychologically disturbed employed a defense of denial, often in the form of withdrawal or alcohol consumption. He concludes the first three months after diagnosis are extremely significant in the patient's life and often determine the way in which she/he will cope with the entire ordeal (Weisman & Worden, 1976-1977).

Personal Perceptions or Meaning in Suffering

In her research on human resilience, Fine (1991) implies that it is the personal perceptions or meanings which one ascribes to an event that transforms it and allows one to cope. Resilience is not a "miraculous rescue", but a process whereby a person constructs his or her own recovery. Steeves and Kahn (1978), working with hospice patients, suggest that what enables these terminally ill patients to

cope is the ability to feel their experiences were "somehow bringing them into contact with forces greater than themselves, thus fundamentally changing the way they experienced suffering" (p. 115). This process is labeled as "the experiencing of meaning in suffering" and they conclude that only when one is totally and completely involved in a lived experience, can one become part of that meaning:

> There is a conviction that meaning is pervasive and has significant effects on all of one's life, that the existence of human finess and goodness is above and separate from an individual fate, and that communion with this larger concept has a positive effect on coping with stress (Steeves & Kahn, 1987, p. 115).

Victor Frankl (1962), writing about his personal experiences in a Nazi concentration camp, also emphasized the importance of finding meaning in an event as a way of coping with what would otherwise be unbearable. Finding meaning "is the last of human freedoms", in that a person can be stripped of freedom, dignity or life but no one can take away the right to assign meaning to one's experience. The belief that one has the freedom to interpret life however one chooses empowers the individual.

Kleinman (1988a) also emphasized the necessity of assigning meaning to one's experiences. For an individual

who suffers from chronic illness, be it cancer, physical handicap, degenerative disease or chronic pain, the ability to create a story or a context for one's suffering is what makes it bearable. Kleinman refers to this as the "illness narrative", a story the person contrives to legitimize and make sense of his or her experience as well as to order, communicate and symbolically control personal symptoms (Kleinman, 1988a). It takes illness, which hitherto seemed invisible to others, out of the realm of the abstract and makes it literal.

An illness narrative also serves as a way in which one claims a place within society. Devereaux (1950) understood this when he spoke of "ethnic disorders", in which the symptoms of a disease simultaneously affirm and negate the values of a culture. Kleinman (1988a; 1988b) refers to "culture bound syndromes" where symptoms or dysfunctions seem to reflect distinctive features of the culture in which they exist. Anorexia is one example, in which the Western pursuit for bodily perfection in terms of thinness is carried to an extreme. Here, "the illness takes on meaning as suffering because of the way this relationship between body and self is mediated by cultural symbols of a religious, moral and spiritual kind" (Kleinman, 1988b, p. 48). In addition to reaffirming oneself, the illness narrative serves the function of connecting the sick person to society, thereby reducing alienation.

Plessner (1970) speaks of illness as a western cultural phenomena which highlights the division between body and self. In our society, people tend to both define and experience a sense of self in terms of their body, so that a sick person is their sick body. For example, "He is a cancer patient." Yet, the historical belief in dualism between body and mind suggests most people experience a sense of self which is separate and distinct from bodily existence. Within this framework, a psychological distance is created so that the sick body is experienced as distinct from one's experience of self so that one may have the experience of observing her/his body as if it were someone else's.

Merleau-Ponty (1986) describes a similar dichotomy in that there exists an awareness of the body, or "existence in itself" and an awareness of the mind, or "existence for itself" so that in illness, "pathological phenomena introduce variations before our eyes in something which is not the pure awareness of an object" (p. 124). A type of alienation occurs upon the recognition that we are our (sick) body and yet we are distanced from the body and its sickness as we observe it. Such a separation of the mind from body accentuates loneliness and alienation.

While dualism may increase a sense of alienation, in some respects, there is a distinct benefit in the experience of alienation from one's body since it allows one to endure

the sickness as well as certain invasive procedures performed in the name of medicine and healing. Thus, a temporary experience of alienation from one's body may aid in recovery.

Concentration Camps, POWS and Hostages

War encompasses death, destruction, disease, famine, loss of property and disintegration of social order. It can easily be conceived of as the ultimate experience of horror, where one's abilities to cope are taxed to the limit. For the war survivor, all tangible artifacts of home are demolished and their world must be rebuilt, brick by brick. The most devastating loss occurs within one's personal world, where basic assumptions have been violated so that the moral values and principles upon which one has fashioned an existence are forever altered. How does one account for the horror witnessed, in which brutality and the survival of the strongest reigns? Not only is there a loss of faith in one's fellow man, there is a loss of faith in oneself and the belief in a just world. This is especially true in the case of torture.

> He who has succumbed to torture can no longer feel at home in the world. The shame of destruction cannot be erased. Trust in the world, which already collapsed in part at the first blow, but in the end, under torture,

> fully, will not be regained. That one's fellow man was experienced as the anti-man remains in the tortured person as accumulated horror. It blocks the view into a world in which the principle of hope rules...(Amery, 1986, p. 40).

During torture, the person cannot comprehend events which are taking place. There is no escape from pain. As an act of self-preservation it surrenders to the flesh; mind and body become one. Only unconsciousness or death brings relief. How does one survive the unbearable? What follows is a summary of coping tactics utilized by (resilient) individuals who might be considered survivors in the very fullest sense of the word.

Research on veterans, POWS and concentration camp survivors, from the Holocaust to the Iranian hostage situation, has provided some understanding of the coping mechanisms utilized during torture, imprisonment and the unrelenting threat of death. Bettleheim (1943), recounting his experiences in Nazi concentration camps, cited intellectual withdrawal, including depersonalization and identification with the aggressor, as ways in which he survived his ordeal. Dimsdale (1974) concludes that differential focusing on the good, group affiliation, mastery, a will to live and hope were vital coping strategies for Nazi concentration camp survivors. On the

other hand, Amery (1986), in recounting his personal experience in a concentration camp, suggests that possessing an intellect was a detriment to survival unless it was centered around a religious or political belief; only then was the individual able to transcend himself.

Hunter (1988), has compiled a series of universal stages of psychological effects experienced by prisoners of war. During the first 12-24 hours, the prisoner experiences severe shock and trauma, based on the realization of her/his position of total helplessness and dependence upon the mercy of the captor. This is immediately followed by a fear of death and a preoccupation with the possible effects of their capture and/or death upon their families. During the next 24-48 hours, the prisoner begins to calm down, while still being aware of the ever present threat of death. At this point, she/he begins to entertain hopes of survival and devise ways to pass time, such as slowing down activities or trying to sleep.

If prisoners are held for 48 hours or longer and there is no torture, "a remarkable" period of adjustment begins, with the individual devising various means of keeping her/his mind off the situation. At the time, prisoners consciously avoid thinking of their families and avoid feelings of hopelessness. It is during this time, that drastic shifts in personal values may occur. Rather than a complete change in personality, however, long harsh

imprisonment appears merely to solidify pre-existing traits (Hunter, 1988).

With the passage of time, victims are often surprised at how they harbor little or no resentment against the captors. This is referred to as the "Stockholm Syndrome", a process similar to the concept of transference and countertransference in psychodynamic literature. Certain conditions must be present to promote the occurrence of the Stockholm Syndrome since there must be compassionate treatment alternated with threats of death for the captives to develop positive feelings towards their captor. In situations involving torture or extremely harsh conditions, it is easier to maintain resistance and feelings of ill will towards the captor (Hunter, 1988).

While having a code of conduct, a strong internal locus of control and contact with others aids in survival (Hunter, 1988), the most crucial element of survival is a will to survive. Without it, prisoners have been known to curl up in the fetal position and die within a very brief period of time. Hunter (1988) concludes it is the older, more mature captive who is strongly committed to an idealogy that fares best under captivity.

The Aftermath: Coping in Later Life

Because much of the early literature on combat veterans, POWS and concentration camp survivors focused on

the devastating effects of the experience itself, there was a conviction that pathology could be the only possible outcome. Most of this research, however, was based upon individuals who sought psychiatric help; therefore, it is not necessarily reflective of the experience of the majority. One should keep in mind that, despite the tremendous negative emotional impact of the Holocaust on survivors, only a small proportion have sought professional counseling (Kahana, Harel and Kahana, 1988) and most have managed to live fruitful and productive lives. The majority of survivors display remarkable adaptive and reintegrative capacities (Davidson, 1981). Studies on the children of Holocaust survivors support the contention that, on the whole, these offspring have done well as a group despite the drastic effects of the Holocaust on their parents (Zlotogorski, 1983; Rose & Garsky, 1987).

Elder (1989) has done a great deal of research on combat veterans and suggests the long-term effects of heavy combat experiences should include psychological gains as well as losses. For example, because of the war, many combat veterans developed managerial skills, rewarding memories of experiences with war comrades, and enduring ties with service mates (Elder & Clipp, 1988) all of which helped build confidence in later life. In fact, many heavy combat veterans became more resilient and less helpless over time when compared to men who had seen less combat (Elder, 1989).

Perhaps mere survival, in and of itself, is a resource for coping with hardship in later life (Leinbaugh and Campbell, 1988). As a result of these studies, researchers interested in adaptation and resiliency have begun to isolate factors which they hope will predict well-being in later life. In general, the research on combat veterans, POWS and concentration camp survivors confirm the idea that a good start in life and continuing healthy relationships maintain an individual's resiliency. For example, in concentration camp survivors, it has been found that stress factors (the nature and duration of the experience in the camp); current socio-demographic, socioeconomic states and health; and current modes of coping with conventional life and survivorship experiences were the best predictors of well-being in later life (Kahana, et al., 1988). In regard to combat veterans, Elder (1989) suggests ego resilience is an important predictor, based on the observation that men who were rated as low in ego resilience as adolescents had more emotional problems than other men. Hunter (1988) concludes that qualities such as developing a positive outlook early in life, being able to see alternatives in outcomes in almost any situation no matter how bleak, and possessing the will to continue on in spite of the odds, are useful for predicting resiliency in POWS and in later life.

Therapeutic Interventions in Resiliency Research

Flach (1988) has utilized the concept of resilience within his own practice of psychotherapy as a means of understanding periodic crisis experienced by most people. He envisions resiliency as a quality in most people that fluctuates over time; being resilient at one time does not necessarily guarantee than one will always be resilient nor does having strengths in one area guarantee the presence of such strengths in another. Therefore, most people will experience crisis at one time or another. Flach (1988) sees such breakdowns as a manifestation of normal disruption that accompanies any transition period. For him, it is not the disruption that is the illness; rather, it is the failure to react to disruption and act on new opportunities for change which leads to stagnation and illness. "Resilience depends on our ability to recognize pain, acknowledge its purpose, tolerate it for a reasonable time until things begin to take shape, and then resolve our conflicts constructively" (Flach, 1988, p. 29). Thus, the goal of the therapist is to aid the patient in re-interpreting the crisis as a potential for growth rather than as evidence of weakness.

Fine (1991) considers resilience to be an exceptional quality, one that describes people who have overcome tremendous odds. Overcoming odds, however, does not necessarily mean doing spectacular things; it could be something as basic as a paraplegic learning to dress

herself. Fine suggests resiliency can be taught through timely and meaningful interventions that have a significant impact on the reintegration process. These interventions may involve therapists in multiple tasks such as helping persons find meaning in their crises, teaching them to address feelings provoked by their situation, dealing with the reality and consequences of their condition, and fostering functional skills and behaviors needed to fulfill their potential in life (Fine, 1991, p. 500).

Fajardo (1991) sees resilience as an inborn trait. She uses the concept of constitutional resilience to explain why some patients are analyzable and some are not. For her, resilience is best defined as the capacity to regulate one's own states of experience, "...thus an individual who is resilient has the ability to make use of facilitating aspects of the environment and to withstand the disruptive aspects in order to maintain or restore a cohesive state" (Fajardo, 1991, p. 108). She speaks of a constitutional capacity for resilience where the infant is born with certain attributes that enhance its "motherability" by inviting positive interactions between the mother (if she responds) and the child, thereby forming a complimentary relationship in which the infant learns to trust others. It is this type of person that is easily analyzable. Some infants, however, are born without the ability to easily soothe themselves. Even with a mother who recognizes and

compensates for this defect, the child will always have difficulty in this domain. Thus, in the analysis, the adult who was not born with a constitutional capacity for resilience will have difficulty trusting others so that the discomfort caused by the process of analysis imposes an intolerable burden upon an already overtaxed system.

Conclusion

Whether some people are born with a resilient personality or acquire resiliency over time, the present review implies that resiliency involves a dynamic interaction between persons and their environment. It seems to have a developmental course; not only does it unfold over time, but waxes and wanes according to different circumstances. There appear to be critical junctures at which resiliency may be fostered or hindered. Thus, while one may begin life with certain resilient traits, the environment will also influence its expression.

Resiliency, then, appears to be less an enduring characteristic than a process defined by the impact of one's particular life experience on the personal conceptualization of one's own life history (Cohler, 1987). We all act as revisionist historians, constantly reinterpreting our past in light of new experiences. What at first may seem a tragedy may later be seen as an impetus leading to personal growth. Indeed, in adult life, one is often led to conclude

that it is not so much what happens to people but how they interpret and explain it that makes a difference (Fine, 1991). It is at this level, that of interpretation, that therapeutic intervention is possible.

CHAPTER III

QUALITATIVE RESEARCH AND PHENOMENOLOGICAL METHOD

> The methods by which we study people of necessity affects how we view them. When we reduce people to statistical aggregates, we lose sight of the subjective nature of human behavior. Qualitative methods allow us to know people personally and to see them as they are developing their own definitions of the world. We experience what they experience in their daily struggles with their society. We learn about groups and experiences about which we may know nothing. Finally, qualitative methods enable us to explore concepts whose essence is lost in other research approaches (Taylor & Bogdan, 1975, pp. 4-5).

Qualitative research is a descriptive form of scientific research which relies largely on language to understand human behavior and experience. The major goal of any qualitative research method is to document and interpret as fully as possible the whole of what is being studied from the frame of reference of the subjects involved (Duffy, 1987, p. 130) so that the qualitative researcher arrives at an understanding of the facts from an <u>insider</u> perspective. As such, the data acquire meaning not because they can be

numerically manipulated but because consensual validation occurs between observer and observed. Because it was the intent of this project to understand the meaning of a particular experience, a qualitative method was deemed the most appropriate form of research.

Phenomenological Psychology

Phenomenological psychology has its roots in existential psychology, a philosophical discipline which seeks to understand the events of human existence in a way that is mindful of cultural supposition and bias. Within phenomenological psychology, there is an assumption that human experience is constituted by the relationship between person and world so that psychological phenomenon cannot be removed from its context and studied in isolation. While there exists a belief in the physical world as separate and independent of our existence, we experience it in a meaningful way. Nature can be envisioned as one element of the Lebenswelt (life-world, or world as it is lived by the person), where it constitutes itself in our everyday meaningful experience as it develops over time. As such, our experience of the Lebenswelt is temporal; it is always "becoming" over time.

For Husserl, the laws describing the physical realm were incomplete in that they did not address our experience of nature which was constantly "becoming". It was Husserl's

(1970) intent to establish phenomenological philosophy as an entirely new way of knowing the world, free of positivistic biases, whose point of origin was to be in the experience of the "things themselves". For Husserl, the only way in which one may come to know the "things themselves" is to assume the "transcendental attitude" a form of purification, which he called the "reduction". This allows the researcher to discover the "pure life of consciousness" in which (and through which) the whole objective world exists for one, by virtue of the fact that I experience it, perceive it and remember it (Schutz, 1978). In the reduction, one attempts to "bracket" any pre-conceived notions that might obscure the true knowledge of the essence of the thing.

Heidegger felt that Husserl's philosophy was flawed in its promise of a complete reduction through the assumption of the transcendental attitude. For him, there was no "thing-in-itself" separate from human existence. Instead, Heidegger (1963) maintained that only through an analysis of Dasein (human being) is one able to apprehend Being (the essence of human existence). Dasein is historically determined and includes relatedness to both the environment (Umwelt) and to others (Mitwelt or communal). Thus, human "being" is a fundamentally relational existence; human beings have no existence apart from their world, and their world has no existence apart from human beings.

Other phenomenologists have embraced this idea concerning the relatedness of human existence. Merleau-Ponty (1964) speaks of the relatedness of body and consciousness, where being-in-the-world is embodied-being-in-the world. As such, consciousness cannot be separated from the body; consciousness does not move the body as one moves an object through space, the body moves only in so far as it is oriented towards space. The body is no mere "thing", rather, it is a "body-subject" which provides the background from which all acts emerge (Merleau-Ponty, 1964).

Buber (1958) describes the inter-relational context of being-in-the-world in terms of an objective relationship, "I-It" and a mutual relationship of "I-Thou". Understanding always occurs in and through an interpersonal context, where being-in-the-world is a dynamic, interactive process between the individual and the environment.

Phenomenological Research

Phenomenological research is a type of qualitative research which strives to explicate the essence, structure or form of human experience and behavior as both are revealed through essentially descriptive techniques, including disciplined reflection and dialogue (Valle, King & Halling, 1989). It has the very special goal of trying to apprehend the essential meaning of a phenomena from the subject's perspective and not the researcher's

(Polkinghorne, 1989).

To understand the emphasis on meaning and experience within phenomenological psychology, one must cite Husserl, who suggests that "everything which has meaning for me also has meaning for the other or others with whom I share my life-world" (Schutz, 1978). In phenomenology, reality is viewed as the realm of meaningful behavior, and human behavior is seen as an expression of meaningful experience. As such, phenomenologists are interested in meanings, not facts. This is somewhat different from mainstream psychology, where people and the world are envisioned as two different entities and human behavior is conceptualized as a mechanically learned response to stimuli (Polkinghorne, 1989).

Because language is a means of expressing intentions and understanding the intentions of others, phenomenological research is usually conducted in the form of an interview or as an open-ended dialogue where participants are typically asked to share their experience of a topic proposed by the researcher. Such an approach maximizes the opportunity to be faithful to their experience as described and, thus, to preserve the lived-world experience as revealed by the other (Hawthorne, 1988). There is both an expectation of, and a preference for, variety in descriptions because such variety adds to the richness of the data.

In the beginning stages of phenomenological research, one must be aware of his or her own particular biases in regard to the topic being investigated and seek to "bracket" them. This enables the researcher to "be open to the new" (Gadamer, 1975) and obtain a more faithful assessment of the subject's statements and reflections. Once the data, in the form of descriptions of experiences, have been obtained the search for meaning begins. While each person is unique in his or her own experiences, there is an a priori belief that a basic structure of the meaning of the experience will emerge through analysis of the dialogue.

Hermeneutics is the study of the interpretation of texts where the purpose is to obtain a valid and common understanding of them (Kvale, 1983). It is a dynamic process in which there is a constant shift from parts to the whole. With each shift, more information reveals itself thereby influencing the meaning of the overall structure. This process, in which the meaning of the separate parts is determined by the global meaning of the text, is referred to as the hermeneutic circle (Kvale, 1983). In some ways, it is similar to life itself; if one views life as a text, we are all continually reinterpreting our past in light of new experiences. The hermeneutic method is especially appropriate for analyzing interviews since its goal is to address the meaning of dialogue as it emerges from text.

In principle, the hermeneutic circle is an infinite

process although, in actual practice, it ends when one has reached a sensible meaning free of inner contradictions (Kvale, 1983). While a literary text represents the view point of the author and her/his world, in a phenomenological hermeneutic analysis, the interviewer is to a certain extent, a co-creator of the text to be interpreted (Kvale, 1983). Thus one should be aware that the meaning units derived from a phenomenological analysis cannot not be construed as saying the meaning units "exist" in the text as such. Rather, they "exist" only in relation to the attitude and set of the researcher (Giorgi, 1985). In the end, one hopes to illuminate certain common themes of the meaning of an experience, always being mindful of the unique contribution of each subject; in phenomenological research, there is a strong belief that meaning only makes sense at the level of human lives, not at some abstract level.

Validity and Reliability

In doing psychological research, there is traditionally an emphasis on establishing validity and reliability. This is a methodological requirement of statistical analysis, which is thought to reflect the degree of scientific rigor of a particular study by affirming its objectivity. Objectivity implies that others would reach the same conclusions under the appearance of identical circumstances. If a study meets the requirements of both validity and

reliability, it is then considered to be psychometrically sound. Phenomenologists also are interested in establishing validity and reliability, but from a different perspective. While the traditional methodological requirements appear to presuppose that one knows what is to be investigated, a phenomenological approach is more concerned with clarifying the investigated phenomena and its meaning (Kvale, 1983, p. 193).

There are many different types of validity, but in a very general sense, validity always addresses the criteria of "truthfulness". A measuring instrument is considered scientifically valid, or "truthful" if it measures what it purports to measure. Reliability, on the other hand, is concerned with the extent to which measures are repeatable, thus insuring that measurement error has been kept to a minimum (Nunnally, 1978, p. 191). By their very definitions, one can see that the emphasis for both validity and reliability is on measurement. How can one possibly apply these concepts to quantitative research, which is concerned with meaning?

Validity

Validity is demonstrated within phenomenological research when the researcher convinces the reader that the findings are reasonable; the reader must be able to follow the phenomenological process in which the raw data (in the

form of the interview) are transformed into "informed" psychological expressions (Polkinghorne, 1989). These then are synthesized into larger meaning units which yield a general description of the phenomenon being investigated. If one can answer in the affirmative the question, "Does the general structural description provide a meaningful portrait of the common features and structural connections that are manifest in the examples collected?" then the research is considered to be valid (Polkinghorne, 1986, p. 56).

The issue of validity has been addressed by other researchers as well. Kvale (1983) noted that if content validity refers to the extent to which a method investigates the content it is intended to investigate, then the interview method in qualitative research should be considered valid if it investigates the meaning of the life-world themes it intends to investigate. Giorgi feels that phenomenological research may be considered valid if "...the reader, adopting the same view point as articulated by the researcher, can also see what the researcher saw, whether or not he agrees with it (Giorgi, 1975, p. 96). Shapiro (1986), in his evaluation of the question of validity in qualitative research, makes the observation that we all share common experience because we all live in a common world. Therefore, a consensual understanding between researcher and subject of our common world should be viewed as a type of validity. Thus, validity is established if

there is agreement between the researcher, the subject and the intended audience to which the research is directed. As Polkinghorne suggests:

> The reason that human sciences cannot become theoretical sciences and the reason the notion of validity for tests and measuring instruments is limited is because of the human capacity to make meaningful and personally valid conceptual distinctions that incorporate the ever changing contextual dimension of experience (1986, p. 147).

Reliability

Because qualitative research employs language to capture meanings, reliability appears, at first glance to be an impossible goal. People, in their descriptions of experience, seldom use the same language. Both the experience and the context of the experience vary across each individual. Giorgi (1985) insists that reliability is established through the very design of the qualitative research project, where the same question elicits comparable descriptions. Reliability, then, is equally present within subjects and across subjects because each variation is in response to the same description and therefore describes the same phenomena. Fischer (1989) refers to this as "integrated variations of perspective on an empirical

referent" (p. 165). For Wertz (1986), qualitative reliability is established if there is a persistence of meaning through factual variations. Rather than being achieved through a repetitive reenactment of the same perspective, or a holding constant of context, qualitative reliability is achieved if there is an accurate grasp of relatively stable essences throughout the variations of language. In qualitative research, then, reliability is concerned with consistency in meaning and not specific words per se.

Both validity and reliability may be described in qualitative research, although the nature of the subject matter in qualitative investigations usually dictates some adjustments be made. In qualitative research, it is the intention of both validity and reliability to bring into focus the what that is being studied in its essential meaning (Wertz, 1986). Like the data in phenomenological research, both must be interpreted at the level of meaning. Thus, if there is a close fit between the data and what people say and do, as well as a consensus of meaning among the researcher, subject and intended readers then validity and reliability have been achieved.

CHAPTER IV

METHOD

The topic of human resilience has been an area of interest to me for several years, generated by observations accrued over a life time regarding the different ways in which individuals manage to deal with adversity. This interest, in fact, led to the present career choice since becoming a therapist seemed the best way to satisfy this curiosity. Interestingly, while I learned a great deal about pathology during my training, there was only limited exposure to healthy functioning. For the most part, this can be attributed to the fact that psychological theory tends to reflect the medico-scientific model where disease and malfunction are emphasized. Within this paradigm, cause and effect are sought as the primary means of understanding human behavior, with the focus being on what is wrong with people as opposed to what is right about them. The opportunity to study human resiliency was seen as a way in which to correct this imbalance in training as well as to satisfy a longstanding interest in an area of personal significance.

Initial Question and Bracketing Interview

One of the most basic assumptions involved in a phenomenological approach to research is the belief that all human experiences are structured and this structure is best revealed in dialogue. For this reason, personal interview was utilized as the primary method of data collection. Interviews were conducted in an open, unstructured manner with the primary goal being to understand the phenomenon from the participant's vantage point. The participant was considered the "expert" about her/his own experience (Kvale, 1983) so that, with the exception of the initial question, all questions were asked only for the purpose of clarification of issues mentioned by the participant. In this way, the subjectivity of the participant's experience was preserved, for it is this quality that gives meaning to the phenomenon being investigated.

Before any interview took place, a great deal of time was spent in developing the initial question. Not only does this question focus the participant on the topic of investigation, it more or less sets the tone for the interview. It is important that the question be phrased in such a way as to reflect the topic being investigated without being unduly influenced by the investigator's own pre-conceptions. This is especially significant in cases where the topic has personal relevance. In this particular instance, the question was carefully worded to encompass an

objective description of resiliency, based on Webster's definition of the ability to "bounce back" after adversity, so that, of necessity, it concerned successful outcomes to difficult experiences. A "rough draft" of the question was then used in the researcher's own "bracketing interview".

The concept of a bracketing interview is based on the assumption within phenomenological-hermeneutic methodology that every person brings a set of experiences and expectations to any interview or dialogue. The purpose of the bracketing interview is to make the investigator aware of her/his own particular beliefs regarding the research topic so that she/he will be able to "bracket" them thereby insuring an openness to the phenomenon as it is experienced and described by the participant. Not only does the bracketing process allow the researcher to be more open to new and unexpected aspects of the phenomenon being investigated (Kvale, 1983); it helps the interview reflect the subject's experience of the phenomenon as opposed to the researcher's biases.

While there is only one bracketing interview, the process of bracketing is a dynamic one and continues throughout the entire project for there is always the possibility that each phase of the research may bring out previously undetected presuppositions and biases. The constant assessment of one's own assumptions and beliefs serves to provide a background against which the subject's

experience of the phenomenon is continually juxtaposed and delineated. To not be aware of one's own biases creates the potential risk of asking leading questions that may reflect the researcher's beliefs as opposed to the subject's experience. Thus, continuing bracketing helps to provide clarity though the process of contrasting different viewpoints.

After the bracketing interview took place, a transcript of the interview was interpreted within the Phenomenology Research group at the University of Tennessee (See Appendix H for Verbatim Transcript). The process of interpreting the bracketing interview is identical to that used to analyze any participant's transcript. First, the group reads the interview transcript aloud and pauses to make comments regarding any phrase or nuances of language which seem significant. After a substantial amount of material has been covered, thematic summations are offered by members of the group based on themes that seem to have presented within the transcript. In this phase of interpretation, the text is always used as a referent. Agreement must be also be reached among group members as to their ability to see a specific theme in the text being considered. This process is referred to as the "hermeneutic circle", where a dialectical movement back and forth between the text and researcher is created that allows the meaning of the phenomenon to emerge in continual relationship to the

transcript before the group.

An interpretation of the present bracketing interview indicated that I had conflicting views regarding the nature/origin of resiliency based upon my own experiences; more specifically, I alternately attributed it to personal qualities and/or to situational factors. It was also noted, however, that these conflicting views were consistent with current research on resiliency. Given such conflict, there was a period in which the research question was re-evaluated based on this information. Even though the researcher had biases, they were not thought to be reflected in the question so that the interview question in its final form remained as it had been in the bracketing interview:

> Can you think of some difficult times in your life that you've mastered or overcome? Tell me what you experienced during those times.

Participants

According to Collaizzi (1978, p. 58), experience with the investigated topic and articulateness suffice as criteria in selecting subjects for phenomenological research. In this project, the only limitations placed upon participants was that they be at least 18 years of age and have had an experience reflective of the area of investigation. Participants were all volunteers recruited

through flyers (see Appendix A) distributed in public places or posted on community bulletin boards throughout the Knoxville area. These flyers briefly described the topic of resiliency, the purpose of this research, the manner of research involved, including confidentiality, and the potential benefit to psychology in general.

Interview

A total of twelve interviews was scheduled, with ten participants actually showing up to be interviewed. All followed the same procedure in that after participants made contact with the researcher, a 1-2 hour interview was scheduled at the researcher's office or a suitably appointed room selected by the participant and deemed acceptable by both parties. Prior to the interview, each participant was informed about the nature and purpose of the study before obtaining their consent to participate. Each participant was then presented with an Information and Consent Form (see Appendix B) which fully explained the objectives, procedures, risks, and forms of protection, including confidentiality and the project director's name, address and telephone numbers. Demographic data was also collected at this time (See Demographics of Ten Participants in Appendix C). The participant was encouraged to ask questions and to call the researcher in the event of future questions.

Each participant was made aware that they would be audio-taped while they were interviewed and that this audio-tape would be transcribed by the researcher, to be analyzed in the form of a transcript at a later date. At the end of each interview, the participant was given the opportunity to review the audio-tape and erase any and all parts they did not wish to include in their transcripts. Included in the Information and Consent Form was a request for permission to use all or parts of the verbatim transcript in this dissertation or any other future publication. As a further insurance of confidentiality, participants were assured that all audio-tapes would be erased after their transcription. Because some of the transcripts were going to be analyzed by a group of researcher within the Phenomenology Lab, this process was fully explained to the participant. No data collection took place until all questions had been answered and the Information and Consent Form had been signed. At this point, the interview began with the initial question, "Can you think of some difficult times in your life that you've mastered or overcome? Tell me what you experienced during these times."

Most interviews proceeded smoothly, with participants readily volunteering their experiences. Interviews lasted anywhere from 40 to 120 minutes. Each participant was encouraged to speak freely while the interviewer attempted to limit queries to clarification. While the word

resiliency was seldom invoked, it was clear each participant found the initial question meaningful. In fact, many of the participants answered with lengthy narratives, so that, in one sense, it seemed less like an interview than listening to a story. After the participant finished his/her story, the researcher then directed the questions back to the portions of the narrative which seemed significant in order to insure inclusion and clarification of material and themes.

Many of the interviews covered painful and emotionally charged material. There were several instances in which the participant began to cry or paused to reflect. There were also moments which included laughter and opportunities to contemplate strengths and achievements. At the end of each interview, time was taken to allow the participant to process his/her experience of the interview and to ask questions. Kvale (1883) has noted that, in this type of qualitative research, the participant usually has a "favorable experience", since they are given an opportunity to look at events in their lives in a different light and to gain a new understanding or perspective. This seemed to be the case for participants in this project. Most made positive comments about their experience and expressed a curiosity about the outcome of the project as well as a feelings of gratification regarding their own participation. Each participant was encouraged to call at any point in the

future if they had further questions.

Analysis of Text

Each audio-taped interview was transcribed by the researcher within 2 weeks of the interview (See Appendix H for Verbatim Transcript). All names, dates, places and other potentially identifying information were omitted from the transcribed interview. Each transcript was assigned a code number and identified by this number throughout the remainder of the project. The transcripts ranged in length from 7-21 pages of single-spaced type. All transcripts were checked at least 3 times against original recordings before the audio-tapes were destroyed.

The process of adding punctuation marks to the transcripts marked the first instance of this researcher being aware of the transformation of the original dialogue into something which reflected the researcher's own bias, despite intentions to remain true to the particular flow and emphasis of speech generated by the participant. It was not always possible to verify whether a pause in speech reflected an intentional, intonational or emotional emphasis. There were also moments in which speech was inaudible on tape but was not remembered as being this way during the interview. Thus, some transcripts contained small gaps, which the researcher did not attempt to fill for fear of imposing her own bias regarding which word "should"

or "might" have been used.

Each transcript was reviewed many times until a degree of intimacy with the content had been established. The purpose of this exercise was to generate a "holistic grasp" (Kruger, 1981) of the data so that in later phases of analysis, when the protocol was analyzed and reduced to isolated themes of experience, the process would be guided by a faithfulness to the "wholeness" of the text. By forming a conceptual gestalt of its intent, the researcher was able to relate the parts being analyzed to the intentional whole, and thereby gain a greater understanding of the meaning of the text.

Narrative Synopsis

The next step involved transforming each protocol into a brief narrative synopsis that condensed the experiences of each participant. It was hoped this step would reduce the amount of text into a more manageable form without surrendering any of its essential meaning. Thus, the task of how to organize the narrative synopsis required much thought. As mentioned, the majority of interviews assumed a narrative quality in which a story was told. Like any good story teller, each participant devoted time to setting the proper context or atmosphere in which to present the main themes. In this sense, the experience of resiliency did not exist in and of itself but in relation to the person's

complete lifeworld. To preserve this important component of the experience, a list of settings specific to each situation was developed. Each setting encompassed the focal event and set the context of the experience as it emerged throughout the dialogue. Isolating focal events served as a way in which to place boundaries around the actual experience thereby eliminating extraneous material not related to it, while preserving the unique contextual feeling of each experience. The list of settings, then, functioned as a literary device which helped to organize the experience in a meaningful way, much like the use of chapters within a novel (See Worst Time, Appendix D).

It was noted that in every interview, regardless of the protocol being analyzed, the dialogue could be broken into three distinct phases once the setting/focal event had been isolated so that the following narrative structure emerged:

I. Worst Time

II. Grasping for Straws

III. Being Resilient

Utilizing this heuristic, each protocol was summarized into a narrative synopsis that attempted to capture its essence without losing sight of the contextual flavor to each individual's experience. Great care was taken to use only words or metaphors invoked by the participant when

summarizing her/his story. This proved to be a significant step. Being able to reduce each experience into a narrative synopsis by applying this common structure signified the emergence of the first level of structure reflecting the phenomenon.

Based on methods used in previous studies (Collaizzi, 1978; Dapkus, 1982; MacGillivry, 1985), the next step in the analysis involved extracting significant statements from each of the protocols. Because of the narrative quality of the protocols, this step was modified to include paragraphs as well (Seidner, 1987). It was hoped this modification would preserve the context of the experience while condensing the size of the text. There were two criterion established for identifying significant statements and paragraphs: (1) did the statement/paragraph reflect an experiential quality, and (2) did the situations relate to the experience as delineated within the narrative structure? By applying the first criteria, it was possible to isolate experientially useful data, from non-relevant parts of the transcript. By imposing the second criteria upon the resulting data, it was possible to isolate experiences related to the phenomenon from those which were not. A total of 914 statements and paragraphs were isolated as having significance to the participants based on these criteria. Many of these statements were repetitions of similar themes but at this early stage of analysis, all were

included.

Each of the statements/paragraphs was grouped together by virtue of similar use of words or expression of ideas, and labeled accordingly. Examples of the rationale use to place statements and paragraphs in categories are:

Being alone

I was pretty much alone.

Anger

That really pissed me off.

Connection

Well, I stayed connected with the workers that worked with me.

Choice

You do have a choice. You have to absolutely fight, fight, fight because you do have a choice.

Battle/fighting

It was a constant battle.

As can be seen, some statements could have been included under two categories (choice, battle) so that judgement calls were sometimes necessary, based on key words and the intent of the statement. A total of 53 categories resulted from this sorting (See Categories of Significant Statements, Appendix E).

The next step involved fitting statement categories into the narrative structure; this process was done for every protocol. Constant reference was made back and forth from the narrative structure to the transcript. An example of this step can be seen in Statements Under Phases (Appendix F). It was noted at this stage that many of the same statement categories could go under different parts of the narrative structure. Interestingly, this provided a way in which to distinguish ways the participant described coping with the problem before and after the event.

At this point, it also became evident that a pattern of themes was emerging. When describing the experience of coping successfully, the themes of connection, continuity and control became apparent. Participants made statements which supported a belief in their ability to effect their lives and the world around them (control). There was a sense of belongingness, of feeling grounded in one's being and connected to someone or some thing outside of oneself (connection). References to the flow of time suggested it was experienced at an even tempo, with a balance in awareness of past, present and future (continuity).

When participants were not coping successfully, the antithetical themes of disconnection, discontinuity, and lack of control were apparent. Participants described a sense of isolation and alienation (disconnection). This seemed to promote the sensation of feeling fragmented and

disjointed, as if one was falling apart or about to go off the "deep end". Time was described as feeling distorted; its tempo was experienced as either too fast or too slow (discontinuity). Participants stated they felt helpless, out of control, ineffective and without hope (lack of control).

Utilizing these themes, the focal experience was further divided into two phases which contained subthemes derived from the major themes. The narrative structure of the experience will be explored in detail in the next chapter. The final narrative structure of the experience of resiliency as it emerged within the transcripts is as follows:

I. The Worst Time

II. Grasping for Straws

III. Being Resilient

- A. Falling
  - 1. Hitting Bottom
  - 2. Shutting Down
  - 3. The Turning
- B. Bouncing Back
  - 1. Back on Track
  - 2. Change
  - 3. Something Good

It should be kept in mind that the present description of method does little to capture the dynamic, interactive process of the entire experience. The use of a narrative structure is meant to serve as a heuristic to aid in the process of analysis and communication. It was hoped that organizing the experience of resiliency in this way would allow the reader to grasp both the essence and meaning of each participant's experience. The fact that every experience could be placed within a given phase of this narrative structure lends power and credibility to its usefulness.

CHAPTER V

RESULTS

The first observations to make in regards to the data concern both the substance of the dialogues as well as the manner in which they were related by individuals. All participants readily volunteered experiences containing emotionally charged material reflecting extremely difficult circumstances encountered within their lives. They frequently were labeled by the phrase "the worst thing that ever happened" or "the most difficult time", although the question merely asked for "some difficult times" in their lives which they had mastered or overcome. Apparently, the initial question requested exceptional events within the participants' lives. The significance of these events was further emphasized by the narrative style utilized by participants when responding, suggesting they had given much thought to the subject being investigated.

Participants also utilized a narrative structure which contained a beginning, middle and end although all chose to start their stories in the middle; that is, with the event comprising the "worst time". Significantly, seven out of ten respondents' initial reply lasted for several minutes, with the longest one continuing for at least twenty minutes and filling eleven pages of single-space type without

interruption. It was as if participants had a story to tell and they were going to tell it.

Common Grounds for the Experience

To understand any individual's experience, it is necessary to first comprehend the meaningful organizations of their own personal self world (Valle & Halling, 1989). Borrowing ideas from Gestalt psychology, there is an assumption, in phenomenology, that before one can assign meaning to any experience it is of crucial importance to know what is figural for the person in that moment as well as what constitutes the (back)grounds in which their experience occurs. It is this dynamic interaction between figure and ground which constitutes an experience and give its meaning. Figure/ground relationships were observed in all transcripts, where the narrative focus constantly moved back and forth between grounds and figural events. Because the figure/ground relationship served as the frame of reference through which experiences were interpreted, it makes sense to begin with a brief discussion of them before pursuing the narrative structure or specific events.

Within each protocol, the experience of resiliency invariably occurred within a context defined by concerns with self, relationships to others and the world, and time. In most descriptions the self was experienced as figural, with relationships to other people and concerns with time

constituting the grounds. These relationships also served to express three interdependent themes, each having both a positive and negative polarity: connection/disconnection, continuity/discontinuity and control/lack of control. These themes were similar to those discussed in earlier studies concerned with related experiences (Seidner, 1987; Jacobs, 1994). In the act of envisioning existential grounds for the self, it was convenient to think of individuals as experiencing their relationships and time along a continuum which registered the presence or absence of each theme. Thus, when the self was experiencing the themes of connection, continuity and control, participants spoke of feeling a sense of agency and effectiveness along with feelings of beneficial relatedness to someone or some thing. At such moments, time was experienced as flowing, with an awareness of past, present and future. People also reported feeling safe and secure, and the interactions between self, relationships and time feel balanced.

When the themes of disconnection, discontinuity, and lack of control were figural, people reported feeling alone and alienated. During these situations, the flow of time was experienced as disrupted and people complained of feeling "stuck". They also reported feelings of confusion and hopelessness and felt ineffective in managing their lives. These themes are more fully explored below.

Self

The concept of self is somewhat confusing because it can be situated in both spatial and temporal metaphors. For example, the view of self as layered, singular, and continuous signifies a spatial metaphor; in this rendition, the self is a continuous entity located in time and space. Examples of the self as a spatial entity can be found within Freud's topographical model of the human psyche, in ego psychology's description of the adaptive functioning of the ego, and within trait psychology. Within this study, it made sense to think of the self as emergent, discontinuous and grounded in temporal metaphors (Mitchell, 1993). In this sense, the self refers to the subjective organization of meanings one narrates as he/she moves through time. When all is going well, the self was experienced in terms of the themes of connection, continuity, and control and there was a sense of connectedness with both the past and future as these are lived fully in the present. When people were experiencing disconnection, discontinuity and lack of control, they reported feeling alienated and very much "stuck" in the present. It should be noted that, for most participants, the description of the self was also conveyed in terms of "mind and body", although participants frequently reported one became more figural than the other under different circumstances.

By and large, descriptions of what participants called self was figural in all of the experiences reported. It should be noted, however, that the style of the narrative was as important in defining the self as much as the specific events related. The manner in which participants chose to report their experiences was seen as a form of self-presentation very similar to William James' construct of the self as an ongoing process involving many levels. Present participants all described their lives as open-ended, ever changing and evolving, very much in the process of "becoming". They were determined to learn new things about themselves through interpreting past experience in light of current knowledge.

Relationships

Because people do not live in a vacuum, part of their experience of being-in-the-world inevitably involves being-with-others. In this sense, lives are always embedded within a relational context. While most people referred to relationships with people, sometimes relationships extended to non-human entities such as animals, God, one's home or job. In this study, then, the category of relationships included both the world and others. All relationships were experienced as either continuous or disrupted, resulting in the person feeling connected or disconnected. In a continuing relationship, people described experiencing

themselves as feeling connected, supported and not alone and this was generally described as a positive state. In disrupted relationships, people characterized themselves as lonely and disconnected. While being alone was generally felt to be a negative state, there were times when participants purposely sought disconnection as a means of ridding themselves of what was perceived to be negative influences.

Time

In this study, time was experienced by participants in two different modes: either as a continuous flow, in which they reported experiencing a past, present and a future along with a sense of effectiveness; or as a disrupted state, in which time seemed to stand still or feel as if the moment would last forever. Time also served a functional capacity in two different ways: it helped set limits or boundaries which defined a situation or it helped heal wounds by its mere passage. Before and after the resolution of a crisis, time flowed continuously and participants reported experiencing a feeling of agency and hopefulness along with a sense of moving forward. There was a belief that tomorrow would be a better day, based upon actions of the individual within the present. Typical examples of time as experienced by the participants in the first mode are as follows:

Participant #1: And it will be a battle until the last day...until I'm old enough to die. I'll be a hundred. I'll stretch it as far as I can.

Participant #2: So basically, you've got this amount of time, you gotta stick with it and do the best you can and you're done, get out and go home.

Participant # 6: And things just seemed to be going very well. And once again, we were faced with this, or we were looking forward to this idea that our lives were to become more normal.

The flow of time was disrupted when events were felt to be overwhelming and ordinary models of dealing with events began to fail. Here, time was experienced as either speeding up uncontrollably or dragging on forever. Participants felt as if they had no control over their lives or environment. They became stuck in the present. When time was experienced in this mode, participants generally felt bad about themselves and longed for an end to their situation. In this respect, time became a burden, something to endure:

Participant #2: And one day just sort of turns into the next. It just sort of happens. And, first thing you know, six months have passed. And there you are. And time just keeps slowly clocking along. Look for jobs,

can't find anything. And time just passes and the first thing you know, there's a year gone by. What the hell happened? And no prospects, no nothing. It's truly demoralizing. You feel really bad about yourself. You can't get out of the rut.

Participant #4: I heard an interview on "Fresh Air" recently. A hobo, one thing he said really struck a chord because he said one characteristic of the hobo life is that you're always exhausted. And I could identify with that because you never get a good night's sleep. You always have to be up at dawn because you have to be out of where you are because you aren't really supposed to be there probably. And I remember times walking alone with my backpack in a foreign place, in a place I didn't really know at all, being so tired. And it being night and I would just go into a vacant lot. It might have knee high grass or something, and going to sleep, just in a little place and hope nobody comes on to me who would do anything to me. Or having to be up in a hurry at dawn.

Participant #9: And for a long time, I would not move forward with it. We spun it out a really long time.

Time was also experienced and utilized as a means of establishing a temporal context or frame for each participant's experience. In this way, time set boundaries

around the experience or helped locate its significance within a person's life:

Participant #1: The first one (doctor) told me I had two days, the second one told me I had two weeks and the third one just said he didn't know.

Participant #2: It took me backwards plus it kept me from getting into any future financial planning until the thing was solved. It kept us from buying a house, it kept us from basically doing anything except renting and surviving. That was it for about three or four years.

Participant #3: This was such a deliberate thing; that it was supposed to bring me back to when I was 19.

Finally, time was experienced as a palliative in and of itself in that its mere passage sufficed to bring about change in an individual's life. In this case, the participant seems to be struggling with a sense of passivity and ineffectiveness:

Participant #9: Overcoming it has not been something that I can take a whole lot of credit for actively doing. A lot of it has been the passage of time.

Narrative Structure

All narratives began with a statement describing the "worst event" and then proceeded backwards in time to set the context of the experience as well as to describe its resolution and impact upon the narrator's life. It was clear that when each participant was asked to describe their experience of "mastering" or "overcoming" a difficult time(s) in their life, this experience did not occur in isolation but in proximity to other experiences. In fact, this pattern was so prominent that it generated a means of organizing each transcript into a narrative structure. This structure contained three distinct phases, all of which concerned overlapping themes of connection, continuity, and control or disconnection, discontinuity, and lack of control. The goal of the narrative structure was to define the present set of protocols by describing it schematically in terms of the following three phases:

I. Worst Time

II. Grasping for Straws

III. Being Resilient

- A. Falling
  - 1. Hitting Bottom
  - 2. Shutting Down
  - 3. The Turning

B. Bouncing Back

1. Back on Track
2. Change
3. Something Good

Using this structure as an overall organizational guide, each protocol was translated into a narrative synopsis which essentially represented an abridged version of the entire experience (See Narrative Synopsis in Appendix G for a condensed version of each participant's experience). While condensing the narratives, the integrity of the data was preserved by utilizing only words actually used by participants. The intention of the narrative synopsis was to present each participant's story as it was revealed in the interview, but in a more manageable form. By adhering to the data as presented in the transcript, the narrative synopsis helped organize and condense experiences of resiliency by eliminating redundancies and unrelated tangents such as descriptions of characters within the story other than the participant.

In keeping with hermeneutic tradition, the researcher continually referred to the narrative synopsis, the narrative structure, and the original texts to gain a deeper understanding of each participant's experience. This led to the observation that each phase could be further be divided into tasks, functions, or crises the participant needed to

resolve before proceeding to the next phase. A detailed description of each phase is given below. It must be kept in mind that these divisions are utilized primarily for the purpose of organization and communication. It was observed, however, that each participant's experience could be readily located within this structure.

Worst Time

Each protocol began with a detailed description of one or more events labeled as "a disaster", the "biggest thing", "the worst time", "awful, horrible", or the "ultimate life experiences one has to get through". Apparently, before the participant could begin describing experiences of "mastering" or "overcoming" it was necessary to describe the event that triggered the reaction. The function of this appears to be three-fold. First, every story must have a beginning. Locating the Worst Time, then, served as a narrative device, providing a place to start the participant's story. A second purpose of describing the Worst Time early within the protocol was to instill a sense of continuity and connection by setting the event within the overall context of the participant's life. Last, the Worst Time helped define limits to the experience thereby dictating the means of resolution. For example, most participants, when naming the Worst Time, cast their experiences in terms of a battle, which then defined what

the rules were:

Participant #1: There's levels of conscious fighting. Different levels. Levels where you're going to seek out other people and levels of where you just fight it yourself.

A complete list of situations described as the Worst Time can be found in Appendix D. As may be seen, participants generated a list that included twenty-two different events described as "worst times", which can be summarized in terms of different categories:

(1) threats to one's body (illness or injury)
(2) loss of significant others though divorce or death
(3) threat to integrity of self (by others or events)
(4) unexpected changes in life circumstances

While the "Worst Time" is situated within a specific event, it is not the event per se but the feelings one experiences as a consequence of the event which make it seem unbearable. In talking about the Worst Time, it is the "self" that becomes figural to the person as it feels more and more threatened by events. Participants begin to experience disruption within relationships, personal circumstances or in the immediate environment which affect

their sense of security. The world does not feel as familiar or friendly. One's sense of self-integration is threatened as are important relationships participants normally counted upon to help sustain a sense of security:

Participant #8: You feel very out of control. And I guess that's the most difficult thing in those instances for me because I'm a very controlled person. And I like to feel like I'm in charge of my life and where it's going and direction, order, process, that kind of thing. And when you get into a situation like that, you're just at the mercy of whatever happens. You feel like you have no control over your life; you don't know what's going to happen tomorrow. There's so many outside forces.

Despite the disruption of everyday existence when the event first transpires, there is no immediate recognition of its severity or long-term consequences. For most, it is business as usual as they continue to rely on old solutions for new problems. For this reason, the figure/ground constellation of self, relationships and time were described by participants in terms of the positive themes of connection, continuity, and control. It is not until one has begun the process of recovery and has enough emotional distance from the immediate experience that the long-term

consequences are fully appreciated:

Participant #1: I noticed that the veins over on my left leg were getting big and it had obviously blocked a lot of blood circulation so that the blood had to re-route itself. And I kind of had a lackadaisical attitude about it and said, "Okay, just take the spleen out". People lose spleens all the time and it's no big deal.

Participant #2: It was just like, a reaction to one bad situation which led me to another one. And I just fell into it. It was a mistake. I should have stopped and gotten my life back on track again before I did anything like that. It was just too much. It was a mistake.

Participant #5: And I was convinced by that time, that it was okay, that I didn't need to be, that I didn't need feelings. I just needed to do stuff. And, so, obviously now, I know that was a big huge mistake.

Participant #6: I think I underestimated what a bad divorce is. I think I underestimated what an impact it can make for such a long time.

Grasping for Straws

Grasping for Straws is a desperate and frightening period. It refers to an awareness that something is amiss, with dimming expectations of successful resolution.

Participants continued to rely on usual methods of dealing with life events but were beginning to perceive solutions as ineffective or temporary at best. Life was starting to feel difficult and unfair; optimism waned. There was a sense of treading water while waiting for the next wave of catastrophe to hit. For most people, the worst part was described as "dreading tomorrow" or fearing the unknown. As one participant wondered, "Was this ever going to end? How much do we have to go through here?"

Grasping for Straws, then, can be characterized by feelings of thwarted agency, frustration, anger and confusion. Hope is alive but fading. There is a sense of foreboding and helplessness. During this period, people report beginning to feel as if they were losing control and at the end of their rope. There is diminishing faith in their ability to cope. Time and relationships feel distorted and disrupted and relationships between self, other people, time and the world are experienced as a precarious state of balance:

Participant #1: So I'm reading about all of these drugs and all the diseases and I'm getting every computer printout and every study and I've probably read as much as my doctor. By then, I know everything that's going on in my body. And now I'm getting scared because I now know what the lab, when the lab does the tests, I

know exactly what it means.

Participant #2: I should have been hitting a fairly good stride in my life and doing pretty well but I was suddenly crippled by this thing. I realized that I was having to dip into my future savings and drain that as well as my current income to try to just get out of this thing.

Participant #3: It felt great at first and I was, I felt like I was almost getting famous. Which I was. I mean, people would know who I was. I was interviewed on t.v. And well, I don't know, I can't really elaborate on it but I felt very important. And then, that was followed by acute loneliness, I would say, which became just another thing to overcome. Start all over again.

Participant #4: So we went over to the airport and we started having second thoughts because then we'd realized, "Well, we'll spend all our money just to get there. Then we'll be in a foreign country with no money, no contacts, nothing". And we're already very anxious, very uptight.

Participant #5: Always doing. Always walking around doing something; just maintaining a sort of level of, a flurry of activity to keep something at bay.

Participant #6: I remember replaying in my mind a scenario of having to sit down and tell my son that he was going

to have to leave and I couldn't imagine that I would be able to do that. It was, it was my greatest nightmare during that whole thing. And there were nights I'd cry myself to sleep and I'd have dreams about trying to tell him that he was going to go. And how was I physically going to go into his room and help him get his things together? And I just didn't think I could rise to the occasion.

Participant #7: I just remember everything being spoiled, everything being ruined. You never knew when some other stupid, lousy situation was going to happen.

Participant #8: I was in a double bind in that, here I was going to lose a spouse and having to make like, "Well, everything is A.O.K., honey, don't worry about it." And knowing that I was having to make decisions about our lives, what was going to happen, knowing that the inevitable was always going to come crashing down.

Participant #9: I mean, at the time, we had always gone through periods of back and forth. I think a lot of couples do. I don't know if the distance we went back and came together again was more or less than other couples do but I thought we were working things out. And then, I could tell and suspected that he was having an affair.

Participant #10: I studied a lot about M.S. (multiple sclerosis) and if you look at M.S., it happens mainly to people who live in the interior and are not a certain race or religion. And if you look at the world scale around the coastline, at people who were Roman Catholic, who ate fish on Friday, it had the lowest incidence. Well, I'm a Roman Catholic who was raised in Florida. So, maybe I was grasping for straws, you know?

The period of Grasping for Straws conveyed a sense of guarded competence in which the participant reports hoping he or she could resolve the situation only to find out that things were getting worse and worse despite one's best efforts. Even though participants were well aware that all was not well, they were unwilling to surrender their usual ways of being-in-the-world. During this phase, people existed in an uneasy balance between hope and fear, and there was a sense of foreboding as disaster looms on the horizon. One participant described this as an uncomfortable state where one maintains the "tension between being connected and disconnected and not having a clear sense of what is really me".

Grasping for Straws means living in a state of perpetual coping. Depending upon the situation, people reported remaining in this state for a period of days, weeks

or years. A few participants expressed the expectation of maintaining this state for the rest of their life, at least in regard to specific events. Often, anxiety generated by the fear of the unknown justified being miserable in the present. As one participant rationalized her decision regarding whether or not to have corrective surgery:

Participant #10: So, I just figured I can live with it. Knowing what's wrong is a lot better than thinking, you know, how am I going to be when I'm out of surgery?"

Other examples of remaining in this state for an extended period of time are presented by **Participants #5** and **#7**, who were raised in abusive family settings. As they talked about these experiences, it was obvious they had not completed the entire cycle of resiliency at that time. Instead, their situations improved only when they were able to move away from their families of origin. Interestingly, they did not move through the stages of the Focal experience until later in life, when they were adults. This has certain therapeutic implications, which will be discussed in Chapter VI.

One can conclude, then, while going through the period of Grasping for Straws is a necessary condition, it is not sufficient in itself to constitute experiences of resiliency. Instead, it represents a fork in the road

offering three potential choices: (1) no change, i.e., perpetual anxiety; (2) resolution through the passage of time with no action of the part of the individual; (3) surrender to the moment and face the terror. While the third option feels the least appealing, it was described as the only one leading to the focal experience of resiliency.

Focal Experience: Being Resilient

An analysis of protocols suggest the focal experience of resiliency can be divided into two sequential phases that depend on one another; that is, one cannot occur without the resolution of the other. Each phase can be further divided into stages located within the larger context of the positive and negative themes of connection, continuity and control. The narrative structure of the experience of resiliency is as follows:

Phase I : Falling

1. Hitting Bottom
2. Shutting Down
3. The Turning

Phase II: Bouncing Back

1. Back on Track
2. Change
3. Something Good

Falling

Falling marks the beginning of the focal experience of Being Resilient. It signifies a recognition of the end of one's ability to cope. The person is unable to muster further resistance and surrenders to the situation. Each participant clearly remembered this moment; when they were overcome by their greatest fear. During this time, the self was experienced as figural, and time and relationships with others receded into the background. Participants all reported feeling helpless, hopeless and totally alone. There was a sense of fragmentation, alienation, and falling apart. Time, relationships and the self were all experienced along the negative poles of disconnection, discontinuity, and lack of control.

Hitting Bottom. Hitting bottom was described as constituting the beginning of the focal experience of resiliency. It refers to the emotional low point of the entire experience as one finally comprehends the full negativity of the event's impact. At this time participants reported feeling on the brink of disintegration, about to go off "the deep end". Hitting Bottom is a time of lost hope and broken dreams. The world feels unpredictable and unsafe and there is a sense of betrayal and sadness as one's basic beliefs about world and self are violated. Unlike Grasping for Straws, which can potentially last until one dies, an

individual cannot remain "at the bottom" forever. It is too painful and eventually becomes intolerable.

Participants reported feeling overwhelmed by emotions and the seemingly ever present onslaught of events. The flow of time was described as interrupted and distorted; they also reported a sensation of being stuck and unable to go forward. Pain becomes figural whether it is experienced corporeally or as mental anguish. Choices appear limited or nonexistent. During these times, people described themselves as feeling helpless, lost, alone, non-functional, unfocused, disconnected, out of control and without hope. At their very lowest point, participants reported experiencing a sensation which felt as if the very core of their being was threatened. At this time, survival becomes the paramount issue. All participants were able to isolate their worst moment or darkest time.

Participant #1: And, um, the sixth day, after the last dose (of chemotherapy), my counts were getting real bad. I was really, I felt dead and I felt my body wasn't really responding and I went to work that day and just...My mind couldn't focus, my eyes couldn't focus, I couldn't keep from doubling up in pain. And I just couldn't get my emotions...I mean, I'd cry a lot. You know, I just couldn't keep my emotions together 'cause I just, my body was just racked up with chemotherapy as

well as the high (platelet) count.

Participant #2: No matter what you scheduled or did, it always screwed up, it never ended. Nobody ever decided a thing. Hell, all I was doing was paying lawyers fees just constantly. It was hard because I couldn't see an end. It was a drain.

Participant #3: I thought I was going to die.

Participant #4: And it's just like the end. You know, it's sort of the end of the trip, the end of the island. There's nothing; no more land, no where else to go, it's just the ocean out there and we're sitting there really depressed. And she decides, well, that's it for her. She has enough money to get out of there. So she says she's going to fly to ---, where she has friends. And she takes a taxi to the airport. And I'm left sitting there. Really down. Partly because I felt so incompetent that I hadn't been able to maintain, provide for this woman I loved. I was just non-functional, I didn't know where to go.

Participant #5: I remember thinking, "Gosh, if I start crying, I'll never stop crying." And I was really afraid of that, that I'd never stop crying and that I would completely disintegrate and there would be nothing left.

Participant #6: And I really thought I was going to die. You know, the whole time that we were in court, once I finally had come to the realization that things were not going well, because I had wanted to deny that. It was so unfair.

Participant #7: I went into a pretty severe depression. And I just decided, because I felt like my career had failed, I felt like I had not done anything of significance in my life. I was just very unhappy with myself.

Participant #8: And the darkest time was when we had a time of, say, six or eight months after treatment where she was symptom free. And we were, she thought she was getting on with her life, she was making major decisions about what she wanted to do and was really doing some great things with her professional life. And then, when this cancer re-occurred, it was obvious that, "okay, there's not going to be...you know, it's back now and from now on, it's going to be..." Very early on, they told her that the recurrence was completely inoperable. So at that point, there was no denying that there was no way out. There were no choices to be made.

Participant #9: It was a pretty miserable while looking back on it. I think, "Why didn't you just bring up the issue and end it" How could you have stood that

misery?" Eventually I forced him. I mean, he had to say something. She was quite pregnant and pressuring him to leave me and get married.

Participant #10: So that was a real bad time for me because I was so unsure. When I would wake up and have no feeling. I would wake up in the morning and have no feeling so I would have trouble going to sleep at night.

Shutting Down. While Hitting Bottom was described as a painful, lonely existence it eventually led to a period of Shutting Down, a reaction that could be described as physical and emotional shock. There is intentional isolation and disconnection as participants reported severing ties to the external world and withdrawing into themselves. The awareness of time was described as "lost". For some, this turned into a period of intense inner reflection or a surrender to emotions. For others, it led to mindless activity as they disconnected from unbearable pain.

During the period of Shutting Down, all responsibilities are relinquished except survival at the most primitive level. Participants talked about "closing myself off", "escaping into my own world", "quiet time" or "grunting it out". In the process of disconnecting, the self becomes figural as the external world recedes into the

background. Participants report functioning at a minimal level, focusing upon private needs:

Participant #1: The first thing you're going to do is feel pain. You going to go through the 'why me' stage. I mean there's definitely a 'why me' stage, okay? Probably every day, I would say no less than two hundred times, I would say, 'why me?'

Participant #2: It sort of quieted down for months, so you got into a routine, doing your job and waiting it out.

Participant #3: And I pretty much just focused on relaxation exercises and meditations.

Participant #5: I've spent the last year being a hermit; really not seeking out a lot of people and doing what I have to do.

Participant #6: After the court date was over, of course it was around the 9th or 10th of December, I just didn't function very well at all. I went through my daily paces but I really have little to no memory of that time at all. I, I got through Christmas. I don't remember any of it. If it weren't for a video tape of Christmas morning, I'd have no memory of it at all. I think that mentally and emotionally, I just shut down. I just, I couldn't handle it.

Participant #7: I almost couldn't work because I was so devastated by that firing. If anybody has ever gone through it, it's such a shock. No severance pay, no notice, no real reason to be fired. Just walk in the door one morning and you're out the door by noon. It was really bad. And so I didn't work for seven months.

Participant #8: So, it was just kind of a convalescent experience for me after she died. I was just, I was very numb.

Participant #9: When it first happened, of course I was very depressed. I remember I lost a lot of weight. Um, had the usual, just sadness that this person I had loved and that I thought I still loved didn't want me anymore. I didn't sleep very well. I didn't talk about it. No appetite. About the only thing I think I lived for was getting up and going to work.

Participants #10: I, at that point, at several points, I just locked myself away. I would stay in bed. I was a sloppy housekeeper.

The exception to this pattern of withdrawing into oneself was **Participant #4**, whose usual way of being-in-the-world was to live in his head. Thus, his experience was the opposite in that he was forced out of his imagination and into the world of people. Yet, he described this time as "just meaningless escape" or a "very hand to mouth kind of

pattern" in which he "just lived his life from day to day". He later stated, "I realize that other people, that's one of the functions of other people. They give you back an image of yourself." For **Participant #4**, then, reflecting upon himself seems to require the presence of others and was seen more as a mirroring process than as a genuine connection. Thus it seemed appropriate to include him here because, in every other way, his description seems to reflect the state of being in shock.

It is interesting to note that **Participant #3** was able to turn the process of withdrawing into herself as a permanent "coping mechanism" that she uses even now in that she meditates on a regular basis and immerses herself in Zen philosophy. This solution is consistent with her past way of being-in-the-world which typically involved seeking merger with another. For example, she chose to have a baby because she remembered that as being "totally encompassing."

In retrospect, most participants were able to report seeing some benefit in this kind of "immediate existence" although they did not experience it at the time. Their reflections suggest there is something inherent within the experience of hitting the bottom which gives room for change:

Participant #6: Maybe there was just something where I just needed to get down that low.

Participant #7: I think that was the period of time that I started healing myself.

The Turning. Eight out of ten participants used the word, "turning" or "turning point" within their description of the experience of resiliency. The Turning reflects the process of turning around the trajectory of the course of one's life; it represents a deliberate movement on the part of the individual after realizing his or her nadir. The Turning marks the end of Falling. It is best described as decision time, a moment of reckoning or that "point at where you really have to make the hard decisions." In The Turning, there comes a recognition that one stands alone; "it is me against myself":

Participant #6: On the one side, it was, "I'm going to go completely into the deepest depression there has ever been and I'm going to curl up and die or I'm going to have to get up off my ass and do something here.

Reaching this stage was described as signalling a transition from a state of inertia to one of kinetic potential. While participants appeared disengaged to the rest of the world, they reported intense internal activity.

The concentration of energy is enormous but finite, making the self an unstable configuration. At this point, the stakes are high and the pendulum could swing either way. Participants recognized they must succeed lest the "descend down a black hole and never come back."

Participant #6: I felt like, if I failed at this, that I just wasn't going to be able to pull myself up again. That I was about to have no more stuff in my bucket.

Themes describing The Turning phase continue to exist on the negative side of the pole representing themes of disconnection, discontinuity and lack of control but are experienced as rapidly approaching the more positive poles of connection, continuity and control. The self is figural but unstable. At this point, participants have not committed themselves to action but are seriously contemplating the need to reconnect. They still experience themselves as very much alone. Time continues to be experienced in the moment, although thoughts of future survival are described as serving as a "motivating" force. All participants were able to locate a specific moment in time in which they faced this realization that it was "do or die."

Participant #1: I think if I'd laid in the bed, the fear and anxiety would have probably killed me that day. I think I would have died that day if I hadn't forced myself like that.

Participant #2: I couldn't see any other way to get out of it. So, you think of something to do.

Participant #3: I just figured if I didn't do something, it would become a very serious problem. And it was already a problem.

Participant #4: It was the end. Symbolically in every way, it was the end of the line. We'd tried it, it hadn't worked. So I had to turn back. I had to turn back and come into this place I didn't really want to be in anyway but where else could I go? I had to come back. Into America, you know, and somehow make it. Think of something.

Participant #5: I started seeing it in my daughter. Seeing the same look of desperation in her eyes. And that was like a ton of bricks. It was like, "Oh my God, what am I doing?" And I made my decision almost instantaneously at that point. Yeah, by moving so far away from myself that I can barely grasp on and I could see her almost gone, too. And I gotta do something to get it back.

Participant #6: There was no denying that had to be the bottom. It just couldn't get any worse. There was only one way to go in that situation. And it was either, "You're going to die or you're going to get better." So that was real clear.

Participant #7: It was a major league turning point because it brought home to me that I had been extremely, extremely depressed and lost when that relationship ended. And you know, the suicide brought home to me how valuable life is. That nothing is so bad that you can't get over it. And that really changed me.

Participant #8: The fact, the way I went through it, there was zero continuity. It was like this life ended and I was in a totally new situation. At that point, I really had to get on with my life.

Participant #9: Well, the first few days, I would just shut my door at work because I was apt to start thinking about it and start crying. And I didn't tell anybody. But they all knew him and they'd ask, "How is he?" And I would say, "Fine." But you can't do that kind of thing forever.

Participant #10: So I thought, if I stay in bed, I'm going to be in deep trouble. I need to get out.

Based on the data offered by participants, Falling appears to be a necessary aspect to the experience of resiliency. Hitting Bottom stops the descent, thereby bestowing the opportunity for people to Shut Down, mourn losses and heal wounds. It creates the necessary conditions for The Turning, whereby one makes the decision to reconstitute him/herself in a new way. One might argue no change takes place unless people go through an experience of Falling. Thus, Falling must be thought of as a difficult but necessary phase within the experience of resiliency; you cannot bounce back until you hit bottom.

Bouncing Back

Bouncing Back marks the beginning of the second phase of the focal experience of resiliency. It represents the process of recovery, where participants reported attempting to re-establish a place in the world. This is an extremely active period. Nothing is excluded as participants tried to "look at everybody, everything and watch and feel everything" to arm themselves in the fight for recovery. Time, relationships, and the self are all experienced along the positive poles of connection, continuity, and control. During this period, connection becomes a lifeline as participants actively seek out relationships, be it with people, one's career or a higher power:

Participant #1: And I knew I didn't need to go because I could hardly walk but I drove myself to go because I needed to stay connected to things.

Participant #4: If you have no money and you have no where to go and you're getting hungry, you're going to have to deal with people in some way, even if it gives you great pain to talk to a stranger. I was never the sort who ever talked to people I didn't know. I never initiated conversations out of curiosity or natural friendliness. I was very reserved, very shy. And in these situations, I had, because I wanted something, I had to be the one to start something.

Participant #6: You know, going through all those different scenarios and then, I started realizing that I had my children and my mom and dad were certainly very important to me. And you know, I think it was sort of remembering that there was plenty to go on, reasons to go on.

Participant #9: What did I do to overcome it? I did a lot of reading. Drew from having personal relations with men that were not, that were more than friendships. Joined a lot of sports clubs, buried myself in my work. And after a year, it started to get a little better.

In the process of Bouncing Back, efforts were made to put the pieces of one's life back together. For some, "recovering a sense of self" meant reclaiming lost ideals:

Participant #6: I want to believe the courts are fair. You know, I grew up watching Perry Mason; you walk in, the right guy always wins. And I said, I just can't go along with this any longer. I believe I am a good mother and I've always been a good mother and something is wrong here and I believe I'm not the only one. I think that this is a woman's issue in this area. Because I just couldn't accept that it was all me anymore. I had to, I had to for my own self, I had to find out if I was the only one.

For other participants, recovering one's sense of self meant being alone. While they exhibited a tendency to withdraw into themselves, they did not describe the experience as lonely. It was a period of regrouping and consolidating new information which could be characterized by a stance of receptivity as opposed to being closed off. Participants reported taking time to recharge, reconnect and learn about him/herself:

Participant #7: I really re-evaluated what I wanted out of a career and what I wanted out of life. And I took a course at the university that was sort of a life course. They gave me the Myers-Briggs and they gave me certain career tests and I did a lot of reading. I did a lot of thinking about what I wanted to do and where I wanted to go.

Participant #8: So I think I kind of worked on, I had a very physical kind of existence. I didn't have to dwell on where I'd been, what might pass, where I was going. I just did my job. Did things I felt like doing. I indulged myself in some respects. So, you know, I would go out and drink whenever I felt like it. Um, got in touch with my physical self. Developed that; running and hiking.

At the same time, participants cultivated a stance of selective disconnection based on an awareness of negative effects of not doing so. Thus, they reported actively disengaging themselves from negative influences with the intention of decreasing burdens and consolidating self-esteem:

Participant #1: My worst nightmare was going to work and having a phone call from him and having to listen to his crap because it was all gloom and doom. But at the

same time, you have to, well, eventually I just didn't take his calls. Eventually, I just had the secretary say, you just tell him I'm back at the hospital even if I was sitting there working. I didn't take his calls. So for the six, seven rounds I was taking the Cytozar, which took two weeks, I just ignored him. That's what you have to do.

Participant #5: It almost feels like a process of coming to a point of quiet and silence and then if feels to me like I will be better able to move out, almost like a shedding process where I get rid of, let these other things slide away.

Participant #7: And in the final analysis, you just have to say, "They were assholes." And I got caught up with them and it's truly unfortunate but I'm not going to let them ruin my life.

Bouncing Back, then, is characterized by a renewed sense of agency as participants began making plans and setting goals. There is a belief in a better tomorrow based on the actions of today. Striving towards the future engendered a sense of continuity which might be best expressed in terms of a recovered sense of self. People were able to pull themselves together and once again "rise to the occasion." They became cognizant of their own strengths and ability to influence their lives.

Interestingly, most individuals continued to rely on coping mechanisms similar to those employed before their crisis with one crucial difference: a recognition of change. In much the same way that turning the lens in a kaleidoscope creates new patterns with the same pieces, participants reported being able to look at themselves in a different way and to generate an alternative combination of skills leading to a renewed ability to cope.

Back on Track. Back on Track reflects the dawning recognition by participants that they have succeeded in turning their life around. The worst is behind them; life feels almost normal. Back on Track was experienced as representing a chance to change gears, slow down and catch one's breath. Without the recognition of this transition, participants felt they were liable to keep driving themselves at an unnecessarily hard pace and risk falling again. During the Back on Track phase, participants described a renewed sense of agency and hope as they found themselves again directing their lives and looking to the future. For many, this was a gradual awareness, not fully appreciated until enough time had passed to get some emotional distance from the event:

Participant #2: I began to realize, I guess it was not just like one day this happened. It's like, over a year, maybe a year, I began to see I could almost, I could start saving money again. That's sort of a measure to me. If I'm able to put money aside to where I feel like I've got some level of comfort. That if my paychecks stop, I'm not going to be just dead. I've got some cushion.

Participant #8: But I did notice, I would say, after four months, I was feeling significantly better. And more in charge. And after six months, I was feeling my feet were back under me. I was in charge of where I was going. I was formulating, "Okay, where do I go next?" Sending out resumes. Making decisions, longer term. Looking down the road.

Participant #9: But we talked the other day on the phone and though I had no desire to see him, for the first time, I wasn't angry. I didn't feel angry towards him. Just a kind of distance. Like this is someone that if I don't hear from again, it will be fine.

For others, the change was readily apparent. In these cases, it was the absence of negative emotions or painful symptoms which signaled the awareness:

Participant #1: Because you weren't going back to the 'why me' stage and your thought processes were clearer and you were concentrating on blocking your pain and curing yourself and the people around you. You were looking toward them for positive reinforcement, not negative. You weren't hearing the chemo pump as...you were hearing it more as a musical tone verses a death for this guy. You know, you just turn. It's a turn of the coloration of everything.

Participant #3: Well, because it was an intestinal problem and the minute I started doing breathing exercises, my whole body just started to loosen up. You know, I could hear it, I could feel it and it was a very pleasurable experience.

Participant #6: I think each time, each day became a little bit of a triumph because I started physically feeling better. And then, emotionally, started to feel more renewed. And getting out and doing a bit more.

Participant #8: After it was over, just the tremendous relief of it just being over. At no longer being burdened. At no longer being the responsible person here.

Participant #10: Well, first of all, I'm not feeling the numbness, okay? Which makes me feel like everything is okay.

For still others, it was the realization the end was in sight which alerted them to the fact that they were making progress. Although times were still difficult, knowing there was a limit to suffering made it bearable and they reported experiencing a shift from insurmountable to tolerable as their task became one of endurance. Participants recognized it was only a matter of time before they would be able to again move forward, make plans and set goals. This knowledge gave them the strength to carry on:

Participant #2: I'm here and I gotta do this, and I'm going to grind it out, endure and get through it. When this is over, I can start my life back over again.

Participant #10: But, you know, I feel comfortable being as in debt as I am. I feel like there's light at the end of the tunnel.

Thus, the realization that one was Back on Track represented the first positive stage of the entire experience for participants.

Change. This stage signaled the need for participants to stop and contemplate themselves. For all participants, being able to step back and reflect brought an awareness of significant and meaningful changes which made a profound difference in the way they came to view themselves. Being

able to find change seemed to open up one's world by generating choices. Change meant one was not doomed to repeat the same mistakes.

Participants in this study could readily be divided into two categories in regards to their descriptions of change. The first category included those individuals with a "strong sense of self" both before and after the crisis. They generally described themselves as optimistic, self-assured and action-oriented. While their experience of Falling served to temporarily threatened their self-confidence, it did not destroy it. According to these participants, being cognizant of their strengths and weaknesses enabled them to know their limits and potential.

Even after they were Back on Track, they continued to process events utilizing knowledge based on current experience while fitting it within the overall context of their lives. They absorbed the event thereby turning their experiences into opportunities to improve themselves. Jacobs (1994), in her study of losing a sense of self, refers to the expression of change in this manner as the "transformed self." In this case, significant changes were incorporated within the overall structure of the individual's personality, giving her/him a stronger and more secure sense of self. Utilizing her term, some examples of the transformed self in this study are:

Participant #1: I think I always had a lot of things in perspective. I think I never had it as focused as I have it now.

Participant #6: But, I intend to make lemon out of lemonade. You know, I see having (son) gone as an opportunity of having some time available to put together this business.

Participant #8: Um, I feel like in some respects, it makes you, my term for it is a "dangerous" person. You question the rules. The arbitrary things that most people accept in life. After you've been through something like that, you question, you know, "Why do I need this crap? My life means this. It doesn't mean this arbitrary rule that someone put down."

Participant #10: When I got into the corporate world, they said, "Oh, you do this so well." So they reinforced what I was thinking about myself. So that helped. Maybe I've got fifteen years to earn a living but at least I will do it. And so, I feel very comfortable with myself. I'm very happy where I am.

The second category of change included those participants with what seems best described as a "more tenuous" sense of self. These individuals appeared to be in the process of forming an identity. In this respect, there was more of a struggle to fit the changes within their

lives. This is not to say they experienced a lack of continuity; only that they experienced themselves as still malleable at this stage. Up until now, they have been strongly influenced by their environment so that they are just beginning to experience a nascent sense of self. For these individuals, the impact of their experience was described as helping to form a new or changed identity. Examples of "evolving self" are:

Participant #4: One thing, looking back is that none of my, well, I won't even call them decisions because they weren't decisions in most cases, except in the short term or immediate decisions. I haven't formed my life consciously. It's taken a lot of turns.

Participant #5: Even on a daily basis, I sometimes feel like, in some ways, almost like an addict feels. Because I feel like I grew up with all those real negative feelings and I have found that I have sabotaged, my own thoughts sabotage me day in and day out. And I have to try real hard to drop those things but they're there every day. They don't disappear. They might get fainter in some ways but I have to work at getting, keeping them away.

Participant #7: There will always be, I'll always have to fight with myself. You know, there will always be things that are hard for me because it's just, you

know, that so much of the person that you are is formed in your childhood. And if it's warped, then you have to really, you know, really try very hard to change it. And there's some things that they are going to have to deal with. And I've come to that conclusion, that I think, hopefully, I've gotten beyond the stage of heading down the wrong path.

In spite of their ongoing struggle for meaning, these participants continued to express hope and belief in themselves and a better future; they have caught a glimpse of their possibilities.

Another way change was reflected in the protocols was in terms of the way people began to look at problems and solutions. Rather than seeking finite solutions to finite problems, participants recognized resiliency as an ongoing process. One no longer "solves" a problem but learns to live with it in a meaningful way. Some reported doing this aggressively, by maintaining a perpetual fighting mode:

Participant #1: I mean, I'm still dying from this disease. But I let it know I was in charge and it wasn't. I let the disease know it wasn't going to come into my body and take my body and take me out. I wasn't going to allow it. I had too much to do, too much to see, too much good in me to roll over and play dead.

Other participants reported stopping their struggle and learning to savor what life has to offer:

Participant #3: Now I appreciate whatever it is I tune into. If I tune into it, I really feel it and that's what life is all about, I think, is to be able to enjoy what there is. Don't enjoy what there is not to enjoy.

Finally, all participants reported profound changes in their attitude toward life, the world, other people and themselves. They became more accepting and less rigid in ideals they reported holding. There was an acknowledgment of limits and choices. Participants reported surrendering beliefs in a universal "right way" for an acceptance that solutions were highly subjective and context specific. What works for one may not work for others and what works now may not work forever.

Paradoxically, because they no longer experienced being limited by "rules", this was described as having the net effect of generating more choices. Sometimes, this meant new paths to explore. Other times, the sensible choice was to let go and move on. In the end, participants were convinced they did what was right for them:

Participant #1: It's all what you want to endure and how you want to do it. And if you want to stop and just have a different attitude, then that's your choice. And if it works for you, then fine. You're doing the right thing. But for me, it's just always, fighting is the best way.

Participant #5: I don't know if I could ever really say there's a me over here and a me that used to have to do that stuff, but at least there's a me who's able to create and alternative to some of those things.

Participant #6: You know, it's just unbelievable. And I sit here and spend it and spend it and spend it because he's my child and I mean, I can't place a figure on his head. But now, I'm finally to that place where, years ago, when that doctor was challenging me with this idea that you need to place a price on a kid's head, has come back to haunt me. And I do think at some point I'm going to have to do that. You know, I hate that, just to think of that. I have to trust and believe that he knows that I fought as hard as I know how to fight and at some point, it just can't continue and that he knows that, unconditionally I love him. That he can always be with me if he wants to be and of course, as he gets older, maybe he'll have a little more of an opportunity to make some of those choices.

Something Good. Closely related to the theme of Change was that of Something Good. A vital aspect to the experience of resiliency was the recognition that suffering was not in vain. Like Phoenix rising from the ashes, participants emerged from their experiences with a renewed sense of vitality and zest for life. During this phase, the figure/ground constellation of self, relationships, and time was experienced as balanced and the person reported feeling connection, continuity, and control. Upon reflection, all participants reported feeling they had learned something important which would stand them in good stead in future trials and tribulations. They all described themselves as stronger, smarter and more tolerant of themselves, others and life in general.

The recognition of Something Good was expressed three different ways by participants. First and foremost, there was joy and pride based on the discovery of survival. People were grateful to have endured their experience and have emerged in relatively sound condition, or as one participant expressed it, "reasonably in possession of herself." Some examples of this sentiment are:

Participant #1: I healed myself through something that nobody ever had to.

Participant #2: And the good thing, I guess, is that I didn't just fold up, give up and fall apart. I feel good about that.

Participant #4: So it was kind of hard to find resources, but at least I found enough to get through and get out of it.

Participant #7: It's kind of like the worst happened and you dealt with it.

Participant #8: I think some of it's not being afraid. Not being afraid of facing the absolute worst. Because you know you've been through the absolute worst and lived. You survived.

A second aspect to Something Good was the recognition that certain valued traits or dearly held beliefs had withstood the test of time. For these participants, their experiences served as proof that they were made of substantial "stuff". They felt validated in their beliefs in themselves:

Participant #6: Despite everything, I'm still optimistic. I think you have to always believe that right will win out eventually. Other wise, you go mad. What are your guidelines if you can't believe that?

Participant #7: I guess I always knew that it was not the way things should be. I always knew that someday I would get out of it, one way or another.

Participant #10: But anyway, that's where I am and that's what I did. You could say, "Oh my God, I think it's the M.S., I'm going to bed." Or you can say, "You know, my father used to say I could trip over bookcases against the wall." So, it's just according to how you read the same thing. You could read it five different ways. So, it might be me excusing or me denying; or it's the way I get through life.

While most participants, given a choice, emphatically expressed the opinion that they would not have chosen these experiences, the opportunity to learn something good about themselves and about the world helped alleviate pain and instill a balance to life. Thus, the final way in which Something Good was manifested was the knowledge that out of pain comes wisdom. Suffering was not in vain:

Participant #4: And another thing that came out of all this was learning that I could take care of myself. I could survive in these situations. I could be a street person. And my whole life, I'd been in school pretty much, sort of scholarly. And when I got out of college, I kind of had a craving for 'real life',

finding out about things. So this was a part of that, I guess. There was some satisfaction in knowing I could deal with being that down and out. And ever since then, even though I've never been back in that situation to that extent, I feel confident.

Participant #5: Maybe if I'd had an easier life, maybe I wouldn't have had to develop those strengths. Life might have been happier but the trade off is that I have a real secure sense of being a pretty strong person.

Participant #8: I think in my case, I think what I learned to do was to learn to live by myself and be on my own for the first time in my life really. And it was kind of a process of, well, I guess two of the things that I think of; #1: Just finding the inner strength in your self to realize that what it all comes down to in this existence is, you have to live for yourself. You can't live for anybody else. You can't expect anyone else to be your crutch, your raison d'etre. You've got to take responsibility for you whole life and you will to be. And I learned this the hard way, when I watched someone die. You realize that she had to go through this on her own. When it came right down to it, nobody could help. There was nothing anybody else could do. And she had to face it on her own. And I witnessed this first hand. And I learned that difficult lesson

myself. So, I think after all that was over, there was that. Of building a strength, of knowing I could stand on my own. I saw how she did it. You know, she gave me a wonderful example of strength of how she had done this and how I could do that myself.

After analyzing these transcripts, it became clear that the experience of resiliency is an ongoing process for the present set of participants. While the immediate resolution of each person's experience involved recovering that part of their lives initially jeopardized by the crisis, the results of having gone through this experience was described as altering participants in some profound way. Change, then, appears to be a vital aspect of the experience of resilience; while change can be triggered by external events, it ultimately must be experienced as coming from "within". Merely to remove oneself from "bad things" or to be a passive recipient of "good things", while making one feel better, does not constitute what present participants described as their full experience of resiliency. In addition, participants reported that change must ultimately be experienced as positive. Within this study, most participants reported a greater appreciation of life and a greater tolerance for differences within others. By becoming less rigid, they were able to generate more choices for themselves.

Participants also took time to reflect on their experiences and place them within the overall context of their lives in a way that made sense. The Worst Time became for them a yardstick by which to both measure and place future experiences in perspective. As such, people reported being connected to their past in a meaningful way as they live in the present and look to the future.

Finally, all participants were able to find Something Good about their experience. In the process of experiencing the capacity to change something painful into something valuable, they reported learning something about themselves, about life. In this way, participants were able to distinguish their experiences from mere suffering thereby giving it meaning. It gave them pride and a sense of accomplishment knowing they had survived and grown in the process. The ability to look back at one's Worst Time and find Something Good brings the experience of resiliency full circle. And if one is lucky, it begins again and again and again:

Participant #6: Life serves up some pretty interesting turns. Stuff that you can't ever, ever think about. I would never have thought years ago that it wold have turned out this way, but here we are. So, we keep on... I think people are resilient and it will be interesting to see what all you learn from this.

CHAPTER VI

DISCUSSION

Resiliency is defined as the ability to "bounce back" from adversity so that within the prior research literature, resilience research has been concerned primarily with coping and successful adaptation. For example, Block and Block (1980) define "ego resilience" as resourceful adaptation to changing circumstances and environmental contingencies whereas Demos (1989) considers resilience to be the capacity to recover from a disappointment, obstacle or setback. The general consensus seems to be that resiliency involves a dynamic interaction between persons and the environment resulting in an ability to adapt to physical and/or mental stress (Rutter, 1987, Werner & Smith, 1982). According to such definitions, the goal of resiliency is to minimize or avoid negative feelings (Kobasa, 1982; Houston, 1987).

Many studies explore those factors which enable people to "bounce back", or to recover from adversity, focusing on mechanisms that promote healthy or normal functioning in environments which would otherwise predispose people to pathology. Some researchers suggest that resilience is a "special quality" that separates certain people from their cohorts, giving them superior adaptability. This is especially true in the child studies, where such children

are referred to as "Keepers of the Dream" (Garmezy, 1982, p. xix) or "invulnerables" (Anthony, 1987b; Werner & Smith, 1982). Overall, the focus is on adaptability and flexibility, but with an emphasis on mechanisms or observable reactions.

This study attempted to describe resiliency from a human perspective. A dialogic method was employed in an effort to reveal a common structure of the phenomenon and to discern the meaning such experiences held for participants. Participants were interviewed in an open-ended manner and their transcripts analyzed utilizing phenomenological method and hermeneutic interpretive procedure. A narrative structure was developed, based upon common descriptions offered by all participants.

The narrative structure divided itself into three separate phases containing common themes describing an experience of figure/ground relationships between self, others, the world, and time. Additionally, the focal experience of Being Resilient was divided into different stages, each reflecting a set of common themes. All participants' experiences could be located somewhere within this structure.

Specific themes emerged within each participant's dialogue: these themes were connection, continuity and control; and their antitheses: disconnection, discontinuity, lack of control. There appeared to be an interdependent

relationship between themes so that it was impossible for participants to describe experiencing one theme without experiencing the others to a degree. Furthermore, it was possible to locate the phase of experience through articulation of themes. For example, when a participant's experience could be "located" in the Worst Time, he/she described feeling connected, continuous and in control in his/her initial attempts to deal with adversity. When the experience was located within the phase of Falling, participants described experiencing feelings of disconnection, discontinuity and a lack of control. In the phase of Grasping for Straws, participants fluctuated between the positive and negative polarity of themes but in no case did they describe experiencing the thematic poles simultaneously.

Being Resilient: Focal Experience

Because resiliency has been traditionally defined in terms of coping and successful adaptation, the research question was designed to emphasize recovery, asking the participant to describe an experience of mastering or overcoming a difficult time in her/his life. There was an expectation that participants would focus on successful adaptation with an emphasis on the "positive" aspects. As often happens when taking a different perspective, something new is revealed. It readily became apparent that examining

resilience at the level of human existence is very different from defining resiliency as a concept primarily concerned with positive adjustment.

Based upon participants' descriptions of their experience, resiliency can be described as a temporal, ongoing, dynamic process whereby one regains a renewed sense of wholeness after an experience of fragmentation, which results in an experience of profound change. Being Resilient involves two figural experiences, that of falling apart (Falling) and that of recovery (Bouncing Back). This description is somewhat different from resiliency as described within the literature, which tends to focus on recovery only. Yet, if change is acknowledged as an integral part of resiliency, it makes perfect sense, from an experiential level to conceive of the focal experience, Being Resilient, as being constituted by two focal experiences, that of Falling and that of Bouncing Back.

While it was impossible within the confines of this study to determine any specific environment or personality trait which may have predisposed the participant to have had this experience, there were certain conditions which made resiliency salient, such as experiencing hardship or tragedy. As such, all participants began their narratives with the description of a crisis. They proceeded to discuss the impact of the crisis by setting their experiences within an inter-relational context, focusing upon ways in which

their experience of relationship boundaries were affected by the event. Thus, the experience of resiliency does not exist in isolation but appears to be both relationship and context specific.

While there were differences within each experience, all participants were able to describe a common process which led them to label their experience as resilient. Utilizing these descriptions, it makes sense to envision resiliency as a dialectal process, initiated by a crisis and moving in the direction of a spiral. Each circle of the spiral represents a predictable sequence of stages one must traverse before reaching a higher level of understanding. While there are certain critical junctures at which a person may become "stuck", or alter the direction of his/her life, participants described the necessity of moving through all phases before a complete cycle of resiliency had been experienced. With the completion of each cycle, new possibilities were revealed, thereby providing opportunities for reintegration and renewal. Because the process appears to repeat itself many times over the course of a normal lifetime, participants described it as a "never ending" experience in which it is possible to revisit the crisis again and again to interpret it differently in light of new knowledge. From these descriptions, one can conclude that the experience of resiliency requires the passage of time and a period of reflection to be labelled as such. Because

it continued to influence their lives in profound ways, it is described as an ongoing process.

Experience of Self

It is of significance to note that the themes described by participants in this study were similar to those found in earlier studies investigating related phenomenon. For example, in Seidner's (1987) study of the experience of "Falling Apart", the themes of the focal experience, as described by participants in his study were: Crying/Pain, Loosing/Lost, Control, and Time. Loosing/Lost described a loss of familiarity and sense of not being at home in the world (Disconnection). Control described an acknowledgment of the absence of control (Lack of Control), whereas Crying/Pain referred to the corresponding corporeal experiences during this period. Finally, the theme of Time reflected participants' description of distortions in experienced time (Discontinuity). In addition to the themes found with "Falling Apart", Seidner also included experiences of "Resolution" and its themes, which contained the participant's descriptions of re-establishing "continuity of being and connection with others". The themes which emerged within these descriptions were: Re-connection (Connection) and Re-establishment of Control (Control).

Jacob's (1994) study of "Losing a Sense of Self" was an exploration of the experience of losing one's personal boundaries. Significantly, to remain faithful to the data as it emerged in participants' descriptions it was necessary to include the experience of re-establishing a sense of self. The themes as described by participants in her study were so similar to the themes described within the present study that they need little explanation to see their affinity: Separation-Connection (Connection, Disconnection), Limits-Possibilities (Discontinuity, Continuity) and Dyscontrol-Control (Lack of Control, Control).

The seeming inability to describe the phenomenon of losing one's personal boundaries without describing how one reinstates them or vica versa, describing the phenomenon of reinstating one's boundaries without describing their loss, suggests a dialectical process in which participants experience a sense of "becoming" over time. The consistency with which similar themes emerged within these three studies concerning "boundary phenomenon of the self" is significant, suggesting a common pattern to the way in which people describe experiences of self. The "self" is defined here as that reassuring sense of continuity one feels fully so that it is possible to experience being able to discern "what is me" and "not me" in an ever changing world.

Such descriptions imply a "fundamental interrelatedness and reciprocity that exists across psychological boundaries

of the self" (Jacobs, 1994, p. 157) which both constitute and create its experience. As such, resiliency can be viewed as the capacity to maintain feelings of personal integration and a sense of personal competence in the face of adversity (Cohler, 1987) even as one experiences change. It appears to be a particular type of "self-experience" in which people manage to feel a sense of continuity even as the world is experienced as chaotic. It is not as if chaos has no effect upon people; rather, they are able to absorb its impact and not lose their basic sense of integrity even as they change over time. While participants reported temporarily experiencing a sense of fragmentation directly related to disruptions in their existential grounds, they managed to endure these feelings in such a way as to promote personal growth.

The ability to maintain self-cohesion in the face of chaos even as one experiences change would seem to depend on early development. In the process of healthy development, the person develops a sense of continuity over time that is derived from the healthy relationships he/she has experienced in the past. These beneficial relationships help to provide a sense of personal consistency, allowing the person to experience continuity over time despite changes in the body and/or the world. Thus, part of the process of maturation involves the recognition that we experience ourselves in terms of a relational existence so

that a "sense of self always emerges not only out of the developing aspects of the person but between these aspects and the world" (Pollio, 1982, p. 288).

According to resiliency research, there are protective factors in a young child's life which help to promote and to maintain the sense of personal continuity (Anthony, 1974, 1987a; Garmezy, 1984, 1985; Werner & Smith, 1992). These include personal attributes of intelligence, sociability, curiosity and creativity as well as a strong support system, either within the family or in terms of a role model outside of the family.

These findings were supported in this study. Many participants described themselves as intelligent, determined and self-sufficient and demonstrated instances of creativity through their attempts to grapple with solutions to problems. Moreover, they generally reported having experienced at least one positive relationship with someone or having strong connections with careers, hobbies or a sense of spirituality. While most participants discussed events in their adult lives, the two participants describing traumatic childhoods demonstrated a basic human need to be grounded in oneself or to be connected to others regardless of chronological age. For example, in order to disconnect from a chaotic environment and preserve a sense of self-continuity, the woman who grew up with an alcoholic father cited supportive relationships outside the immediate family

as allowing her to escape the unhealthy atmosphere of her home; while the woman who grew up with an abusive father talked about how she managed to avoid beatings and gain distance from the chaos in her family by escaping to her room to read.

Changing: Coping vs. Resiliency

Within this study, participants spent a good deal of time discussing ways in which they attempted to cope effectively with crisis. In many cases, the initial goal was to eliminate intolerable feelings and/or situations and return to life as it was before the crisis. Keeping this in mind, participants, in fact, described using many of the coping mechanisms discussed in the prior literature, including denial (Alloy & Abramson, 1979; Janoff-Bulman & Timko, 1987; Druss & Douglas, 1988), downward comparison (Wills, 1981, 1987), humor (Cousins, 1979; Radner, 1989), creativity (Anthony, 1987b; Flach, 1988; Kast, 1991), and social support (Cohen, 1991; Cohen & Willis, 1985; Kessler & McLeod, 1985; Kobasa & Pucetti, 1983).

Choice of coping style appeared to depend on personality, situation and past successes. For example, one participant stated that "fighting is always best for me" whereas another participant claimed she always tries to keep a positive attitude and "make lemonade out of lemons". It was notable that all of the participants who faced illness

employed the concept of downward comparison, demonstrating that it was possible to cope with physical pain through cognitive means. By comparing themselves to someone whose suffering appeared to be greater, they "minimized" their own sense of suffering, which made it bearable. Nearly all participants relied on social support and/or connection in terms of careers or ideological commitments.

Interestingly, participants reported utilizing the same coping mechanisms <u>after</u> the crisis as <u>before</u> the crisis. That is, if a participant described the need to maintain a positive attitude and keep active before the crisis, he/she found ways to continue doing so after the crisis. As an example, consider **Participant #1**, who described himself as an analytical person used to solving problems by thinking them through in a logical fashion. During the period of Falling, he described himself as being unfocused, uncontrollably emotional and unable to think, yet, when he Bounces Back, he is able to conclude:

> I think I always had a lot of things in perspective. I think I never had it as focused as I have now.

Because methods of coping remained the same, it is obvious that <u>something</u> changed for him to make this statement. Indeed, all participants reported experiencing a profound change in themselves as a direct result of their

experience. Change was generally discussed in terms of a "shift in attitude" in which one goes from feeling closed off, alienated and disconnected to one of openness, connection and receptivity to the world and others.

Participants reported the process of change began only when they were able to return to the negative event and find Something Good. Making sense of suffering becomes the transformative aspect of the experience, helping them to fit the event within the overall context of their lives. Part of this process also appears to involve recovering something valuable they felt they had lost, such as the ability to think clearly or to be optimistic. In this way, participants were able to maintain a sense of continuity in their lives even as they experienced change within themselves.

These results are consistent with research on coping under extreme situations which suggests it is the perception of personal meaning one ascribes to an event that transform it and allow one to cope (Fine, 1991). The fact that participants articulated the need to go through the process of experiencing meaning in suffering (Steeves & Kahn, 1987) further implies that these events were considered to be extraordinary situations in the lives of participants. Perhaps, then, what makes ordinary people feel extraordinary, as these participants described themselves, is the recognition of being able to survive an experience

perceived as extraordinary within the scope of their lives.

Being Resilient: Existential Homeostasis

Whether discussing a reaction to physical or psychological stress, researchers emphasize a need for the restoration of balance as a prerequisite for "normal" functioning for the organism. For example, within biology, homeostasis refers to a relatively stable state of equilibrium or to a tendency towards such a state between different but interdependent elements or groups of elements within an organism. Cannon (1939) applied this concept to describing the ability of the body to handle temporary (physical) stress without permanent damage. People tend to describe the ways in which they experience themselves in terms of balance.

In normal everyday experience, people feel cohesive because they experience being bounded by grounds perceived as balanced. That is, there is a perception of order within the phenomenal field such that it is possible to move back and forth across relationships without upsetting the balance which constitutes the experience of self. Within this study, grounds which were experienced as balanced led participants to describe feeling a sense of connection, continuity and control in relationships with others, the world and time; in these experiences, participants reported they felt "confident" and "comfortable" with themselves and

the world around them.

Conditions under which participants related feelings of imbalance occurred when there were disruptions within the grounds of experience and they experienced themselves as feeling threatened and vulnerable. For example, during the period of Falling, participants described themselves as "unbounded", feeling as if they were disintegrating and falling apart. Imbalance also was experienced when there was temporary blurring of boundaries, so that participants described their experience of "self" as fluctuating between "me" and "not me" and "connection and disconnection". In this instance, participants continued to report an experience of "self", but solely in terms of a reactivity to the environment (Grasping for Straws). In essence, their experience of themselves became contingent upon the events taking place around them. As one participant stated:

> It (event) kept us from buying a house, it kept us from, basically, doing anything except renting and surviving.

Finally, a potential for imbalance existed when participants described experiencing a tenuous sense of "self" or an "evolving self" (Jacobs, 1994), in which an identity is only just beginning to emerge. Because the "self" was experienced as an unstable configuration and

still malleable at this stage, too many disruptions at one time could potentially have a negative effect on the fragile sense of balance these individuals were just beginning to achieve. It seems, until the "self" feels stable, other realms must recede into the background:

> In some ways, I'm doing the same old pattern of withdrawal and at the same time, I feel like that's a necessary thing. That in the face of a lot of other hurts, that feels like to me the right thing to do in order to keep myself connected to myself. That if I just went, if I sought out more things to do I would be less and less able to hold on to myself. But at the same time, that keeping hold of myself doesn't bring me into one, better relationships or friendships. And I want those things. But in some ways, I don't feel like I'm ready to face them. But I want them. I look forward to getting out again from some of the things that are keeping me from doing that (**Participant #5**).

Based on the descriptions given by participants, it makes sense to think of resiliency as an "existential homeostasis" in which a sense of balance is achieved between the self and its grounds after a disruption in either one, resulting in the individual feeling changed but intact. As

such, resiliency represents the cognitive and emotional equivalent of the concept of biological homeostasis.

Self-stories: Structure Through Narrative

> Human existence consists not in overcoming time, not in escaping it or arresting its flow, but in shaping it and forming it (Polkinghorne, 1988).

If an "existential homeostasis" represents a dynamic process in which the individual experiences a sense of continuity and balance even as she/he changes over time, how does one re-establish this balance and maintain a sense of continuity? A further insight offered by this study is the narrative structure of the experience of resiliency as described by participants. Based on the premise that narrative expression is an important way in which human experience is understood and made meaningful to both the self and others (Polkinghorne, 1988), it is suggested here that one function of the narrative structure is to restore a sense of balance to experiences of self, thereby correcting imbalance initiated by the impact of the Worst Time.

All narrative functions as a vehicle to translate the passage of time into a meaningful unity which then is able to serve as the basis of self-identity (Polkinghorne, 1988). There is an assumption here that the purpose of any personal story is to allow the individual to place events within the

overall context of his/her life in such a way as to make sense of it. There are many types of stories. For example, there are love stories, (I met your father when I was...), there are epic stories (The biggest fish I ever caught...) and there are stories of defeat (We lost our farm back in...). Because these stories were offered in response to a question regarding resiliency, they can be assumed to be stories of resilience. The narrative structure as described within this study suggests that a resilient story serves a special function in that it helps restore balance to one's life, thereby promoting a sense of personal cohesion. Given the fact that all stories have a beginning, middle and end, what is it that makes a given narrative one of resiliency?

One way in which the narrative structure instilled a sense of balance was through the presence of time in terms of tempo and organization. The ordering of events in a specific sequence established a tempo by providing a regularity or "rhythm" to the stories. In this case, each participant's story began with a Worst Time so that the sequence within the story was: middle, beginning, then end. Separate events were related in such a way as to create a meaningful whole such that the evolving narrative had a logical progression which gave both coherence and unity to the story. Finally, by beginning each narrative with the Worst Time, a connection was established between past and present thereby providing a sense closure in the form of a

temporal Gestalt.

It would be a mistake, however, to see the ending as a permanent closure. Rather, it would be more accurate to label these narratives as open-ended stories since all participants insisted their experience of resiliency was ongoing. In this sense, a resilient story is a dynamic, open narrative whereby new forms of organization are able to emerge and lead to new meanings (Polkinghorne, 1988). Whereas by nature a closed system can only handle so much stress before it disintegrates; an open system can absorb change without disrupting its essential integrity. By casting their narrative in the form of an open-ended story, participants left open the possibility of returning to it again and again to assign a different meaning to the past through reinterpretation of the same events in light of new experiences.

One final issue regarding the narratives concern the roles participants chose to play in their stories. Anthony (1984) in his research on resilient children, described "true heroes" as persons who exhibit a source of "inner strength" and the ability to perform well under pressure. Each of the participants within this study spoke of an inner strength, a pride in her/himself and a belief in the ability to influence events:

Participant #1: I guess I trust myself the most of anybody.

Participant #4: I don't think I ever doubted I would make it somehow.

Participant #5: It gives me more than a sense of strength and pride to know that I can feel what I have to deal with in order to find something better.

Participant #7: But I was really determined and I really meant what I said. It's kind of scary to think that a fourteen year old kid had that much, had the kind of guts to say something like that...I guess it's an inner strength.

The last way in which individuals expressed resiliency, then, was through the roles they assumed in their stories. While it is doubtful that participants would have called themselves "heroes", they assumed heroic roles. Regardless of the way the story could have played itself out, these people were determined to be survivors in their narratives. Participants constructed stories in such a way as to achieve a form of balance by returning to the Worst Time and finding Something Good, thereby making sense of suffering. In this way, they became heroes and not victims.

Summary of Results

According to present results, then, resiliency can be described as the ability to maintain an open system while

still experiencing a cohesive sense of "self" in the face of chaos. A cohesive "self" is one that is receptive to change without fear of losing a sense of continuity. People who have had an experience of resiliency tell stories which reflect the lived-experience of resiliency. These stories of resilience have a specific pattern which is both continuous and open so that the person is able to make sense of his/her life but in a way that leaves it open for further change.

In many ways, participants' stories mirror the process of resiliency; the narratives promoted receptivity to change while maintaining a sense of balance or continuity over time. If narrative expressive is reflective of human experience, then it is conceivable that the ability to tell a resilient story reflects something important about the participant as well, revealing a desire for both change and continuity in life.

Therapeutic Implications

In a sense, the process of psychotherapy is similar to the process of creating a personal narrative. Both share the common goal of constructing a story that makes sense out of significant events within a person's life. Most people come to therapy with a specific story to tell. In the process of constructing a story, meaning is highly dependent upon the arrangement of events as well as upon the place in

life the person feels him/herself to be at the moment. The ways in which memories are recalled become important since an individual attempts to justify his/her present condition by organizing and revising past events in such a way as to support his/her understanding of the present state. It is not so much the facticity of the memory but the significance it assumes within the individual's life that gives it meaning.

Assuming that people's narratives serve as a way in which to emphasize beliefs about themselves and promote a sense of continuity, it is incumbent upon the therapist to listen carefully to the stories people tell. Not only should they listen to the content but also to the way in which the story is told and to the role the person assumes within it. In this way, therapists learn about their clients' lives, strengths, weaknesses and areas of possible intervention.

For example, a resilient story can be recognized by its unique pattern, a pattern which is both stable and flexible. According to the narrative structure described by participants, resilient stories have a tempo and a specific sequence derived from the way in which separate events in their lives are organized into a meaningful whole. They form both an open and temporal Gestalt in such a way as to connect the past to the present, leaving open the possibility of returning to the event and reinterpreting it

in light of new experiences and knowledge. In stories of resiliency, people do not deny that events have an impact on their lives, but they choose what that impact will be. In this way, the event becomes part of life but does not define an entire existence.

The fact that each participant was able to describe an experience of resiliency suggests that it may in fact be an extraordinary phenomenon that occurs regularly in the lives of everyday people over the course of a lifetime. Thus, while resilient stories may sound remarkable, it seems more likely that resiliency is a common process that manifests itself in remarkable ways. On an everyday basis, people must be resilient to adapt to the ever-changing world and still experience a cohesive sense of self. As such, it would make sense to assume that resiliency is a common process since a degree of stability and flexibility appear to be a necessity for survival. Consider the alternatives.

People who have stability but no flexibility are operating under a severe disadvantage; it might be said they are "unbalanced". Under these conditions, the experience of "self" is figural at all times so that such individuals are either minimally aware of the environment or impervious to its effects. Both of the conditions make it unlikely that they will be able to change when necessary. While this may be an advantage under certain circumstances, as in a child who develops a particular behavior such as

withdrawing into him/herself to find stability within a chaotic home, it quickly becomes maladaptive outside the confines of that situation. Other examples of stability without flexibility are the Character Disorders as described on Axis II in the DSM-IV. These people are depicted as having rigid "defenses" so that they become severely compromised in situations demand alternative defenses. Like a glass balls, they break easily upon impact.

People who have flexibility but no stability are also vulnerable to change, but in a different way. Such people often describe themselves as feeling "empty inside". They seem to both define and experience themselves only through the presence of others so that they live in perpetual fear of abandonment. For them, an imbalance is created in terms of other people being experienced as too figural. Having little experience of themselves as a continuous entity makes them appear unstable, so that they seem to change with the wind. They are like bubbles, floating aimlessly and bursting on impact.

The assumption that the capacity to regulate one's experience of self in terms of continuity over time despite disruptions in ground is a prerequisite for Being Resilient implies children, who are in the process of developing and do not have enough history or experience from which to draw, and severely damaged adults, who have not, for whatever reason, been able to develop an a sense of continuity over

time, may not be able to experience resiliency. While in one sense, it is true, some children are too young and some adults too damaged to be considered resilient, there is still room for hope. Because resiliency seems to be an ongoing process, it becomes possible to place these groups somewhere along the early phases of the cycle and for the therapist (or parent) to help prepare them for the next phase.

Moreover, if a sense of continuity over time constitutes the experience of a stable self, then especially in the case of children, there are many ways in which a cohesive sense of "self" can be promoted (Anthony, 1974, 1987a; Garmezy, 1984, 1985; Werner & Smith, 1992). For example, a therapist might act as a role model and provide a source of stable support and connection in a way that nurtures the natural developmental process thereby aiding in the formation of a stable identity. Or, a therapist might stimulate the creativity and curiosity that appears to be inherent in most children. If there appears to be an imbalance within any of the relationships as described above, then interventions might be required in the terms of developing novel and creative problem solving techniques, developing strong social support networks, or even removing the child/adult from an insidious environment.

The final area of intervention suggested by this study concerns the narrative itself. Because different types of

people tell different types of stories, the therapist must carefully listen to stories and decide what messages are being communicated. All stories can be rewritten, retold, and reinterpreted; they change as the person changes. It is the job of the therapist to help people find their own voice in narrative such that they may become aware of the structure and meaning they assign to their own lives by the way in which they tell their stories. By adopting a narrative style reflecting the dynamic nature of the process of resiliency, a person learns to value change. Finding the courage to look back on painful events and to re-evaluate them in a different way can inject new meaning to a meaningless life. Such realization can release people from the control of past interpretations they have attached to events and open up them to the possibility of renewal and freedom for change (Polkinghorne, 1988, p. 183).

Limits of Research

It was the intention of this study to investigate the phenomenon of resiliency and describe its experience from the perspective of research participants. A phenomenological method was utilized both to comprehend the meaning of the experience from the participants' point of view as well as to isolate a common structure of the phenomenon across such experiences. Before concluding, the limitations of this study must be discussed so that the

reader will have an opportunity to evaluate the merits and applicability of results obtained from this research project.

By and large, the greatest limitation of this project involves the use of small sample size, which, under most conditions, directly affects the generalizability of results to the population at large. The design of any phenomenological study, however, does not necessarily require large population size. In phenomenological research, the goal is to understand a particular phenomenon from the point of view of the other. Keeping this requirement in mind, interview becomes the method of choice, with the resulting data being given in the form of dialogue. Despite the fact that the present sample size was small by statistical standards, approximately 138 pages of single spaced type pages were generated from the interviews. Every page contains pertinent data, requiring interpretation and analysis. Hermeneutic technique requires that one constantly refer back and forth, from parts to the whole, in an effort to grasp the meaning of any text. In this type of research, then, data analysis is a laborious and time consuming process. As one practical expedient, limiting population size serves the function of keeping the amount of data to be analyzed within manageable proportions.

In addition to sample size, population characteristics might affect generalizability and must be carefully

considered before any research takes place. Once again, the very design and intent of phenomenological research influences this process. Based on the belief within phenomenology that all phenomenon within human experience can be reduced to a common structure, there is seldom a requirement that a specific segment of the population be sought. Generally, the only condition imposed upon the selection of participants is that they be reasonably articulate and have had experience with the phenomenon being investigated. In fact, a heterogeneous sample is encouraged due to the belief that variety enriches the data. While this sample contained people who were located within an early middle to late middle age range, they represented a broad spectrum of careers, educational attainments, religious affiliations and marital status. Because of the diversity of attributes, and the fact that middle age spans a period of at least twenty to thirty years, it was felt the requirement of heterogeneity had been sufficiently met within this population.

Two other subject characteristics need to be addressed specifically within this study. One concerns a single participant. While the initial question required the participant to have had the experience of resiliency, one participant appeared to have conflicting opinions regarding this matter since she alternately denied and affirmed that she had overcome anything. This caused a certain amount of

debate as to whether or not her transcript was viable for this project. The most controversial statement was at the end of her interview:

Participant #3: In a sense, I have not overcome anything because all the problems of the world are still out there and they affect me.

While, at first glance, one might insist that **Participant #3** is denying the experience of resiliency, she appeared focused on the word, 'overcome', using it several times throughout her interview. For example, she stated in her opening response:

Participant #3: And I actively decided to overcome it, which I did, with the study of yoga.

As with all other participants, **Participant #3** insists that her struggle is ongoing. It seems pertinent to note this woman's native tongue is not English, despite her obvious proficiency in the language, and several times, she asked the researcher to repeat the question. Thus, it is conceivable that the conflict centers around the word, 'overcome', which might imply a finite connotation to this woman. After much reading and rereading of this participant's transcript, and based on the fact that her

experience readily fit within the narrative structure of other participants, it was concluded that she has indeed had some aspect of the experience of resiliency.

A second characteristic which needs to be addressed is related to the presentation of data. Three individuals were somewhat unique in presentation in that their dialogues were not in the form of an extended narrative. While they reported experiences of resiliency which could be fit within the narrative structure, they were not as articulate in their descriptions, nor did they seem to be as introspective as the other participants. This seemed to characterize their more general way of being-in-the-world, however, which might be best described as an action, achievement oriented style. Based on these three protocols, it appears people do not have to be excessively verbal or reflective to have had a resilient experience.

These diverse presentations may have been perceived as problems or anomalies which detracted from results in other kinds of research. Within phenomenological research, however, they merely reflect the variety and complexity of the data so that the differences only serve to increase its richness and add to the understanding of the phenomenon. Overall, this researcher was left with the conclusion that all participants were in the process of creating their lives and of giving it value and meaning.

Finally, one procedural limitation needs to be

mentioned. While consensus was reached by members of the phenomenology group regarding the meanings generated within four separate protocols brought in for interpretation, this researcher made no attempt to utilize independent raters to assess the accuracy of the narrative structure and the emergent themes of connection, continuity, and control, although support for these themes could be found in earlier studies (Seidner, 1987; Jacobs, 1994). Lab members, however, were involved in discussion of the narrative structure and the results.

This omission of raters, however, was as much a philosophical stance as a methodological determination based on the belief that qualitative rigor, in terms of validity and reliability, is determined in a different manner than is the case with quantitative research so that independent raters would not add to a further understanding of the data. In qualitative research, validity is based on the extent to which a method investigates the content it is intended to investigate whereas reliability is concerned with consistency in meaning across data. Thus, in narrative research, validity refers to the strength of the analysis and reliability refers to the dependability of the data (Polkinghorne, 1988). Since it was the intent of this study to investigate the experience of human resiliency, it is left to the reader to determine if he or she were able to follow the process step by step and to be convinced that

findings were reasonable and accurate based on the data presented. The fact that a place could be found within the narrative structure for every participant's experience suggests that a common structure has been isolated which lends power to the results.

Suggestions for Future Research

It was the intention of this study to discover the meaning of the experience of resiliency as well as to reveal a common structure to this experience across participants. A description of the experience resulted in a narrative structure which sought to capture this complex process through a developmental model involving sequential phases that must be navigated in order to have the total experience of resiliency. Because of the relatively small sample size within the present study, it would be beneficial to increase the sample size and observe whether or not this description would continue to characterize experiences of resiliency for a larger population. Two specific regrets of this researcher was that none of the participants who volunteered were a member of a minority group or were members of the elderly community. It is possible that interviews with individuals from these populations would have provided more cultural variety and could possibly influence the results of the narrative structure. Perhaps future research will correct this imbalance.

The results of this study were derived from descriptions given by participants who portrayed themselves as having a relatively stable experience of "self" and are said at this time to be descriptive of this population only. This researcher firmly believes, however, the narrative structure that emerged within this research suggests a model of therapeutic intervention. By listening to our patient's stories, it is possible to assess both the degree of self-cohesiveness as experienced by the patient as well as to determine methods of intervention by locating their experience within the narrative structure. In this way, the therapist should be able to provide assistance when needed or simply create a conducive environment in which the person may heal her/himself.

While this method of investigation virtually precludes the inclusion of young children because of limited verbal skills, this factor does not necessarily exclude severely disturbed adults or older children with more developed linguistic abilities. Because this model appears to have a broader application than the population studied within this project, it would seem useful to investigate its applicability to a population with a less developed sense of self, such as adolescents or emotionally disturbed adults. Of course, future research is needed to confirm these assumptions.

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APPENDIXES

APPENDIX A

FLYER

TITLE OF PROJECT: Human Resiliency: The Experience and the Phenomenon

PRINCIPAL INVESTIGATOR: Nina Pennewell
401H Austin Peay Bldg., UTK
Knoxville, TN 37996
974-2196, 974-6060

!!ATTENTION--VOLUNTEERS NEEDED!!

Resiliency refers to the process of overcoming something or bouncing back after what is initially perceived to be a negative turn of events. It can be something experienced in everyday life or under extraordinary circumstances. I am a doctoral level student engaged in a research project designed to investigate the phenomenon of human resiliency. A better understanding of the experience of resiliency will aid myself and other clinicians to recognize and utilize the strength and capacity for growth inherent within all human beings.

I am looking for 10-15 adults who would be interested in sharing their experiences of resiliency with me. The only criteria for participation is that you are **18 years or older** and have had some sort of experience which **you** consider to be reflective of this category. Should you choose to participate, you will be interviewed for 1-2 hours regarding your experience.

If you are interested in participating, please contact me at the telephone numbers listed below. I will be glad to provide additional information and answer any questions you might have regarding this project. Thank you for your time and interest.

Nina Pennewell
401H Austin Peay Bldg.
University of TN 37996
974-2196 (M-F, 8:00-5:00)
974-6060 (W, 5:00-7:00)

APPENDIX B

INFORMATION AND CONSENT FORM

I am a graduate student in clinical psychology, presently engaged in collecting data for my doctoral dissertation. I would like to ask you to participate by sharing with me some of your experiences regarding the phenomenon of resiliency. Resiliency refers to the process of overcoming something or bouncing back after what is initially perceived to be a negative turn of events. It can be something that we experience in everyday life or it can occur under extraordinary conditions. Most people can think of a time in their lives when they have had to overcome something. I am interested in hearing about your unique experience with this phenomenon in order to understand what the experience was like for you and what you were aware of during the experience. This, in turn, will help me to understand the general characteristics of human resiliency and the meaning that it has for individuals. I hope that the end results of this study will contribute to psychological theory and its practice in both assessment and psychotherapy. I am confident that understanding the phenomenon of human resiliency will help myself and others to recognize the strength and capacity for growth inherent within all people.

Your participation in this study, if you choose to volunteer, will involve an audiotaped interview of one or two hours duration and a briefer follow-up interview. The original interview will be transcribed from the audiotape and at the follow-up interview, you will be asked to review your transcript to check for accuracy and to see if there is anything more that you wish to add which will enable me to understand your experience. You will also be presented with preliminary findings at this time in order to ascertain whether or not this brief summary has captured the essence of your experience. I will welcome any additions, comments or questions that you have at this time.

All material obtained will be held in the strictest confidence. Audiotapes and transcripts will be coded by number and will be identifiable only through a master list which will be kept under lock, along with any other material collected. I am the only person who will have access to this master list. I will also be the only person to transcribe the audiotapes. Any potential identifying information in the interview will be edited out of the transcript and the audiotapes will be erased as soon as the

project is completed. The master list will be destroyed upon completion of the project. A research group will be used to help analyze some of the data but the identity of each transcript will coded to preserve confidentiality. In addition, the research group is bound to the same principles of confidientiality as the researcher.

The risks involved in participating in this study are minimal. You will select the experiences that you wish to talk about. You are free to discontinue your participation or withdraw from the study at any time without questions or penalties. The experiences in which I am interested are personal and may be emotionally charged for some individuals, thus I encourage you to consider this factor. However, many people find that exploring their experiences with another person is satisfying and beneficial. I hope that this will be the case for you.

If you have any questions or concerns about this research project at this time or at any point later in the study, please do not hesitate to contact me and ask questions. You will be given a copy of this form to keep. Thank you for your interest and participation.

Nina Pennewell
401H Austin Peay Building
Knoxville, TN 37996
974-6060 (office)
584-0457 (home)

I have read the above information and consent form and agree to participate in this project.

Signature: _____ Date: _____

Name (printed) _____

Address: _____

City and Zip Code _____

Telephone #: _____

APPENDIX C

DEMOGRAPHICS

Table 1. Demographics of Ten Participants

	Number of Participants
Gender	
Female	6
Male	4
Age	
36 - 40	2
40 - 45	3
45 - 50	4
50 - 55	1
Marital Status	
Never married	1
Married	2
Divorced	5
Remarried	2
Occupation	
Desktop Publishing Coordinator	1
Quality Manager	1
Teacher/Artist/Librarian	1
Project Engineer	1
Contractor	1
Student	1
Program Manager	1
Teacher	1
Designer	1
Housewife	1

APPENDIX D

WORST TIME (SETTINGS)

Participant #1 :

1. He has been diagnosed with cancer and is afraid of losing control of his life.

Participant #2:

2. He has become involved in a business which has turned into a financial disaster and is wiping out his life savings, thereby eliminating his sense of security.
3. He is serving time in Viet Nam and feels disappointed because he has been assigned to a special unit, away from his buddies.
4. He has returned from Viet Nam and does not know what to do with his life.

Participant #3:

5. She develops a painful life-threatening ailment which she feels is related to her mental condition after her divorce.
6. She becomes bored with teaching yoga and changes her career in hopes of finding a sense of vitality.
7. She a child as a means of giving herself a purpose and identity.

Participant #4:

8. He was born with a sense of alienation and embarks on a journey without money, friends, or practical skills in an attempt to reject the values with which he was raised.
9. He is intimidated by people and tries to live without them as a hermit.

Participant #5:

10. She is trying to overcome the effects of being raised in a family where she was continually told she is a bad person.

Participant #6:

11. She becomes seriously ill after she goes through an ugly divorce and fights to regain her health.
12. She remarries, has series of disasters such as experiencing a difficult pregnancy, sick child, addition of step children, losing and regaining her contracting license, and continues to be badgered by her ex-husband all the while, yet tries to move forward with her life.

13. She loses custody of son to his father, despite fact that son had been in her custody for several years and must work to overcome feelings of life as unfair.

Participant #7:

14. She hates her alcoholic father, feeling her problems in adult life are a direct result of being raised in that environment.
15. She becomes engaged to a man who has many problems and treats her terribly, which makes her feel bad about herself.
16. She is fired from her job and deals with a sense of failure and rejection.

Participant #8:

17. He is happily married when his wife develops cancer and he has to watch her die.
18. He is going through a divorce and is angry that he is the one who has to leave.

Participant #9:

19. She loves her husband and feels betrayed when he asks for a divorce after admitting he is in love with another woman who is pregnant with his child.

Participant #10:

20. She has been diagnosed with a serious, debilitating disease, but feels the diagnosis is in error based on her interpretation of the symptoms.
21. Her father commits suicide and is shunned by her family, which makes her feels as if she is alone in grieving his death.
22. She has a car wreck which injures her neck and back but refuses to have corrective surgery for fear it may exacerbate her injuries.

APPENDIX E

CATEGORIES OF SIGNIFICANT STATEMENTS

1. unfinished business
2. angry
3. out of control
4. loss of control
5. unempowered
6. being lost
7. being stuck
8. world as unstable
9. not understanding
10. belief in own strength (all)
11. connection to self
12. connection to others
13. people as support
14. deliberate disconnection
15. alone
16. people as disadvantage
17. recognition or belief in survival
18. hitting bottom/ worst time
19. focal event
20. contrasts
21. something good out of hard times (all)
22. up & down/ back & forth
23. acceptance
24. recognition of end of trouble (event?, acute effects?)
25. turning point/ recognition of change
26. focusing
27. losses
28. understanding/ making sense
29. things are difficult
30. validation
31. safety
32. choices
33. recognition of ongoing process (all)
34. battle
35. not fair
36. in control
37. regrets
38. recognition of limits
39. recognition of change in attitude
40. putting on hold
41. recognition of mistakes/ something is wrong
42. downward comparison
43. pain
44. fear
45. anxiety
46. violation/betrayal
47. acting good

48. setting goals
49. exercising
50. acting busy
51. staying busy
52. denial/blocking out
53. luck

APPENDIX F

SIGNIFICANT STATEMENTS UNDER PHASES

A. Worst Time
   1. focal event (all)
   2. battle

B. Grasping at Straws
   1. belief in own strength (all)
   2. connection to self
   3. connection to others
   4. people as support
   5. deliberate disconnection
   6. denial/ blocking out
   7. understanding, making sense
   8. things are difficult
   9. not fair
   10. recognition that something is wrong
   11. contrasts
   12. acting good
   13. exercising
   14. staying busy/setting goals
   15. putting on hold

C. Being Resilient
   Falling:
   1. angry
   2. out of control
   3. loss of control
   4. unempowered
   5. being lost
   6. world as unstable
   7. not understanding
   8. alone
   9. people as disadvantage
   10. losses
   11. pain
   12. fear
   13. anxiety
   14. violation/betrayal

Bouncing Back:

1. belief in own strength (all)
2. connection to self
3. people as support
4. deliberate disconnection
5. luck
6. recognition of end of trouble
7. recognition of change
8. focusing
9. understanding/ making sense
10. safety
11. choices
12. in control
13. regrets
14. change in attitude
15. downward comparison
16. putting on hold
17. staying busy
18. setting goals
19. denial/ blocking out
20. belief in survival
21. belief in strength
22. acceptance
23. recognition of limits

APPENDIX G

NARRATIVE SYNOPSIS OF PARTICIPANTS' EXPERIENCE OF RESILIENCY

PARTICIPANT 1:

Participant 1 talks about his fight with cancer, whose appearance seemed paradoxical in that it was diagnosed during a period of his life when he considered himself to be in top physical and mental shape. His first reaction is unconcern and a belief that he can conquer it with physical exercise and work, along with medical treatment. Once it becomes apparent that the cancer is progressing and nothing seems to be working, he becomes afraid; he does not understand how to fight it. He feels anger towards needless negative influences which impede his recovery. He begins to experience a sense of being out of control. During his darkest moments, he feels alone, unfocused, drained of energy and bombarded by negative influences. It is only through sheer willpower and the need to stay connected that he is able to get up and go to work. The turning point is described as a gradual process, when he is able to again focus, generate choices and feel positive energy, often from sources which were previously perceived to be negative. Within this context, his experience of resiliency reflects the ongoing battle to regain control of his body. For Participant 1, this is accomplished through believing in his ability to understand and influence events, by remaining connected to supportive people within his factory and by eliminating anything which might distract or drain his energy. There is a conviction that something positive has come out of this experience which enables him to be more appreciative of what life has to offer. He feels more balanced.

PARTICIPANT 2:

Participant 2 presents himself as someone who has goals and expectations which reflect his need for comfort and security. He relates three specific events which reflect instances of resiliency; a financial disaster, a stint in Viet Nam and finding a career for himself after he returns from Viet Nam. In each situation, he clearly feels a sense of responsibility for getting in trouble, which makes him feel both foolish and angry with himself. He describes feeling stuck, powerless, out of control and without any "cushion" or protection as the most difficult aspect of each experience. Time seems eternal because there is no end in sight. He attempts to work his way through each dilemma but struggles against the desire to fold up, give up and fall apart. The turning point is a gradual process which occurs when he is able to see an end to situations. For Participant 2, then, the process of being able to envision

an end makes it possible for him to wait out or "grind out" the situation so that he can return to his designated path and regain a "cushion" or level of comfort. His experience of resiliency is one of endurance. As time passes and he experiences himself as achieving some emotional distance from each event, he articulates a need to find something positive in each experience. For Participant 2, this is expressed through the conviction that he has become wiser for having endured and survived his experiences.

PARTICIPANT 3:

Participant 3 describes her struggles against feelings of loneliness and pain on both a physical and emotional level as she searches for purpose, identity and direction in life. Following her divorce, she discovers that she has a painful, chronic ailment and feels as if she is dying. She studies yoga as a means of coping with her physical pain. While she finds it makes her feel relaxed and in control of her body, she still feels lonely and without an identity. As a solution, she changes careers and has a child. While immediately successful, the effects are short-lived. Participant 3 comes to the realization that with every problem that presents itself, her solutions, while temporarily successful, become something in and of themselves to overcome. She finally embraces Zen philosophy which, paradoxically, makes her feel both lonely and powerful. Resiliency for her is described as a gradual and ongoing process in which she is learning to accept all of her feelings rather than struggle against them, giving her a sense of freedom and control. By feeling connected to something larger than herself and reducing her own sense of importance, she reduces her loneliness. Zen also provides her with a framework from which to define her existence as she struggles with the same problems at more and more sophisticated levels. There is a conviction that she gets closer to a state of perfection with each confrontation so that something is gained from her suffering.

PARTICIPANT 4:

Participant 4 describes himself as someone who has always felt alienated, as if he were born in the wrong place at the wrong time. He rejects his parents' middle class standards and longs for a place where he can feel safe and valued. He struggles against perpetual feelings of anxiety, inadequacy and feels angry towards more conventional people who seem to reject his values. He finds his imagination to be safer and more romantic than the real world. As he describes his real life travels, Europe comes to symbolize his imagination, where everything feels safe and romantic. America (his native country), on the other hand, reflects the real world, where people are perceived as unfriendly and dangerous so that he prefers not to interact with people.

His worst moments are referred to as the "end of the line", when he is alone, has no place left to go and feels paralyzed by anxiety and unable to function. For Participant 4, the experience of resiliency is learning to overcome his anxiety, inadequacy and sense of alienation. The turning point is the recognition that he can exist at a very primitive level of physical comfort and interact with people as necessary for his survival. His connection to nature, belief in his own intellectual capacities and the ability to recognize when to move on have facilitated this process. There is a new conviction that he is competent on a basic level, something he doubted prior to this experience. While he continues to feel alienated, and struggles to find a comfortable niche for himself, he has discovered along the way that people have some value, if only that they are necessary to reflect back an image of oneself.

PARTICIPANT 5:

Participant 5 grew up in an abusive family situation where she was always told that she was bad. In this environment, there appeared to be no relation between cause and effect, creating a constant state of fear, anxiety, and vulnerability. The unpredictability made it difficult to protect herself, leaving her feeling as if she could disintegrate at any moment, much like her environment. The worst part was described as feeling disconnected from herself. The things which enabled her to survive this difficult childhood was to remain vigilant while maintaining a flurry of domestic activity, staying connected to her siblings and escaping to her room to read, which allowed her to disconnect from the chaos and just be with herself. For Participant 5, the experience of resiliency is the realization that she will not disintegrate. It reflects the recognition that "there is a me in here" who is a good person, worthy of affection. Resiliency is described as an ongoing process in which she is attempting to nurture and believe in herself. She struggles to break old habits which once served to protect her but keep her feeling disconnected from herself. Some of the turning points are recognition of change within herself, such as feeling less fearful and becoming tolerant of the shortcomings within herself and others. She feels her experiences have made her a stronger person.

PARTICIPANT 6:

Participant 6 talks about her need to stay active and live with a vengeance. She describes herself as a confident woman who believes in a just world and her ability to influence events through action. In her story, she struggles with the impact of divorce, illness and losing custody of a child. Her way of coping is to set goals and

keep moving forward. There are periods when all efforts fail and she does not know what to do. At these times, she describes herself as feeling angry, violated and disarmed. The world appears to make no sense and her emotions threaten to overwhelm her. If fears that if she gives in to them, she will be consumed or fall apart. For her, hitting bottom means to shut down completely. She describes herself as feeling totally alone, drained of energy, unable to function and disconnected from people and time as she fights the desire to curl up in a fetal position and die. For Participant 6, the experience of resiliency means overcoming the stillness (death wish) and maintaining her belief in a just world despite the unfairness she perceives. She accomplishes this through a belief in her own strength, staying connected to others, and formulating goals, which allow her to remain active and in motion. For her, the turning point occurs when she is able to feel connected to others and see a path of action, which allows her to feel as if she can influence the world in a sensible way. A very important component of her experience is the fact that she has been able to use each setback as an opportunity to improve herself.

PARTICIPANT 7:

Participant 7 describes her experience of being an only child in an alcoholic family, where neither parent was able to take care of her emotional needs. She describes her environment as a state of constant emotional upheaval where she felt alone, abandoned, angry, ashamed. While she felt bad inside, she attributed it to living in a miserable environment but as a child, she felt powerless to change it. Instead, she coped by "acting" good, not bringing her friends home, running away and utilizing her grandparents as a source of support. As an adult, Participant 7 continues to resent her late father and has gone through a series of bad relationships and career moves. In each instance, she is able to recognize when she does not feel good, but still feels powerless to change things. The most difficult times are when she finds it impossible to distinguish her bad feelings from a bad situation, at which time, she leaves, quits, or gets fired. Her experience of resiliency is the ability extricate herself from each miserable situation and re-evaluate her stance. She reports that she utilizes sources outside herself for a sense of self-esteem, validation and stability. She finds therapy particularly helpful because it allows her to get some distance from herself and reflect on what went wrong. A turning point for her was the recognition of a tendency to define herself through others and go after what "looks good" on the outside to make her feel good on the inside. She feels that her successful marriage is a reflection of how she is changing in a positive way as well as her last employment experience,

which she was able to leave with positive feelings for both herself and the job.

PARTICIPANT 8:

Participant 8 describes himself as a person who likes to be in control of his life, a trait that manifests itself through a strong desire for order and predictability. His sense of stability is challenged as he deals with the loss of his first wife by cancer and the loss of his second wife through a divorce. At these times, he describes his world as feeling as if it is falling apart, which makes him feel at the mercy of events beyond his control. He reports feeling overwhelmed by the responsibility of physically caring for his first wife and resentful at being the one forced to dissolve his second marriage. Assuming all responsibility makes him feel as if he is the "bad guy" which increases his sense of isolation. He describes the worst moments occur at the recognition of no choices, when he is forced to react to events, where time exists only in the moment and has no future or past. At the end of each relationship, there is a sense of loneliness, abandonment, disconnection and disorientation. For Participant 8, the experience of resiliency is being able to survive the loss of important people in his life and once again impose control and order upon his world. He does this by re-establishing connections to people and places, re-arranging priorities, and letting go of those things which do not contribute to peace of mind. Turning points are the recognition of a future for which to plan, the realization that he can live by and for himself, and a willingness to take risks. He has learned he is no longer intimidated by the threat of loss since he has survived losing his most precious treasures.

PARTICIPANT 9:

Participant describes herself as a stubborn person who finds it difficult to admit mistakes. A mistake represents wasted time, which represents a negative reflection of her own self-worth. When she and her husband experience difficulties early in their marriage, she attempts to minimize them, hoping that over time, the situation will improve. After her husband has an affair and impregnates another woman, she can no longer deny that her marriage is ending and goes through a divorce. She describes herself as feeling angry, betrayed and sad because she still loves him. Her reaction is to withdraw into herself and slide into a depression. She stops eating, avoids contact with people and cries a great deal. Work is described as serving as her only life line during this time. The experience of resiliency for Participant 9 is being able to distance herself from her ex-husband. This involves admitting her mistakes and reclaiming some value from them by learning

about herself. It is an ongoing process with which she continues to struggle, not always successfully. While she credits the passage of time as being instrumental, she has worked to achieve insights through reading, reconnecting to friends and becoming involved in social activities. For her, the recognition that she is changing is evidenced by decreased feelings of anger towards herself and her ex-husband. She is building a distance between them which reinforces the idea that this relationship has ended, which allows her to move on with her life.

PARTICIPANT 10:

Participant 10 describes ways in which she dealt with two assaults upon her physical health. In the first instance, she is told she has Multiple Sclerosis. She refuses to accept the diagnosis and starts looking for alternative explanations for her symptoms. In the second instance, she has an automobile accident. She rejects the doctor's advice to have surgery and accommodates her symptoms by other means. The experience of resiliency for Participant 10 is assuming responsibility for her body and accepting its limits on her own terms. For her, it is safer to accommodate known pain in the present than an unknown diagnosis of the future. She describes using her mind to control her reaction to her body. For her, this has the effect of generating choices. She also maintains a strong sense of humor and a connection to her family, which provides motivation when there seem to be no choices. The most difficult times are described as the "deep end", when she is unable able to act, especially on an interpersonal level. At these times, her body is described as feeling numb and disconnected. Proof that she is in charge of her body are reflected by the fact that she is not immobilized by her physical symptoms, feels connected to her family and can support herself financially. While she recognizes that there are issues, such as the suicide of her father, which she has not resolved, she feels her life is on track and that she has a good future in sight. She describes feeling comfortable with herself and is proud to have come so far, despite adversities.

APPENDIX H

VERBATIM TRANSCRIPT

I: Can you think of some difficult times in your life that you've mastered or overcome? Tell me what you experienced during those times.

P: Well (laughs), I can think of a few. Okay, um, I think probably the, one of the most difficult things that I've had to overcome is my family upbringing and what I had to go through as a child growing up. Um, let's see, we had very-- a less than ideal family, I guess. Primarily because of the way we were treated, that I was treated, that my brothers and sisters were treated, by my parents. We had a physically abusive, and I think more importantly, verbally abusive family. And that's been... I think the effects of that took, particularly the verbal abuse, the way that, I, in particular... I think that this is true for me; we were always presented with a very negative image of ourselves. Always told how bad we were, how, basically just how worthless we were in a variety of ways. We were always screamed at, um, hit, um, basically always had to live in fear. You know, when my father walked in the door, he would, you know, he could at any moment explode on us. And the results would be very painful one way or the other.

So, you know, the long, the long standing nature of that really had a pretty insidious effect on me; on the way that I viewed myself. And I think that all the way through it, even when it was happening at the time and since then, you know, having to grow older and trying to deal with the effects of it, the one thing that I could always fall back on, and I did without knowing that I was doing it, was just...something...some voice in me that I always felt like was there. So, do you want me to just concentrate on the description or do you want...?

I: Um, you can tell me what the experience was but I'm interested, too, in how you survived the experience or got over it. Whatever you want to talk about.

P: Okay. Well, let's see, I guess...I don't know that that gives the full picture of what I went through. I have to go into that more, I suppose. There were definitely incidents of physical abuse. And I still remember one. I think I pretty much, you know, blocked a lot of them out. One in particular that I do remember though, I think I was, it was when I was four. I was pretty young and we had just moved into a new house and I remember, for some reason, my father

was giving me a bath. And I don't know why because I don't think that was usual. But, um, he took a face cloth and ran it under the sink and the water was just scalding, scalding hot. And I remember him just putting it on my face and keeping it there, full on my face. And I remember, it hurt very, very bad. And, you know, of course I was crying and screaming and he just kept it there. And I remember thinking, I don't know why I remember it so vividly; I guess because it was so, so, so...it hurt so much. You know, the question in my head was always just, "why?" Why was he doing that? Because I had no idea. You know, I don't remember anything specifically that, uh, that I had done. It was just, he was doing that.

So things like that. I think that, that's what's representative of some of the things that he would do. I remember that he would, would...Plus the screaming. I guess going back to that. Always just being really, really, uh, you know, loud and explosive screaming directed at, directed at you or anybody. It was that, it was that unpredictability that was real hard to deal with and the fact that it wasn't really connected to anything that you--that I had done. It could just come out of no where. And, you know, I remember always walking around in fear, basically. But I would hide a lot (laughs). I would hide in my room and I would try to be good. I think that as a child I had this, had this thought that, "Well, if I act good, then maybe it won't happen." Which of course, was never true because no matter how I acted, it happened. That was kind of the assumption that I made, "Well, I better be good because if I don't then things will happen."

He would come home at night and wake us all up and he'd just start on a rampage. And, I couldn't really figure out, again, why, because he...I always knew he was in a good mood if he came with a pizza. He'd come home, you know, around 10 or 11:00 at night and he'd bring us a pizza. And I don't know why but I always knew that was the signal that he was in a good mood. And, yet, many times, he'd come home and something would immediately set him off. He'd walk in the door and, and whatever it was, something would set him off. And for a couple of incidents that I remember, he would also be there; he'd either get us out of our room. If we were sleeping, he'd wake us up and we'd all have to come down there and you know, act like a family. As if we were having fun. And, uh, and he would...if something would just go wrong, then all of a sudden, it would go "boom". It would all disintegrate real fast. And a couple of times, I remember him just taking the pizza and throwing as hard as he could against the wall. And just standing there thinking I was glad it was the pizza and not me (laughs) against the wall.

You know, he would... I remember many times waking up in the middle of the night, going down stairs, seeing my mother in the living room crying. Just sitting there in the dark. I didn't know it at the time. Again I think I had a pretty convenient way (laughs) of blocking some of this stuff out that was happening. But, um, I knew that she was upset but I didn't know that he was, he was also beating her. And I never witnessed that to my knowledge. But, I've been made aware that was the case but I... that he had... **she was** really upset about something and that something of course was the uh...So anyway, those were the things that, that kind of unpredictability, that, the violence, the being told that you're bad, you know, when you know that you're not. Always being cut down. The negativity of it all really, really was hard to fight against. And yet, I think that... I definitely did unconsciously try to fight against it. That was...

I guess my basic way of doing that was reading. You know, I was just kind of escaping into my own world. I think that without reading I probably wouldn't be at all the person that I am. I don't think that I would have survived. I would have been a very different person if I didn't have something to get into. To really create a safe place to be and where I could just be with my mind in a way that was not connected to what was going on. So that was my, as a kid, my primary way of getting to **be** was to just stay in my room and read. And then, also, just trying, trying to be and act right (laughs), to do everything the right way. And in a strange way, that was my, it was like a defense mechanism. You know, like, "okay, if I try hard... I'll try harder." What I didn't realize was that some of those things are, I think, probably, **that** in particular: **always trying to do right**, I don't think has served me well in the long run. But it was a way to, a way to deal with... again, a child's way of dealing with that.

I: What was it like for you to trying to figure out the right thing to do?

P: Um...um...it was, it was frustrating, I think, mostly because you could do anything--no matter what I did, it was always wrong. I mean, I could help with the cleaning, I could...I could, I tried to be very much dutiful to my mother. I tried to like, help her with the dishes, the cooking, the baking and do all, do all that kind of stuff. That seemed to be my role. My brothers and sisters, each of us seemed to have different ways of dealing with it. But that was one of my ways. And actually that part of it, I think, did keep me fairly safe. When I was doing those things, I don't recall ever being attacked under those circumstances. I only can think of one time that I remember

I was doing what I was supposed to do and still got... got attacked. But... So that was, there were some things that I found that seemed to work. And some that didn't.

I: When you were doing what you were supposed to be doing, would it be after your mother asked you or (P jumps in)

P: No. I don't recall being asked. I mean, it was something I just definitely decided on my own; made up on my own, "Well, this is what I should do." And, I mean, there were a lot of rules in my house so it wasn't hard to find some things that you were supposed to do because we were supposed to do everything. Um, but, I don't remember ever... I never, I never remember being told by my mother or him really specifically, except for maybe chores outside, doing chores outside. I never really...those were things I remember being told to do. But inside, you know, that stuff, you know, being involved with her in that way, the kitchen chores, um, I don't ever remember being told that. It was just something that I tried on my own to see if it worked.

To me, it really does, looking back on it, it does feel like that there was something that I kept on relying on. Something that I knew... someplace, I found some places and I guess I naturally gravitated towards them when I realized that they did work.

I: How could you tell that you were safe?

P: By not being attacked when I was doing (laughs) it. That was the main thing; by basically, kind of, being out of the line of fire. Again, it was pretty unpredictable when.. when, you know, where the fire would come from. So it was hard. But that was, those were, I think, the two ways of being quiet (laughs); reading in my room and being away and doing those domestic things. Those were the things that I found that kept me out of the line of fire. And so, I would try to, you know, stay in that as much as possible (laughs) so that I could have safe zones around myself.

I: Is there anything else that goes along with the safe zone other than just being out of the line of fire? Anything above and beyond not being attacked?

P: Um, well actually, the baking things. Those kind of things; I enjoyed them, it felt good to me. I don't really know if I enjoyed making the beds or vacuuming and all that stuff but I guess there was a sense of, "Okay, it's... things are put in order." Um, I guess there was a thought that if I do that it might make it better; it might reduce the chances that he would find something wrong. That maybe

the more I did, the more chance there was...But then also, going back to the stuff, some of it I did enjoy and I guess I think that some of the times...I can't really say whether the being close to my mother was something that... I don't remember it as feeling all that close to her though because she'd never really do a lot to protect us. But it was somehow doing those things that **she** did that felt safe. I don't really feel like I have a good sense that it was to be close to her because I don't really feel like I was.

I: It almost sounds like feeling safe didn't have, like a...it wasn't a relaxing place to be. You were not being attacked but you were still maybe monitoring (P jumps in)

P: Yeah. Oh yeah. It was heavy monitoring. It wasn't, um, I don't think I ever relaxed (laughs). I don't think...I think I lived in a constant state of anxiety. Constant.

I: What about in your room?

P: That was, I suppose that was the one place, the one place where I was, where I felt in my own little world. In a world that didn't... um, that did shut out the outside. So that was, that was my main place of escaping. I have definitely thought many times over the years and I still feel like this; that when I'm reading, I still feel the most happy. I don't know if happy is the right word, but the most untroubled. And in some ways I use that as a barometer now. You know, when I'm reading a lot...I don't feel like now I do that just to escape. I feel like everything is okay with me when I'm reading. It's kind of taken a different twist because I don't...yeah...

I: So when you're reading a lot now, you're feeling good and it's not a sign of escaping?

P: It doesn't feel like that to me. I mean, I think that, to me, it feels like I'm doing something that feels good to me. And I try to do it. I try to do it more precisely because it feels good to me. Not because it feels like escaping. Because I really don't feel like...To me, now it feels more like connecting with myself. Rather than escaping something. That's now. And it did back then, too. It always felt like connecting with myself. But I know that I did it, you know, as a way of escaping back then.

I: Could you tell me a little more about what it felt like to connect to yourself?

P: Well, um, um...

I: Maybe another way to think about it might be how did you know it was happening?

P: I guess, you know... I have some vivid memories of the things I read. I guess I could feel my sense of my own thoughts. When I was reading, I could... I guess I could hear myself think (laughs). And I couldn't in other circumstances. So that's when it felt like... Okay, these... these are things I would recognize. Or I would be attracted to certain things when I was reading. And it felt like this... I could identify with that. It made me, it made me feel like there were things that were in me that I could at least hang on to. And so, it was, I guess, I guess that the best way to say it would just be I could recognize myself or my own thoughts. And my mind working in that situation in a way that I couldn't otherwise, I could never grasp hold of, in other circumstances. So it was just that sense of... it was like a breath of fresh air; that sigh of relief to know that, "Oh yeah, there is a me in here." (laughs) And that was comforting.

I: So when you were busy, like, watching and trying to figure the things you needed to do that would keep you from being attacked, did you feel differently from the time that you just described?

P: Oh, I guess that is what I would describe as the anxiety. Always, you know, always walking around with a knot in my stomach. Just always vigilant, like, "What do I have to do?" Always doing. Always walking around just doing something; just maintaining a sort of level of... a flurry of activity to kind of keep, you know, to keep something at bay. You know, always looking busy or something like that. And that, that... kind of like watching t.v., it just felt mindless. It felt like, um, just this sort of constant motion without any sort of grounding. Just like always, (laughs) like pinball, you know like just shooting a pinball (pantomimes) choo, choo, choosh. You know, what ever direction you can go in, you gotta go in. And hope that it would be the right way.

P: Did you feel connected to yourself at those times?

I: Only in the sense that, I guess that it was good to do something to keep away from something that was trying to hurt me. That, that felt like myself; that it's good to do that, it's the right thing to do for myself. Not just for, to keep away, to keep harm way. That was a good thing and it was important--we would always, my brothers and sisters would pretty much try to protect each other. Mother wasn't really in there protecting us very much. So we tried to protect each other. So there was a sense to me that it

wasn't just for me but it was for who ever I could help at the moment also. You know, that maybe by doing it... I could do it. One of the things I could do would make it better for everybody. And that felt like a good thing to me. That was important to me. I'm not sure that I would walk around like that consciously, but there was just something down in me, maybe a gut feeling that was more like myself.

I: So it sounds like being connected to your brothers and sisters might have been important as well?

P: Yeah, yeah, although we fought a lot. I mean we really did but that's... I kind of look back on it and I regret that we fought each other so much because, you know, I keep thinking, why did we add to our grief by fighting so much. But I suppose, I mean, this is kind of backwards psychoanalyzing, but maybe we had to act out all of our anger and aggression. (laughs). I know we had a lot of it. So, in some ways, we could do that with each other when we couldn't do it with anybody else. So, maybe, in some ways, it was good that...I wish there was something more positive.

But also, yes, definitely, being...We were kind of divided into two groups, my brothers and sisters and I were...There were four older ones and three younger. Me, I was the youngest of the first four. And, so we... we had a little clan of our own. We were kind of disconnected because we were separate by four years from the next group of kids. It felt almost like two different sets of children, but, still, me and my three older brothers and sisters pretty much would, I don't know, stick together in certain ways. We were all real different so it was kind of hard to do that but it was definitely... we were into each others' stuff all the time (laughs) and I guess deliberately so. We were always into each others' business or into each others' cases in some way and that was like, it was like a web, you know, it kind of kept us together.

I: You know, as I listen to you tell me this, it sounds like a really difficult environment to grow up in. It sounds like you just described the things you did as a child. I'm wondering if there are any lasting effects about being raised in an environment like that and what's it like being an adult?

P: Yeah, yeah, there are definitely lasting effects. And I think as a parent now that I think about the environment that I've provided for my children and how, you know, how deeply rooted I think the effects are. Because I, at 37 years old, still live out some of the effects.

I: And what would you say the effects are?

P: That... you know that...I think the tension between being connected and disconnected and not having a clear sense of... of what is really me. Having, you know, that has been the single biggest problem that has effected my life. When I got married... I was convinced by the time I got married that I didn't need anybody, that it didn't matter, that I didn't feel loved and that I didn't love my husband. That it was just, that I could take care of myself and that life just kind of went along in a certain kind of pattern and that I was just going to do something that felt secure, that felt, active. You know, there was a lot of activity. The man that I chose always had the means and the personality to kind of keep everything at the level of keeping away from the real things, the important things, the things that really touch you. And, I was convinced by that time that it was okay, that I didn't need to be, I didn't feelings. I just needed to do stuff. And so, obviously now, I know that was a big huge mistake. But that's... I was 25-26 years old at that time. You know, "I don't care, I've dealt with that stuff, it's all behind me." And yet I know now that I was just reproducing the same thing. The same tension between, just keep everything going. Then things would be okay. And not having a strong enough sense of myself...

You know, to some extent, I still think you go through a process in your life and I look back and I may think, "Well, I wish it hadn't been that way." And part of it is still working out; you know, me coming to the belief that, "Oh, there is a person in there who is worthy and has feelings and those feelings are okay." I didn't know that then but I know it now and I think that all of that was... you know, the marriage and making the wrong decision was one more step towards coming to that realization for which I'm grateful. But, it, you know, it kind of put my life in a direction that I wouldn't go back and choose now if I had to choose. So that was like, one big, major life decision that, that um, that definitely affected how I acted. Even on a daily basis, I sometimes feel like, in some ways, almost an addict feels. Because I feel like I grew up with all those real negative feelings and I have found that I have sabotaged... my own thoughts sabotage me day in out and day out. And I have to try real hard to drop those things but they're there every day. They don't disappear. They might get fainter in some ways but I have to work at getting... keeping them away. Not following... which is kind of like when you have a, when you've got snow and you've got tracks, ski tracks. And the tracks are already there and it's easier to follow those tracks and I think the natural tendency is to go down those tracks. To me, it feels like, "Okay, get off those

tracks and get on a different track." And what I have tried to do is create different tracks for myself beside those old ones and use those new tracks. But it's not always easy. I'm not always successful. And so, I'll fall back into patterns and then I'll climb out and I'll fall back and climb out again. It continues with me to be almost a daily struggle, to fight those...some of those...I think the best word that I can really think of is those negative thoughts. But... and yet at the same time, I feel like I've been successful in a lot of ways of escaping some of that stuff. Still I struggle with it and yet I feel like I have been active in trying to get away from it... trying to get to what feels good to me.

I: Can you tell me a little bit more about how you can tell you're successful?

P: Um...I guess it has something to do with feeling not quite so fearful all the time. Um, and I think it wasn't really until after I got divorced and went through two years of counseling and actually confronted myself some of those real old feelings of hate and actually just let them, let them out. I remember thinking, "Gosh, if I start crying, I'll never stop crying". And I was really afraid of that, that I'd never stop crying (laughs) and that I would just completely disintegrate and there would be nothing left. And, the counselor that I had helped me to do that and made me feel safe and I realized that, "Oh, I'm still here." (laughs) And, so, dropping...first getting out some of that hate really helped me. Um, and then, what I don't feel now is so much fear. I see that in some ways... it might mean anything to anybody else but just, for example, I used to be so afraid of getting on an airplane. I was going to die, I was going to be the one that was in a crash. I would just be so completely, unreasonably afraid to the point that I couldn't eat for a couple of days in advance. I would be so tense it was ridiculous (laughs). And I don't feel that anymore. And it might be a trivial way of seeing the difference but to me I attribute it to feeling less anxious. And, and then, like...how are some other ways that I feel like it?..

I guess, mostly it comes out as physical feelings, real feelings. Just feeling... not feeling tense. It's kind of hard to describe. Just not feeling so irritated all the time. I mean, I certainly still get irritated. And just not thinking negatively, not thinking negative about other people. I used to be a lot more judgmental than I am now. I used to come to quick, you know, snap judgements about people and now I really have a much stronger sense of accepting that this person is what they are; this person is what they are. And that also translates to myself. Like,

okay, give room for knowing what another person is like when I might not agree or whatever with somebody else. I definitely let them be as they are instead of trying to make them into something else (laughs). I think it's dropping all that trying to make things be something else. All that, what I consider unnecessarily activity now. I used to do a lot of it. I don't do so much anymore. I mean, my house is pretty clean right now, but, you know, two hours ago...Those were little things, I used to have to have it clean all the time. It was like that process of always cleaning up, you know, like some kind of way of making things okay. And now, it's like, maybe I'll... there will be a level at which I can't stand it anymore. It's dirty but so what. It's messed up but there are more important things to care about than whether or not my house is clean. It's little things like that, that I guess are just outward. The fact that I feel more comfortable with just being whatever it is that I am.

I: It almost sounds like maybe you were so full of fear and negative feelings that you weren't able to let other things in or see that you could do other things.

P: Yeah, I mean, I was always kind of keeping things away. Definitely keeping things away from myself. I was always kind of wrapped up in a tight little ball, keeping things at bay so they wouldn't come in and touch me. Because I was afraid if they touched me it would hurt me.

I: So now you can let things touch you or get closer to you?

P: Yeah, yeah and I try to even seek that out. Although I'm not too good at that still. But at least I know that I'd like to try that more. I don't know that I'm real good at doing the seeking but I do feel like I want things to touch me, people to touch me. And that's something that's different. I mean, I think I always wanted that, at least... something that... it feels like it's more open.

I: You've talked about safety several times, too, and I wonder if you would describe what that feeling is like, when you're safe?

P: I still think that I define safety in terms of being by myself. I definitely still tend to withdraw from things in order to be, to be safe. And it bothers me that I still do that because I think that I've kind of let things go; let people go that I could have worked harder to risk having feelings for. To me, that feeling of safety, definitely is more just kind of being with myself. That I do get scared

of close relationships. I think that I try to ???? that, I still continue to relax more about that but I still feel it. That someone who's close to me can hurt me and will deliberately do so. It's an irrational thought, I know, but that's definitely a fear; that someone will try to find a way to hurt me. So I do still tend to try to want to find refuge just in being by myself. And I know that I'm still working it out. I've spent the last year being a hermit; really not, not seeking out a lot of people and doing what I have to do. But I still feel caught in some ways in this "have to do" stuff. Only now, it's legitimate "have to do" stuff. I look forward to the time that I get done with some of the responsibilities, like this degree, and get this off me so I can better choose things that I want to do. Not that I wouldn't choose this over again, but, there's so many things that I have to do. I would like to have some space where I don't have to do anything. And just kind of feel... like how **that** feels.

It almost... it almost feels like a process of coming to a point of quiet and silence. And then it feels to me like I will be better able to move out; almost like a shedding process where I get rid of, let these other things sort of slide away. And I know they don't really, but in some ways, you can get some distance from it and then feel, just more like myself. It's... to me it's really a strange thing because it's like a double...I look at it two ways. In some ways I'm doing the same a old pattern of withdrawal and at the same time, I still feel like that's a necessary thing. That in the face of a lot of other hurts, that feels like to me the right thing to do in order to keep myself connected to myself. That if I just went, if I sought out more things to do I would be less and able to keep hold of myself. But at the same time, that keeping hold of myself doesn't bring me into new, better relationships or friendships and I want those things. But in some ways don't feel like I'm ready to face them. But I want them. I look forward to getting out, again, some of the things that are keeping me from doing that.

I: I guess I think what I'm hearing is that, maybe when you were a child, the withdrawing was very much a protective kind of thing and now you're seeing it as still, maybe a little protective but now it seems like a good thing. Something that you need to do for yourself and you can come out of it when you want (P jumps in)

P: Yeah, it feels like a building. In some ways it is counterproductive in terms of relationships with other people but it feels to me... it definitely feels like to me that if I don't have a sense of feeling calm myself... and that's kind of what that gives me, that I won't be able to

do anything else. So it feels like a necessary thing. So I don't really...in some ways I think, "Okay, you really shouldn't be withdrawing too much, that's not healthy". It doesn't feel healthy and I need to do something about that. But I don't really feel depressed. I feel lonely but I don't feel depressed. To me, I pretty much trust that there is something in me that will tell me when I'm going down. That I won't go down too far. I've always been able to rely on that. There always seems to be something that tells me, you know, get out or get up...and that something is not right. Like I said, it's always been there and I have, just have to rely on that; what I'm doing now, the pattern that I'm in now is the right pattern and I would not really question it too seriously even though I know it has specific effects on me. Because, I've always been able to trust this something. Some feeling, some voice that really says YOU NEED TO MAKE A CHANGE.

I remember that very specifically when I was making... deciding to get a divorce. And I had gone for several years with being unhappy, thinking that, well, if I do this, maybe it'll be better; if I do this maybe I can cope a bit. And then, finally, started realizing that I was losing my sense of myself. With all the activity that I would do to try to cope with, you know, being in an alcoholic family, all that stuff, that I would constantly take care of everything, that I would take care of the kids, take care of the house, work a job. You know, I would do everything, the cooking. Try to keep things at bay. And I was losing touch with...I also, this kind of opened me up--maybe it had something to do with seeing it reflected in people that were close to me. I started seeing it in my daughter. Seeing the same look of desperation in her eyes. And that was like a ton of bricks. It was like, "Oh my God, what am I doing?" And I made my decision almost instantaneously at that point. Yeah, by moving so far away from myself that I can barely grasp on and I could see her almost gone, too. And I gotta do something to get it back.

And I'm very grateful for that mechanism because I've seen a lot of people who don't have that mechanism or who allow that mechanism to go further than maybe I would. I was grateful for that little mechanism that says, "There's danger here. There's something wrong and if you don't do something now that you will not be able to get out of it." And I feel lucky that I can act on it. And that to me is where I get my, my real good sense about myself is that, okay, I have that in me. It gives me more than a sense of strength and pride to know that I can feel what I have to deal with in order to try to find something better. You know, to get out of a bad situation.

I: So you can tell when the situation has gotten really bad by the fact the fact that you seem to be getting more distant from yourself (yeah) and you know what you need to be doing for you?

P: Yeah, for me and those I love, my children. It's like, if I, there is some sort of sense that, all of a sudden I will recognize that, "whoops! I'm away from me. That feels wrong. That is not right." And it's really scary, like I'm going to descend down a black hole and never come back. And it's like you look that in the face and think, "whoo, I've got to pick my way."

I remember having a dream, one of the most vivid, vivid dreams that I've ever had. This was when I was in college. And I felt pretty scared and pretty anxious when I was in college, particularly my freshman year. And this was a dream I had in my freshman year. I was in this, it was like a house, I guess, and there was this valley and I was way down at the bottom of the valley. And there was this star. All the colors were moving and it was very...there was this star but I think it was day time and the star was really bright. And the star fell into the forest and touched off a flood. Now, Freudian analysis would probably have a great time with the imagery here. But it touched off a flood and I knew the flood was coming and I kept on looking around. And the walls of the valley were really steep and I didn't know if I was going to be able to find a way out. And I could feel the rumble and the roar of the water coming. It was like a big tidal wave. It was this huge, huge massive wall of water. And I remember being... it was like a... here's the cliff, right, and I'm down here. And I could hear the water; I could see it coming and it was kind of coming like over the edge of the cliff, and I'm like, "OH! I have to!" And I kicked and clawed and just scratched my way up the edges of the bank. And got to the higher... I kept on going higher, higher, higher and it seemed like every time I wanted something higher, there was something higher.

And, that's kind of the feeling. There's a moment when it's going to crash on to me, when that big wave is going to come crashing down on me, but I'm not going to let it happen. I'm going to find a way out no matter how I have to do it. I'm going to find a way out whether...Actually , my mother was in the dream and she was kind of up on the bank. And what I found was that place where she was standing, when I got to a certain level, there was a little path that I could follow. And I don't know that she had created the path, but she showed me that there was a path there. And I remembered that helped me find a way out. And I repressed that part of it for a long time (laughs). The dream...I think I realized a few years later that, oh, that was my mother. But I

didn't believe it at that time.

But anyway, to me, what seems to stand out from that was that it was about to crash on me and I had to get out of there and I can get out of there. And that makes me happy (laughs).

I: So you have a real strong sense of when it's just about ready to engulf you and be too much. That this is when you really need to start to do things.

P: Yeah, yeah. I look back on... I know that all this stuff, all that stuff I had to endure and deal with... I know it was bad then but in some ways, it's...Now, knowing that I came through all that and I came through reasonably normal, reasonably in possession of myself; I think that I have a pretty good sense of right and wrong and a pretty good sense of being considerate of other people; I don't feel like I'm a real selfish person. So I feel like there are a lot of things that are good about me, that I came out of it and that in some ways it made me so much stronger and that strength I really rely on. I think it helps me to do a lot of things that I don't think a lot of other people can do. I think that...Some people say to me... there's this secretary who said to me the other day in the office, " I don't know how you do it. Mothering, school, work." And I'm proud of all the things I can do. I sometimes wish I didn't have so many but I'm proud of my ability to do a lot of things and to do them well, in a way that I like to do them. Those things are important to me and I feel proud of those things. Because I don't think...maybe if I'd had an easier life, maybe I wouldn't have had to develop those strengths. Life might have been happier but the trade off is that I have a real secure sense of being a pretty strong person. In some ways I'm not strong but in ways that are important, I feel very strong. So I guess it's a trade-off.

I: So there's something good in that.

P: Yeah, it's kind of like one of those diamond in the rough things. You know, it was hard to get at it but...

I: So it sounds like you've been able to distance yourself from the bad part of it and use it for something that makes you feel good about yourself.

P: Yeah, yeah, for the most part. I do wish that I was able to get further away but I've pretty much come to realize that I don't think I'll ever really get rid of some of the effect and probably will continue to be surprised by the way that I'm doing things now. Like, "Well, I guess I had to do that and I wish I didn't have to". (laughs) I

think I'll continue to be surprised at the insidious nature of how it effects my thinking.

I: You're still living with it on a day to day basis.

P: Yeah.

I: But it doesn't sound like it's determining what you HAVE got do anymore.

P: I feel so much more aware of how much that stuff can effect me; I do attribute that to having some distance. And also having some other sense of, okay, the person I might be without all those things. I don't know if I could ever really say there's a me over here and there's a me that used to have to do that stuff, but at least there's a me who's able to create an alternative to some of those things.

I: Step out of the tracks.

P: Yeah.

I: Is there anything else you'd like to add?

P: (long pause)

I: It sounded like it was hard to talk about some of that.

P: Actually, if feels good to talk about it. It's just kind of emotional.

I: I could tell. I appreciate you talking to me.

VITA

Nina D. Pennewell was born on September 20, 1955 in Washington, D.C. She attended several schools, including three years of high school in Europe and graduated from Piedmont High School, Piedmont, Alabama in 1973. She graduated magna cum laude from Memphis State University in 1979 with a major in History and a minor in Biology.

Ms. Pennewell entered the Clinical Psychology Training Program at the University of Tennessee in 1990. Her internship training was completed at the University of Tennessee Student Counseling Center. In August of 1995, she was awarded the Doctor of Philosophy degree with a major in Psychology.