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Emerging strong from a difficult adolescence: A qualitative study of resilience

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EMERGING STRONG FROM A

DIFFICULT ADOLESCENCE:

A QUALITATIVE STUDY OF RESILIENCE

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Abstract

In-depth semi-structured interviews were conducted with eight, second and third year university students who self-identified as having emerged intact from a difficult adolescence. Questions were asked with regard to stress, protective factors, resources, and coping strategies during adolescence, as well as about how they achieved a sense of well-being. Themes derived from qualitative analysis are highlighted in a chronological life story for each participant. Common themes for participants' coping during adolescence included distraction and avoidance strategies, such as keeping active with sports, extracurricular activities, religion, or arts. More "mature" coping strategies emerged as participants neared early adulthood. These included strategies that allowed the participants to focus less on the stressors around them and their reactions to them, and more on themselves, their self-development, and their future.

Acknowledgements

First and foremost I would recognize and appreciate the participants who responded to my request for information. Without their involvement, this project would have never happened.

I would like to thank Nick Coady for sticking by me, even though I took long breaks from working on this project. I'm sure there were times when he thought I wouldn't complete it (but he never said it). There were definitely times that I thought I wouldn't make it. Oh, and I need to mention that he has amazing skill at editing; especially when my five sentences could be pruned to one and still manage to say the same thing using my words!

A word of thanks to my thesis committee who has provided me with helpful ideas, suggestions, and caveats. Between their encouragement and my need not to disappoint, I pulled through.

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Thanks to my friend Dana. Though we've been through our ups and downs, it was helpful for me to see you begin, struggle, and complete a project of your own.

I would like to acknowledge the professional support that Susan Morgan has provided to me. She came into my life at a time that I didn't want to face the truth, a time of vulnerability, yet open to change. She encouraged me to look at the shadow, a part of my personality that lays in the dark and influences the present in cruel and unusual ways. Though her presence was at first unwanted, I have come to dearly respect her thoughts and opinions.

My appreciation also goes out to my colleagues, co-workers, friends, and family members who have seen me struggle and agonize over this project for the last four years that I've been living in Vermont. I appreciate your words of encouragement. Thanks.

A very special thanks goes out to my one and only sister, who has enlightened and demonstrated by her actions that alternatives exists. Everyone has a different way of dealing with stress and crisis and that I should respect her, even though I thought my way of managing was better!

And finally, the "Green Mountains" have also been a source of peacefulness, focus, courage, and maturity needed for me to complete this project.

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Introduction and Research Questions

Pines: What are the most important things parents can do to make their

children resilient? Rutter: Good gracious! There's no simple,

straightforward answer to that. (Rutter, 1984, p. 60)

Sometime in my childhood it became apparent that some of my peers were not as

fortunate as myself to have loving and attentive parents. I wondered how they managed

their lives and were still able to make it to school. During my undergraduate education, I

read a passage in a first year text book that intrigued me. It described a woman who was

able to achieve her dream of going to medical school, despite a life filled with neglect.

The excerpt indicated that she accomplished this because she had one constant,

supportive person in her life in whom she could confide, and who believed that she could

become a doctor. Individuals who have lived through adversity during adolescence but

seem to "beat the odds" and lead successful lives in adulthood are a mystery. How are

they able to maintain their well-being? What has motivated or guided them through their

successful journey? These are intriguing questions that I hoped to investigate.

One must look at the contexts when trying to understand adolescents who are resilient.

One context is that of adolescence; a time in a person's life sometimes referred to as

"storm and stress." However, recent research has indicated that, "many of the difficulties

associated with adolescence are due more to social factors such as poverty, family

stresses, and societal ambivalence towards youth than to some inevitable, internal process

or characteristics of adolescents themselves" (Phillips, 1998, p. xii). Another context

includes the complex interplay between stress/adversity and coping/resiliency. Adams

(1999) explains that "adversity means an event that brings trouble, misfortune or distress. It is something that threatens the well-being and safety of the person" (p. 3). Similarly, the two Chinese symbols that compose the word crisis (what some may consider adversity), translate as "opportunity blowing on an ill wind," meaning both danger and opportunity simultaneously (Burns, 1996). In this regard, the exploration of dangers and risks faced by young people is one side of the coin, while opportunity such as protective factors, coping strategies, and resources is the other side. Opportunities are inherent in the individual or are available from family, school, community, or society. "The path of each of us is determined, at least in part, by opportunities which emerge from serendipitous, fortuitous and sometimes tragic circumstances" (Silva-Wayne, 1994, p. 29).

When I started this project six years ago, it was my curiosity that led me in search of young adult university students willing to share their thoughts about how they coped with and survived their difficult childhood and adolescent years. In the small picture, I hoped to provide a "voice" for the participants, with the aim of understanding the stressors they faced, and the coping strategies that they used to make sense of their lives and develop into healthy university students. As Beardslee (1989) recommends, "the place to begin in studying resilient individuals is with what they themselves report about their own lives, especially about what has sustained them,.... their understanding of themselves and their capacities" (p. 267, 275). In the big picture, I hoped the results from this project would stimulate ideas and alternative perspectives from which researchers, professionals, and advocates could better the lives of children, adolescents, and parents who struggle and the communities who struggle to help them.

To pursue these lines of inquiry, I chose a qualitative, interview method of data collection and analysis. Glaser (1992), a well-known qualitative researcher, suggests that "...the grounded theory researcher moves into an area of interest with no problem. He moves in with the abstract wonderment of what is going on that is an issue and how it is handled" (p. 22). Additionally, it has been proposed that "the problem statement should be sufficiently broad to permit inclusion of central issues and concerns, and yet it should be narrow enough in scope to serve as a guide to data collection" (Erlandson, Harris, Skipper, & Allen, 1993, p. 49). From the onset, I had general research questions in mind. Further discussion will explain the process of refining the research questions during data collection and analysis; however, the initial research questions included:

1) What are the types of adversity that these individuals experienced?

2) How did they cope with difficulties during adolescence? What factors contributed to their ability to cope?

3) What was the developmental process of coping?

4) What have been the benefits and costs associated with growing up in an adverse environment?

5) How do they explain their current sense of well-being?

6) Are there gender differences among adolescents in terms of coping?

Finally, a factor to consider in a qualitative study is the extent to which the researcher should engage in a literature review prior to the collection of data. There are differing opinions. Some researchers have advised that a *a priori* literature review will help define the problem, provide concepts, and investigate the significance of research in the area of

interest (McCracken, 1988; Marshall & Rossman, 1989). On the other hand, as in

grounded theory, it has been recommended that no literature review be done prior to data

collection because it may bias the researcher and influence the resulting analysis and

theory (Glaser, 1992). Since I am taking a flexible approach to designing the study

(Marshall & Rossman, 1989; Rothe, 1993), I decided on a middle path. I chose to

conduct a brief literature review prior to the data collection in order to develop a

preliminary understanding of the gaps in the current literature, to make suggestions

concerning methodology, and to narrow my research questions. What follows is the more

complete review of the literature relevant to the study that was completed subsequent to

the full analysis of data.

Literature Review

The literature review is divided into five sections. Initially, a historical perspective of

resiliency is presented. The second section involves an overview of the meaning of

resiliency. Third, the components of resiliency, which include stress and risk factors,

protective factors and resources, and coping strategies are discussed. Fourth, a summary

discussion of resilience is presented. And finally, the rationale for this study is revisited.

Historical Perspective on Resiliency

If I were a young scientist today, I would still do immunization. But instead of

immunizing kids physically, I'd do it your way. I'd immunize them

psychologically. I'd see if these psychologically immunized kids could then fight

off mental illness better. Physical illness too. (Dr. Salk, inventor of the polio

vaccine, in conversation with Martin Seligman; Seligman, 1995, p. 5)

It seems I am not alone in my curiosity about the puzzling question of "why some children prevail over great adversity...[and] appear to be 'resilient' in the face of risk" (Fraser, 1997, p. 3). Other researchers have pondered this question for decades. Anna Freud, while at Yale, observed that "we have yet to discover what it is that makes for real endurance in children, however difficult their lives" (cited in Coles, 1989a, p. xiii). Coles (1989b) has expressed his fascination with the phenomenon of resilience:

> For over 25 years I have been trying to understand how.... for a particular child to be penniless, malnourished, utterly uneducated, ailing as a consequence of a range of chronic diseases, with no future prospects of any significance–and nevertheless demonstrate certain qualities of mind and spirit which strike an observer from another world as astonishing. (p. 45)

Similarly, Chess (1989) referred to resilient individuals as "defying the voice of doom... [they] defy this statistical predictive finding and have healthy rather than morbid outcomes" (p. 180). To a large degree, the interest in resiliency arose out of research findings that did not conform to expected outcomes. Benard (1991) puts the historical roots of resiliency research in perspective:

> ...beginning in the late 1950s and on into the 1960s and 1970s, a few researchers decided to...[study] individuals postulated to be at high risk for developing certain disorders–children growing up under conditions of great stress and adversity such as neonatal stress, poverty, neglect, abuse, physical handicaps, war, and parental schizophrenia, depression, alcoholism and criminality.... As the children studied in these various longitudinal projects grew into adolescence and adulthood, a

consistent–and amazing–finding emerged: While a certain percentage of these

high-risk children developed various problems (a percentage higher than in the

normal population), a greater percentage of the children became healthy,

competent young adults. (p. 2)

In the 1980s, most research focussed on identifying risk factors that resulted in a

specific problem issue such as alcohol and drug abuse, teenage pregnancy, poor school

performance, delinquency, or poverty (Benson, 1993; Hawkins et al., in Benard, 1991).

Some studies took a more complex look at the interactional effects of multiple stressors

(for example, the co-occurrence of poverty and alcoholism resulting in delinquency).

Although such research provided useful information it shed little light on the factors that

promoted positive, healthy development and that mitigated the negative impact of

stressors (Benard, 1991; Benson, 1993).

Slowly, a paradigm shift occurred whereby many investigators began to focus less on

negative outcomes and more on adaptive outcomes in spite of childhood adversity (Silva-

Wayne, 1994). In other words, a transition occurred from a "problem-focussed"

orientation to a strengths and coping orientation not only in research, but in therapeutic

strategies and practice (Benard, 1991; Saleebey, 1992). Norman Garmezy (1983) was one

of the first researchers to investigate risk and outcomes in terms of resiliency, and coined

the terms "invulnerable" and "stress-resistant" to describe these competent and well-

adapted children. But these terms became antiquated due to the inability to recognize

varying degrees of resilience, changes over time, and the influence of hereditary and

experiential elements (Rutter, 1985). These terms were replaced with "resiliency," which

is more dynamic and reality-based (Silva-Wayne, 1994). Not only did resiliency "emerge

as a byproduct of the search for risk factors" (Kirby & Fraser, 1997, p. 13), but as an

objective measure to better understand and equip youth to manage stress.

Concurrent with the ongoing theoretical discussion of terminology, Garmezy (1983)

undertook the task of summarizing the broad range of research on resiliency into

categories: longitudinal studies (e.g., Werner & Smith, 1992); studies of individuals who

had survived wars; research on competent inner-city children; epidemiological studies of

disadvantaged, medical and mentally ill populations (e.g., Rutter, 1985), and the

examination of ego resilience (i.e., the ability to adapt in a flexible way to changing

situations) (e.g., Block & Block, 1980). Although there has been a proliferation of studies

on resilience, there has been a lack of clarity and consistency about the meaning of the

term. Thus, prior to reviewing the results of research on resiliency, it is important to

examine the term conceptually.

<u>Overview of Resiliency</u>

We want our children to have lives filled with friendship and love and high deeds.

We want them to be eager to learn and be willing to confront challenges,...proud

of their own accomplishments, [and].... resilient in the face of the setbacks and

failures that growing up always brings. And when the time comes, we want them

to be good parents. Our fondest hope is that the quality of their lives will be better

than our own, and our inmost prayer is that our children will have all of our

strengths and few of our weaknesses. (Seligman, 1995, p. 6)

There are many definitions of resiliency. According to <u>Webster's New World</u>

Dictionary (Neufeldt, 1988), resilience is "a) the ability to bounce or spring back into

shape, position, etc. b) the ability to recover strength, spirits, good humour, etc. quickly"

(1988, p. 1142). All definitions of resiliency have consisted of similar concepts: successful

adaptation, competence, and positive social and health outcomes "in spite of" exposure to

risk factors, setbacks, obstacles, disappointments or threatening circumstances (Demos,

1989; Fraser & Galinsky, 1997; Haag, 2000; Hauser, Vieyra, Jacobson, & Wertlieb, 1989;

Kirby & Fraser, 1997; Wolin & Wolin, 1994). Resiliency is more than just positive

outcomes, or survival. Many people survive natural disasters or personal and professional

crises, and may look fine on the outside, but are not doing well on the inside (Adams,

1999; Warschaw & Barlow, 1995). Hauser (1999) has suggested that resilience, or

successful adaptation, includes "internal states of well-being, effective functioning in the

environment, or both"(p. 4). For the purposes of this paper, the definition of a resilient

individual includes both the exposure to risk factors and/or a traumatic event and the

ability to recover and heal to the point where there are positive, healthy outcomes in the

areas of relationships, work/school life, and community. Mary Pipher (1999) put it

simply, "resilience means growing from experience and becoming more who one truly is"

(p. 270); this is indicative of being a healthier person not just by actions, but by feelings

and thoughts too.

Resiliency has evolved, been influenced, and at times been compared to similar

constructs such as Antonovsky's "sense of coherence," Bandura's "self-efficacy,"

Kobasa's "hardiness," and Rotter's "internal locus of control." Like resiliency, these ideas

focus on health and well-being as opposed to the pathological (Richman & Bowen, 1997).

Broader constructs such as the strengths perspective (Saleebey, 1992) and empowerment (Gutierrez, 1990, cited in Fraser & Galinsky, 1997) have expanded the notion of resilience to include consideration of community risk and protective factors (see Fraser & Galinsky, 1997, for a more detailed comparison of resiliency and other constructs).

There have been three types of resiliency described in the literature (Kirby & Fraser, 1997; Smith & Carlson, 1997), each of which has been associated with certain types of research approaches (Hauser, 1999). One type of resiliency can be described as "overcoming the odds," which involves the achievement of positive outcomes despite multiple risk factors (Beardslee & Podorefsky, 1988; Werner & Smith, 1992). The focal point of studies of this type of resilience is the identification of protective factors that predict good outcomes. The second type of resiliency is marked by a research focus on children's ability to cope with particular stressful environments (e.g., early loss of a parent, family conflict, serious parental illness, prolonged poverty) (Hauser, 1999). This type of resilience is considered "sustained competence under stress." Here, coping is defined as the "child's efforts, including both thought and action, to restore or maintain...equilibrium" (Kirby & Fraser, 1997, p. 14; Smith & Carlson, 1997). The third type of resilience is "recovery from trauma," which refers to children who function well after a traumatic experience, whether it is with acute onset or chronic repetition. Studies have focused on trauma such as child abuse, acute exposure to violence, survivors of war or the concentration camps, and survivors of natural disasters such as floods and earthquakes (Kirby & Fraser, 1997; Smith & Carlson, 1997). Hauser (1999) concluded that this type of resilience research emphasizes "patterns of recovery" in a person-based approach.

In summary, resiliency is a complex, dynamic process that can change over time and be affected by biological, environmental, and psychological influences. What seems apparent from the paradigm shift represented by resiliency research is the need to consider an individual's history of risk and stress factors in light of, and balanced by, the positive influence of protective factors, coping, and resources that are available. "A resilience perspective ensures that the strengths of individuals, families, and communities are assessed and used in ways that prevent problems and ameliorate existing difficulties. Of course, risk as well as protective factors must be systematically included in change efforts" (Fraser & Galinsky, 1997, p. 271).

Factors Affecting Resiliency

The following discussion of factors that affect resiliency is divided into three broad areas. First, stress and risk factors are reviewed. Second, protective factors and resources are discussed. Each of these two areas are divided into sub-sections with reference to specific individual, family, and community factors. Third, coping strategies are considered.

Stress & Risk Factors

The paradox of resilience is that our worst times can also be our best. (Adams, 1999, p. 4)

Stress results when individuals interpret an event and decide there are insufficient supports, coping strategies and resources that they can draw upon (Gadzella, 1994; Rice, Herman, & Peterson, 1993). Frustrations, conflicts, and pressures can be considered stressors. More specific examples can include: delays in reaching a goal, failure, being

socially isolated, parents'/siblings' injury or health problems, conflictual relationships,

getting arrested, unplanned pregnancy, and developing a mental disorder (Gadzella, 1994;

Gore & Aseltine, 1995; Kirby & Fraser, 1997).

A risk factor has been defined as "any influence that increases the *probability* of onset,

digression to a more serious state, or maintenance of a problem condition" (Kirby &

Fraser, 1997, p. 11). It is not an easy matter to differentiate between a risk factor and a

stressor. Smith and Carlson (1997) have suggested that stress takes into account the

meaning or perception of the experience. A stressor that might be a crisis to one person,

may be seen as a challenge and managed by another. Their summary provides clarity on

this subject:

> ...both stressors and risk factors have the potential to threaten child and adolescent
>
> well-being. Whereas stress, depending on how it is perceived and handled, may or
>
> may not lead to negative outcomes, risk factors increase the odds of poor outcomes.
>
> Most risk factors can be considered stressors, for example, ethnic minority status,
>
> poverty, parental discord, parental criminality or mental illness, or out-of-home
>
> placement but the reverse is not necessarily true. Some stressors may not be
>
> considered risk factors, in particular daily hassles and normal transitions. Moreover,
>
> some stressful events are ambiguous or even positive in terms of their meaning to the
>
> individual, whereas risk factors are always considered negative. (p. 235)

Another concept similar to risk factors and stressors is that of deficits. Benson

(1993)--as part of the Search Institute's profile of public school students--has suggested

that deficits, including abuse, parental addiction, negative peer pressure, television

overexposure, and social isolation can "interfere with healthy development, limiting access

to external assets...or easing the way into risky behavioural choices. Deficits are liabilities,

none of which necessarily does permanent harm, but each of which makes harm more

possible" (p. 19).

It is evident stress, risk, and deficits are present in a variety of domains. Risk factors

can include "characteristics of individuals and families, social contexts, or the interactions

between persons and their environment" (Smith & Carlson, 1997, p. 234). Following is a

brief review of such classes of stress and risk factors.

<u>Individual stress and risk factors</u>. Individual risk factors or traits may include

biological and genetic attributes during the prenatal term; birth complications; individual

characteristics such as low IQ or difficult temperament; presence of a specific disorder

such as attention-deficit disorder; chronic illness; and accidents (Hauser, et al., 1989;

Colten & Gore, 1991; Garmezy, 1983; Smokowski, 1998). All such risk factors or traits

may function as markers for subsequent problems or disorders (Kirby & Fraser, 1997).

It has been widely cited that temperamental difficulty (consisting of a mix of

irregularity, little flexibility, and negative mood) is a risk factor for children and

adolescents (Tubman & Windle, 1995). Rutter (1983) suggested that children with

difficult temperaments are more likely than other children to be the target of parental

hostility, criticism, and irritability. Similarly, when parents are frustrated they do not "take

it out" on all children to the same degree; often male children with difficult temperaments

tend to be scapegoated. Tubman and Windle (1995) examined a school-based sample of

youth for a period of one year and found that higher levels of difficult temperament were

associated with more depressive symptoms, increased use of drugs, and lower

psychosocial functioning. Additionally, continuous difficult temperament was associated

with being female, and with lower levels of family support.

Another individual characteristic that is similar to temperament is a pessimistic or

optimistic world view. Seligman's (1995) research indicated that children with a

pessimistic perspective were at greater risk for doing poorly in school, experiencing

problems with depression and anxiety, and being at risk for worse physical health than are

optimistic children. Additionally, it seems that once a pessimistic child experiences

depression, the child is at greater risk of becoming depressed in his or her adolescence.

This is consistent with research conducted by Hammond and Romney (1995), in which

clinical depression in adolescence was correlated with low self-esteem, being socially

isolated, and having a pessimistic world view, a negative view of the future, and a feeling

of lack of control over life (i.e., an external locus of control). It seems that, "depressed

individuals ascribe negative attributes to themselves and evaluate their performance as

evidence of personal inadequacy and social ineptitude" (Hammond & Romney, 1995, p.

677). In a different study of inner-city, ninth grade students, researchers found that for

both boys and girls, having an external locus of control increased the "vulnerability to life

stress," and was associated with having a poor self-concept and increased discipline

problems in school (Weist, Freedman, Paskewitz, Proescher, Flaherty, 1995).

Gender may be a factor in appraising, interpreting, and managing stress and risk

situations. In a study conducted on undergraduate students, Gadzella (1994) found that

women reported experiencing significantly more stressors and negative reactions

(including physiological, emotional, and behavioral reactions) to stressors than their male counterparts. Additionally, Werner and Smith (1982) reported that adolescent girls are at higher risk for some mental health disorders.

Individual characteristics such as difficult temperament, pessimistic world view, and low self-esteem may all play a role in increasing the individual's risk of poor outcomes. Fraser (1997) has introduced the idea that certain risk factors are associated with certain outcomes: "...different individual, family, school, neighborhood, and contextual conditions produce different kinds of problems" (p. 3). For example, individual risk factors such as poor impulse control, attention deficit, sensation-seeking orientation, external locus of control, and a sense of meaninglessness have been associated with alcohol and drug use (Jenson, 1997; Newcomb & Harlow, 1986). Newcomb and Harlow (1986) have suggested that, "by adolescence a pattern may have developed whereby many teenagers seek solace from alcohol, marijuana, and other drugs in order to relieve a sense of meaninglessness and lack of direction in their life" (p. 574).

Similar individual risk factors exist for adolescent delinquency and conduct disorder. Associated factors have included low self-esteem, poor social skills, temperamental behaviour, learning disabilities, educational and problem-solving deficits, attention deficit/hyperactivity, low commitment to school, the ability to feel guilt, and socialization problems with respect to conventional norms and values (rebelliousness and favorable attitudes towards delinquent behaviors) (Stouthamer-Loeber, Loeber, Farrington, Zhang, vanKammen, & Maguin, 1993; Sullivan & Wilson, 1995; Williams, Ayers, & Arthur, 1997). Williams and colleagues (1997) point out, however, that most adolescents

involved in delinquency commit relatively minor and infrequent offenses, and grow out of

it. Although both alcohol and drug use, and delinquent and conduct behaviors have been

linked to poor mental health, it is difficult to establish causality. Did poor mental health

exist prior to and cause these outcomes, was the reverse true, or is there some third

variable that influences both? (Mills, 1996).

Family stress and risk factors. There are many different family risk factors that affect

children. These include parental problems (parental substance abuse, mental illness, or

criminality), lack of structure and poor communication in the family, unattuned parent-

child relationship, and the occurrence of abuse. Berlin and Davis (1989) have pointed out

that parental alcoholism can affect children throughout their development. They conclude

that children being aged six or younger at the onset of parental alcoholism, being an only

child, or being the oldest child increase the likelihood of poor emotional and behavioral

outcomes. During middle school, children of alcoholic parents can be at risk for lowered

school performance, fewer peer relations, difficulty in mood control, and lowered self

esteem. During adolescence, maladaptive outcomes may include problems with impulse

control, running away, depression, suicidal behavior, and drug and alcohol abuse.

In terms of parental mental illness, Gilbert (1997) found that parental depression is a

major risk factor for depression in children. In this regard, Conger and colleagues found

an association between adjustment problems for girls and having depressed and

demoralized parents who were also dealing with economic stress. This study found that

for boys, lack of parental availability or caring had the strongest association with

adjustment problems (Conger, Conger, Elder, Lorenz, Simons, & Whitbeck, 1993).

It is evident that marital conflict and family discord can also have substantial negative impact on children. In an earlier study, Conger and colleagues found a strong link between marital conflict and adolescents' alcohol use (Conger, Lorenz, Elder, Melby, Simons, & Conger, 1991). Research done as part of the Ontario Child Health Study demonstrated that for 12-16 year old youth, the presence of domestic violence and parental problems (parental mental illness and/or criminality) had a significant impact on the likelihood of psychiatric disorders (conduct disorder, emotional disorders, hyperactivity, and/or somatization) (Rae-Grant, Thomas, Offord, & Boyle, 1989). It seems that there may be a gender component to this also in that boys tend to show more severe and prolonged disturbances than girls to family discord or divorce (Chess, 1989). Hetherington and colleagues (1982, cited in Rutter, 1987) suggested that gender differences may be due to a variety of reasons, including that parents are more likely to quarrel in front of boys, or that boys are more likely to react with disruptive oppositional behavior. However, there is no evidence that being female is associated with greater resilience in terms of discord and divorce (Fergusson & Lynskey, 1996).

Children may be at risk of developing a mental illness or substance abuse in part due to genetic transmission, but there is even more risk when combined with such factors as poor parenting skills (poor communication, ineffective problem-solving strategies, and few monitoring skills) (Kirby & Fraser, 1997) and a stressful parent-child relationship. Rae-Grant and colleagues (1989) found that poor interactions between the youth and their mothers were significantly related to the presence of disorders. In a study of suicidal, inpatient youth who were asked what the "most stressful event" was, youth reported

relationship problems with their parents, whereas a control group reported relationship

problems with peers (Wilson, Stelzer, Bergman, Kral, Inayatullah, & Elliot, 1995).

Another study found the more conflicts that occurred in parent-youth relationships, the

more likely the youth would turn to alcohol or drug use to alleviate the physical

discomfort and distress (McCubbin, Needle, & Wilson, 1985, p. 59). In agreement with

this, Jenson (1997) proposed there are a variety of risk factors associated with youth

alcohol and drug use, including family conflict, poor parent-child bonding, ineffective

family communication, and family alcohol and drug use.

Delinquency is widely cited in reference to family risk factors. The family variables

that have been associated with delinquency include a large family size, low income, lack of

parental affection, family conflict, low level of supervision, harsh discipline, and parental

deviance (Sullivan & Wilson, 1995). In a study of 338 young offenders aged 12-17,

Hoge, Andrews, and Leschied (1996) found the key link between less re-offending and

better overall adjustment was the relationship between the youth and parents and the

parenting capability.

It is not surprising that loss and separation can also put a child at risk for poor

developmental outcomes (Rutter, 1972, in Hauser et al.., 1989). It has been shown that

low perceived attachment to parents is associated with greater conduct problems,

depression, inattention, and the frequent experience of negative life events (Raja, McGee

& Stanton, 1992). It has been suggested that the formation and growth of close

relationship bonds is a critical task of child and adolescent development and when this

fails, or there is disruption through separation, the risk for mental health problems

developing is greater (Mills, 1996).

Abusive parenting, which can include physical, sexual, and emotional abuse, neglect, or any combination of these, has been linked to poor outcomes such as problematic internalizing and externalizing behaviors (Thomlison, 1997). Benson (1993) points out that girls are more likely to experience physical and sexual abuse, which puts them at higher risk of depression and attempted suicide. Spaccarelli and Kim's (1995) study of sexually abused girls found that although they were able to maintain their social competence, they suffered from clinical levels of depression, anxiety or aggressive behaviors. Additionally, the results of this study indicated that with social support from the nonoffending parent, the girls were much less likely to experience mental health difficulties. One must also recognize that in addition to abusive parenting being a risk factor for children's outcomes, there are risk factors for parents that place them at greater risk for child maltreatment. These can include harsh physical punishment as a child, poverty, and lack of a support system (Thomlison, 1997).

Although pregnancy is not necessarily a risk factor, it must be considered as such in contexts such as poverty and single parenthood (Franklin, Corcoran, & Ayers-Lopez, 1997). Franklin and colleagues (1997) point out that adolescent pregnancy is correlated with being a single parent family, but that it is difficult to determine whether this is due to the effects of poverty or the family structure. Regardless, peer relations have an influence on adolescent sexual behavior: "The support for peer relations as a protective and risk factor is strong, but it is difficult to know whether adolescents' sexual behavior is influenced by their sexually active friends or whether they select friends among peers who,

like themselves, are sexually active" (Franklin et al., 1997, p. 203).

Community and social stress and risk factors. Broad social, cultural and environmental factors such as joblessness, poverty, discrimination, homelessness, social isolation and violent, dangerous, or disorganized neighborhoods have been associated with adverse child and family outcomes (Dryfoos, 1990; Smokowski, 1998; Williams et al., 1997). These factors have both direct and indirect effects on the overall risk to a child. "For example, poverty directly affects children by lowering the quality of their food and shelter. It has indirect effects on children by placing parents under such constant strain that they find it difficult to respond consistently to a child's needs" (Kirby & Fraser, 1997, p. 11).

There is some evidence of gender differences in terms of the impact of dealing with environmental stress. Ge and colleagues, in a four year study, found that depressive symptoms in girls increased throughout adolescence and were associated with changes in uncontrollable, stressful life events, whereas boys' symptoms remained stable during this period. The researchers suggested that "girls are found to be more reactive than boys to these environmental adversities" (Ge, Lorenz, Conger, Elder, & Simons, 1994, p. 479). It is important to note that in this study caring and support by a parent was found to be a mediating protective factor.

Much like there are common family risk factors for substance use and delinquency, there are also common community risk factors for these problems. These include the availability of community resources, level of community organization, community values, norms and attitudes, level of devaluation of the neighborhood, and general living

conditions (Jenson, 1997; Sullivan & Wilson, 1995; Williams et al., 1997). These factors

can have a variety of influence on community members. For example, if a "gang

subculture" exists in the community and has its own norms and values, the neighborhood

is likely to experience greater delinquency (Sullivan & Wilson, 1995). Additionally, it may

be if there are fewer opportunities for higher education and employment, the youth do not

believe they can become anything, which can result in frustration and anger and ultimately,

alienation, substance abuse, school failure, and delinquency (Kirby & Fraser, 1997).

Research conducted by Hendryx and Ahern (1997) found that psychiatric disorders were

associated with poor health habits and lower income. In their summary they concluded

that, "psychological health in dysfunctional communities should not be too narrowly

construed as an individual problem, when it in fact reflects underlying social pathologies"

(p. 156). In a second community psychology study, the researchers suggested that if one

has a "sense of community"–whether it be in the school setting or the neighborhood--then

an individual is more likely to meet supportive people, and prevent loneliness (Pretty,

Andrewes, & Collett, 1994).

Summary discussion of stress and risk factors. The classes and types of risk factors

are clearly abundant. Not surprisingly, children who experience *multiple risk factors and*

chronic stressors are more likely to experience poor outcomes (Fraser & Galinsky, 1997;

Smith & Carlson, 1997). Multiple, or cumulative, risk factors are also known as "risk

chains" or "pile-up" stressors (Rutter, 1987; Smokowski, 1998). Smokowski (1998)

explains that:

low socioeconomic status often coincides with or precipitates risk factors such as

parental distress, marital discord, parental substance use, inadequate access to

health services, and lapses in parental supervision, among others. These risk

factors become risk chains, which subsequently heighten the likelihood of child

maltreatment, adolescent alcohol and drug use, delinquency, and teenage

pregnancy. (p. 340).

Rutter's (1987) research found that conduct disorders among children were strongly

associated with severe marital discord, low SES, overcrowding or large family size,

paternal criminality, and maternal psychiatric disorder. More specifically, he found that

for the children who experience two of these risk factors, the rate of conduct disorder

increased fourfold. Furthermore, he found that for children who experienced four or more

simultaneous risk factors, the rate of conduct disorder increased tenfold (Rutter, 1978

cited in Smith & Carlson, 1997). Kirby and Fraser (1997) have arrived at a similar

conclusion in stating that the "effect of exposure to several risk factors may not be simply

additive. Although the effect of a single stressor may be negligible, the effect of three

stressors may be far greater than a threefold increase in risk" (p. 12).

Clearly, multiple risk factors (e.g., poverty, abuse) and risky behaviors (e.g., substance

abuse, crime, teenage parenthood) are associated with poor mental health. Given the

effects of risk chains, Mills (1996) has suggested "that the more risky behaviors that the

youth are involved in, the greater the chances of experiencing mental health problems

and/or the greater the magnitude of problems experienced" (p. 32). It is not surprising

then that risk chains increase the likelihood of comorbidity of psychiatric conditions in

youth. Research suggests a significant relationship between conduct disorder and ADHD

(Offord et al., 1992, in Williams et al., 1997). Additionally, childhood depression co-occurs frequently with conduct disorders or anxiety disorders (Gilbert, 1997).

Poor outcomes and problematic behaviors are as varied as the different risk factors themselves and can include delinquency, behavioral and psychological problems, academic difficulties, and physical problems (Hauser et al., 1989). Like risk chains, these poor outcomes/problematic behaviors usually do not appear in isolation. Behaviors such as substance abuse, youth crime, and sexual activity often come in "packages," where a youth with one of the behaviors is likely to demonstrate another (Kazdin, 1993). Dryfoos (1990) also notes that problem behaviors are interrelated. Delinquency is associated with early sexual activity, early pregnancy, substance abuse, low grades, and dropping out of school. Additionally, early initiation of smoking and alcohol leads to heavier use of cigarettes and alcohol, and also leads to the use of marijuana and other illicit drugs. Heavy substance abuse is associated with early sexual activity, lower grades, dropping out, and delinquency. Other researchers have found similar clustering of adolescent problems, with adolescent drug abuse correlating with delinquency, pregnancy, school misbehavior, or dropout (Hawkins, Catalano, & Miller, 1992, in Kirby & Fraser, 1997).

Chess (1989) has noted that "The identification of risk factors is a powerful method in pointing to priorities of action before waiting for risk to become actuality..." (p. 180). Thus, one important approach to intervention is to reduce risk and stress. Reducing risk can be done by modifying exposure to risk or by altering the perception of risk (Rutter, 1987). There are many strategies for risk reduction. On a micro level, parents could be taught to be more involved with their children, supervise their children's activities and

friendships, to understand their children's feelings, and to manage their own anxiety and

depression through therapeutic techniques of relaxation and guided imagery (Rutter, 1985;

Smith & Carlson, 1997). Rutter (1987) has also suggested that intervention could focus

on "children's own actions in physically removing or emotionally distancing themselves

from an unalterably bad situation" (p. 327). On a macro level, risk reduction strategies

would include efforts to ameliorate community and social problems.

A second general approach to intervention is to enhance protective factors, resources,

and coping strategies. There has been,

> ...growing research interest in moving beyond the identification of risk factors for
>
> the development of a problem behavior to an examination of the 'protective'
>
> factors, those 'traits, conditions, situations, and episodes, that appear to alter—or
>
> even reverse—predictions of [negative outcome] and enable individuals to
>
> circumvent life stressors. (Benard, 1991, p. 2)

Protective Factors & Resources

> Positive development requires constant exposure to interlocking systems of
>
> support, control, and structure. In the ideal, young people--via schools, families,
>
> community organizations, and religious institutions--constantly interact with
>
> caring, principled adults. These patterns of support, control, and structure
>
> function as external assets, providing young people with webs of safety and love
>
> important for stimulating and nurturing healthy development. (Benson, 1993, p. 7)

Protective factors have been a central consideration in the investigation of risk since

the late 1970s (Rutter, 1985). The strengths that exist within the high risk environments

of resilient children are "protective factors" (Fraser, 1997). Fraser (1997) succinctly

defines protective factors as the "forces that help children resist or ameliorate risk" (p. 3).

Hauser (1999) has suggested that protective factors "moderate the effects of individual

vulnerabilities or environmental hazards, so that a given developmental trajectory reflects

more adaptation...than would be the case if protective processes were not operating" (p.

4). Following, is a discussion of three major domains of protective factors: individual

characteristics; characteristics of familial, adult, and peer relationships; and community and

social networks.

Individual protective factors and resources. An average or higher level of intellectual

skills has been identified as an important protective factor (Fergusson & Lynskey, 1996;

Hauser, 1999; Werner & Smith, 1992). Rutter (1983) has suggested that this may occur

in one of two ways: intellect leads to academic success, which in turn leads to self-esteem

and competency, and ultimately better decision making, or that capable children develop

better problem solving skills which are more effective in stressful situations.

Just as a difficult temperament has been identified as a risk factor, a positive

temperament has been identified as a protective factor (Werner & Smith, 1982; Rae-Grant

et al., 1989). A positive temperament has been described as affability, positive mood,

cooperative, and easy to relate to (Garmezy, 1983). For example, a study of 24 inner-city

adolescents and their families found that resiliency themes included good natured

temperament and sociable personalities (Safyer, 1994).

Having a sense of humour has been associated with resilient individuals. Benson

(1993) and Masten (1986) both concluded that the ability to generate "comic relief," find

alternatives perspectives, and laugh at oneself and ridiculous situations is related to

competence in youth.

Being action-oriented and having problem-solving skills are also helpful characteristics

in dealing with stress (Benard, 1991; Rae-Grant et al., 1989; Safyer, 1994). Relatedly,

personality characteristics such as initiative, creativity, and the ability to fantasize to

resolve problems have all been related to resilience in individuals (Wolin & Wolin, 1994;

Warschaw & Barlow, 1995; Sanford, 1997). Having these characteristics assumes some

flexibility of response (Demos, 1989), and openness to new ideas to better work with

others (Warschaw & Barlow, 1995). Problem solving skills and emotional regulation are

key factors in one's ability to cope with a stressful situation (Frydenberg & Lewis, 1993).

Demos (1989) contends:

> At the very least resiliency requires that the [young] child take an active stance
>
> toward an obstacle or difficulty. If the child simply gives up, then by definition,
>
> this is not a resilient response. The capacity to bounce back requires the ability to
>
> see the difficulty as a problem that can be worked on, overcome, changed,
>
> endured, or resolved in some way.... Resiliency, then, seems to involve a
>
> "reasonable" persistence that avoids getting stuck or bogged down and that seems
>
> to know when enough is enough, ...and when to temporarily redirect one's efforts.
>
> (p. 4)

An action-orientation also involves having a pro-active perspective, being willing to

take a risk, and good verbal communication skills. Resilient individuals have a pro-active

perspective, rather than being reactive. Being pro-active is selectively choosing to

concentrate and put one's energy into what is important in life (Warschaw & Barlow,

1995). Adams (1999) says that resilient individuals "work at what can be changed in their

lives and accept what can't" (p. 15). Individuals who display resilient behaviors, also

seem willing to take a calculated risk: "Resilient people don't always play it 'safe', but

take intelligent risks grounded in real possibilities and with a good chance of success"

(Warschaw & Barlow, 1995, p. 4). Wanting to resolve problems or implementing

preventative strategies before problems arise involves good verbal communication skills,

social skills, and social competence, all of which resilient individuals possess (Benard,

1991; Werner & Smith, 1982).

A "strong sense of independence" (Anthony, 1987), self-reliance, impulse control, and

self-discipline have been identified as critical protective factors (Benard, 1991; Garmezy,

1983). For example, Rutter's (1984) study of institutionally raised women found that the

most important factor which resulted in a harmonious marriage to non-deviant men was

the women's planning skills in choosing a spouse, as opposed to escaping their family of

origin or experiencing an unplanned pregnancy.

A cluster of characteristics that relate to hopefulness seem to be associated with the

ability to cope (Hauser, 1999). These characteristics include a sense of purpose, goal-

directedness, educational aspirations, persistence, belief in a bright future, a sense of

anticipation, optimism (Benard, 1991; Benson, 1993; Seligman, 1995), imagination and

an unambivalent commitment to life (knowing life is worth living) (Warschaw & Barlow,

1995). Werner and Smith (1982) summarized that resilient adolescents were characterized

by a sense of coherence; that is, "a feeling of confidence that one's internal and external

environment is predictable and that things will probably work out as well as can be

reasonably expected" (p. 163). Educational aspirations seem to be an even more powerful

predictor of high school graduation than actual academic achievement (Newcomb &

Bentler, 1986 in Benard, 1991). Also, being goal directed and having future educational

and/or career goals is a protective factor for adolescent pregnancy (Franklin et al., 1997).

Another group of protective factors are having an internal locus of control, self-

determination, and self-efficacy. These characteristics lead individuals to believe they are

in control, and can control, their lives and that they are personally responsible for their

own fates (Hauser, 1999; Mills, 1996;). This is similar to what Silva-Wayne (1994) has

called protective thinking. Protective thinking refers to a group of thoughts and attitudes

which seem to help resilient children deal with their histories, act in the present, and look

confidently toward the future. It can include a refusal to dwell on the past, being self

assertive, and expressing one's true self (Silva-Wayne, 1994; Warschaw & Barlow, 1995).

Resilient individuals usually are unwilling to see themselves as victims; they will own up to

their mistakes, which they turn into learning experiences (Warschaw & Barlow, 1995).

Luthar (1991) studied 15 year-old inner-city adolescents and found that internal locus of

control and social skills (specifically social expressiveness) acted as protective factors.

Felsman (1989) found that Columbian street children:

> externalized the causes for their difficult situations, but internalized the active
>
> choice to be in the streets. Their sharing of each other's stories... reinforced the
>
> interpretation that their situation was due to unjust circumstances beyond their
>
> control and not because of anything intrinsically wrong within themselves.

Causality was rooted in such factors as over-crowded rooms, empty dinner plates,

and abusive parents, rather than in their own 'badness'. (p. 77)

Many researchers have also suggested that having a religious affiliation, spirituality, or

belief in a higher power, or God, provides support to individuals in difficult times (Hauser,

1999; Schultz, 1991; Werner & Smith, 1992). It seems that faith "is what helps people

feel that they are not alone.... what ever helps them find or make meaning in their lives"

(Adams, 1999, p. 16).

Not surprisingly, the ability to accept and receive comforting is associated with

resilience. Benson (1993) suggested that resilient, thriving children are more likely to be

able to accept the care and concern of teachers, than are non-thriving children. In

addition, resilient children seem to be able to seek out supportive relationships from caring

adults (Bachay & Cingel, 1999; Werner & Smith, 1982). Radke-Yarrow and Sherman

(1990) found that resilient children, "All have winning smiles and are attractive, charming,

and socially engaging" (p. 114).

Many of the characteristics discussed above (e.g., personal confidence, self-

acceptance, and optimism) are related to self-esteem and positive self-concept, both of

which are important protective factors. Both self-esteem and positive self-concept are

defined by the positive thoughts and feelings one has about oneself and one's social

environment (Rutter, 1987). Having a sense of self-worth and purpose, and trusting that

one's actions will result in change, are protective factors in a stressful environment

(Adams, 1999). In a study conducted with 8th and 11th grade students, Dumont and

Provost (1999) found that self-esteem was the best protective factor against depression.

Hauser's (1999) longitudinal study produced some very interesting findings with regard to self-esteem, as well as other factors related to resilience. Hauser compared average outcome adolescents to resilient adolescents, all of whom had been hospitalized for a serious psychiatric illness. Hauser found a number of consistent themes in the participants' stories. First, resilient adolescents were characterized by fluctuations in self-esteem; "ever apparent were the resilient individual's vacillating appraisals of themselves.... they were marked by swings of confidence and disappointment, optimism, and pessimism about life's chances" (p. 20). Thus, it should not be assumed that the self-esteem and optimism that often characterizes the resilient individual is static and unwavering. Second, self-efficacy was apparent in the resilient adolescents and adults as indicated by their planned and appropriate choices. For example, they played a prevalent role in their placement subsequent to their discharge from the hospital; and as adults, they consciously chose how to parent and implement their ideas. The third theme that distinguished resilient adolescents from their counterparts was their persistence and ambition. At times, they refused to accept the hospital's or therapist's recommendations and instead found schools for themselves. The final theme, self-reflection, involved resilient individuals' "increasing awareness of their feelings and thoughts, within and over each of their teenage years, and in later reflecting on their experience and performance as parents" (p. 20). Hauser suggested that the resilient adolescents and ultimately, the adults, "do much reflecting about others' motives, feelings, and thoughts" (p. 21).

Further support for the importance of self-reflection comes from a study by Beardslee (1989), who studied adolescents who had a sick parent. He found that the adolescents

who understood their own response to change, were better able to anticipate change, and

ultimately managed stress more effectively. He concluded that self-understanding was an

important protective factor. Beardslee's (1989) concept of self-understanding is very

similar to self-reflection in that it involved a conscious reflection about oneself, the

situation, and subsequent actions that were taken.

<u>Familial, peers, and relationships as protective factors</u>. Rutter (1987) suggested that

"one good parent-child relationship" substantially reduces the psychiatric risk associated

with family conflict. More generally, it has been found that having a relationship with one

important person (e.g., a parent, a parent substitute, or an extended family member) who

provides emotional support, affection, appropriate attention, structure, discipline,

protection, and the absence of severe criticism increases the likelihood of establishing

competence in an adolescent who has lived in a high risk environment (Garmezy, 1985;

Werner & Smith, 1982). This interaction with at least one caring adult is critical during

infancy for development, and ultimately the sense of basic trust (Erickson, 1963 in Benard,

1991). Rutter (1987) has stated that "experience of secure early attachments [to parents]

makes it more likely that children will grow up with feelings of high self-esteem and self-

efficacy" (p. 327). Similarly, Radke-Yarrow and Sherman (1990) found that two key

factors of children who survive "is a *match* between a psychological or physical *quality* in

the child and a core *need* in one or both of the parents that the child fulfills... [And] the

child's clear conception that there was something good and special about himself or

herself" (italics in original, p. 112). For instance, one child (as opposed to their sibling)

received "maximum social-emotional resources" from a parent as a result of the child's

gender being valued (Radke-Yarrow & Sherman, 1990, p. 113).

A longitudinal study of high and low-risk children by Seifer and colleagues (1992) confirmed the importance of a good child-parent relationship in adolescence, as well as childhood (cited in Fergusson & Lynskey, 1996). It was found that certain aspects of early mother-child interactions--specifically maternal teaching style and expressed emotion--acted as protective factors in both low and high risk children. In the adolescent years, it was found the relationships with mothers and self-esteem variables differentiated resilient from non-resilient adolescents (Neighbors, Forehand, & McVicar, 1993).

Further support for the importance of one good parental relationship in adolescence comes from a study by Spaccarelli and Kim (1995), who investigated 10-17 year old survivors of sexual abuse who had been referred to therapy. Their results indicated that support and warmth from the nonoffending parent was the key factor in dealing with the stress from the abuse in being able to maintain school performance, activities, and peer relations after abuse, and in later having "fewer negative appraisals of the abuse experience" (p. 1179). Thomlison (1997) argued that the same holds true for all for forms of child maltreatment. Similarly, Berlin and Davis (1989) note that

Several studies ... agree that the supportiveness of the nonalcoholic spouse is the most crucial variable in the degree of impact of alcoholism on the family. The more supportive the nonalcoholic spouse, the more likely there is available the nurturance, protection, guidance, and encouragement of individuation which children need for optimal development. (p. 101)

A factor broader than the parent-child relationship is that of "family connectedness."

Wolin and Wolin (1994) have argued that the most powerful protective factor against risky behaviours is family connectedness; which involves a shared sense of belonging and intimacy among family members. In a study of inner-city 9th graders, Weist and colleagues (1995) found that family cohesion (closeness and support) was found to be the only protective factor against discipline problems for boys, and was associated with higher self-concept for girls.

Family support, a factor in family connectedness, has been shown to be a protective factor for children against poor mental health and delinquent behaviours. Gilbert (1997) found that high family support and socioeconomic status decrease the risk of childhood depression. In a sample of 12-15 year olds, parent support was found to mediate the effect of deviance-prone attitudes and peer affiliations, as well as having a significant, inverse correlation with the level of alcohol, cigarette, and marijuana use (Wills & Cleary, 1996). Additional familial protective factors that mediate against adolescent alcohol and drug use include coming from a small family, low parental discord, having a caring and supportive relationship with siblings, parents, and non-family members, as well as a belief in prosocial norms and values and a commitment to school (Jenson, 1997).

Even though there is a lot of research that suggests that having healthy relationships with at one least one parent is protective, there are certain circumstances where this is not possible. Chess (1989) has pointed out that:

> there is...in certain circumstances a high virtue in distancing from noxious familial
>
> onslaughts and undermining, in leaving behind irreconcilable conflicts, and in
>
> substituting alternative constructive social involvements which have the power to

protect and to provide a second—or even a third—chance. (p. 198)

This has been referred to as "adaptive distancing" (Berlin & Davis, 1989) and involves

breaking away or emotionally disengaging from family dysfunctional behavior or parental

crisis (Benard, 1991; Wolin & Wolin, 1994). Benard (1991) stated that "to stand away

psychologically from the sick parent" (e.g., parental alcoholism, mental illness, etc.) is a

necessary task for a resilient child to accomplish (p. 4). Not only can adaptive distancing

can be considered a protective factor in circumstances where there are parental problems,

but also when there are environmental problems. Eva Brewster (1984), a survivor of the

Auschwitz concentration camp, found she needed to distance herself when writing her

memoir. She changed her name to Daniella Raphael, a name she adopted in the war time

resistance movement and that characterized strength for her.

In addition to considering the parent-child relationship a protective factor, the

relationship the parents have with one another can also be protective. Rutter (1987) found

that among institutionally raised women, those who had a harmonious and warm marital

relationship were more likely to demonstrate good parenting than those who had an

unsupportive marital relationship. It has also been found that good parental

communication serves to model for the child attention, focusing, and sustaining task skills

which are important in development (Hauser et al., 1989).

Sources of support come from many places including parents, family as a whole, peers,

and other important adults. There have been a number of studies that have found that

both family, peer and other sources of social support have acted as protective factors for

high risk individuals. Bachay and Cingel's (1999) ethnographic study of 28 female

graduate students of minority status demonstrated the importance of family support, as

well as support from other adult mentors, in dealing with stress. "Parents were described

as being authoritarian but loving, and mothers were honored and recognized for having

provided love and support that resulted in a sense of empowerment" (p. 169). The

researchers concluded that,

> The refusal of 24 of the 28 women to separate and individuate from their families
>
> during adolescence and adulthood insulated them from the perils of dysfunctional
>
> or acting-out behavior that is endemic in adolescence. These relationships were
>
> anchors through such experiences as immigration, racism, sexism, parental divorce,
>
> and sexual abuse. (p. 173)

This study also found that as adolescents, the relationships these young women had with

teachers or church workers helped them to "navigate the muddy terrain of adolescence"

(p. 171).

In a New Zealand study of adolescents, Raja, McGee, and Stanton (1992) concluded

that although a healthy relationship with parents was more important than good peer

relationships with regard to protective factors for mental health, peer relationships were

also protective. When adolescents perceived positive attachment to both parents and

peers, they had higher scores on a measure of self-perceived strengths, which the authors

suggested was the basis of the development of self-esteem and identity.

Horn and Chen's (1998) longitudinal research of moderate to high-risk high school

students who ultimately enrolled in college despite social and educational disadvantages,

found that both parents and peers had an influence on students' decisions to pursue post-

secondary education. It was found that college attendance was associated with having

parents with educational expectations (evidenced by parent involvement in school and

frequent school-related discussions) and having high-school friends who eventually went

to college.

Hauser's (1999) research on resilient individuals who had been hospitalized in

adolescence for mental illness demonstrated the importance of supportive peer

relationships. The participants,

> attribute immense importance to close friendship and to their thirst for
>
> relationships.... They tell us about how they found new friends and how these
>
> friends helped in their recovery from the many disruptions associated with being
>
> admitted and living at the hospital. (p. 21)

Similarly, in a study about unattached Columbian street children—all of whom were

under the age of 16 years old--Felsman (1989) uncovered a number of protective factors

related to peers. The street children demonstrated,

> a strong mutuality, the sharing of food, toys, and clothing, all accompanied by
>
> intense displays of emotional support.... peer group is primary and serves the
>
> additional purpose of reality testing. They know each other's stories, the hows
>
> and whys of their being in the streets. (p. 76)

It is also evident that supportive relationships with adults who function as role models

can be protective factors for children and youth (Garmezy, 1983; Schultz, 1991). Werner

and Smith's (1992) longitudinal study of high risk children demonstrated that caring adults

or surrogate parents (grandparents, uncles, aunts, neighbors, teachers, parents of

boy/girlfriends, youth leaders, and members of church groups) are significant protective

factors for youth who successfully transitioned to adulthood. Similarly, Silva-Wayne

(1994) found that young adults who had been foster children, remembered adults who

cared about them: "It was remarkable, to hear how very tiny snippets of recognition and

encouragement, received so long ago, made an enormous difference in the memory and

present day functioning of some participants, by their own accounts" (p. 200). Adams

(1999) wrote from personal experience:

> I have seen where a special connection with an adult has made a huge difference in
>
> the life of a teen.... If a connection with an adult is such that the adolescent feels
>
> listened to and important, and the connection is something separate from what is
>
> hard, troublesome or bad in their lives, then they will begin to care more
>
> constructively about themselves. (p. 3)

It should be noted that there has been some debate in the literature about whether

protective factors are different for males and females. Gilligan (1993) suggests that female

development is contingent on intimate relationships, connectedness, and bonding, whereas

male development is associated with separateness and detachment, and there has been

some support for this. In Raja and colleagues' (1992) study of perceived attachments to

parents and peers and adolescent well-being, females reported greater attachment to peers

than males; however, there were no gender differences in relation to attachment to

parents. In data collected from the Ontario Child Health Study, Rae-Grant and colleagues

(1989) found that the presence of good friendships appeared to protect girls from a

psychiatric disorder, but not boys. A study by Gore and Aseltine (1995), however, found

that for girls, having strong peer support seemed to amplify emotional responses to stress

and depressed mood. In boys, they found that both peer and family support were

protective factors in managing negative emotions and depressed mood associated with

peer conflict. Thus, the research is unclear about the differential importance of peer

relationships as a protective factors for males and females.

Community and social networks. Schools, neighbourhoods, and community settings

can provide external support systems to help children strengthen and reinforce their coping

efforts and move towards self-defined goals. In a study of an intervention program in an

inner-city, disadvantaged community, which resulted in 65% of the student population

going onto higher education, Benard (1991) pointed out that when social support, caring

and love is unavailable in the immediate family environment "it is imperative that the

school provide the opportunities to develop caring relationships with both adults and other

youth" (p. 11).

A number of authors have argued that school environment can be an important

protective factor and that students are more likely to thrive in schools that provide them

with responsible roles, clear and high academic standards, resources, and opportunities to

participate in a variety of extracurricular activities (Benard, 1991; Henderson & Milstein,

1996; Rutter, 1984; Werner, 1989). Research by both Safyer (1994) and Hauser (1999)

has identified participation and achievement with school, community, or church clubs as a

source of resiliency. Benard (1991) has suggested that the critical factor in developing

resiliency in youth is participation and active involvement in decision-making, dialogue,

and empathy in the learning environment. Rutter (1984, 1987) has found that success in

the areas of academic performance or extracurricular activities (sports, music, crafts) can

be important protective influences. Dumont and Provost (1999) have found that

participation in social activities encouraged youth to channel their energy in acceptable

ways, fostered personality development and socialization, and was associated with higher

self-esteem and less depression.

Over and above the school environment, it is clear that "findings from years of

research into crime, delinquency, child abuse, ... is that communities and neighborhoods

rich in social networks–both peer groups and inter-generational relationships–have lower

rates of these problems" (Garbarion, 1980 in Benard, 1991, p. 15). Silva-Wayne (1994)

found that competent, resilient foster children who aged-out of the child protection

system, "joined, found, searched for and developed communities for themselves. These

communities included groups and programs provided by the child welfare agencies

responsible for the youths' care, religious communities, ethnic groups, athletic teams,

foster families and their extended families, biological families, school groups, etc.. These

community affiliations produced feelings of belonging and allowed the young person to

identify with the values and status of a group larger than themselves" (p. 200).

Also, it is evident that broader socioeconomic conditions can be important protective

factors (Hauser, 1999; Mills, 1996).

> The most obvious manifestation of caring and support at the community level is
>
> the availability of resources necessary for healthy human development: health
>
> care, child care, housing, education, job training, employment, and recreation....
>
> The greatest risk factor for the development of nearly all problem behaviors is

poverty. (Benard, 1991, p. 15)

After talking to Canadian runaway and "throwaway" youth, Webber (1991) concluded

that, in addition to having unconditional support from one dependable adult, the key to

"beating the street" was the existence of opportunities and choices:

> Counselling and support services, both material and moral, must extend over the
>
> long haul until young people gain control over their chaotic lives.... They need re-
>
> schooling in alternative-education programs and student welfare rates that
>
> undercut the necessity for them to sell their bodies for supplemental income. They
>
> need to graduate into jobs with living wages and housing with affordable rents. (p.
>
> 240)

Summary discussion of protective factors. Rutter (1987) has urged researchers to

consider interaction effects with regard to protective factors. By this he means paying

attention to "how" a protective factor develops or to the process by which protective

factors allow an individual to maintain competence in the face of adversity, rather than

studying a particular factor in isolation.

> There has been much unhelpful dispute in the literature on the supposed buffering
>
> effect of social support because most investigators have assumed that the
>
> vulnerability (or protection) lies in the variable rather than the process. It does not
>
> and cannot.... A protective process may even stem from a variable that itself
>
> provides a risk to health or to social functioning. For example...adoption probably
>
> carries with it an increase psychiatric risk for children from advantageous
>
> backgrounds but it may be protective for those born to deviant parents living in

discord or deprivation. (Rutter, 1987, p. 317, 318)

Furthermore, Rutter (1987) has suggested that the term "protective mechanism" be

used when people's lives turn in a positive direction: "when a risk trajectory may be

redirected onto a more adaptive path" (p. 329). He indicates that "turning points," such

as successful choices around education, work life, marriage, and parenting, are important

developmental linkages to investigate because they add a feature of discontinuity, as well

as continuity, in resiliency research. Similarly, Silva-Wayne (1994) refers to life transitions

as "both end products of the past processes and instigators of future ones" (p. 31) that

need to be examined to see how they influence the individual's path in life.

Bachay and Cingel's (1999) research with graduate students who had suffered losses

displayed consistent themes around catalysing events or turning points in their lives.

Parents' divorce, the death of loved ones, or their own divorces were the markers

they dealt with by a complete reframing of the experiences.... These sad and

difficult events stimulated personal epiphanies and were perceived as catalysts for

change and growth. Such statements as divorce 'helped me become much less

dependent,' 'I gained awareness and understanding...of unhealthy behavior,' and

'made me a strong, yet caring person,' reveal the refusal to be victimized and the

strength to reframe adversity. Every woman made lemonade out of lemons. (p.

170)

Other protective mechanisms include good fortune, timing, and opportunity. Hauser

(1999) has suggested that opportunity may have been the important variable for resilient

adolescents who had been diagnosed with a severe psychiatric disorder yet became

competent adults and parents. Silva-Wayne (1994) has suggested that, "Opportunities to

learn, experience and try paths previously obscured, when offered to young people able

and ready to accept the challenge, or desperate to make a change, have modified or

completely transformed the trajectory of lives" (p. 200). In her sample of former foster

children, she noted that such opportunities sometimes simply involved an individual being

exposed to a person, a course, a trip, a conference, a job, even a book, play or

concert, the experiencing of which moved her or him, almost imperceptively, to a

different perspective from which returning to the old perspective is an

impossibility. (p. 201)

Much like strings of risk factors can be thought of as risk chains, protective processes

can form resilient chains, which are multiple factors that cumulatively promote positive

outcomes (Kirby & Fraser, 1997; Smokowski, 1998). In a similar vein, Benson argues

that: "Assets appear to be additive; the more one has, the less at-risk behavior.... This

evidence suggests, then, that strategies aimed at increasing assets will also bring a

reduction in at-risk behavior" (p. 68).

<u>Coping Strategies</u>

Coping strategies can be defined as learned and deliberate thoughts, feelings, and

behavioural responses to stressors that allow the person to "tolerate, escape, or minimize"

a stressful environment (Dumont & Provost, 1999; Frydenberg & Lewis, 1993). It has

been suggested that coping strategies are something one does, whereas resources are

something one has; however, "Coping may involve developing or acquiring new resources

(e.g., doing things together as a family to develop cohesion)" (McCubbin et al., 1985, p.

54). In a broader sense, "coping resources are similar to protective factors identified in

research on risk and resilience, and coping has itself been characterized as a protective

factor, with its absence considered a risk factor" (Smith & Carlson, 1997, p. 237).

There seem to be three main types of coping strategies identified in the literature:

problem-focussed coping, emotional coping, and avoidance strategies. Problem-focussed

strategies are known as primary, active, or approach coping. These strategies actively

attempt to modify stressors through cognitive or behavioural means and have been

associated with overall well-being (Herman-Stahl & Peterson, 1996). Specifically,

problem-focussed coping can involve seeking information or advice, accepting support

from friends or family, reflecting on possible solutions, and having a proactive orientation

(Copeland & Hess, 1995; Seiffge-Krenke, 1993b; Timko, Moos, & Michelson, 1993). A-

COPE, a coping scale used in quantitative research (Patterson & McCubbin, 1987),

includes activities like talking to a professional (therapist, spiritual leader, or teacher), and

self-reliant strategies such as trying to figure out the solution on your own or making your

own decisions, as problem-focused strategies. In a study on 6th graders tested, and then

retested one year later, the results indicated that resilient adolescents could be

differentiated from the other groups by higher levels of mastery and approach coping, as

well as by higher levels of optimism and lower levels of avoidant coping responses

(Herman-Stahl & Peterson, 1996). It has also been suggested that adolescents with high

self-esteem or internal locus of control are more likely to use problem-focused coping

skills to deal with stress (Dumont & Provost, 1999).

The second type of coping, emotional coping strategies, reduce the psychological

discomfort, change one's outlook, and regulate emotion without changing the stressor.

Coping strategies based on emotions are also known as secondary or passive strategies

and are often used in situations that are perceived as uncontrollable (Dumont & Provost,

1999; Seiffge-Krenke, 1993a ; Smith & Carlson, 1997). Behaviors from the A-COPE

scale (Patterson & McCubbin, 1987) that could be considered emotional coping strategies,

include: physical diversion (e.g., physical activity, employment, working on a hobby),

catharsis (crying, listening to music), being humourous, and positive imagery (e.g.,

daydreaming about the future, imagining good things in your life). These types of

strategies tend to require more maturity and are consequently utilized more often by older

children and adolescents than young children (Smith & Carlson, 1997).

Avoidance coping strategies allow the person to escape from, deny or avoid stressors.

Specifically these types of coping may include withdrawal, expressing one's pessimistic

attitudes, or repression (Dumont & Provost, 1999; Herman-Stahl & Peterson, 1996;

Seiffge-Krenke, 1993b; Timko et al., 1993). Although such strategies can be adaptive,

many avoidance coping strategies are negative. Examples of the latter from A-COPE

scale (Patterson & McCubbin, 1987) include using alcohol or drugs, staying away from

home, blaming, saying mean things to others, and passive diversions (e.g., TV, eating,

sleeping, playing video games). Generally, studies have linked the use of avoidant type

coping strategies to maladaptive and unhealthy behaviors. Passive-avoidant coping

strategies in adolescence have been correlated with psychiatric problems, depressive

symptoms, low self-esteem, low social-support satisfaction, and poor social adjustment

(refer to Dumont & Provost, 1999 for literature review). In Dumont and Provost's

(1999) study of 297 8th and 11th grade students, they found that low self-esteem and

vulnerability was associated with the use of passive-avoidant coping strategies. Dumont

and Provost hypothesized that "adolescents who do not have a high self-esteem are more

likely to choose avoidant strategies (e.g., drug consumption) than adolescents who have a

high self-esteem and are involved in their community" (p. 355).

There have also been a number of studies done on the coping strategies of suicidal

versus non-suicidal youths. One study found that the major difference between suicidal

and non-suicidal adolescents was the use of social withdrawal and wishful thinking

strategies by the former group. The researchers felt that, "withdrawal may be a

particularly maladaptive coping strategy and may increase the likelihood of a suicide

attempt" (Spirito, Overholser, & Stark, 1989, p. 219). A second study of youth in an

inpatient psychiatric unit found that suicidal patients used fewer coping strategies than a

control group. The researchers suggested that suicidal adolescents have more problems

with the stress appraisal process, rather than with the development of alternative solutions

(Wilson et al., 1995).

There has been a substantial amount of research exploring the link between gender and

adolescent coping strategies. Stark and colleagues (1989) found adolescent females were

more likely to seek social support than males and males used more wishful thinking than

females. Bird and Harris (1990) found that female 8th graders reported using social

support (crying or talking to a friend) significantly more often than males, whereas males

reported using more ventilation strategies (swearing, complaining) than females.

Frydenberg and Lewis (1993) found that among the 7th-11th grade adolescents, females

reported using more social support seeking, wishful thinking, and tension-reduction

strategies, whereas males used more physical recreation. Whitesell, Robinson, and Harter

(1993) found that gender differences with regard to preferences for certain coping

strategies were dependent on the nature of the situation. In a hypothetical situation

involving a friend circulating unkind rumours, females expressed a preference for approach

strategies more often, and expressive strategies less often, than males. However, in a

hypothetical physical attack situation, females were more likely to endorse using

expressive strategies than their males counterparts. Seiffge-Krenke (1993b) compared

coping behaviours in normal and clinical samples of adolescents. In the normal sample,

she found that as the females grew older, they would seek advice, help, comfort and

sympathy (i.e., actively cope) more often than males, whereas males were more likely to

use internal coping strategies such as evaluating the situation in an optimistic manner.

With the clinical sample, however, the same gender differences did not hold.

Although research is far from conclusive, on balance there is evidence that females

tend to actively seek out social support more than males, whereas males are more likely to

use avoidant or aggressive coping strategies. Copeland and Hess (1995) have argued

where such gender differences in coping strategies exist, they may result from different

socialization practices: "Girls...are more typically embedded in a subculture of intimate

friendships, based on trust and loyalty....The approach strategies are better adapted to

their mores" (Whitesell et al., 1993, p. 538). Conversely, Whitesell and colleagues (1993)

suggest that male socialization leads to the use of expressive, aggressive coping strategies.

Another important factor that can influence the choice of coping strategies is the

immediacy of the crisis event. Adams (1999) has suggested that

> During the event, a child may use many different self-made strategies...designed to
> help survive the current situation. Some common ones are fight off strong,
> emotional feelings until after, try to stay where you are unnoticed,... make believe,
> ... and use positive self-talk throughout the traumatic event. After the crisis has
> passed, other strategies resilient survivors have used are... talk only to those you
> really trust, keep your feelings frozen until you are in a safe place, believe you are
> different from your parents, do not give weight to others' criticism, ... know that it
> can happen again and plan and prepare, dream about when things will be different.
> (p. 17)

Summary Discussion of Resiliency

What we define as resilience is turning out to be an interactive and systemic

phenomenon, the product of a complex relationship of inner strengths and outer

help throughout a person's life span. Resilience is not only an individual matter; it

is the outward and visible sign of a web of relationships and experiences that teach

people mastery, doggedness, love, moral courage and hope. (Butler, 1997, p. 26)

There are many approximations about the actual "percentage" of children that are

resilient. Chess (1989) emphasized that "no matter how high the risks, morbid outcome

does not reach 100%" (p. 181). Garmezy (1993) has estimated that fifty percent of

children living in poverty do not repeat this pattern in their adult lives. Benard (1991)

noted the "often quoted statistic" is that, "while one out of four children of alcoholic

parents develops alcohol problems, three out of four do not" (p. 2). Werner and Smith

(1982) have concluded that even among children exposed to potent risk factors it is unusual for more than half to develop serious disabilities or persistent problems.

Stress and adversity can create healthy, productive individuals, or they can lead to poor choices and unhealthy lifestyles. On the negative side, unhealthy outcomes are at-risk indicators and include problems such as substance use, suicide, theft, depression, bulimia, being sexually active, and school absenteeism (Benson, 1993). Benson (1993) indicates that long-term poor outcomes are not predicted by "single incidences of adventure or experimentation, but persistent patterns of health-compromising and future-jeopardizing choices" (p. 32). On the positive side, some children who live in adversity or have to deal with multiple stressors, learn to distance themselves from the chaos and become more independent, make future educational and work-related plans, and develop self-esteem and security of identity.

The critical elements of resiliency include stress and risk factors on one hand, and protective factors and coping strategies on the other (Smith & Carlson, 1997). The question is, what is the interaction between these sets of factors that enables individuals to overcome adversity in their lives? As Kirby and Fraser (1997) have noted, this is not an easy question to answer: "The existing data indicate that protective factors do indeed interact with risk factors, making it clear that processes whereby risk and protective factors lead to resilience are complex and, at least in part, nonlinear" (p. 18).

In general, the current stress and coping theory suggests that protective factors and resources modulate or buffer the effects of stress. Furthermore, current theory on resilience is rooted firmly in an ecological systems perspective, which recognizes the

influence of multiple systems (e.g., familial, school, community) on the individual child and

adolescent (Fraser, 1997). Thus as Fraser and Galinsky (1997) have summarized:

> Children who deal effectively with risk are usually found to benefit from one or
>
> more protective conditions, whether personal traits, family strengths, or
>
> environmental resources. Their resilience in the face of adversity results from the
>
> competing pushes and pulls of risk and protective factors. (p. 268)

Current theory on resilience also recognizes that it is dynamic (i.e., it can fluctuate

over time) and relative (i.e., there are degrees of resilience). With regard to the dynamic

nature of resilience, Werner and Smith (1992), in their 30 year longitudinal Kauai study,

found that high risk youth who displayed serious coping problems in adolescence became

resilient when they were in their early 30s. Conversely, Luthar, Doernberger, and Zigler

(1993) found that adolescents who demonstrated impressive behavioral competence in a

high-stress environment were highly vulnerable to emotional distress over time.

With regard to the relative nature of resilience, there is increasing recognition that

resilience does not preclude having difficulties (Radke-Yarrow & Sherman, 1990), and

that there are stages of resilience. Along these lines, Palmer (1997) has proposed the

Differential Resiliency Model (see Appendix A). Although this model was developed from

a study of adult children of alcoholics, it clearly has relevance for understanding a broader

range of resilient individuals. This model proposes four types of resiliency (anomic,

regenerative, adaptive, and flourishing), which represent different degrees of adaptive

coping. Although much literature has focused on invulnerability or complete self-

actualization (similar to flourishing resilience), Palmer's model explains that resilient

individuals may have different degrees of well-being.

Rationale For This Study

When you teach a child optimism, you are teaching him to know himself, to be

curious about his theory of himself and of the world. You are teaching him to take

an active stance in his world and to shape his own life, rather than be a passive

recipient... Whereas in the past, he may have accepted his more dire beliefs and

interpretations as unquestionable fact, now he is able to reflect thoughtfully on

these beliefs and evaluate their accuracy. He is equipped to persevere in the face

of adversity and to struggle to overcome his problems. (Seligman, 1995, p. 297)

Curiosity is the driving force behind most research. Questions about optimism,

perseverence, and resiliency abound. By conducting in-depth interviews with young adults

who have experienced a variety of stressors during their adolescence, I hope to contribute

to the understanding of resiliency and how it can emerge from the complex interaction of

stress, protective factors, and coping. The goal of this study is to describe and develop

understanding about the following aspects of the identified participants' lives: (a) the types

and levels of stress that were experienced in adolescence, (b) the protective factors and

resources that helped participants to cope, (c) the coping strategies that individuals used

and whether these changed over time, and (d) the overall impact or outcome of having

endured adversity in adolescence.

Research Methodology and Design

Interviewing is rather like a marriage; everybody knows what it is, an awful lot of

people do it, and yet behind each closed front door there is a world of secrets.

(Oakley, 1981, p. 41)

This section of the paper reviews the guidelines that were used to conduct this

qualitative study with young adults. I emphasize guidelines because with qualitative

research nothing is written in stone. The problem statement is usually very general and the

methodology is flexible and dependent on the researcher (Marshall & Rossman, 1989;

Rothe, 1993). Qualitative research is conducted from a subjective perspective and the

researcher must uncover the meanings that people assign to behaviours, relationships and

objects (Rothe, 1993).

Grounded theory is one method by which the researcher makes sense of the ever

changing social processes, connections between events, and the lives of participants

(Charmaz, 2000). "It looks at how variables are grounded–given meaning and played out

in subjects' lives" (Charmaz, 2000, p. 524). In this situation, grounded theory allows the

discovery of new concepts, categories, and possibly a theory that emerges with regards to

coping, protective factors, and resiliency. Glaser (1992) suggested that grounded theory,

"...has a fresh start, open to the emergent. One does not begin with preconceived ideas or

extant theory and then force them on data for the purpose of verifying them or rearranging

them into a corrected grounded theory. Grounded theory is done without this burden and

excess baggage" (p. 15). It is for this reason, that this approach to data analysis is highly

applicable to my research project. It was my intent to give a voice to participants, depict

them as accurately as possible, and discover and acknowledge how their own realities may

conflict with my own (Strauss & Corbin, 1998). I encourage the reader to consider

qualitative research as "...a creative process of establishing truth which is multi-faceted,

reality-bound, interpretive, and real to the people who live by it" (Rothe, 1993, p. 4).

Participants and Selection Procedures

The goal of this study was to complete in-depth interviews with six to ten young

adults who self-identified as having emerged intact from a difficult adolescence. I chose to

interview young adults, as opposed to adolescents or older adults, with the hope that the

participants' adolescent experiences would be recent enough for them to recall in detail

and yet distant enough for them to reflect on with some perspective and maturity.

By interviewing young adults, I believe I was able to hear from participants who were not

far removed from their experiences as adolescents and yet were able to reflect on their

experiences with more thoughtfulness and perspective than they might have been able to

do in adolescence.

Participants were recruited through two methods. First, poster advertising (see

Appendix B) around Wilfrid Laurier University (WLU) and the University of Waterloo

campuses located five participants. Second, with the professor's approval, I visited a

number of 2nd and 3rd year WLU classes in a variety of subjects (political science, biology,

religion, business, and geography) and talked about my study and encouraged students

interested to contact me. Three participants were recruited this way. Students contacted

me by telephone or through e-mail for one month until I had recruited eight participants.

The sample size consisted of eight participants–six females and two males between the

ages of 20 and 23. The participants were all 2nd and 3rd year undergraduate university students who self-identified themselves as having coped reasonably with a difficult adolescence and now having a positive sense of well-being. The participants came from varied backgrounds with a range of stressors and experiences: parents with alcohol problems and/or mental illness, divorce, parent-child conflict, abusive boyfriends, sexual abuse as a child, being diagnosed with HIV, financial stress, delinquency, alcohol and drug use, pregnancy, attempted suicide, poor peer relations, and depression. Demographic information for the sample is summarized in Appendix C. All the participants were friendly, easy to relate to, willing to share their story with a stranger, and trusting of myself and the research process.

A telephone or e-mail screening and pre-interview were conducted in order to ensure that the participants fit the general criteria outlined on the poster. During the pre-interview, I met with the participants briefly to explain the study; to review the confidentiality/consent form (see Appendix D) and audio taping procedure; to give them the interview preparation guide (see Appendix E); and to have them choose their "pen-name" for the study (one participant chose to use his real name). Since some participants were cautious about answering questions over e-mail or the telephone, the pre-interview also gave the participants a chance to ask questions and begin a trusting relationship. During the pre-interview, I also confirmed that a stipend of $10 would be given to them at the conclusion of the study interview.

There were some obvious limitations to the sample selection. By using a convenience sample, I trusted, for the most part, that participants fit the study's criteria. It was clear

that there was variation within the sample with respect to both the level of difficulties

experienced in adolescence and the extent to which participants were resilient.

Regardless, it was obvious that all participants had dealt with significant stressors in

adolescence and that they had achieved a certain degree of well-being.

Ethical Considerations

In terms of ethical considerations, the consent form explained the goals of the study

and addressed the rights of the participant (i.e., the right for the participant to refuse to

answer any question or to choose to leave the study at any time). It also addressed the

potential risks and benefits of the study, and my ethical responsibilities as a researcher.

The participants were asked to sign the form once they had read it. I also told them that

they could withdraw from the study at any time without penalty or question. The consent

form additionally gave me permission to use direct quotations from the transcript in the

documentation of my research. I kept one copy of the consent form and the other was

given to the participant.

The potential risks and benefits of taking part in the study were also shared with the

participants during the pre-interview meeting. The main risk identified was that the

interview might be emotionally demanding. I informed participants that I would attempt

to be sensitive to how comfortable they felt during the interview and that they should

share only as much information as they wanted to disclose to me. I also informed

participants that if the interview was upsetting I would be willing to make referrals to

counselling services if they wanted me to. With regard to potential benefits, participants

were told that they may come to better understand themselves and their experiences, and

that they could contribute to knowledge about stress and coping.

Ethical standards around confidentiality and anonymity were maintained in a number

of ways. Any identifying information on the audiotape was modified during the

transcription process. The pen-name appeared on the audiotape label, the transcripts, and

any subsequent documentation. The consent forms with the participants' names,

addresses, and phone numbers, along with the audiotapes of the interviews, were kept in a

locked file cabinet. Once the study is complete the consent forms and audiotapes will be

destroyed.

The Interview

The interviews were held on campus during a weekend day in an empty classroom that

was quiet and reasonably comfortable. Interviews lasted about two hours in length. Only

in one situation did I feel uneasy meeting a participant after talking with him on the phone.

This uncomfortable feeling was quickly allayed once I met him at the pre-interview

meeting.

It was deemed important at the beginning of the interview to help the participant feel

at ease. This was accomplished by demonstrating to the participant that the researcher

was accepting, curious, and eager to listen (McCracken, 1988), which built trust and

lessened the apprehension of the participant. I began with small talk about whether they

had trouble finding the room, or the weather, then I collected the demographic

information, reviewed their rights and reminded them of the audiotape. Then I began with

an open ended question, asking them to tell me about their adolescence.

An interview guide and probe questions were used to ensure targeted issues were

discussed during the interview (see Appendix F). The interviews were conducted by using

grand-tour questions that were phrased in a general, non-directive manner (McCracken,

1988). The research questions were open ended and reflective as much as possible, to

minimize the interference of the researcher's ideas or judgments. Ideas about questions

for this research were adapted from Beardslee's research (1989). In general, questions

were asked about difficulties during their adolescence, how they coped, and their current

sense of well-being. Interviews had a conversational tone to them; the participants often

answered the questions I posed at length, without my saying anything. Sometimes I

prompted participants by reiterating what they had said, clarifying an idea, or asking about

specific details (McCracken, 1988; Rothe, 1993). Additionally, at times I used silence as a

prompt. Because of the nature of my personality, my questions tended to be fact-based as

opposed to feeling-based. This was not intentional, and I would have preferred an equal

blend of focus; however, I became aware of this during the data analysis several years

later. Despite my line of questioning, many participants shared their emotional experience

naturally. If I was to do this study again, I would be cognizant and include more feeling-

based questions during the interview.

The audiotape caused some discomfort to me because every 45 minutes the tape

would click off and I would have to turn it over, or replace it. I'm sure this caused some

disruption to the participants, though they never verbalized it, and as much as possible I

did not let it interrupt the conversation. I also took notes during the interviews so that I

could follow the participants' train of ideas, document my responses or feelings, and flag

ideas that I wanted to return to when there was a break in conversation. The more

interviews I conducted, the easier, smoother, and less contrived I felt they became. I was more able to easily integrate listening, documenting process notes, recording feelings, taking notes, and making sure the audiotape was running smoothly, with guiding the interview.

At the end of the interview, I did a debriefing so as to have us both come back to the present and to somewhat equalize the power imbalance that I felt existed between the participant and myself. The power imbalance I'm referring to here is the fact that the participants were sharing their innermost parts of themselves, their identities, and their stories with a researcher whom they knew very little about. At this time I gave them an opportunity to ask questions or share any final thoughts with me. Many participants asked why I was interested in this topic and had I shared similar experiences to them as a teenager, and I responded fully to these questions. Hauser (1999) has indicated that narratives can "reflect changing life circumstances and optimism, leading to change in narrative understanding, and then to new impacts from the narratives themselves, to actions, as consequent new life plans" (p. 21). The interviewing process left me wondering what impact sharing their life stories with me may have had on the participants. I did note, in debriefing of the interviews, that some participants expressed a feeling of being reassured and confident that they had made the right choices and were doing okay, and acknowledged their own strengths.

In some instances, I left the interviews feeling invigorated and excited, and at other times I left feeling dark and "emotionally drained." It also seemed that some of the participants had come in with low energy and left feeling energized, whereas for others

this was reversed. In particular, one participant verbalized to me that she felt "vulnerable" after the interview. I was, however, reassured by the fact that she told me she was seeing a therapist regularly.

<center>Coding the Data–Theme Identification</center>

All interviews were audio taped and then transcribed by myself. The transcribed interviews were then line numbered by the computer program Ethnograph (leaving a 4" margin on the right). I read each transcript several times in its entirety to obtain a holistic picture (Rothe, 1993). Throughout this process I wrote in a separate book memos that included ideas, hunches, interpretations, or reactions to the interview. Once I felt comfortable knowing the story, I re-read the transcript and divided it into chunks of text that represented meaning units (these ranged in size from one sentence to several paragraphs, Tesch, 1990). The meaning of each chunk of text was then distilled into a descriptive phrase. As much as possible I used "in vivo coding," which are the words used by the participants themselves (Strauss & Corbin, 1990).

I adapted the constant comparative method from Glaser and Strauss (1967), Glaser (1992), and Brian O'Neill (personal communication) for use in this research. The constant comparative method allows not only for the discovery and integration of categories and their properties as a technique for analysing data, but also for the emergence of a "grounded" theory based on the participant's voice. Glaser (1992) suggests the researcher, while coding the data, ask neutral questions such as, "Is this the same or different from the previous category." At the time of coding, I compared and contrasted the meanings of chunks of transcript by asking whether they were the same or different

than previous chunks.

Each descriptive phrase was recorded on a second page with the page number of its occurrence. The second question I would ask myself when coding was whether a descriptive phrase was a stressor, a protective factor/resource, a coping strategy, or an outcome (and I would label it as s, r, c, or o, accordingly, in front of the descriptive phrase in the transcript). The third question I considered was whether the incident the participant was describing was from their adolescence, or from their early adulthood (since university). This resulted in four categories of codes in each of the two time periods. On subsequent read-throughs I began to develop general themes that subsumed the chunk labels, or descriptive phrases. Additionally, I would begin to compare and contrast one descriptive phrase to another descriptive phrase. Saturation began toward the end of the analyses, when no new descriptive phrases or main themes emerged. Not only did this coding guide system allow me to view current themes and sub-themes on a grid type format, it allowed me to keep track of current locations of themes because of their page number inclusions, and to refer back to sub-themes in their context if it became questionable what category they belonged to. My advisor was helpful in reviewing my coding and resulting themes sheets, and making suggestions about ways to improve and refine the process.

It was initially planned that I would transcribe, do a preliminary analysis of each interview, and do a member check before conducting subsequent interviews. This would allow for the refinement of research questions based on initial analyses and participants' feedback. Erlandson and colleagues (1993) suggest that, "The human instrument

responds to the first available data and immediately forms very tentative working

hypotheses that cause adjustments in the interview questions" (p. 114). However, because

of time pressure, I ended up conducting all interviews before doing preliminary analyses

and endeavouring to do member checks.

Trustworthiness

To determine whether I have represented the "truth," or the realities of participants, as

they really are (Rothe, 1993), it is necessary to consider the requirements of

trustworthiness. Lincoln and Guba (1985) suggest that the worth of naturalistic research

should be judged by how well the research meets certain standards. In quantitative

research, these criteria are validity and reliability. In qualitative research, however, the

researcher tries to meet the standards of credibility, transferability, confirmability and

dependability.

Credibility refers to whether the themes and categories that result from the analyses

are really accurate, believable, and represent what the researcher is trying to assess.

Lincoln and Guba (1985) mention six strategies that achieve credibility: prolonged

engagement, persistent observation, triangulation, peer debriefing, negative case analysis,

and member checking. Triangulation, which involves assessing the accuracy of data by

analysing multiple sources of data, was the only strategy that was not attempted.

Prolonged engagement and persistent observation refer to establishing rapport with the

participants and spending enough time with them so that the researcher can detect

inconsistencies or distortions. Although, on average I spent about a total of three hours

with each participant (including the pre-interview meeting), I felt that I had spent enough

time with them to judge credibility. It seemed that the information they shared with me was truthful, except for a few instances in which I suspect two participants may have exaggerated the truth.

Peer debriefing involves a review of the design and data analysis by a third party. My thesis advisor and committee members have provided such review of my work. Negative case analysis ensures that all the categories and sub-themes "fit" the major themes, with only a few exceptions (Lincoln & Guba, 1985). In this regard, the emerging categories and themes were constantly verified and rechecked with the data to make sure they were relevant.

The final criterion of credibility is member checking. This refers to checking back with participants of the study to find out whether the analysis the researcher did was accurate. This is a weak area in my study. I was able to member check the first interview only. This participant's response was that I had done an accurate job of summarizing what she had said, and that she didn't realize that some of the themes were as important in her life as she had portrayed them in the interview. For instance she said the hardest part of the summary was to read about her expectations of "good parents," and she said she had "never really thought much about it." Confirming this theme she said, "everyone wants to give their child more than they had." With the other participants, a great deal of time elapsed between the time of the interview and my data analysis. I was able to keep in touch with many of them for some time through e-mail about my current progress on the analysis; however, when I got around to member checking I had lost contact with four participants and the other three did not respond to my e-mails.

Transferability is the second standard to which all qualitative research should be held accountable. This criterion refers to the ability of another researcher to look at the results from a study and be able to transfer them to other settings and/or populations (Lincoln & Guba, 1985). This is achieved through detailed descriptions and "thick" data. I feel that I have met this criterion because I provide in-depth portrayals of each participant in the results section, along with the main themes that resulted from their narratives.

Confirmability and dependability should be considered partially fulfilled if I've fulfilled the previous criteria of credibility and transferability (Lincoln & Guba, 1985). Confirmability refers to the interpretations of both the participant and the researcher in the development of a viable theory. Specifically, Lincoln and Guba (1985) suggest that the researcher keeps an audit trail of all the ideas, raw data, the progression of analysis, and research materials which will document the development of a theory and confirmability of the findings and this is something that I've done in my reflexive journal (see sub-section below). Dependability, like reliability in quantitative research, refers to the same results emerging if the study was to be duplicated. The criteria to achieve dependability include triangulation and external audit of the research material. As discussed earlier, my results were constantly reviewed by my advisor, and as part of the defence, an external auditor will examine the research results for their trustworthiness.

Memos and The Researcher

Grounded theory is not only dependent on the participants' meanings of life but also on those of the researcher. McCracken (1988) has suggested that there are three sources of information: the literature, the interview and a cultural view (i.e., looking into one's

own biases). It is the researcher's knowledge, values, emotions, experiences and assumptions that lead to sensitivity and understanding of the participants' world view (Glaser, 1992; Sciarra, 1999). I recorded these as "memos," keeping track of them throughout the entire research process. I divided the memo book into three parts: (a) emerging design, which included my own and others' ideas, hypotheses, and day-to-day strategies; (b) field notes, which consisted of my impressions of the participants (e.g., non-verbal cues and moods during our meetings); and (c) reflexive notes, which were my own fears, biases, concerns, and emerging values (Erlandson et al., 1993).

Denzin and Lincoln (2000) have suggested that each researcher "speaks from a particular class, gender, racial, cultural, and ethnic community perspective" (p. 18). As a white, Jewish woman raised in a non-traditional and supportive home with one younger sister, I led a relatively easy life. My mother was an opinionated, independent woman and my father learned to overcome his fears and feel more comfortable with the different roles in life he has played. In more ways than I can count, I am a reflection of my parents' personalities, along with the cultural and societal environment in which I grew up. During adolescence I struggled with internal conflicts of not feeling pretty, worthy, or smart enough to attract any of the "cute" boys. I experimented with different peer groups; some of them included adults who no longer were in high school for a variety of reasons. Thus, in some ways, I could relate to these young adults who were sitting in front of me sharing their life story with me. I was only a few years older than them, and we shared some similar life experiences.

In a lot of ways, I was unprepared for the vigour needed to undertake this study. I

had little clinical experience in the field, and every project I previously had undertaken I had completed and maybe felt overconfident; I was naive and underestimated the emotional impact this project would have on me. It was strongly advised that the researcher allow for "analytic space," which is stepping back from the data and the researcher's emotions to understand the influence of each others' world view (Sciarra, 1991). Conceivably, a researcher could become too caught up in participants' stories and become overwhelmed and immobilized. This experience was something I became intimately familiar with. My memo book reflected five years of a variety of fears, concerns, assumptions, elation, anguish, and pain. The following are some main thoughts that emerged in my reflexive notes:

1. In the beginning, I had fears that I would not get any, or enough, participants. Then I became concerned that the participants' backgrounds and stories were so diverse that I would not find common themes.

2. I had concerns about the interviews with regard to my questioning. I felt I was too content-oriented and not enough feeling-based. I wondered: could I handle their emotional expressions? Did I influence what they talked about? Did I interrupt participants' line of thought, not ask the "right" questions, or assume something that needed to be explored through further questioning?

3. I struggled with containing my feelings of compassion, anger, and differences of opinion in the interviews. When I could empathetically relate to the participants, I wondered if I was scared to hear their answers?

4. I had anxiety and doubts about my capability to analyse the data. I found the analyses

"excruciatingly" painful and frustrating. At times, I was extremely unmotivated to continue: Who was I to judge or interpret the participants' stressors and coping? Had the participants told me the truth, or an accurate representation thereof? Was I going to achieve an understandable theory?

Study Limitations

One limitation of the study is the small sample size. Although qualitative research does not require that samples be a particular size, a larger sample could have added more credence to the results and could have facilitated the identification of trends according to demographic variables (e.g., gender). A second limitation of the study was the failure to succeed in member checking with more than one participant. Without the member checks, I missed the chance to ask follow up questions and receive information that would confirm the themes. Third, it would have been better to do a preliminary data analysis after each interview, so that I could modify the focus and questions of subsequent interviews. I also would have done the member checks shortly after the conclusion of the data analysis and within a few months of the initial interview. Finally, if I had to do it all over again, I would definitely have a third party transcribe the interviews. Unfortunately, I didn't heed the warning: "investigators who transcribe their own interviews invite not only frustration but also a familiarity with the data that does not service the later process of analysis" (McCracken, 1988, p. 41). I think that this was part of the problem in terms of the difficulty I had in data analysis. I didn't provide myself that "analytic space" needed to interpret the data.

Results

This chapter presents the results for each participant's story about emerging strong from a difficult adolescence. For each participant, the summary theme sheet is presented first, followed by the narrative summary of their story, which provides the "thick" data. Participants' theme sheets are organized in terms of the four major categories of stressors, resources and protective factors, coping strategies, and impacts and outcomes, for both the adolescent and early adulthood time periods. The narratives present some basic background information about the participants, and then the themes for each of the four major categories are discussed. Information for both time periods is covered under each of the four headings. In the narratives, the themes that appear on the summary theme sheets are denoted by italics. Similarities and differences across participants will be summarized in the Discussion section of this paper.

SAMANTHA

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
	DURING ADOLESCENCE		
Sexual Abuse By Mother's Boyfriend	Mother Was Supportive When She was a Child	Confided In Friends	Resentment Towards Her Mother
Mother Tried To Control Her	Group and Family Counselling	Kept busy/Avoided Contact and Conflict With Mother	Difficulty Trusting and Relying On People
Little Financial Support From Her Mother	Support From Friends and Other Adults		Developed Self-Reliance at a Young Age
Mother Was Emotionally Unpredictable			
Little Emotional Support From Her Mother			
Mother Had Unrealistically High Standards			
Public Perception Of A "Perfectly Good Home"			
	DURING EARLY ADULTHOOD (SINCE UNIVERSITY)		
Continued Lack Of Emotional Support From Her Mother	Support From Friends and Other Adults	Recognized that She Did Not Have To Please Mother Anymore--Acceptance Of the Situation	Ongoing Feelings of Anger and Resentment Towards Her Mother
Continued Lack Of Financial Support From Her Mother	Individual Counselling	Recognized that She Had To Make Changes and Please Herself	Independent, Mature, and Capable Of Making It On Her Own--Freedom
		Tried to Understand and Make Sense of Mother's Behaviour Towards Her	Developed Principles and Ideas About How To Be A Good Parent
		Maintained Hope For Change In The Relationship With Her Mother	

Samantha's Story

Background Information

Samantha is a 21 year old single, female. She is a full-time, second year student who is studying Psychology and Sociology. She lives with four other students who also attend university. She identified herself as being of Canadian ethnic heritage.

Samantha has one brother who is 19 years old. Her parents divorced when she was two years old and she and her brother were raised by their mother. Samantha said that her maternal grandfather died when her mother was 10 years old and by the time her mother was 18 years old she had moved out of her home and was employed. Samantha reported that her parents separated because of her father's infidelity with her mother's best friend. She felt her mother "lost ...faith in people...because she had taken these vows to stay together forever, and was hurt really bad and had two little kids that she was left to raise by herself." Samantha said her mother believes, "everybody who she [mother] loves...is going to leave her and so maybe she just doesn't want to get attached."

Samantha reported that she had visits with her father until she was 6 years old. She said the visits stopped because he was unreliable and sometimes would not show as planned. According to Samantha, her mother told her father, "You either make a commitment and you take the kids when you're supposed to or you don't take them at all 'cause it's too hard." This ended the contact Samantha had with her father. Samantha portrayed a close relationship with her mother when Samantha was young, but this dramatically changed when she became an adolescent.

Stressors

Samantha reported that when she was 6 years old, she and her brother were subjected to *sexual abuse by her mother's boyfriend* up until she was 13 years of age. At that time, she disclosed the abuse to her mother, the offender was charged, convicted, and ultimately served time in jail. Samantha thought her mother blamed herself for this and she thought that it might have changed her relationship with her mother, but she was unsure of how. She described the stress this trauma took on her life:

> ...going to court was kind of hard...it's never really been discussed, I've never
>
> discussed it with my brother in my life....I guess in that kind of way that stuff
>
> added to my mistrust of people, just because it was an adult...taking advantage
>
> of two young kids.

When Samantha was 15-16 years old, she described herself as becoming more independent and making more of her own decisions than during her early adolescence. It was at this time when the relationship between her mother and her deteriorated and they stopped being friends. She felt that a lot of the stress she experienced during adolescence was a result of her *mother trying to control her*. This involved limiting her choices and restricting her freedom. Samantha said she was not allowed to get her driver's license until she turned 18 years of age. Another example was when Samantha was locked out of her home and she had to find another place to reside:

> ...she kicked me out and it was in the middle of winter...and I had a laundry
>
> basket full of clean clothes in my room. And she came...[out] and threw them at
>
> me so they were all over the front lawn....I wasn't allowed to take my key, I

wasn't allowed to take a jacket.

Samantha also expressed that she received *little financial support from her mother*, possibly so that her mother could restrict her decisions. She said that in preparing to attend university, her mother had told her not to worry about money. Then two weeks before university began, her mother told her that "she was not supporting me and so basically, in that way she could control my life, because she didn't want me to go away to university. She wanted me to stay at home." Additionally, she said that at times her mother would withhold the child support money for her that was paid by her father.

Samantha felt that her *mother was emotionally unpredictable* and "moody," possibly having a mental illness. She also said that,

> I guess in a way you could say like I'm afraid of my mom, not in the physical
>
> sense that she's going to like hurt me, but just like, emotionally....In the past,
>
> fights we've had she hasn't exactly been the nicest person in the world and I just
>
> in a way can't take anymore, like the emotional beating kind of thing.

Samantha clarified that, "my mom was never physically abusive although she may have been emotionally and verbal at times..."

It seemed that this mother-daughter relationship worsened to the point where Samantha felt she received *little emotional support from her mother*. Samantha described times when she wanted her mother's love but did not feel she received it:

> ...in a way I kind of feel like no matter how many good times I have with her,
>
> there will always be twice as many times where she is yelling at me, or not
>
> talking to me, or I've done something wrong.

Given her mother's futile attempts to control Samantha she wondered if,

> ...maybe she [her mother] felt like this was...the beginning of the end kind of
>
> thing and eventually we were going to leave her so she may as well get...dis-
>
> attached to us, which is pretty much what she did. Like I could go for a whole
>
> week and not see her at all.

Samantha also felt that her *mother had unrealistically high standards*: "I got

involved in everything and she never ever told me...[that] she was proud of me for going

to university." Samantha felt that she could not meet her mother's expectations: "I guess

I just pushed myself really really hard in hopes of trying to please her in a way. And it

never really worked."

Through all this, Samantha felt that *people thought she lived in a perfectly good*

home. She realized during high school that her home life was not normal compared to her

friends, even though she had a bed and a roof over her head, but little else, including no

support. She said that her paternal grandmother did not suspect anything:

> I was like *superkid*....So nobody would even suspect that anything was
>
> happening. Because I was always involved...my marks didn't slide at all, I still
>
> did really well, I made it to university, so nobody really thinks that anything was
>
> ever wrong. [V: What did it feel like to be "superkid"?] It was hard. It's hard
>
> to manage everything....[to] keep track of everything. I don't know how I did it.
>
> Like looking back on it, I don't think I could do it now.

While Samantha was attending university, she reported that similar stressors existed

especially around *continued lack of emotional and financial support from her mother*. In

tears during our conversation Samantha reported that, "I still to this day kind of feel

unloved. I don't know, its just kind of hard...when she doesn't give you any emotional

support at all." She did not seem to be asking for much—only basic signs of support such

as her mother initiating a telephone call, asking how her studies were going, or coming to

visit her at university. In regards to her father, Samantha said he didn't play a big role in

her life and that his payment of child support to her mother was legally mandated.

<u>Resources & Protective Factors</u>

One of Samantha's main resources was that her *mother was supportive when she was*

a child. Samantha says, "...around the time I was 13 or 14 my mom was like my best

friend....I could tell her anything. Like, we'd...spend a day together, and get along

perfectly." She added that: "...all through my dad leaving and her ex-boyfriend and, my

grandmother died, she has always been a strong person....But I mean...she did what she

had to to make ends meet." Samantha also felt that her mother encouraged her with

regards to schooling:

> ...she always went to parents night. Like she always showed an interest in our
>
> schooling....she would go to all my teachers and they would be all like you
>
> know, '[Samantha] has 80% [in this class]....She always pushed us to be our
>
> best.

An additional resource for Samantha both during her adolescence and early adulthood

was the *support from friends and other adults*. She talked about how her friends would

come and pick her up and take her places, let her talk about her mother, and make sure

she was safe and had a place to stay. She said that currently she had been seeing her

boyfriend for two years and that he is a calm person who understands her anger around

her mother. Additionally, she has a good relationship with her friends' parents:

> I mean his [i.e., Samantha's boyfriend] mom is just completely the opposite of
>
> mine. Fully supportive, you know like really, really nice, like she's my mom
>
> pretty much...it's just made it a lot easier to have those kind of people in my life.
>
> That will support me and won't leave and...they'll listen to my crap. Like I
>
> could go home and say, 'Hey guys, here it is, I need to talk,' I mean everybody
>
> would drop everything and like let me talk and that is sometimes what I need.

As a formal resource, Samantha engaged in *group and family counselling as an*

adolescent and *individual counselling during university*. The group and family

counselling was initiated after her disclosure of sexual abuse. While at university, she said

individual therapy was an outlet to talk about her feelings and develop strategies to

manage those feelings:

> I started going to counseling...for the simple reason that whenever I was
>
> frustrated or upset with my mom I would take it out on him [i.e., her boyfriend].
>
> And I knew it wasn't fair but I just really needed someone to talk to about
>
> it....So it's made our relationship a lot better too.

<u>Coping Strategies</u>

In some ways, Samantha's resources mirrored her coping strategies. During

adolescence she talked about how important it was for her to be able to trust and talk with

her friends: "...don't be scared to *confide in [friends]* ...there are other people out there

who are going to care about you so you can't try and shut off the whole world just

because one person hurt you."

Samantha also talked about how she learned to *keep busy so that she would avoid contact and conflict with her mother*. She said she avoided her mother any way she could, which included staying at the library late at night and being involved in lots of extracurricular activities including: volleyball, basketball, year book committee, senior formal committee, students council and after-school employment. She reported this was a gradual process:

> ...so I learned to keep myself busy, I learned not to go home, as things got worse
>
> and worse over the years I just got busier and busier...in my OAC and Grade 12
>
> year that was when I was in all the clubs.

Samantha continued to refine the coping skills she developed in adolescence throughout early adulthood and as she became more mature, and came to believe in her own capabilities. Samantha realized that she had the control to decide how her mother affected her. She *recognized she did not need to please her mother anymore*:

> ...like the last five years I've tried to please [my mother] and...about the last year
>
> I've realized that I can't really please her and I have to do it for myself....[B]ut I
>
> think that probably the fact that I know that she'll probably never be happy, so I
>
> should just try to make myself happy. It's a big weight off my shoulders.

As a result, Samantha repeated a mantra: "just do whatever you can to make it through, but just know that you're going to make it." She *recognized that she had to make changes and please herself*.

> I'm quite proud of myself that I made it here. I'm the only person in my family

that has ever gone to post-secondary education and I don't have any problem in the world with telling people that...Cause I worked hard to get here....I'm glad that I never like gave up and...said ok they're right, I'm not good enough, I'm not going to be anything. I'm glad in a way that it kind of pushed me harder to be, to be somebody.... I'm the only...person that can change anything and that is just for myself, I can't change [my mother]....So if I want things to change, I have to be the one to change myself, because I just can't, like she'll never change I don't think.

During our interview, Samantha frequently talked about *trying to understand and make sense of her mother's behaviour towards her.*

...I had hopes of taking abnormal psychology and they [would] describe my mom exactly.... I've had suspicions... that my mom... has some sort of mental illness or something...but I've never been able to prove that.... Just cause I don't understand how anybody could treat another human being like that.... [Maybe]... when she is really old and... she is laying there on her death bed... and I'm asking her, "Why did you do that to me?" But...I don't think I'll ever find the answers which is ok because I've learned to live with that.

Samantha felt that if she could understand her mother's actions, then Samantha would not treat her own children that way.

Samantha also *maintained hope for change in her relationship with her mother.* She saw the relationship between her grandmother and her mother as a "sign of hope" that a better relationship might exist in the future between herself and her mother. Samantha's

maternal grandmother was able to babysit, do house work, and provide some financial

support after Samantha's father left and her mother was a single-parent who maintained

employment. Samantha struggled to hold onto this dream:

> I feel like something is still missing even though I have the support and...love of
>
> my friends ....I'll always miss not hearing her say 'I'm proud of you'. But then I
>
> think maybe on graduation day. Like I always, even though I maybe shouldn't
>
> hope, I still do....I still can't help but have little fantasies about her turning into a
>
> perfect mom one day and being all supportive again....I don't know, I guess I
>
> still dream about things working out.

Impacts & Outcomes

Not surprisingly, Samantha's experiences and her relationship with her mother led to

some negative impacts in adolescence. Samantha seemed to harbor feelings of *resentment*

towards her mother while living in her house:

> Like I mean in a lot of ways we were just strangers. Cause I don't even think
>
> she knows who I am....[Even] when I got accepted to university, she told me the
>
> only reason I got accepted was because they wanted my money.

Additionally, Samantha expressed that she had *difficulty trusting and relying on*

people. Samantha felt that her difficulties in this regard were a direct result of not being

able to rely on her mother when she was young. Samantha said it is so difficult to rely on

people, that she will take control. She recognized the hardest part of overcoming her

childhood was the, "...need to relearn that people can be trusted and relied on."

Samantha indicated that she *developed self-reliance at a young age,* probably due to

her mother's belief that children should "be able to walk out of the house and make it on their own."

> Like if she hadn't treated me like this, I don't know if I would be as independent
>
> as I am.... I guess in a way I kind of grew up a lot faster than other people did,
>
> just because I kind of had to. Like I had a job from the time I was 16, I've
>
> always worked. Like I've always had my own money.

Since leaving home and attending university, Samantha realized both positive and negative impacts from her childhood. She expressed *ongoing feelings of anger and resentment towards her mother*. She said that sometimes when she was stressed out and trying to deal with her mother that she would "go crazy"--yelling at her roommates and boyfriend.

> I think in a way it was kind of disappointing because I never got out of it [i.e.,
>
> her childhood/youth] what I really wanted to. I never got praise....I was never
>
> told that you know, 'You did a good job', like nothing. For me basically, kind of
>
> looking back on it, it was all kind of a waste of time.

On the positive side, Samantha additionally described feeling more *independent, mature, and capable of making it on her own* (e.g., managing money) than if she had not experienced a difficult adolescence. She said,

> I'm a lot more independent. I can make it...on my own out in the real world. If
>
> I had to I could get a job and manage.... [It's] made me a lot stronger of a
>
> person. And things don't surprise me as much, like I'm not as naive.

As a university student, she described *freedom* and independence to do what she wants,

when she wants to do it. She says it's freedom from being yelled at and independence to come and go as she pleases, and not to have to worry about whether she'll have a place to sleep.

It also seemed that as Samantha matured and thought about how her mother was a parent to her, she *developed her own principles and ideals about how to be a good parent.* She said there were some beliefs from her mother that she would keep, others she wouldn't. For instance, Samantha learned from her mother that it was important to know her grandparents, even her paternal grandparents. And even though her mother raised her to be self-reliant, Samantha felt her mother's control was too much and there was not enough emotional support. Finally, Samantha said that her mother probably felt that the parents' job ended when the child was 18 years old; Samantha strongly disagreed and felt that once a mother, always a mother. She had a strong resolve that she would be a better parent than her mother.

JAMIE

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
DURING ADOLESCENCE			
Diagnosis and Ongoing Monitoring of Hemophilia at 2 years old	Emotional Support provided by Father and Grandmothers as a Child	Reflective and Sentimental Type Of Person	Grieved Divorce and HIV
Ostracized by Peers as a Result of Being Overprotected (re: Hemophilia)	Established Friendships with People Who Accepted Him	Problem Solving and Logical Thinking to Develop Solutions	Forgave, Accepted, and Moved on
Emotional and Financial Turmoil of Parents' Separation/Divorce when 9-12	Involved in Family and Individual Counselling	Faced His Fears about HIV	Felt More Mature and Responsible Than Same-Age Peers/Related Better To Adults
Divorce Resulted In Less Quality Time with His Grandmother		Kept Busy with School/Community Activities	Driven to Fulfill Goal of Enrolling in Business at University and Having Enough Money to Live Comfortably
HIV Diagnosed at 13		Involved in Religious Activities to Keep Busy and Find Meaning in Life	
Less Emotional Support from Parents		Poetry As An Outlet to Expressing Anger	
Tension and Differences Between Himself and Step-Siblings		Listening to Music Helped Identify Feelings/Fears	
Death of Friend To An AIDS-Related Illness		Disclosed HIV to More Friends and Classmates	
Defiant and Angry that Parents Kept HIV a Secret		Educated Peers and Public about Dealing With Emotions Related to Life Issues	
Lonely and Isolated From Peers Early in High School			
DURING EARLY ADULTHOOD (SINCE UNIVERSITY)			
Father's Family "in Coma"/Denial about HIV Condition	Mother and Step-Father are Emotionally and Financially Supportive	Religious Beliefs	The Past Has Shaped Who He Is Today
Disclosed HIV To Step-Siblings Which Alienated Him From Father's Family	Meeting New Friends	Use of Poetry to Express Feelings	Concerned about Being Able To Have Children and a Family
Family Members Not Talking To Each Other		Giving Speeches—"Going Public"	Realization of Goals
		Talk to People/ "Don't Keep Things Buried"	Belief and Hope in His Ability to Better Humanity
			Being a Social Activist

Jamie's Story

<u>Background Information</u>

Jamie is a 21 year old single male. He is a full-time, third year student who is studying Business. He identified himself as being of Canadian and American heritage. Both of Jamie's biological parents have remarried to different partners. He is the second oldest child of a blended family and has one biological sister and two step-siblings who were younger than him. His older step-sibling was 10 years older than Jamie, and he didn't have much contact because they never lived together. Jamie lived with what he described as his "nuclear family": his father, step-mother, sister, and his two half-siblings. When he was 17, he decided to leave his father's house and move to his mother's because it "wasn't a healthy environment."

<u>Stressors</u>

During our pre-interview conversation, Jamie mentioned that the stressors for him began when his parents separated at the age of nine; however at the time of the interview, he started his story earlier. Jamie began by telling me that at two years of age he had an operation to remove a blood clot in his brain and this left him with epilepsy, impaired vision in his left eye, and partial paralysis on his left side. He subsequently learned how to walk and adapted to these disabilities. However, he continued to have difficulties with limited dexterity and gross motor movement with his left hand as a young adult. Also when Jamie was two, he was *diagnosed with hemophilia*. He talked about the *monitoring of hemophilia*; the frequent trips to the hospital to get blood dripped through an intravenous line and many injections, which his father had to learn how to administer. It

wasn't until Jamie was an adolescent that he learned how and when to give himself the injections so he could leave home for longer periods of time.

As a result of the careful monitoring necessary for his hemophilia, Jamie was not allowed to play sports in school. This affected his peer relationships: "I was very *overprotected*, so I was pretty much the nerd of the school, and I wasn't allowed to do anything, and everybody bugged me, and....teased me because they weren't allowed to hit me....So I [was] kind of...*ostracized.*"

When Jamie was 9 years old his *parents' marriage ended and they separated. They were divorced when he was 12 years old.* Jamie's mother moved out of the house, leaving Jamie and his sister to live with their father. He described this as a time of "confusion" and *emotional and financial turmoil*:

> ...my dad was very lonely.... [He] was emotionally distraught. And it played out
>
> on us as well. Because of the financial problems... we didn't have a lot of
>
> money.... [It] almost seemed cold because we couldn't spend any time
>
> together.... [He was] short-tempered.... it's just common sense that...he can't
>
> seem to get his life together and he is not going to have a whole lot of
>
> patience....[But] at...12 or 13 you don't think that way. You want your dad's
>
> attention and when he is not giving it to you, you are upset.

Jamie added that as a result of the parents' divorce, his maternal grandmother who had lived in the basement part of the family's house up until that time, moved into a senior's apartment. He said he *spent less quality time with his grandmother* once she had moved. He remember visiting her, but it wasn't the same; the relationship had lost its

"intensity."

When Jamie was 12 years old, he reported "discovering girls." A year later, unbeknownst to Jamie and because of the "scare with HIV," especially for people who had received blood products, the doctors approached his father about Jamie being tested for Human Immunodeficiency Virus (HIV). Jamie moved me to tears when he talked about his father telling him that he had been diagnosed with HIV:

> All I remember is this one March morning we went after the hospital, my dad
>
> and I sat down on one park bench and he just said, 'I've got something to tell
>
> you, you've got HIV'. And I knew what it was...Grade 7 and 8 we had taken
>
> some AIDS education...

Jamie described how he suppressed his initial reaction out of fear that his father would be angry with him. For several weeks, Jamie recognized that his father was grieving and trying to deal with this devestating news. To Jamie, his father seemed withdrawn, weepy, and "angry at life" after the conversation on the park bench.

Jamie suggested that partially as a result of the divorce and HIV diagnosis, he felt his *parents provided him with less emotional support* than they had in the past.

> They were good parents, but they weren't devoted parents. Because they
>
> weren't there for me the way I needed them to be....they were facing their own
>
> fears and hurts so it wasn't their FAULT....It's like, I love them but!....It's like
>
> they loved me, they put food on my table and they did a lot for me, but they
>
> weren't there emotionally for me.

I'm uncertain when Jamie's father remarried, however Jamie continued to live and

shared his home with his father, step-mother and two step-siblings. He described major

differences in lifestyle and taste between himself and his step-siblings that would result in

tension. He later said he attended counselling to learn how to deal with his "pain in the

butt siblings" and his "overprotective, state of denial father."

Another loss that Jamie endured, in addition to the relationship changes with his

parents and grandmother, was the *death of a friend to an AIDS-related illness.* He said

that every year there was a canoe/camping trip retreat for youth. This particular summer,

Jamie did not go to the camp because he had been "bad" and his parents didn't let him

attend:

> ...there were quite a few hemophiliacs with HIV and I met some of them and we
>
> started hanging out a bit and became good friends....When I was 16½ or so he
>
> passed away....I was devastated....I was angry at my parents because I should
>
> have been [there]. It was actually during the middle of the canoe trip; he got
>
> really sick and they rushed him to the hospital and he died two days later. So
>
> had I been on the canoe trip I would have been at his death bed for him, with
>
> him.

Jamie disagreed with his *parents' opinion to keep HIV a secret,* and he became *angry*

and defiant towards them. He wasn't supposed to talk about his HIV to his step-siblings,

or to anyone outside his family. Jamie said his parents were afraid of "societal

repercussions":

> My [mother and father] were dead scared.... They were afraid, even though it
>
> was now the early 90's, they still thought it was the 80's and the problem with

Ryan White. You know because he was barred from school.... They were afraid

of what their co-workers would think.... Even if they knew intellectually I was

not homosexual, they would still have fears, like maybe we shouldn't go to his

house there, what if he's there and he bleeds or something.... I defied my parents

and told those two friends anyway. So there was hardly anybody who knew.

During the first couple of years at high school, Jamie wanted to feel accepted by his

peers, instead *he felt lonely and isolated*. This was especially so during a six week

European exchange trip that he went on the summer before beginning university at 17

years old. He knew no one else on the trip and all the students were 2-3 years younger

than him.

I watched the sunsets over the ocean by myself. I walked through the great

mountain hills and the Rhine River...and all the plush greens of Ireland by myself.

It was beautiful but it was lonely because I WAS alone.

When Jamie began university, the family stressors he experienced as an adolescent

only intensified. His *father and step-mother continued to be "in a coma," a denial state*

about his diagnosis of HIV, and as a result Jamie felt that his relationship with his father

was nonexistent. Jamie said that his sister and his father's family continued to be scared of

the repercussions of talking about HIV. He added that even though he does talk with his

sister, it's "no-talk deep" and she had requested that Jamie not speak publicly at her high

school.

Against his father's wishes, Jamie *disclosed his HIV condition to his step-siblings*

which alienated him from his family:

...[my father] is locked up in the coma over it all, and we don't connect anymore.

He and my step-mom and my two younger step-siblings are all together in this

coma, and I broke free a long time ago.... There is this wall....I broke that

silence and in doing so I broke myself out of the family too. Because from that

point on everything was hostile, not purposefully.... So...I ended up moving out.

Jamie also felt stressors because *family members were not talking with each other*.

He talked about his parents not being civil to each other, his sister being unable to forgive

his mother for separating, and his sister had not been able to talk to Jamie about HIV. He

explained the reasons for not talking were personality differences among his family, and

expressed the wish that they would resolve it so they could resume a relationship:

I'm a...go-getter. Everybody else in my family...are private people....But that is

not me. You know I want to touch the world....They are happy in their own

little niche,...they are afraid of change....And here I am, life is forever changing,

we got to run with the flow when I'm constantly rearranging things and throwing

things up in the air....And here they are, nicely packed little box....We are just

totally two different people.... They keep to themselves, they keep the pain to

themselves, now that I'm out of the house I rarely hear from them anymore.

In a lot of ways, it appears as though Jamie was able to cope with his physical health

quite well. But his difficulties arose when others tried to understand and fathom the

impact of Jamie's medical situation.

Resources/Protective Factors

Jamie talked about receiving *emotional support from his father and both grandmothers as a child.* He also *established friendships with people who accepted him.* He smiled broadly when he talked about his two friends whom he had known since kindergarten and who were the first people he told about his HIV condition. He also talked about making friends once he started to "go public" in Grade 12; these were people who had been through similar life-altering experiences and they shared a common bond.

Counselling played a role in Jamie's life for three years after his friend's death. However, he felt it was more like having a "friend" to talk with than resolving deep feelings. Jamie said that it began as family counselling and quickly turned into individual counselling:

> ...my dad wanted me to go to deal with HIV and divorce and those issues.... [W]e didn't try to resolve the anger, ...[or] put any of the old, hard feelings to rest....[T]he only thing I got out of it was, 'Put up with it for now'....even to this day I look back at it and it was like I didn't change anything about me during that time, it was just a friend, somebody I could talk to, I could trust....It was another bouncing things off the sound board, hearing them come back at me, and then reacting to them.

As a young adult, Jamie's *mother and step-father became both emotionally and financially supportive of his endeavors.* Jamie's mother helped him film a documentary, assisted with school, and periodically brought groceries with she visited.

> They are helping me in my drive to go public, you know they are supportive.

My mother attends a support group of her own...and she realizes that I'm

healthy, so she is not too upset. But there are others in the support group whose

kids aren't healthy, so she's been a support for them, while I'm being a support

for my peers.

Additionally, Jamie talked about *meeting many new friends* as a result of the public

speeches and events he is active in.

The third [resource] has been my friends. Because I have gone public, I have got

people all over the country who know me, who care for me, and I'm doing

speeches everywhere all the time, I'm busy and, it gives me a sense of self-worth

because I'm doing something constructive. I'm taking this disease and doing

something with it.... I'm sharing... and teaching them...this isn't an AIDS issue,

this a life issue. Whether you were raped, whether your grandfather has cancer,

it doesn't matter, you know it is about opening up and learning how to love.

Coping Strategies

I was impressed with the diversity and progressiveness in which Jamie developed

coping skills. He felt that his personality, *being a reflective and sentimental person*, was a

trait he could use in dealing with the stress in his life:

I'm fond of memories, even bad ones. I'm the kind of person who reflects on

where they've been and where they're going and why they are where they are

right now.... What lessons can I learn from where I've been? How could I get

where I'm going?

He continued by saying, "It has helped me to reflect on my personality, to understand

other people's pain, to be a better friend, it solidified my faith." Jamie said that at the time

he became reflective he also started to acquire and use more coping strategies.

He initially talked about strategies that allowed him to deal with feelings when he was

ready; *problem solving and logical thinking to develop solutions*. Jamie talked about his

use of "logic" and "deductive thinking" to create a plan. This action-based plan allowed

Jamie to do what was needed to be done at the moment, delay his emotional response until

it was manageable, and develop a longer term plan. An example of this was Jamie's initial

reaction after his father told him he had HIV:

> I understood it logically, I knew what was the common prognosis, but I didn't
>
> understand it emotionally, I didn't think I was going to die. It hadn't hit home
>
> yet, it just kind of ok, well people with HIV get AIDS, and then people with
>
> AIDS die.... I didn't feel any different two minutes before ·r two minutes
>
> after...its like telling me your name is suddenly Bob.... I'm still me, it doesn't
>
> change anything.... In fact my first response was, 'Oh good, I'm special',...and
>
> people will pay attention to me. I'm going to be popular now, this is great.

Later in our conversation Jamie described how his understanding of HIV was "still in

the head, it hadn't hit my heart yet"; a seemingly apparent indication that he wasn't ready

to deal with the feelings. Ultimately, it was the death of his friend three years later, that

brought him to confront his feelings around HIV. Jamie stated that he needed to *face his*

fears to reduce his anxiety:

> If you face your problems then they are suddenly smaller than you thought they
>
> were....I remember a concrete example. I was watching Roadrunner...on TV and

the way that sun was hitting the mouse behind the guy, the shadow was 10 feet

taller, you know, this great big shadow....He turned around and the mouse was

like 2 inches tall.

Jamie also *kept busy with school, religious activities, poetry writing, and listening to*

music. He said that by keeping busy, it allowed him to "bury his pain" and to focus on the

task at hand, i.e., choir practice, academic homework, or the numerous clubs in which he

was a member. When I asked him how religion and poetry affected his anger, his

response was:

> Initially not at all because it [i.e., the anger] was so bloody buried. You know, it
>
> went deep but it was still on the surface.... Day to day activities or worries, like
>
> does she like me, or does she not like me,...religion was a help. You know it
>
> helped me deal with, get through the bad points and stuff but it never did touch
>
> that anger underneath because it was buried. But I let it come out in my poetry.
>
> A lot of my initial poetry was very bleak; a lot of storms, rainstorms and
>
> thunderstorms, a lot of cold, inclement weather...

Jamie talked about how these strategies progressed into allowing him to identify and

manage his feelings. I asked him about how he learned that these ways of coping helped

him.

> It was in stages. Like I told you religion was Grade 5, but then really set in
>
> Grade 8. My poetry started in Grade 8 but it was really bad and it got better
>
> through high school so it became more of an outlet through high school. And
>
> you know the friends didn't become a help until I started to open up and go

public in Grade 12 and OAC. You know, and the music, I just think it has always been there....And being in the church choir and the community choir, I had a lot of exposure to music.

Another theme that seemed prevalent in Jamie's coping strategies was his eagerness and energy to *tell his story and disclose to more friends and classmates*. Jamie also began to *educate peers and the public about dealing with emotions, fear and love, that are related to life issues*. He said he gained emotional support and acceptance, met new people and developed friendships through this public forum.

As a young adult, these coping strategies continued and were refined throughout university. Jamie continued to adopt *religion and poetry as outlets to express himself*. He attended church regularly and includes parts of his poetry as lecture material. Jamie also talked more extensively about *"going public"* to teach people about love and acceptance. He had written articles for newspapers, including his university's student newspaper, talked on national television and to students at high schools, universities, and dormitories. When I interviewed Jamie, he said he was busy the next several weeks, heavily involved in the talk circuit for National AIDS week. He strongly believed that by *talking to people and un-burying one's feelings*--whether that is on an individual level (with close friends or a therapist) or on a public level--that it fosters healthier living and a positive attitude.

Impact & Outcomes

As a result of Jamie's multiple stressors, there were a lot of emotions he dealt with. He said he spent a lot of time crying, in essence, *grieving the divorce and the reality of*

living with HIV. However, during the interview he only mentioned crying prior to his use

of other coping strategies such as poetry and talking to people. Another outcome that

was clearly a result of Jamie's experiences and personality, was that he *forgave, accepted,*

and moved on beyond the feelings of anger and the need to blame.

> ...well it's happened, lets forget about it, move on and lets deal with what is
>
> present now. Lets deal with, where do we go from here, not worry about being
>
> angry....[It] doesn't matter because I want to forgive, what is done is done and
>
> cannot be undone...

Jamie also mentioned a number of times feeling more *mature and responsible than*

his peers and he was more drawn to the culture of an older generation. He talked about

being friends with the teachers at the school and having privileges that other students did

not have. He said he was more comfortable around his parents' generation in terms of

interests, lifestyle, and music. This unfortunately, distanced him from his peers.

> I've always been told that I was mature beyond my years partly because I had to
>
> deal with the hemophilia and stuff.... I remember one incident where I was upset
>
> and I was talking to a teacher and I defined the difference between an
>
> acquaintance and a friendship, and all the people right now my age just wanted
>
> acquaintances, but I wanted a friendship....So it was hard. And because of that I
>
> tended to move too quickly with friendships.

Jamie felt that being alienated from his peers as a child allowed him to develop a

sense of where he was going. And with the diagnosis of HIV, he felt that if he was going

to die then he should start to fulfill some of his dreams. His *goal was to get into*

university, take accounting or business, and have enough money to travel and live

comfortably.

When I asked Jamie during the pre-interview meeting how he identified with doing

okay now and coming to terms with HIV his response was, "I'm living my life as if it

wasn't a factor. I'm going to school, getting an education, and just going out [and] doing

what I would have normally done." However, Jamie also acknowledged how his *past*

shaped who he is today.

> ...this is one of my major points in all my speeches..., 'Love is like a flower, in
>
> grief and deep as pain, it finds a way to flourish, like flowers in the rain'. You
>
> know without the pain, you wouldn't have joy, without the rain you wouldn't
>
> have a rainbow. It doesn't matter, you could say it oodles of ways but the
>
> essence is that without the darkness you wouldn't appreciate the light....Without
>
> the pain that shaped my personality and my character, I wouldn't be who is
>
> sitting here now....The HIV primarily, but also the divorce and any troubles in
>
> my life, have worked together to bring me to the point where I am today. I am a
>
> sum of my past.

Some of the fear continues for Jamie. He expressed *concern about being unable to have*

children, experience safe sex, and find a person with whom to share his life. However,

he also reflected on the *realization of goals* he had established.

> I realized that a lot of those goals I set for myself in Grade 8 are coming true.
>
> You know I'm in my 3rd year of the Business Degree and I'm not going to be
>
> filthy rich, but because I'm making $30 000 a year flat from the government [a

federal government compensation package for contracting HIV through blood transfusion]...I'm going to have money to travel and see the world. I'm learning, experience and life lessons, I'm also learning knowledge and factual stuff at school so I'm broadening my mind in two directions.

Towards the end of the interview, Jamie referred to *his hopes and belief in his ability to better humanity*. He said he wanted to make a difference in this world, something to help mankind. "I'm constantly reevaluating my ideas, where the world is going and what I should be doing, and how can I make a difference using my experiences...to...forward mankind.... In a small way, I'm helping individuals." Jamie considers himself a *social activist*, fighting for people's rights, petitioning, protesting, and advocating for social change in areas that he feels strongly about.

KHARISMA

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
DURING ADOLESCENCE			
Family's Financial Difficulties	Close-Knit Family	Involved in a Range of Extracurricular Activities	Resolving Guilt
Not Able to Participate in School/Church/Family Trips Because of Finances	Academic Success	Volunteered	Take on More Responsibility Within Her Family
Constant Awareness of Her Parents' Stress Level	Her Parents Believed in Her Abilities	Learning to Trust Herself and Ask Others For Help	
Parents' Culturally-Based Strict Rules	Financial and Emotional Support Provided by Her Parents for Schooling	Thought About and Problem-Solved Her Difficulties	
Failed to Meet Parents' High Expectations for Academic Achievement	Positive Peer and Adult Relationships at Private School		
Felt Alone in Developing a Solution to Achieve Better Grades	Security and Support Derived from Church Involvement		
DURING EARLY ADULTHOOD (SINCE UNIVERSITY)			
Learning to Live Independently	Security and Support Derived from Church Involvement	Setting a Career Goal	A Stronger, Independent Sense of Self Has Emerged
Dealing with Her Parents' Anxiety About Her Independence	Support of the Police (re: stalker)		Feeling Like A Normal Person Dealing With Normal Stresses, However Stronger as a Result of Her Experiences
Being Harassed and Stalked	Safety Provided by Her Friends		Freedom Has Allowed Her to Learn About Life From Experience
	Continued Reliance on Support from Parents		

Kharisma's Story

<u>Background Information</u>

Kharisma is a 20 year old single, female. She is a full-time, second year student who is studying economics and lives with three roommates. She identified herself as being of Asian heritage. She is the only child of parents who were married in India, then immigrated when her mother gained employment. Subsequent to this, Kharisma was born in Canada.

Kharisma describes her mother as coming from a family that "didn't have a lot of money, but they lived comfortably, [and] she never had a need for anything." Her mother worked as a nurse for approximately 7 years and then she was diagnosed with chronic arthritis shortly after Kharisma's birth. Her mother has not worked since due to her disabling condition. Kharisma's maternal uncle moved to Canada about a year before Kharisma was born and took care of her until she was two years old. She said that her mother's illness progressively got worse for 12 years and then stabilized. She describes her mother as being in constant pain and needing more time and effort to accomplish a task such as housework. The main source of the stress on the family has come from financial problems and it seems Kharisma's mother felt that if she had not become ill then it wouldn't have been so much of a strain.

<u>Stressors</u>

Kharisma indicated that right from the time she was born her *family's financial difficulties* were the root of most of her family's problems. She said this was true for a number of reasons, including that her mother was not able to work and her father was self-

employed and had irregular income. Additionally, she described her father's spending habits as being extravagant: "...even when we don't have money he'll ...try to act in a way that...we do have money, so that sort of puts things in a worse situation than we are in." Some of her father's decisions included starting a travel agency business and buying a condominium, both of which caused financial losses for the family. Her parents had differences in opinion about spending money and this led to tension and conflict at home:

> He's got that sort of I don't know status/prestigious outlook. Like he drives a
> really expensive car, and we're the last people that could afford a car like that,
> and he just likes it, so he's got to have it....So it just creates a lot of family
> problems, because mom is always, always nagging, like "why do you buy this,
> why do you buy that, when we don't have the money, we could use it for
> something else." He sent me to a private school and the tuition for that was
> $7000/year....We're also the last people that can afford something like that, so,
> just because of that there was always a lot of yelling in the house.

Kharisma also mentioned, as would be expected, that there were *school, church, and family trips that she and her family were not able to participate* in because they did not have the funds.

> When there is like big trips or something, if you don't have the money to go,
> then you can't go and everyone else in your class is going. So I sort of grew up
> with the knowledge that you know we don't have the money to waste on those
> kind of things, so I never made a big deal out of it....And...my parents always felt
> bad about it.... It was more of a mental stress than a physical stress.

Kharisma was *constantly aware of her parents' stress level* to the point where she became concerned. She said her father,

> ...worries about a lot of things...so I didn't want to bother him with that one
>
> more thing. Cause I know that he is going to spend the next two days thinking,
>
> "Oh, I wish she could be able to go, but I don't have the money," so, why stress
>
> him out for no reason....Yah, I've always been pretty sensitive towards my
>
> parents' stress level, just because it is so evident in them all the time.

Kharisma also felt obligated to adhere to her *parents' culturally-based strict rules*, such as a 6:00 p.m. curfew and no talking with men without her parents' permission. Relatedly, she felt that she had *failed to meet her parents' high expectations for academic achievement*. This was particularly stressful in her first two years of high school at an all-girls private school. Her grades were low and she was keenly aware of the money her parents were investing.

> ...my mom was always on my back, "Study more, study more." I always felt like
>
> I was studying as much as I could study, so, yah, it was a lot of tension and
>
> arguing in the house about that for a good 1½ years....It was sort of a
>
> resentment....I always felt sort of bitter, because I felt like I was doing everything
>
> I could do, but they wanted more and I just didn't know how, and I didn't feel
>
> like they were helping me in my search for a solution either. They were just
>
> adding to my burden by screaming everyday....That's why there was never any
>
> solution because we are too busy trying to figure out what the other person did
>
> wrong.

As indicated in the above excerpt, Kharisma expressed many times during the interview that she *felt alone in developing a solution to achieve better grades*. She thought that because she was an only child and had no other siblings to rely on and because there was a generational and cultural gap, there were few other adults to mediate and provide support.

Kharisma's transition to independence and university involved three stressful issues. The first was *learning to live independently*. Although Kharisma still had financial stress when she left home to attend university, it was minimized because she received OSAP loans. The second stressor was *dealing with her parents' anxiety about her independence*. The relationship and responsibility she had with her parents changed. She said her parents were worried about what she was doing with her freedom, why she wasn't at home in the evenings, and how she was going to take care of herself.

> I thought they were just going to die without me, cause they were calling me every night and then they'd drive up from Toronto every weekend to see me and bring me food and they were just going crazy back then. Whereas me...I was like ready to party my butt off. For awhile there I was just, "Oh my god, I have to take care of myself....Who's going to feed me? How do I do my laundry? I don't even know how to operate this thing."

Kharisma's third main stressor while attending university was being *harassed and stalked*. She said that "the second I stepped here I had this dangerous situation of someone from back home harassing me." This man would telephone her many times during the night, try to find her on campus, make threats to her parents that he was going

to harm her, and left her threatening objects. Kharisma felt that her father's physical health and both of her parents' mental health were jeopardized because of this situation. She managed to get a restraining order for one year but it recently expired and she wondered where this man was now living.

Resources/Protective Factors

Kharisma recognized many positive factors in her life. Despite the stressors in her family, she noted that they were a *close-knit family* who relied on one another in finding resolutions to problems and celebrating successes. Her *academic success* at the end of grade 11, in which she received a $1000 scholarship, was a "total boost to my whole family." This helped with tuition for private school and showed that she was getting somewhere. This may have been a turning point in which she felt, more than ever, that *her parents believed in her ability to do better*.

> ...knowing that my parents knew that I WAS capable of doing stuff. Whereas before, I always felt that they just you know, went about their daily activities and took care of me, and just knowing that I had, I had a hand in doing something. Like I had a bit more power than I did before, made me feel like I was able to cope at last.

A big part of Kharisma's motivation for success in school came from her feelings of indebtedness for the *financial and emotional support provided by her parents for her schooling*. She said,

> ...it dawned on me that my dad was spending this much money to send me somewhere, just so I could get a good education and...make some friends that

seem to be going places.... [T]hat is when I realized that he is making a

REALLY big sacrifice and really cutting off an arm and limb to send me to this

place, and I owed him something for that.

She added that the commute to high school was 50 minutes each way, and when she was

active in extra curricular activities they would sometimes leave her home at 6:30 a.m. She

said her parents frequently felt it was better to drive her than to have her take the 2 ½ hour

public transportation ride because that meant that she would have more time to do her

homework.

Kharisma stated that another support during her adolescence was the *positive peer*

and adult relationships she developed at private school. Although she said that initially

she felt out of place because of her lower socio-economic status, the other students there

were friendly and she became comfortable quickly. She maintained the same, close group

of friends that she was able to rely on throughout her high school years. For the first time

in her life she started to ask teachers for explanations and help when she encountered

difficult homework. She also said that the guidance counselor provided encouragement to

both her and her father when she was struggling to bring her grades up during the first

couple of years.

Another protective factor noted by Kharisma was *the security and support she*

derived from church involvement. She said that every Sunday since she was born her

family attended church. This was a time when she could get away from thinking about the

pressures of school. She recognized that her mother found relief from stress by doing

church related activities, including praying or listening to Christian radio. Kharisma said

that *when she went to university, she found a nearby church to attend regularly.* When

she returned to visit her parents, they would go to church and it was as if nothing

changed--she sat on the same bench, saw the same people, and sang her favorite songs.

While Kharisma attended university, she was provided with *support from the police*

and *safety provided by her friends.* She received support from police who set up

surveillance in her room and provided her with assistance in completing the restraining

order. In addition to the supportive people she met at her new church when she was at

university, her new friends were companion walkers so that she would be safe walking

home after dark.

> ...I had this dangerous situation of someone...harassing me, so I really had to find
>
> friends to help me at that time. So it was good in the sense that within my first
>
> two months of school I already knew who my good friends would be....I know
>
> who I can depend on...it gives me a stable sense of where I am because, like I
>
> don't feel uncertain about doing anything, I just go about my daily activities, do
>
> my school stuff.

During her early adulthood, Kharisma continued to *rely on her parents for support.* This

was especially important when she was being stalked. Her father was able to deal with the

court processes in her home town while she continued to attend university.

Coping Strategies

One coping strategy used by Kharisma throughout high school was to become

involved in a range of extracurricular activities throughout the year. These included

choir, band, drama, soccer and tennis. She indicated that once she adapted to the private

school's schedule, she was able to better focus on academic work, and therefore was able to achieve higher grades. During the summer she attended a free summer school at her local high school. She said that she gained additional high school credits and that it kept her busy during the summer. She also *volunteered* for the Arthritis Foundation and in the process learned more about her mother's illness.

During adolescence, Kharisma began to develop inner coping strategies which focused on *trusting herself and asking others for help* when needed.

> ...just over time I've depended more upon myself....when I was younger I depended on them [her parents] and now I depend on myself and it was a slow gradual process...cause a lot of stresses I could change....I think that the fact that I've turned into a type of person that is now willing to ask for help if I need it. Like that is not a characteristic within my family at all...

In addition to not perseverating on a stress factor and moving on quickly, Kharisma talked about a coping strategy in which she *thought about and problem-solved her difficulties*:

> ...I was ready to flunk out of school, where was I going to be, I started thinking, "Am I going to be like my parents 25 years from now, struggling, and struggling, and struggling." So, maybe it was just the act of sitting down and thinking "What's going on" and analyzing within myself, I don't know if that is what triggered that whole transformation and triple 360 that I did.

There were few themes to describe Kharisma's coping strategies while at university, but I would suspect that those that she used in high school have remained with her. One

strategy that she did mention was *setting a career goal*–the goal of being a chartered accountant.

Impact & Outcomes

During our entire interview Kharisma discussed how she came to many realizations. The first of these was that as a child, Kharisma felt that it was her fault that her mother developed arthritis. It was only once Kharisma started to become educated about arthritis, volunteer, and think things through that she was able to *resolve the guilt.*

> ...the stress of knowing that I probably caused her illness. Just the process of
>
> sitting down and thinking about it just sort of helped me realize that...how could
>
> my birth have inflicted her with arthritis. Like it was more of a common sense
>
> working out.

> When she was 6 or 7 years old, she understood that her life was stressful, more so

than her classmates. Up until that time she thought that, "I was the center of the world, and everything revolved around me." From then on, especially around the time when she began high school, a gradual process occurred in which she started to *take on more responsibility within her family* and,

> ...we were all taking care of each other. And I think that was sort of an
>
> important thing because they realized that I was at a point where I realized
>
> things, and I knew I had to contribute, like I had to do something for the family.
>
> And ahh, so that turned our whole family into more of a..friend taking care of a
>
> friend situation....[L]ike my father started to look at me as a person that could
>
> actually do things....if he had a financial problem he could sit there openly and

talk to me about it...we all sort of realized that this is our family problem, so we should be able to talk about it. Made all of us sort of stronger within each other.

As a result of this loss of innocence, gained knowledge, and shared accountability, "...it just decreased my parents' stress knowing that...I was finally willing to take on some responsibility. Because before...they'd worry about their own problems AND my problems."

Since the time that Kharisma has been at university, a *stronger, independent sense of self has emerged*. This has changed the way she understands herself in relation to her parents, her friends, and her environment. She says that now her relationship with her parents is based on mutual respect and admiration for each other, she doesn't worry about their stressors as much and they treat each other as equals. She says that since the stalker incident,

> ...they realized that I was able to take care of myself through it. And I know that
> they gave me a lot of benefit because of that...like a lot of extra admiration
> because...I was able to go through it and still bring my marks up. Because of
> that, that whole situation makes me feel good...

She also mentioned that she is now *feeling like a normal person dealing with normal stresses, however she felt has a stronger character for dealing with her life than she had in the past*. She said, "situations that other people find really stressful I don't think anything of them and I'm able to deal better with them."

And a final outcome is that Kharisma recognized that her *freedom has allowed her learn about life from experience*, rather than what her parents have told her.

It was something I was sort of starving for my whole life...just a bit of

independence, being able to do something by myself, umm, being able to do

things...they thought were wrong. Like I know it's not wrong to talk to a guy

and say "hi" to him; but they think that's like some sort of big thing. So just

being able to act like a normal human being, like the rest of my friends. And I

learned so much more about life in general in that one first year of my university

career than I ever did in my whole life.

GINA

DURING ADOLESCENCE

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
Childhood Was Unpredictable, Chaotic, and Her Basic Needs Went Unmet	Her Parents Never Gave Up on Her/Always a Home To Come Back To	Used Fantasy and Lying	When Not Using Drugs, Developed New Standards and Made Changes in Her Life
Negative Self-Image	Positive Relationship with A Boyfriend	Substance Abuse Gave Her an Identity/A Place to Fit In	Cycle of Drug Use and Sobriety Ended with an Overdose
Resentment and Hatred Toward Her Mother	Care and Support From Hospital Staff	Periods of Sobriety And Attention To Her Health	She Recognized That Her Behaviours and Coping Were Learned From Her Parents and That She Could Change This Pattern
Emotionally Abused by Mother		Suppressing the Urge to Use Drugs	
Threatened to Runaway From Home		Substance Abuse Lifestyle to Numb Feelings of Loss	Wonder What It Would Be Like If She Had Been Raised in A Healthier Family
Substance Abuse Lifestyle			
Loss of Positive Relationships with Boyfriend and Friends		Involved with Criminal Activity	
Multiple Pregnancies and Their Termination			
Emotionally and Physically Abusive Relationships with Boyfriends			

DURING EARLY ADULTHOOD (SINCE SOBRIETY - 19 years old)

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
Feelings of Shame and Anger About Abusive Boyfriends	Family is Supportive of Her Recovery	Unhealthy Strategies to Avoid Feelings	Difficulty Trusting Men For Fear of Being Hurt
Family Continued to Use Alcohol and Drugs	Formal Counselling	Learned Healthier Coping Strategies Through Her Involvement with Narcotics Anonymous and Individual Counselling	Gained Awareness of Herself, Self-Confidence, and Assertiveness
Yearning that Her Family Would Choose Sobriety	Grandfather is Her Guardian Angel	Journalling Feelings	Provided Support to Other Recovering Women Addicts
		Belief In A Higher Power	
		Courage To Take Risk to Change	

Gina's Story

<u>Background Information</u>

Gina is a 23 year old single female. She is a part-time, second year student who is studying Anthropology. She identified herself as Canadian and as having some northern European heritage. She has a 20 year old brother and her parents were married at the time of the interview. She said that her mother worked sporadically and that her father had been working for the same company since her birth.

Gina reported that she grew up in an multi-generational alcoholic home, that her mother had a drinking problem, and that her maternal grandfather was also an alcoholic for many years. During the pre-interview she told me that she started using drugs when she was 13 years old and went into her first rehabilitation center for cocaine when she was 19. She had been arrested for shoplifting, suspicion of prostitution and armed robbery. When I met Gina she had been clean for 3 years and 5 months and had recently done an interview with a newspaper that documented her successes. Of all the participants that I interviewed, Gina's story was the most shocking, gut-wrenching experience I heard.

<u>Stressors</u>

The first time we met, Gina emphasized that her problems were "symptoms, the result of not being able to deal with feelings, not having the tools to confide in a person." She depicted an abusive/neglectful relationship with her parents from the time she was a child. She talked about looking forward to times when her parents would have parties because these were the only times she could count on not getting yelled at. She found her *childhood unpredictable and chaotic*. Her family lived in an unclean and unkempt house

and her *basic needs went unmet.*

> I would come to school with messy hair and....I was late everyday for school
>
> cause my mother drove us...I didn't have clean feet cause...mom didn't have time
>
> to get me in the bath. If I wanted to eat lunch, I had to make my own
>
> lunch....I'm making some connections now, ... my learning ability in school was
>
> related to the fact that, (a) I wasn't sleeping properly, and (b) I wasn't eating
>
> properly. There was a lot of emotional stuff going on and I just thought I hated
>
> school but really I couldn't concentrate....I remember being very hungry at
>
> school, all through high school as well....we had food, nobody had it together
>
> enough to get it together to get it in the lunch bag...

As early as Grade 1 Gina remembers feeling different than other students and having

a *negative self-image.* There were times when she was teased because she didn't look

like other girls with their curled hair and "fancy recess treats." At other times she didn't

want to participate in gym because it would mean taking off her shoes and having people

see her dirty feet.

> ...not really fitting in anywhere, feeling like everyone else had gotten some
>
> special chromosome that I missed out on, and wanting so badly to fit in, having a
>
> lack of respect for myself, [I] decided to start smoking because the other kids
>
> were.

The first specific stressor she identified was when she was 7 or 8 years old and

"finding my mother with another man. And...not being able to tell anybody and feeling

very alone with that secret." She inferred that her father had found out and asked her

mother to leave her job, to save the marriage. Gina said that this was the "straw that

broke the camel's back" in terms of her relationship with her mother. She mentioned

having a lot of built-up *resentment and hatred toward her mother*, while feeling sorry for

her father because of the way her mother treated him. She described her mother as mean

and bitchy.

When Gina was older, she recalled a lot of yelling and fighting that went on between

her mother and herself. She described feeling smothered and controlled. She talked of an

incident when she was 11 years old:

> ...one of the only times my mom ever hit me was when she let one of her friend's
>
> kids in my room, and I freaked, I snapped...and she slapped me so hard that my
>
> nose started to bleed....I remember being so angry at her...she used to get mad at
>
> me....I don't have a history of a lot of physical abuse and I remember no sexual
>
> abuse in my childhood...there's a lot of *emotional abuse* and I remember wishing
>
> that sometimes that she would just shut up and beat me. Cause I probably could
>
> deal with that....I see myself looking back as being verbally scorned and running
>
> to my room to sort of lick my wounds.

Gina threatened to runaway at times when she was a teenager, but ultimately stayed at

home until she was 21 years old.

In adolescence, Gina started to use alcohol and drugs. Although I will discuss this

further in terms of coping, it is clear that the *substance abuse lifestyle* was a major

stressor for her. She talked about how her parents' and community's attitudes towards

teen drinking and substance use enabled her use, and ultimately her addiction. When she

was 15 she would hang out in front of the liquor store and have an adult purchase alcohol for her. Her mother would allow her and her friends to drink at her home. By the time Gina was into the daily use of drugs, "My mother was enabling me by paying my drug debts, giving me money to get high, letting me use her car...." Another stressful part of this lifestyle for Gina was towards the end of her addiction, the endless cycle of withdrawal and the all-consuming search for more drugs. She reported times when she experienced withdrawals from cocaine where she was violent, smashed glass, and destroyed the room she was in.

Gina mentioned that between 16 and 17, she and her boyfriend who had introduced her to drugs, "took on a new outlook" and chose to become clean and sober. However, when he left to go to college, she returned to her substance abuse lifestyle and her friends in that culture. Gina experienced multiple *positive relationship losses with her boyfriend and a friend*, but chose not to deal with the feelings around this and resumed or continued to party.

Gina voiced clearly during the pre-interview that one of the major stressors during adolescence was *multiple (four) pregnancies and their termination*. She reported that the pregnancies were spontaneously or voluntarily aborted. She said that for one pregnancy she was induced in the hospital and had a chance to look at the dead fetus.

But the vision was [crying], something that...I shouldn't have done because...it wasn't healthy closure.... [T]hat was my baby that didn't happen, that was the baby that I had named, that I had planned for and that was NOT what it was supposed to be. Everything was shattered and I was horrified.

During this pregnancy, Gina had led a healthy, sober lifestyle. But with the loss, her mother purchased a case of beer, and she bought a chunk of hashish, and Gina returned to the substance abuse lifestyle. She frequented parties and bars where she would meet men. She thought that the drugs made her look thin, beautiful, and attractive. She only later realized that she was being used by men for sex. She was involved in many *emotionally and physically abusive relationships.*

> So he almost killed me that night....I went back to him the next day....He choked me and he had me up against the wall and I had stopped breathing and I was blue and passing out and I was just...he must have just seen me passing out because I was just going limp and, he let go and spit in my face...there were people all over the place watching.... I remember feeling that...my life was passing before me...thinking I was going to die.... I wanted to leave him so bad I wished he was dead. So that I didn't have to break up with him myself, cause I didn't know how, I didn't have the courage, and every time I tried he talked me back into being with him again....I was...at this point 5 months pregnant and D. came back from [the Maritimes] and, he was using a lot and I was away from him long enough to know that this is not who I wanted to be with.... I was imposing my new standards on him, he wasn't happy, we were fighting, he tried to choke me again on a Monday night and the next day...I went in for my ultrasound and the baby had died...

When Gina was 19 years old, she entered a treatment center, became sober, and started her recovery process. Recovery was not an easy process and Gina described two

stressors that she struggled with. One stressor was intense *feelings of shame and anger about abusive relationships with men* when she had been using drugs.

> ...cause I had so much anger and so much shame over being with him and
>
> allowing myself because...today I would never date someone like that, I would
>
> never allow someone like that to be in my presence.... that's not my reality
>
> anymore and so to think of me in a situation like that I want to hug myself and
>
> say, '....You don't have to be in a situation like that anymore to feel loved'.

In addition to the feelings she experienced in regards to her previous boyfriends, she also struggled to come to terms with being sober with a *family that continued to use*. Gina described that her brother is:

> ...very happy for me, he's glad I'm clean but by the same token he is using too
>
> and people who are using don't like to be around people who aren't using cause
>
> it makes them have to look at why they use. He tends to shy away from me,
>
> which hurts but I understand. And the three of them get along quite well,
>
> they're VERY HAPPY to be there without me because when I was there my
>
> mom had to hide her alcohol...she probably constantly felt the guilt and shame of
>
> her drinking.

Gina *yearned for the day that her family would choose sobriety*; however, she described a visit home that took place the day before our interview:

> ...I went over expecting to talk...and she was passed out cold. I couldn't wake
>
> her up. And I was very disappointed...cause now I'm...right back to not
>
> accepting and wishing she'd quit and fantasizing that she'll come to meetings

with me and getting into the fantasy of my family being clean with me, which is

not a reality.

<u>Resources/Protective Factors</u>

Even though a big part of Gina's stressors emanated from her family, she also felt that

her family life had supportive elements. Gina said her father came from a relatively healthy

environment, except for being somewhat devoid of feelings. She described him as

avoiding conflict and having a laid back personality. She had had a close relationship with

her brother during her childhood and teen years but this changed when she became sober

and he started smoking pot and drinking alcohol. Additionally, she maintained that

throughout her teenage years when she was involved in the drugs, she knew that she could

always go home to a shower, clean clothes, and a place to recuperate.

> As much as I hated it at the time, as much as I wished I could just be a street kid
>
> like everyone else--cause the freedom was so appealing to me--of anything that I
>
> reflect on that is a support to me, that is primary, *my mom and my dad never*
>
> *gave up on me.* They never gave up hope, they never left me to the street, they
>
> never refused to feed me.

Another protective factor for Gina was a three year *positive relationship she had with*

a boyfriend between the ages of 16-17. This led her to quit using drugs and focus on her

health. Gina also found *care and support from hospital staff,* especially when she aborted

her 5 month old fetus. "...I love being cared for in the hospital...even when I get the

slightest pain in my side I keep wishing it's appendicitis today because I want to be back in

that caring environment."

Once Gina was in recovery, she felt that both her *family's support* and the guidance

of *formal counselling* were resources for her. She talked about how her family respected

the changes she made, even though they were uncomfortable around her. She also felt

that her grandfather, who had been in AA 10 years when he died, was her *guardian angel*.

Gina went to inpatient substance abuse treatment centres and she reflected back on them

as being a safe and warm place to "get away from it all." She also received individual

counselling for issues around being an Adult Child of an Alcoholic and reported feeling

heard, acknowledged and accepted by her therapist. Because of therapy and Narcotics

Anonymous, Gina came to understand that her problems were not her mother's

alcoholism, but that she had made unhealthy choices.

Coping Strategies

One coping strategy that Gina used to manage stress in childhood involved

fantasizing and lying:

> I developed an image for myself through telling lies. I think I probably lied about
>
> where I was born, I lied about what my parents did for a living, I lied about what
>
> we did on the weekend, I'd lie at show and tell. I just had this image of myself
>
> created because I couldn't accept it and I didn't like who I was....it was very
>
> fulfilling and I felt like I was good at something.... The first thing that I thought
>
> of when you said that we would talk about coping mechanisms is my coping
>
> mechanisms were lying. My coping mechanisms were portraying to be
>
> somebody ... portraying an image that was not me, my own denial, believing the
>
> lies, living in the lie that I was a movie star, ...that I was an actress, living in my

own head in my fantasies. Fantasy was a BIG coping mechanism for me.

Gina reported that she started to experiment with cigarettes and alcohol in Grade 5. When she was 15 years old she met a male, subsequently her boyfriend, who introduced her to the party lifestyle. She described her weekend use of alcohol as a gateway to using marijuana on a more frequent basis, even though she never really liked alcohol. *Substance use gave Gina an identity, and a place to fit in*; "...why I used was because I couldn't handle what I was feeling, I didn't know how to be me, I couldn't accept me, I wasn't happy with me, I didn't like me,...I didn't know how to face my feelings so I just got high." Gina said that, "in adolescence drugs probably saved me from killing myself."

Periods of sobriety and attention to her health during adolescence also facilitated Gina's coping. When Gina was 16, she and her boyfriend took a new outlook on life; they both became sober and Gina was active at the gym and took a job.

> ...when I put down the drinking and that lifestyle when I was with this boy, I
>
> picked up an obsession.... I became very into losing...weight and obsessed, just
>
> obsessed with it.... [M]y goal in life was to become an aerobics instructor or a
>
> dermatologist. I was just obsessed with my image, umm, and I studied
>
> magazines, books.

She reported that Grade 11 was her best year in school because she was not using, she spent a lot of time with her boyfriend, and she was fighting less with her mother. However, during this time she had felt like she was "suppressing the urge to use drugs," and that they were just "pretending to be anti-drug." The other time that Gina mentioned in which she became sober and focussed on future plans, was during one of her

pregnancies, a time in the middle of her heavy use of drugs. She chose to become clean,

stop hanging around the drug crowd, go back to the gym, and focus on her health and the

health of the fetus. She said that it felt like "this is it," the same feeling when she tried

new drugs.

Although Gina had maintained a period of sobriety, when she was 17 and her

boyfriend left for college, she reported feeling an emptiness and made a conscious decision

to start using again. Gina didn't allow herself to grieve the loss of this boyfriend. Instead,

she *returned to the substance abuse lifestyle to numb her feelings of loss.*

> There was no chance to grieve, I didn't even cry a tear, and.... we were in love,
>
> we cared about each other so much, and then I started using and that was it....I
>
> was hanging out with these people who were drinking and...we were going to
>
> bars. And back then you didn't need I.D. to get into bars, and I was loving it.
>
> Every weekend was like a new adventure, I was meeting people, I was
>
> socializing, I had friends coming out the ears, ...the phone was ringing, I was
>
> picking up guys in bars, I was LOVING this life compared to being obsessed
>
> about my weight, hanging out with J. [her boyfriend] 24-7 [i.e., 24 hours/day, 7
>
> days/week], this life was...what I was always looking for.

Gina said that after awhile alcohol and hash just weren't "cutting it," and when she

tried cocaine she said "this was it," this was what was going to make her prettier and have

new friends. Gina subsequently became *involved with criminal activity* (as mentioned in

the introduction).

After Gina returned from the treatment center, she developed *strategies to avoid*

feelings so that she could cope with her past. She admits that these were "unhealthy coping mechanisms" to get her "self-esteem needs met." She talked about "picking up" excessive eating, exercising, travelling, shopping, and dressing up with skin-tight clothes and lots of makeup. She also reported that she fantasized about a time when her mother would join her on the path to sobriety. "...wishing she'd quit and fantasizing that she'll come to meetings with me and getting into the fantasy of my family being clean with me, which is not a reality...."

Eventually, Gina *learned healthier coping strategies through her involvement with Narcotics Anonymous and individual counselling* which helped her deal with her feelings. She recognized that:

An ideal coping strategy is to have a feeling, feel a feeling, and let it be felt. To talk about it, to cry about it, to grieve, to laugh, to be angry and not hurt somebody or myself.... So now I'm clean. I got all these feelings going on like crazy, grieving from 10 years ago, fears from a year ago. Like I didn't feel the fear of being in a crack house with Jamaicans who carry guns until I had a year clean....So one thing that I know for sure is running from a feeling, it will INEVITABLY...reach me at some point.... what I thought my role...as a sex object—all that stuff was my coping for so long that when I got clean and learned it was wrong, I had to change it.

Gina also added that she would document her *feelings in a journal*. She talked about the work it takes to constantly maintain her sobriety. As part of NA she *believed in a higher power* that is necessary for her recovery, she made amends to those who she wronged, and

she continued to learn from her own and others' mistakes. "Drug addicts are not supposed to get clean and live a normal life, they are supposed to die on drugs....I know that I've been given a gift and I don't know why I've been given a gift..." She added that it took her *courage to take the risk to change*.

Impact & Outcomes

Gina was aware that even though she felt loved and protected in the drug culture, it was an illusion. During periods of *withdrawal and/or sobriety, she adopted new standards and made changes in her life*. She said being "out of the denial," or "clearing up the fog," allowed her to realize that this was not the type of life she wanted to live. Unfortunately, she would return to drug abuse and the *cycle of drug use and sobriety* would continue until she "hit and crash and hurt" herself:

> I realized I wasn't going to get any more [drugs] and all of a sudden I started to feel myself go under... *O.D [overdose]*....I could feel it coming up to my heart and I sat straight up in the bed...and there was a mirror right there and I looked over and I saw what I had become.... I saw my face, I saw the burns, I saw who I had become and I think I said out loud, "God please don't let me die like this." And then the other part that got me my bottom was...being in the motel room with the drug dealer and I said, "...I got to get some respect for myself." And here's this Jamaican drug dealer telling ME to go home and have a shower.

Gina returned home, realized her family was continuing their life without her as if "I had died [and]... I wasn't part of the family anymore," and decided she wanted to be clean once for good and called a treatment centre.

Though Gina recognized that a lot of her own *behaviours and ways of coping were learned from her parents; she understood that her parents did the best they could do at the time and that as a young adult she could change these patterns.* Still, she *wondered what it would have been like if she had been raised in a healthier family:* "And not that my environment wasn't loving...my parents loved me very much; it's the only love they know though. And then I wonder what it would be like to be brought up with encouragement and gentleness and warmth."

As a sober young adult, Gina wished she had a closer relationship with her mother, but knew it wasn't possible until her mother became sober. She also had *difficulty trusting men, for fear of being hurt.* She described herself as a different person now with values which included sobriety, health, and self-respect. She says that she *gained an awareness of herself, developed self-confidence and assertiveness.*

I guess sometimes I compare myself to people I work with for example who are

pretty much "normal." And I see myself as being able to feel and live on a

deeper level....we have very different priorities....I have a heightened awareness

of my feelings and my surroundings. When I see others in denial, I thank god

I'm not there.

When Gina hit bottom, a doctor told her she was malnourished and that she wouldn't live to see a new year. Since then she has gained a healthy amount of weight, eats in moderation, doesn't hurt her body, and takes precautions such as wearing a seat belt and using birth control. At the time of our interview, she said "I don't think of using anymore. I may think of having a cigarette" and felt that she still had a lot of emotional work to do.

She also *provided support to other recovering women addicts* in the community.

AIDAN

DURING ADOLESCENCE

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
Unhealthy and Abusive Relationship With Boyfriend	Supportive Relationships With Family in Childhood/Teen Years	Active In Sports	Weak Sense of Self and Identity Left Her Vulnerable
Conflicted Relationship With Parents Because of Boyfriend	Friends She Could Count On During Difficult Times	Maintained Part-Time Employment	Increased Independence Following Suicide Attempt
Distant Relationship with Father		Actively Pursued Education and Career Goals	
Isolated From Her Peers		Used Distractions To Block Problems From Her Mind	
Attempted Suicide			
Teenage Pregnancy and Abortion			
Raped By A Friend			

DURING EARLY ADULTHOOD (SINCE UNIVERSITY)

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
	Strengthened Her Relationship With Her Family	Forgave Boyfriend and Put Past Behind Her	Feeling Stronger and More Secure About Herself
	Closer Peer Friendships	Take a Risk/Seize the Moment to Make a Change in Life	Strived To Fulfill Her Future Goals of Being a Teacher and Being a Good Person
	Long term, Supportive Relationship With Her Current Boyfriend		

Aidan's Story

Background Information

Aidan is a 20 year old single, female. She is a part-time, second year student who is majoring in History with an interest in Psychology. She hopes to become a teacher, like her mother. She identified herself as Canadian. She has two fraternal twin sisters who are 18 years old. Her parents lived together at the time that I met with her.

Stressors

When Aidan was 15 years old, in 10th Grade, she started dating a same age male peer. This became a very *unhealthy and abusive relationship* that lasted almost a year. They attended the same high school and she said she was attracted to him because he was good-looking, charming, and they had a lot of things in common. She said that as the relationship progressed he manipulated her, played "mind games," and tried to control her. She described their relationship as unstable; it was on again, off again for one year, during which time there many arguments. As a result she found herself crying a lot, upset that they might break up or had broken up, she became "bitchy" to her siblings, and got into arguments with her parents. Aidan felt that her boyfriend put her on a pedestal and held her up to a double standard; that is, what was okay for him to do was not okay for her do, especially around drinking alcohol, doing drugs, and going out with friends.

> ...he'd...threaten to commit suicide...I'd find that really frustrating and
>
> alone....Like he'd ignore me at school for instance. It's like he would be fine on
>
> a personal level and we'd be happy together, and the minute we got with
>
> friends....So he'd always say, 'I'm going to go and do some drugs tonight', and I

got really angry at that and...he'd talk about other girls and you know, try and

get me jealous....If I wanted to go out with my friends,...he'd make me feel guilty

and you know and say, "Oh, well I'm going to break up with you"... just so that

I wouldn't go out with my friends or.... So I lost a lot of friends that way.

And...he didn't take me out with his friends, didn't include me in like normal

adolescent things, like I wanted to drink with them, and I might of--I didn't

really want to smoke up or do anything like that with them--but even if I wanted

to I couldn't because he sort of put me on this pedestal...where THAT wasn't

for me and he wouldn't allow me to do that, which was another way he'd control

me.

The *relationship between Aidan and her parents became conflictual* because there

were times Aidan felt like she had to choose sides, either her parents or her boyfriend.

She understood that her parents wanted to protect her from the pain caused by her

boyfriend. Aidan described her mother as a calm, quiet person, but she also would

become angry and yell at her boyfriend.

...it was because...my parents and my boyfriend didn't exactly get

along...and...they were both important and either way I love my parents and I

wanted to obey them but I loved my boyfriend, so I didn't know which way to

go....I was just so, so distraught over the whole thing....My parents argued with

me a lot about my boyfriend....it just got, when M. [boyfriend] and I would fight,

...I'd be crying on the phone, I'd be upset and I'd tell her [mother] about the

fights....And I don't think that that was quite wise, looking back on it, because

she got really frustrated with the whole thing and she didn't like to see me get

hurt, so. She...didn't get mad at me but she got mad at him and expressed her

anger and then I got mad because I, I still loved him because I was you know

really taken in by him...it just went on and on....So my mom didn't understand

why I kept going back to him.

Aidan described having a *distant relationship with her father*.

I have a lot of hostility built up...sort of got confused with him....when I was a

kid I was very scared of him just because he is very dominant...we both have

very bad tempers. So his bad temper when I was a kid used to scare me and...I

remember sort of fearing him, so I wasn't really that close to him.

Aidan described her relationship with her twin siblings at this time as "coexisting." She

said that because they were twins they spent time with each other and she felt separate

from this. But she also said that she "got really bitchy so they didn't like me too much."

Throughout this turmoil, Aidan became *isolated from her peers*. She describes that

part of this isolation was due to her, but also part of it was because of the relationship with

her boyfriend. She said she would stay home and do homework rather than going out

with her friends.

I sort of went backwards and I...didn't do things that a normal teenager would,

like I didn't hang out with my friends at the mall, and I didn't go on ski trips, I

was totally isolated from that. And I didn't get to develop socially.... Like I

would have found out who I was. I was more, you know, it was M. [her

boyfriend] & [Aidan] to me and there was no separation.

Aidan also experienced a number of acute crises during her youth. The first occurred, when after dating her boyfriend on and off for six months, she *attempted suicide*. The precipitant was that her mother had forbidden her to see her boyfriend and in anger, she went to the bathroom and swallowed 30-40 extra strength Tylenol. She said that she did it, not because she was trying to hurt herself but as a call for help; she was tired of feeling opposing loyalties between her parents and her boyfriend.

> I didn't really want to commit suicide because I called my friend up and I told
>
> him what I did. Then he was on the phone with me for awhile....I was crying and
>
> you know, his mom made him get off the phone, and his mom was a nurse...and
>
> he told her what happened.... And then she called my mom back and my parents
>
> went into hysterics. My dad drove me to the hospital...

Stress in the family continued after this incident because her parents felt upset and responsible over her attempted suicide.

The second acute crisis was an *unplanned pregnancy and subsequent abortion* one year after she started dating her boyfriend.

> ...So I really had to persuade him [i.e., her boyfriend] to go with me to the clinic
>
> to get a test and I got a test and I found out I was pregnant.... I knew what I
>
> wanted to do because I had thought about it before. And he didn't want me to
>
> have an abortion and I did. So he didn't want to have any part of it. He didn't
>
> go with me to the clinic,...he didn't call and ask me how it was afterwards. I
>
> think he pretended that he was kicked out of his house so...I would feel sorry for
>
> him.... And we [Aidan and a male friend] ended up going, a one day thing....it

was a big deal because I remember being really upset that he wasn't...there.... I

was just really scared, I freaked out basically.

Aidan told her mother about the abortion shortly afterwards, but never told her father.

The final acute crisis occurred when Aidan was 19 years old, the summer before she

was to start university. She said she was *raped by a friend* and although she minimized

the impact of this, she described feeling betrayed.

...he started kissing me and sort of being, not attacking me violently, but

attacking me sexually, and I was like "no, no. I don't want this." And I kept

yelling, "No," so I was kind of stressed from that...it was sad...I'm still kind of

confused about it. Like ...I guess it was kind of like a date rape...And I didn't

understand it because...we had been such good friends, we kept in contact, he

went through that [i.e., the abortion] with me, he knows how...bad I felt and the

pain that I've been through. And for him to do that to me just made it even

worse.... I didn't know how to really handle it.... I didn't really see it as having

that much of an impact on me, other than the fact that after that I had a really

hard time with my boyfriend cause I just felt really dirty....like when I envision

rape, I don't, that's not how I envisioned it, so it doesn't feel that way to me.

Though Aidan felt she was vulnerable at this time, it seemed as though she was quick to

bounce back. To understand this, it is important to look at her support system.

Resources/Protective Factors

Aidan described an overall *supportive relationship with her family during childhood*

and early adolescent years. She says, "I grew up in a really good family with not a lot of

family problems." Even when problems began to erupt in mid-adolescence, she described an unconditional and close relationship with her mother. The day after Aidan had the abortion she told her mother about the abortion. Aidan recounted that her mother said,

> ...she wished that I had told her and that she had gone with me, because she
>
> said...there is nothing that I could tell her that would upset her that much that
>
> she wouldn't have anything to do with me. So she was really good about
>
> it....She thought that maybe I had made the right choice.

Although Aidan was not close to her father, she said she had an honest relationship with her parents. Overall, it seemed as though Aidan and her parents found ways to talk with each other.

Aidan also had *friends she could count on during difficult times*. She talked about having friends around during the suicide attempt and the abortion. The friends, both male and female, helped her get over these rough periods and encouraged Aidan to talk with her mother.

Since Aidan has been to university, the resources of family and friends have intensified. She felt she had *strengthened her relationship with her family* and has unconditional respect for and from them. She is now able to respect her father's dominant personality more in an attempt to improve her relationship with her father and understand herself. Additionally, she attributed her strong educational/work ethic and stubborn personality traits to her father and realized how they have benefited her in terms of motivation and determination to succeed. A closer relationship with her sister is evidenced by the fact that Aidan accompanied her sister when she also went for an

abortion.

Aidan also mentioned that she had *closer peer friendships* while at university. She

feels committed and loyal to her friends.

I think just talking to people about things in a sort of therapeutic way....I saw

people's problems--it sort of made me feel better because I wasn't the only one,

that was how I sort of dealt with things. Then there are certain ways that people

reacted to their situations and I didn't agree with them, so then I sort of felt

good in the fact that...I didn't react badly and I handled it in a really positive

way.

She also described a *long term, supportive relationship with her current boyfriend.* She

said he was "terrific" and that, "it's like we're good friends....I just feel really grounded."

Coping Strategies

Aidan used a variety of coping strategies to deal with the stress she experienced from

her abusive teenage relationship. There were many healthy activities in which Aidan

invested her time and energy. She was *active in sports*, coached sports teams, tutored

peers, and *maintained part-time employment*. Additionally, Aidan *actively pursued her*

education and career goals.

Like I'd pick up shifts [at work]...whenever I could because...I always had this in

the back of my mind that I had to earn money for university.... Like I was always

very disciplined in that respect and I...always wanted a job to get where I was

going.... to succeed and I've never liked failing.... Cause I had a really good

babysitter when I was a kid.... [In] Grade 7, I...knew I wanted to do something

with children... [and] I knew that I had to do certain things, like I had to go to

university to be a teacher.

Another coping strategy that Aidan utilized was using *distractions as a way to block*

problems from her mind. With regards to the rape, she mentioned that she would block it

out or not think about the episode. She also talked about distractions, such as work.

So I just sort of ignored it and it wasn't as big as some other, like if another girl

got raped by a stranger....[It] didn't have that much of an impact on me and I

don't know why. I...just sort of blocked it out and sort of forgot that it ever

happened....And I don't like to think about it obviously, and I just want to put it

out of my head instead of dealing with it I guess.

When I interviewed Aidan, her strong personality shined. She is a compassionate and

caring person who *forgave her ex-boyfriend for the abuse and put the past behind her*

during early adulthood. She took her advice from her mother and chose to move on, and

this is how she felt she coped with her stressful experiences. She talked to her ex-

boyfriend recently and he apologized for the treatment she received on his part during

their relationship.

I don't feel as angry towards him 'cause I know that he's had a lot of problems

and even though he did screw me up a bit and we had a very bad relationship,

...I've gotten over it and I feel bad for him.... And I think that if you're going to

be successful in life you have to forgive people for...mistakes....I think that if you

are not willing to forgive...then you keep brewing about it... and you stay mad....

It's not worth it to hate someone.

Aidan also suggested that one should have fun with their life, and not spend too much time making a decision. She said *take a risk*, "seize the moment": "I can see there are dilemmas that people have and I have them too.... It's either make up your mind but don't ponder it for three months.... Like have fun with your life because it's short. I sort of... value life a little bit more."

Impact & Outcomes

Aidan recognized that in adolescence she had *weak sense of self and identity* that left her vulnerable and susceptible to being taken advantage of. She described herself early in the interview as a "weak" person, and clarified this as not having "a mind of her own." She said that she felt naive about teenage issues such as alcohol, drugs, and sexual intimacy. And added that she began having sex too soon.

> I didn't have a strong sense of who I was. So that really had an effect on me and I thought, wow he's great and he loves me and he's going to take care of me....I became very vulnerable to that. And...that is why I think that I was so, so easily controlled by him in the whole relationship....[V:...you said you were conservative...can you elaborate?] Conservative in the fact that I was very innocent....I didn't do any drugs, I didn't know about them and I felt very stupid actually when it came down to what he was saying cause I had no idea what he meant. I had never drank before. I had never had sex, I was a virgin.

Aidan enjoyed her *increased independence following the suicide attempt*. She said that her parents just wanted her to be happy, so they allowed her to make choices in terms of her boyfriends. Her boyfriend and she broke up in September, around the time she had

the abortion. Subsequent to that, she saw him periodically in school and they talked occasionally. When the relationship ended, she realized that life with her ex-boyfriend was "really bad and that there were other things out there. And I could go out and have fun...." She talked about experiencing normal teenage life, like hanging out with her friends and short-term relationships.

Since Aidan has been at university, she verbalized axioms that reflected her *feeling stronger and more secure about herself.* She felt she is a better person for surviving this difficult time and being able to come out of it stronger.

I sort of have a philosophy right now that everything happens for a reason. And that I wouldn't be the person that I am today if those things didn't happen....

[My mother] just keeps telling me that she's really proud of who I am, and so I'm proud of who I am now and I realize that if I didn't go through these things that I probably wouldn't be the same person.... [I feel] stronger as a person.... I like who I am.

Aidan reported that she was doing better academically during her second year than her first year and that she enjoyed her studies. She *strived to fulfill her future goals* such as becoming a *teacher*, working with children, and to be a *good person*. She talked about sharing a passion and excitement for life with her friends and boyfriend.

[My boyfriend] called me up and started talking to me about writing a Stalin paper for his history class and "Oh, and this happened and this happened." He gets as excited as I do and that makes me feel so good when someone else gets excited about something as I do.

STEPHANIE

DURING ADOLESCENCE

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
Symptoms and Cycles of Her Father's Manic-Depression	Respected and Looked Up To Her Father	Predicted Illness Cycle by Looking into Father's Eyes	Worried that She May Develop Manic-Depression
Father Experienced A Psychotic Break	Support of Friends In Hong Kong	Felt Hopeful about Father's Recovery	Feelings of Anger, Sadness, and Unfairness About Father's Illness
Father's Illness Was Kept A Secret Because of the Stigma	Boyfriends Provided Shelter, Safety, and Escape from Problems at Home	Kept Busy With Music, School, and Family Responsibilities	Did Not Feel Supported By Her Mother
Difficulty Explaining Her Father's Illness to Relatives	Confided in School Teacher		
Lifestyle Changed Dramatically When Her Family Immigrated to Canada	Consultations With Eastern/Western Medicine Doctors to Explain And Diagnose Her Father's Behaviour		
Loss of Friends in Hong Kong and Difficulty Making New Friends In New Canada	Police, Hospital, and Group Home Environment Provided Support To Father and Family		
Financial Stress Due To Father's Poor Business Decisions and Ultimate Bankruptcy			
Heavy Family Responsibilities Bestowed Upon Her			
Conflictual/Abusive Relationship with Mother			
Parents' High Expectations That She Would be An Obedient and "Good" Daughter			

DURING EARLY ADULTHOOD (SINCE UNIVERSITY)

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
Parents' Bankruptcy and Living on Tight Budget	Making An Effort to Find and Talk With More Women Friends	Rebellious Toward Parents	Belief That A Physical Separation From Parents Would Allow For An Emotional Separation
Little Support From Family and Friends	Working on Changing Unhealthy into Healthy Boyfriend Relationships	Do What You Have to Do To Survive	Positive Change in Way Parents Saw Her
Boyfriend Setting Limits on Their Relationship		By Being Able To Deal With The Larger Problems In Her Life, It Made The Smaller Problems Feel Less Important	Developed More Empathy and Respect For Her Mother
Abortion Without Social Support			Able to Make Her Own Decisions and Becoming More Independent

Stephanie's Story

<u>Background Information</u>

Stephanie is a 21 year old, single female. She is a full-time, third year student who is majoring in System Design Engineering. Her university program alternated semesters between full-time study and work terms. She has one brother who is 22 years old. She said her parents were married at the time of the interview. She identified herself as being of Chinese ethnicity. Stephanie lived in Hong Kong until she was 15, at which time she and her parents immigrated to Canada, and her brother went to study in England. When she was 19 years old she chose to attend a university outside of the city where she lived, so that she could move from her parents' home (she returned home during her work terms).

<u>Stressors</u>

Stephanie started her story when she was in Grade 6 and lived in Hong Kong, at which time her father became "nervous" just as he was going to be promoted at work. She observed that her father was in bed all the time, couldn't go to work, and didn't sleep at nights. Over time she saw her father become increasingly irritable, depressed, argumentative, and sometimes irrational. Her mother told Stephanie that her father had experienced depression before she was born and then had been fine up until that time. She described the *symptoms and cycles of her father's manic-depression.*

> ...from the low time when he was really, really sad to when he's like crazy. He
>
> had never had manic before, only depressed. When he came to Canada that's the
>
> first time he's manic. That's why we didn't know what's wrong. We thought

that he was doing a great job, that he's very successful [when his depression

lifted].

Her father's illness had an impact on the family. He *experienced a psychotic break*

which scared both her and her mother.

> ...one night my mom yelled, "Oh [Stephanie], come to my room"....so I went
>
> into their room.... He wasn't crazy yet but he was speaking things...like he sees
>
> things happen, hallucinations, but we don't understand what he sees so he's
>
> speaking to people, doesn't make sense and we were really scared. We thought
>
> that [there was a] ...spirit in him or something.

Additionally, Stephanie mentioned that when her father was easily angered or would sleep

most of the day she would avoid him. The only time she would talk to her father is when

her mother told her what to say, and then she would reiterate word for word.

At that time, her *father's illness was kept a secret because of the stigma* attached to

the meaning of having manic-depression in their culture. Stephanie's mother was very

anxious about people finding out and reminded Stephanie everyday not to tell anyone.

She added that she had *difficulty explaining her father's illness to relatives.*

> ...we are not allowed to tell any of our friends because...like to Chinese families
>
> this is something REALLY bad. It is worse than having cancer. Like for cancer
>
> you can't really control it...but depression, there is something wrong with your
>
> mind, your brain.... So sometimes when they ask, "So how's your dad doing?"...I
>
> didn't know how to handle it.... And I can't say he has depression but he's not
>
> at work, he's at home but how do I explain it.... [Just] my dad's side, some of his

sisters know, but my mom's side and other relatives don't know and.... I'd

said,"Oh, he's at work," or something because they had no idea what happened.

Stephanie's *lifestyle changed dramatically when her family immigrated* to Canada.

Her family separated, with her brother moving to England for school, and her father

staying in Hong Kong to continue working. Stephanie and her mother moved to Canada

and started a boutique to fulfill the immigration conditions. She experienced a *loss of*

friends in Hong Kong; she left supportive relationships and had difficulty making friends in

Canada. Additionally, because of the business and her insecurity in a new country, her

mother and she were in contact with each other more often. Stephanie thought that it

was, "even harder for my mom....because she doesn't speak very well. And she doesn't

have friends, and remember she doesn't want anyone to know [about the illness]." One

year later her father moved in and it was shortly after that when he became depressed

again.

Stephanie's family struggled financially due to a number of stressors. Her mother had

worked in Hong Kong as an accountant, however it was several years before she was

employed again as an accountant. She was underpaid because she wasn't fluent in English

and lacked computer skills. In terms of the business that Stephanie and her mother

opened, Stephanie said, "...the boutique...closed after a while because we...lost money but

that is small money compared to the construction company." Primarily, it seemed their

financial difficulties arose from what Stephanie explained as her *father's poor business*

decisions which resulted in bankruptcy.

...they set up a construction company and.... we have more investors, we have a

really big plan...and so, I thought...we are going to be rich.... [Then] we

met...business people and...discovered that he [i.e., Stephanie's father] is signing

contracts that he cannot [keep]...something is wrong.... so now he's

overconfident. He thinks that he's the best in the world, he thinks that he's the

smartest person, he actually says it.... so people take advantage of him, like get

him to sign contracts and so we lost a lot of money....So our company went

bankrupt.

Stephanie recognized that she had *heavy family responsibilities bestowed upon her*,

which was emotionally and physically exhausting. Her responsibilities included helping her

mother with the business, transporting her parents, and supervising her father:

...every day we have to watch him right. It's very tiring for me to keep track of

everything he does. And I'm only his daughter...physically I'm much weaker than

he is right. So ...its very stressful when he...just went out without telling you.

Its makes the mind very tired.

This was done in addition to being employed and attending school. She said that she

found very little time to do school work, but still had okay grades.

Throughout this stressful time, Stephanie depicted her *relationship with her mother*

as conflictual and abusive. She described her mother as being easily angered; this

included disagreements about Stephanie's choice in boyfriends. She also talked about

abusive behaviour and said this was common and acceptable in Chinese families. She said

that up until the time she was 10 years old, her mother would "beat" her with a "wooden

paddle." Additionally, Stephanie said it was common for Chinese parents to present their

own children to other parents as "stupid" and "not as good as another student." Later in

the interview, Stephanie reported that her mother now just yells at her all the time.

> And to me my mom was very irritated at that time. She would get mad at me,
>
> she slapped me on my face in public because I misplaced my key, my car key,
>
> like my mom was very, what's the word in English, she like a tyrant, or dictator.

Stephanie also felt pressured to live up to her *parents' high expectations to be an*

obedient and "good" daughter. She talked about her parents' high expectations, which

included listening to them, not drinking alcohol, being obedient, and having a good career.

> I think after all these things happen and after being rebellious, I still think I was a
>
> good daughter... Like I didn't think that I was doing something really bad....
>
> My parents have very high expectations on us. Like we are supposed to be
>
> really obedient, that we listen to what they say or do what they say. And I don't
>
> know, I just take it for granted that I NEED to be a good daughter. Otherwise,
>
> they would disown me or something.

One way for Stephanie to distance herself from her family was to choose a university

which was located in a different city. She convinced her mother that this university had a

co-op program and there would be more job prospects upon graduation than at the local

university, and her mother agreed to let her attend. Stephanie reported many stressors

while at university, including that her *parents declared personal bankruptcy and lived on*

a tight budget. She said both her parents are working at the same company, and that her

parents had to move into a smaller, "much smaller apartment." She said all their

employment income goes to pay "their living and their rent."

Much like when Stephanie was an adolescent, as a young adult at the time of our interview, she felt she had *little support from family and friends*. She said she didn't like to return home because there still were problems, such as her mother trying to control her. She also talked about having few friends as compared to when she lived in Hong Kong.

> ...I always feel that I don't have a good friend even for now. Like my best friend is my boyfriend, and that's not very good I think. Because if anything happens between you and your boyfriend, I have nobody to talk to anymore.

Even though she talked about her boyfriend as a resource, Stephanie also verbalized feeling stressed by the change their relationship was undergoing. She said her *boyfriend was setting limits on their relationship* which included her being less dependent on him.

> ...even now like he's training me. Like he's not coming to see my concert. He has his own things to do and he would see his own friends and he would encourage me to go out with my friends, not to like stick to him all the time.... I almost don't want to be his girlfriend because it's very, it's too difficult for me.

After Stephanie's first semester at university she found out she was pregnant and ended up having an *abortion without social support*. She said, "I could see only one way out...because if I don't do it, then everything would be ruined. Like...my family would be so mad, I don't think I would have a family anymore." She was worried and afraid of the pain and said there was no one she could talk to about this.

> I didn't let anybody know, my family doesn't know and all my boyfriends, my ex-boyfriend was in school...and I kind of called him and "Oh, I'm in trouble," but there was no way he could come and see me so I was doing it all by

myself.... I was taking the subway home all by myself and I almost fainted....

after I had a work term so I went to work right away so my parents never found

out.

Resources/Protective Factors

One of the protective factors that Stephanie mentioned, was that when she was a

child she *respected and looked up to her father*.

He would play with us and he would like bring us to places, concerts and stuff.

[V: Is that where you got your musical abilities?] My music. He, like up to that

point I thought my dad was perfect because we never know what happened

before...we were born. So my dad's our hero and since that happened, it was the

first time that I discovered that oh, my dad's not perfect.

As I had mentioned earlier, in addition to her family, Stephanie felt that she had more

support from friends in Hong Kong. She said they were supportive, especially in regards

to her father's illness. And even though her mother told her not to tell anyone, she told

her friends about some of her father's behaviour.

During her adolescent years, Stephanie portrayed her boyfriends as a resource. She

said, *her boyfriends provided her with safety and an escape from problems at home;*

characterizing them as a "shelter":

I find a lot of my relief in him [i.e., her boyfriend], because when I have a lot of

problems at home then I would go to his house and I would forget all my

problems at home.... See, I haven't...stopped going out with anybody after 16....

that's why I think that they are my shelters.... Like I feel unsafe when I don't

have a boyfriend.

In addition to talking to her friends about her father's illness, Stephanie wrote in a journal for school which her teacher read. At that time *she confided in her teacher* and felt that he was a safe person because he was unrelated to the family.

Stephanie said that her parents sought the expertise of *eastern and western doctors to explain and diagnose her father's behaviour.* And finally, she said the *police, hospital, and group home environment provided support to her father.*

> ...we went to the psychiatrist and they were really good because they don't just
>
> talk to the patient, they talk to the patient's family.... And they also have the
>
> crisis centre and that is really good because...my dad [went] to live there, it's not
>
> a hospital. It's like a home for people... recovering...[they] live together and
>
> they have to do laundry and cook for themselves.

As a young adult, Stephanie expressed a willingness to develop and change her relationships with friends and boyfriends. She said that if there was one thing she would do differently it would be to *find more women friends to talk with,* and she added that she is making an effort to do this. Though Stephanie continued to talk about her boyfriends as a shelter, she is now aware of it and is *working on changing unhealthy, dependent relationships into healthy, independent ones.*

> Like he always tells me what's wrong.... I think he kind of make me think that all
>
> my boyfriends are my shelters because of dependency. I'm really clingy, its like
>
> if I have to see my boyfriend 24 hours a day; if I don't see them then I feel
>
> unsafe, so he's telling me that this is unhealthy....[At] one point we were about

to break up....and he would say, "Ok the only way that we can be together is for you to be more independent." So since then I've started thinking that ok, if I have to be with this guy, I have to be independent.

Coping Strategies

One way Stephanie coped was to *predict her father's illness by looking at his eyes*:

... all the nurses thought that he was still tied in this bed.... So I went to see...[him].... and he was like crazy. You can tell by his eyes though. Like it's different when he looks at you...now I'm experienced. By looking at his eyes you know whether he's normal or he's kind of manic or depressed.

Just as her father's illness cycled, Stephanie periodically *felt hopeful about her father's recovery* and her family's return to health and economic stability. She said there were times when she saw the light at the end of the tunnel.

And it looks like some miracle happened because...our family went to see... some Chinese Gods.... And that happened and my dad went to China for about half a year and he met a really good doctor, a psychiatrist, so that is how he got recovered....and maybe in a few months he came back and in really good shape, so he started working again. And gaining his confidence again and everything is fine.

Stephanie also *kept busy with music, school, and family responsibilities* as a way to cope. She had played the piano for many years and was looking forward to starting jazz lessons. When I asked her how she thought keeping busy helped her, she responded:

Then you don't think so much that it becomes twisted. That's what happened to

my dad who thinks too much...that you become worried, like he doesn't get

relaxed and it seems like if you are busy, time is faster, like it goes faster.

Because there are things you can't really change, like my dad's depression you

can't really change yourself, so by letting your time go faster then you are out of

there faster.

While at university, Stephanie described herself as *rebellious towards her parents.*

She said, "Because my family was really strict, ...I was totally rebellious and so [I] did all

kinds of things that my family wouldn't let me [do]."

I didn't talk to my mom for long, for a few weeks. I only answer when I have

to. That's in a way you are fighting, but you just don't say anything right.... Like

it hurts my mom just as much.... Like my mom...wants me to have a Chinese

boyfriend. But I just happen to choose all other, like not Chinese.... My mom

makes sure that I'm a good girl. Like I don't go out drinking and stuff like that.

And I just happen to do it, it is really hard not to do it on campus. And my mom

wants me not to sleep with anyone...until I'm married right. And I did it just

because she told me not to.

In terms of coping, Stephanie believed that "You just have to survive no matter what

happens. *In order to survive you do what you have to do.*" She asserted that coping was

a natural, instinctive process, and that a person may or may not be aware of it.

Additionally, she expressed that *by being able to deal with the larger problems in her life,*

it made the smaller problems feel less important, stressful, and catastrophic than before.

Impact & Outcomes

There were a number of outcomes that were a result of Stephanie's experiences. First, she *worried that she may develop manic-depression* like her father: "I started wondering if it's inherited to me. I started thinking like, if I have his genes, then one day will I become like him." Second, Stephanie was left with a myriad of *feelings including anger, sadness, and unfairness.* Stephanie felt different and alone from her peers:

> I think they're always happy. The only thing that are causing their unhappiness
>
> is probably marks.... I happen to have really good marks so I'm not worried
>
> about that, but I'm not happy because...of my dad.... And I'm a GOOD kid, like
>
> why does it have to be me, like why is my dad like that.... I was mad at my dad
>
> for awhile.... Like we all happy,...why can't you be happy? .... I said, "Mom...I
>
> feel very sad..."

And the final outcome that Stephanie experienced as an adolescent was that she *did not feel supported by her mother.* She spoke of times when she asked her mother for something, and her mother would become angry at her for asking and she would be denied. Stephanie said the trick was to pretend that she didn't care about the decision, and then it was possible her mother would decide what Stephanie wanted. It was by this fortunate incident that Stephanie ended up attending a university in Waterloo, as opposed to a university in her city.

As a young adult, Stephanie spoke about her adolescent *belief that by moving to a different city, a physical separation, it would allow for an emotional separation from her parents.* By going to a university far from home it gave her an opportunity to emotionally

separate from her parents and reflect on her relationship with them..

> I thought that my family wasn't important to me. I thought that all these things
>
> when I'm gone, they won't be there anymore. I think that when I become an
>
> adult.... I thought... I would never talk to my mom..., I thought all the problems
>
> would be gone.... [My] parents are really my root, they are part of me.... It seems
>
> like I...love them more than before.

Concurrently, Stephanie noticed that there was a *positive change in the way her parents saw her*. She felt they started to see her as an adult, "...because they would think I'm in university so I must know more information...like they trust me.... [They] want me to answer some of their questions." She added that they would ask for her opinion, something they had not done before.

As a result of the changes in the family dynamics, Stephanie *developed more empathy and respect for her mother*.

> Sometimes I think...when my mom says no, I can tell what is really no and what
>
> is no just for me. I think that I improve my relationship with my mom a lot.
>
> Instead of seeing her as an enemy like before,... I was scared of her, more I'm
>
> scared for her now. That when she gets really old, I'm worried for her health
>
> more than I'm scared of somebody else controlling me.

During the pre-interview, I asked Stephanie why she thought she was doing okay now and she said, "Because I'm feeling good. I don't think it's difficult anymore, and I think I'm living a better life now, and I'm happy." During our interview, she reflected on how she considered herself as an adult, more mature, *able to make her own decisions*, and

paying her way through university. She added that she is working on *becoming more*

independent from both her mother and her boyfriend. At the end of our interview she

added that she felt "stronger" as a result of her stressors.

JULIA

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
		DURING ADOLESCENCE	
Abusive Relationship With Boyfriend	Supportive, Available, and Involved Parents	Chose to Make New Friends To Avoid Being Alone	Abusive Relationship Lowered Self-Esteem
Her Boyfriend's Alcohol Use, Infidelities, and Lack of Academic Work Upset Her	Friends Supported her During and After Abusive Relationship	Kept Busy with Extracurricular Activities	Happiness/"Inner Strength" Reemerged
She Sacrificed Her Own Needs to Help Boyfriend (Enabling)	Religion Was Important In Her Family	Volunteered and Worked During School Year and Summer	Established Goals For After University
Need To Have Friends and Boyfriend and Be Popular		Believed in Herself and Her ability to Accomplish	
Father's Stress re: His Business		Planned to Attend University	
		DURING EARLY ADULTHOOD (SINCE UNIVERSITY)	
Ex-Boyfriend Wanted Relationship With Her Again	Has a Supportive and Trusting Relationship with Friends and New Boyfriend	Made New Friends and A New Beginning	Worried About Being In An Abusive Relationship Again, so Difficulty Getting Close
	Good Relationship with Brothers	Kept Busy with Extracurricular Activities	Would Leave an Abusive Relationship Sooner
			Grades Improved

Julia's Story

<u>Background Information</u>

Julia is a 20 year old single female. She is a full-time, second year student who

majored in Political Science. She had two brothers who are 17 and 24 years of age. She

identified herself as being of Canadian heritage. She said her parents were married at the

time of the interview and that they both attended university. Her father was a veterinarian

and owned his own business, and her mother was a nurse but hadn't worked in that field

for many years. Julia found out her mother had multiple sclerosis when she was three

years old. Her mother's M.S. does not affect her except that her mother is not as strong

as she used to be, and becomes tired at the end of the day.

Julia told me that she had a normal family life. She said there were ups and downs

with her family, but nothing more than usual teenage behavior. She identified a certain

part of her adolescence as being a major stressor in her life and that was when she was

involved in an abusive relationship, as she described it.

<u>Stressors</u>

Julia said that from nursery school through elementary school she had the same best

friend. Then in Grade 9 her best friend was having problems and began switching friends.

Julia described being, "left out in the cold, and other times I'm in and other times I'm

not." Julia then decided to meet new friends and in Grade 10 she met her boyfriend, who

was in Grade 11 at the time. She said they were together for three years, all through high

school, until she ended their relationship in March of her final year. Julia said initially their

relationship was cute and like "high school romances," but near the end it became

physically violent. She thought it was strange, and at the time she thought it was just a phase in their relationship and that he would return to the way things had been. She described an *abusive relationship with her boyfriend.*

> I think I became really accepting to whatever he wanted to do....I would give up
>
> going out with my friends cause he said so..., pretty much whatever he said I
>
> would do. Like I would specifically not say things so that I wouldn't get him
>
> angry or anything like that. Especially if he had been drinking...or if I was
>
> getting in a bad mood.... So near the end I would just not say anything to keep it
>
> all calm.... [And if he were to get angry, he] would get up and like throw me into
>
> the door. And he threw me on the bed once and sat right down on me...

Julia described that her *boyfriend's alcohol use, infidelities, and his lack of academic progress upset her.* She said this became increasingly worse throughout high school.

> ...when I was in Grade 12 and he was in his last year, his OAC year, and he
>
> wasn't doing anything. He wasn't doing his school work, just goofing off
>
> and....he would be drunk like everyday and it would drive me crazy.

She then talked about *sacrificing her own needs to help her boyfriend.* She talked about bugging him to do his schoolwork, and ultimately doing his schoolwork for him.

> I would keep bugging him and....I would do his school work, I would be typing
>
> out his assignments. I would be like checking up on him and making sure he is
>
> doing his homework and everything like that. [So] that really took a toll on me,
>
> because here I am doing twice the school work that I'm supposed to be doing....
>
> And of course, then he starts getting mad at me.

I asked Julia why she continued to stay with her boyfriend. Her answer was the same as the reason why she looked for new friends when her best friend left her in Grade 9. She indicated she felt a *need to have friends and a boyfriend and be popular*. Additionally, she stated that when she wanted to break up with her boyfriend, he would tell her that she wouldn't be able to find another boyfriend.

> I just felt that I couldn't.... because if I did break up with him then I wouldn't
>
> have anything else....like my friends, like any recognition at school.... I mean you
>
> know in being popular and everything like that, you know he would just go and
>
> say, "Oh well, we broke up. Don't bother to talk to her" type thing you know.

Julia also talked about her *father's stress from the business* that he operated. Her father worked hard as a veterinarian and that sometimes he would have days in which he would come home upset. She did not elaborate on this, and as before, she reported that her family life was pretty much normal. She said, "...we [i.e., her parents and her] had...little disagreements you know when you get into high school and you're thinking you're great and you know, the normal teenage things, but nothing extraordinary that I could recall."

Julia said that during her first year at university she did not do well academically. She said she was "meeting new friends, going out, and having fun." She also reported that her *ex-boyfriend wanted a relationship with her again*. She said she met him briefly during her Christmas break and that she had no intention of starting a relationship with him again. She said she hadn't seen him since, but had heard he was attending university. Julia did not describe any other stressors while she was at university.

Resources/Protective Factors

Julia portrayed *parents who were supportive, available, and involved in her life*. She said her mother was at home a lot of the time; her parents knew what was happening to her, and allowed her independence and the ability to make decisions. She said that her parents would make sure she was doing her homework, would comment that she's doing well in school, and that she would make it to university.

> ...they had rules and everything for us you know,...we weren't supposed to go
>
> out during the week because we had school work..... So...we are allowed to go
>
> out on the weekends but...be home by a reasonable time. And we always had to
>
> tell them where we were going and stuff like that but....[They] always were
>
> involved in what we did. Like they always knew who all our friends were and
>
> what we were doing, who we were hanging out with and everything like that....
>
> They knew I was dating him [i.e., her boyfriend], they had met him.... [My
>
> mother] knew that we didn't always get along very well. But she would never...
>
> come out and directly say, "....no you can't see him." She never said that. But
>
> then once we had finally broken up for good she had said, "Well, good I'm glad.
>
> I didn't really like him. I could see he wasn't always very nice to you."

Julia said her *friends supported her* during and after her relationship with her boyfriend. Throughout the interview, she talked about being able to call on her friends for anything. She added that throughout their relationship, she had her own friends.

> Because if he would upset me or get me mad...they would always be there....
>
> [And] they would never ask me questions about it or anything, if I wanted to talk

to them about it, that was fine but if I didn't want to talk about it that was fine.

But they would still be there to do whatever they could.

She also talked about how *religion was important in her family*. She said her maternal grandfather was a minister and her mother participated with different church activities, including being a Sunday school teacher and in the choir: "When we were younger...we always went to church and...Sunday school.... But then once we started high school and got a bit older, it was our choice, like we didn't have to go if we didn't want to."

Since being at university, Julia felt that she had a *supportive and trusting relationship with her friends and new boyfriend*. At the time of the interview, she said had been seeing her current boyfriend for one year. She said,

> ...I'm doing better now because...I do have a new relationship and it is going so
>
> well. And it doesn't negatively affect me.... I mean everything about it just
>
> makes everything better for me. [My] new boyfriend, he's very smart but he
>
> works very hard at his school work. And so he makes sure that I do too
>
> and...it's really good 'cause it makes my marks better.... And he just makes me
>
> very happy.

Julia said that now she is at university, she has a *good relationship with her brothers*. She said when she was in high school they would have disagreements, partly because they lived together and went to the same school: "We all get along a lot better now because we hardly see each other any more [laughs] and my younger brother, he's not really liking it being at home by himself."

Coping Strategies

Friendships were a priority for Julia. She *chose to make new friends to avoid being alone*. She described feeling hurt when her best friend in Grade 9 left her, "...it was a bit hard...[but] it's time for me to move on, make new friends.... So I started meeting new friends and hanging out with new people..."

Another coping strategy that Julia employed was to *keep busy with extracurricular activities*. She said she was involved in cheerleading and music at school. She described her family as being active also.

> Now that I look back at it, it seems like I was really busy. [My] family is always really busy and involved.... Like my brothers are both really active in sports and everything like that. And my mom with our church. And my dad with his business.

She also found time to *volunteer* with different organizations that her parents were active in, and *worked* at her father's veterinarian clinic.

Julia expressed a strong *belief in herself and her ability to accomplish* her goals. She thought of herself as a smart person, and this was reinforced by her parents' words to her and belief that she would get into university.

When I asked Julia what had helped her deal with her ex-boyfriend, she said getting ready for university. She said she *planned to attend university* and she couldn't remember a time when she didn't have this dream.

> I was getting to the point where I could see that my life is going to change. Like I'm going to be leaving home...meeting a different set of people. So I think

getting ready for that and realizing that I was going to... university and do

something different.... I think that really opened my eyes to realize that, that this

[i.e., her relationship with her boyfriend] isn't what I really needed.

Once Julia was at university, she used the opportunity *to make new friends and start*

a new beginning.

> ...these people from all different places and everyone with a different background
>
> and...people had goals outside of just staying where they were from.... But like
>
> when you came here it was a totally new beginning....you could just tell them
>
> anything. Like leave out all the bad parts and just tell them the good stuff.

Though Julia did not elaborate, she briefly mentioned that she *kept busy with extra-*

curricular activities while at university.

Impact & Outcomes

As a result of the abusive relationship she was involved with, she said it felt like her

self-esteem had been diminished.

> I think it affected my self-esteem at that time....because I was getting to the point
>
> where like whatever he said about me, I would believe. [And] two, because he
>
> would always be getting mad at me, "You're such a nag, why can't you leave me
>
> alone." And so I start to think,...maybe I am bothering him too much.

Once she ended her relationship, Julia found that her old personality, her *"inner*

strength," reemerged and she found herself happier and doing what she wanted to do.

> ...I noticed myself that I felt a lot better. I felt much happier with myself and
>
> everything that was going on.... Because I was doing things for myself now.

Like I was able to concentrate just on myself, like my marks and what I wanted

to do, and what was going to make me happy and not have to worry about him...

While in high school, Julia had *established goals for herself for after university*. She

planned on becoming employed and being financially stable, like her parents.

As a young adult in the university setting, Julia *worried about being in an abusive*

relationship again and having difficulties getting close to her boyfriend.

[When] I first came to university...I dated a couple of guys,.... we would go out

a couple of times, but then I would never want to do anything else. Like I

wouldn't want to get too close to them or have it develop into anything long

term.... So I think it affected me in that way. But then now with my new

boyfriend, with it being...very serious and really long term.... At first, when we

first started dating I would get really worried.... Like I would try not to say

anything to upset him.... Sometimes... he goes out to drink, he just goes and has

a good time and that is it.... It bothers me sometimes, even though it

shouldn't.... But still, just because whenever my ex-boyfriend and I would ever

have any problems it was always because he had been drinking.... I think with my

new boyfriend and I... we would have our first couple of arguments...it would

worry me a bit.... But he told me...he would never hurt me or do anything like

that...

As a result of her experiences, Julia felt she would identify and *leave an abusive*

relationship sooner, if it were to occur again. "I know what to watch out.... [If] I'm

starting to get myself into a bad situation, I think I would be able to recognize it more

easily and be able to get myself out of it."

Julia also mentioned that her *grades improved* after her first semester at university. She said she failed a course during her first semester and then retook it during the spring term.. She said she will be going off of probation and her average was B-.

When I asked Julia to talk about why she felt she was okay now, she said this:

...because that was a difficult time and I recognize it as being a difficult time, and now I feel alright now. Like during that time I didn't, but now I feel everything is fine, and I've gone on, and I have a new relationship now. Which I think is important.

At the end of our interview, Julia seemed to indicate an ability not to dwell excessively on her past. She said, "yah, it [referring to the abusive relationship] happened but, like I'm beyond that now. So I think that after I say it, like I just say it and that's it." Maybe for Julia, she just needed a person to bear witness.

NICK

DURING ADOLESCENCE

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
Negative Influence of Peer Group (Crime, Drugs)	Innate Traits Such as Being Imaginative, Intelligent, and Creative	Maintained a Sense of Control of and Set Limits on His Actions	Revelation That His Parents Did Care About Him
Stress of Arrest and Interrogation on Theft Charges	Parents Available and Supportive Throughout Adolescence	Drug Use As An Alternative High to Criminal Behaviours	Realization that He Didn't Feel Comfortable with the Person he was Becoming
Shock of Sudden Change in Lifestyle from Bail Restrictions to Being Free	Concern About What His Parents Thought of Him and His Behaviours		
Hassled by Peers and Teachers because of Past Criminal Behaviours	Bail Restrictions Created a Positive Change in Lifestyle		
Sibling Rivalry With His Brother	Active In Different Sports in Grade 12		
Feelings of Stress, Depression, Anxiety, & Self-Doubt After Became Sober	Involved With a More Positive Peer Group in Grade 12		
Uncomfortable and Afraid of Failing In a Serious Relationship With a Girlfriend	Involved with a Psychiatrist and On Medication Because Not Coping Well With Social Life		

DURING EARLY ADULTHOOD (SINCE UNIVERSITY)

STRESSORS	RESOURCES & PROTECTIVE FACTORS	COPING STRATEGIES	IMPACTS & OUTCOMES
Continued to Have Difficulties with Intimate Relationships	Involved With a Psychiatrist and On Medication	A New Start For Himself At A Small-Town University	Became a More Relaxed and Happier Person
Continued to Struggle With Depression	Comfortable in the University Culture	Take Risks To Make Positive Changes and Choices (Peers, Girlfriend, etc.)	Developed A New, More Positive Sense Of Himself
	Continued To Have a Good Relationship With His Parents	Gradually Developed Cognitive Coping Skills and Optimistic Outlook	Developed Realistic Plans (Education, Family) and Motivation To Fulfil His Dreams
	Positive Relationship With His Current Girlfriend	Kept Busy and Out of Trouble by Being Employed During the Summer	

Nick's Story

Background Information

Nick is a 21 year old single male. He is a full-time, third year student who is studying

Psychology, with a minor in Biology. He was particularly interested in cognitive

psychology. He identified himself as being of Canadian heritage. His parents were

married at the time of the interview and he has one brother who is 23 years old.

Of the eight participants I interviewed, Nick's story was the most complex and

intriguing. Nick indicated he did not feel stressed until Grade 13; however, he identified

many of his behaviours, beginning in Grade 8, that may have resulted in the breaking point

five years later. He told a story about being involved in automobile theft, destruction of

mailboxes, police chases, alcohol and drug use, and about dealing with depression and

anxiety.

Stressors

The first factor Nick identified as causing him significant trouble in adolescence was

the *negative influence of the peer group* he was associated with. Nick described in detail

the progressive increase of criminal behaviours that he and his friends engaged in,

beginning in Grade 8. He portrayed it as taking a step down a dark path, and the further

you went the harder it was to turn back.

> ...[we'd] do really minor things like spray paint on the walls.... [And] we were
>
> going out at night and... popping a tire.... And then eventually what happened
>
> was.... that wouldn't be fun anymore so you'd do one little more thing. And
>
> we'd...break into somebody's garage and find that they keep beer in the

garage.... So you're in people's garages, their cars are in there.... then we sat in

the car, and there was a set of keys in the car.

Nick said that he and his friends would "sneak out" at night during week days, and get

into trouble. It wasn't until Grade 10 when these behaviours began to result in poor

school performance. He said in Grade 10 he would show for an exam, not recognize the

questions, and guess the answers. He said that his grades up until Grade 13 were not a

reflection of his ability, just that he really didn't care.

Nick talked about hanging out with the group of grade-school friends and committing

more serious crimes in Grade 10. He described this as a time filled with frequent criminal

activity, heavy drinking, and some drug use; he said it was a "real fast lifestyle...based on

adrenaline." He added that they "weren't having fun unless...we were doing something

that was wrong"; this he said, was a way to stave off boredom. Nick added that he didn't

care nor did he think about the people who were hurt from the crimes. For him it was a

euphoric feeling; he felt untouchable and that he could do whatever he wanted.

I'm thankful in the way that we did get caught.... [What] was next?.... Would

we be breaking into people's houses?... Would we be finding a gun and holding

up a store? I don't know...but I could see development.... I wasn't bored, I

wasn't ready to quit, I wasn't feeling scared, it was just fun, and then all of a

sudden it was just done.... I didn't know what was going on... Like I got

arrested.

Nick talked about the *stress of arrest and interrogation on theft charges*. He talked

about being dragged in by the police, unsure of whether he was read his rights, confused,

frightened, not knowing what to expect, and feeling "completely helpless." He described

his interaction with his father after they got home from the police station: "...he hugged

me and said that he never wanted to be apart from me like that again, he didn't want to

feel scared like that again.... I mean at that point, I was just broken, I didn't know what to

say."

One year later all the theft charges were dismissed; the police had illegally

interrogated Nick, a minor at the time, without his parents or a lawyer present. Nick

described *the shock of a sudden change in lifestyle from bail restrictions to being free.*

He said he was able to get his driver's license and that his life "was all of a sudden normal

again."

> ...it was just this big huge change in lifestyle ... at the end of that year when ...the
>
> bail restrictions were dropped. Then it was another confusing time too because I
>
> had sort of gotten accustomed to this restricted lifestyle, and all of a sudden, no
>
> you can do whatever you want. And now I'm standing there going ok, I'm not
>
> the criminal I was, but now I'm not restricted either. [Okay] what do I do now?

Nick illustrated his Grade 12 year as one of confusion and a lot of drug use. Going

into his last year of high school, he decided that he was "going to put a stop to this" and

discontinued his drug use. Nevertheless, as a result of his history, Nick continued to be

hassled by his peers and some teachers because of his past criminal behaviours:

> [They] just find out that you're a huge criminal and...friends were making jokes,
>
> think it's funny or whatever, and it's not. I'm not saying that I didn't deserve to
>
> get teased about it.... I remember [in Grade 13] one of my teachers said to me,

'You'll be lucky if you get into university'..... And you have other people

coming up to you going, "Listen can you get me some drugs or whatever" and I

knew people, and I'm like trying to get off it.

Another factor that Nick identified during his adolescence, was the *sibling rivalry*

with his brother. He said his brother was the worst to tease him about his trouble. He

said he never had a good relationship with his brother.

...it might have been a competition between the two of us.... [It] was always he

was doing something better than I was, or I was doing something better than he

was, we were never good at something together.... So what was I doing, I was

trying to go a step further.... You know he was a big drinker.... So then I got

into drugs.... I got my recognition in a different way than he did, but people

knew us both.... I think he was threatened by me when we were younger, was

because I did well in school, artistically or musically I always showed talent...

Nick said that once he discontinued his drug use in Grade 13, that it was "rough" for

the next several years. He experienced *feelings of stress, depression, anxiety, and self-*

doubt after becoming sober.

I was developing a new problem...because of all the time before I was doing

these drugs and...I didn't care.... And then now I was more or less off of them, I

was trying to lead a normal life and it wasn't working.... I found the courses I

was in very different because I was paying attention to them.... I was just

anxious, completely anxious.... I couldn't sleep, I fainted at one time for no

apparent reason.... I was always worried about things, it was...an odd feeling.

And then at the end of the year it happened again. I went through a period of time, a few days, where I was completely anxious the whole time, I couldn't concentrate, couldn't write a test.... I wasn't exactly the happiest person in the world.

Nick said that he didn't start thinking seriously about having girlfriends until his last year of high school. He said that he had been using alcohol or drugs during his prior experiences with girls and he now was *uncomfortable and afraid of failing in a serious relationship with a girlfriend.* Nick said he had a reputation of being sexually experienced which was inaccurate and caused him to worry that he could not live up to it.

During Nick's 1ˢᵗ year at university he *continued to have difficulties with intimate relationships.* His roommate approached him and said that he had noticed that any time that Nick got close to a girl, he would end the relationship. Nick was surprised that someone had noticed this pattern. He said that he would create problems in relationships with women to end them.

> [It's] really easy...you lay a bomb in a relationship. You...can make it seem that you are not happy, and then of course somebody will ask, "You're not happy?" and say, "No, I'm fine." And then they pursue it and you develop arguments....
> You know, you don't overtly say it but you can portray it and they'll...pick up...

Nick also talked about *continuing to struggle with depression at times during his 1ˢᵗ year at university.*

<u>Resources/Protective Factors</u>

Nick had many resources and protective factors that supported him during the difficult times in his adolescence. He talked having *innate traits such as being imaginative, intelligent, and creative (in music)*.

Another resource that Nick mentioned was having *parents who were available and supportive* of him. He said that although he withdrew somewhat from his parents during his involvement in illegal activities, after his arrest his relationship improved again:

And, so I went through that like phase where all of a sudden I was re-

communicating with my parents cause I kind of had to.... I have enormous

respect and appreciation for my father.... He was always there to support me

when I needed it, although he always kept me in check at the same time.... Or if

he felt that I was doing something wrong, he would let me know and he would

offer his advice.

A motivating factor that can be considered a protective factor was Nick's *concern about what his parents thought of him and his behaviours*. He briefly mentioned being concerned about what his peers and teachers thought of him after the arrest, but mainly he was focussed on his parents' view of him.

I was afraid of what [my father] was going to say.... I just didn't want to hear

that they were disappointed, I didn't want to hear that they were upset... I didn't

want to know that I had caused them a lot of grief.... [The arrest] didn't seem to

change his opinion of me and I was thankful for that. Cause almost everybody's

opinion changed. Everybody had their own idea of who I was and what they

thought of me.... I mean I can live with one of our neighbours thinking, "Oh,

what a bad boy," I can live with some of my teachers thinking I'm out of

control... but I can't live with the fact that my parents think that I'm...useless or

a failure.

As mentioned earlier, during Grade 11, while Nick waited for the court hearing, there

were bail restrictions that were placed on him. These *bail restrictions created a positive*

change in lifestyle. He admitted that "getting caught" made a big difference in his life.

These restrictions included an early curfew, not being allowed to associate with the friends

he was arrested with, and not being allowed to have a driver's license. He talked about a

return to leading a normal life and being "clean" that year.

Nick described himself as being *active in many different sports*. In Grade 12 he was

involved with hockey, weight training, track and field, and aerobics. He also became

involved with a more positive peer group at this time:

Grade 12 came along and I decided to hone in on my friendships... I went to

being one of the jocks type guys in high school, the crowd that is kind of

popular.... [They] embraced me pretty well. I was thankful for that and

they...treated me like a friend without a lot of hassle.

When Nick was in Grade 13 he went to see his doctor. At that time he was feeling

sick, was unable to concentrate, was anxious, couldn't sleep, and was unhappy. The

doctor referred him to a *psychiatrist*.

Nick remained *involved with the psychiatrist* throughout his first year at university,

and was also *on medication*. Although Nick said he didn't feel the medication was helpful

and didn't feel connected to the psychiatrist, he did find some advice helpful (e.g., to

persevere in an intimate relationship).

According to Nick, another protective factor for him in early adulthood was that he

felt *comfortable in the university culture*. Nick said this milieu was more accepting of the

individual person.

> When you come to university it is basically the individual that you are. You
>
> don't have to fit in anymore.... it's more focussed on you.... [Maybe] all
>
> through high school I was more of an individual than I was part of a group and it
>
> was difficult for me to get along with people.

Nick also said he *continued to have a good relationship with his parents*. He said

that he came to appreciate his parents and how he was raised even more so, since he sees

his friends and their relationships with their parents.

> Just the way he [Nick's father] is and what he's done for me and the way he's
>
> treated me.... [When] they were having children, he said... 'I'll hug them and I'll
>
> kiss them until they get embarrassed of me doing that. I want to let them know
>
> forever, that I love them'. It's just the way that he handled things are just great.
>
> I'm now at the point where I just, I'd do anything for my parents, I think they
>
> are the greatest. I just meet so many people whose parents are not quite as
>
> supportive...

Another very important protective factor that Nick identified was the *positive*

relationship with his current girlfriend. He said that he felt "completely comfortable"

with her, that they became close in a short period of time, and that he loved her.

...I've been seeing somebody for about a year now, and she's really great....

everything has gone so well, better than I ever thought it could or should for me,

you know given my past experiences... [It's] been absolutely incredible and

I...think it's her that's making me very stable right now and very happy. I don't

know whether I just needed to feel like there is somebody there or what, but

she's done a lot for the way that I feel.

Coping Strategies

A general coping strategy Nick used was to *maintain a sense of control of and set

limits on his actions.* He said during the pre-interview that knowing how to set limits

"was one of the things that let me get through it alright."

I never went above acid or shrooms [i.e., mushrooms].... I made that point to

myself... there were limits that I did follow and that was one of them.... I don't

like to be out of control.... like not being able to do what I want to do because

of some addiction.... No, it was more or less anything that could interfere with

my will, my control.... I didn't think criminal activity was something that could

interfere with my ability to control myself.... I didn't think it was so I didn't set

limits.... My self-control is something that I really valued.

In Grade 12, Nick's coping strategy turned to *substance use, which he described as

an alternative high to criminal behaviour*:

I had something inside me...looking for something new [and] exciting.... I

couldn't exactly say, "Lets go steal a car".... this good friend of mine I was

always getting in trouble with... said, "Listen, do you want to try acid with me?"

So, you know I said sure.... It felt safer, yes I was doing something wrong, I realized that, but it was.... an outlet for me.

When Nick looked at universities to apply to, he wanted a small university that was distant from his home and one to which not many of his friends had applied. Thus, Nick strategized about *a new start for himself* at a small-town university.

Another coping strategy that Nick employed when he went to university was making the conscious decision to *take risks to make positive changes and choices*. This led to meeting a lot of new and different people, and as result he developed some great friendships. This also resulted in dating more often and culminated in the positive, intimate relationship with his girlfriend.

Nick talked at length about how he *gradually developed cognitive coping skills and an optimistic outlook*. He became more able to prioritize the importance of problems, accept what he couldn't change, and give up the need to feel in control.

...a lot of first year was just kind of a transforming point. [It] was just developing new skills and new ways to be me and be okay with that.... [Being] able to...lessen the degree to which I think things are that important, together with...I'm not going to...freak out... because something didn't go well.... I can deal with it now and I'm very capable of it.... I feel more knowledgeable and resourceful as a whole.... I'm definitely not naive about things, I know what can be done, I know what can happen to a person, I know things are possible.... I think I'm way more prepared to deal with things... and be effective and be me.... [It's] just personal skills, internal skills that I've gained.

Nick elaborated that part of his cognitive style of coping was to better understand and interpret stressors in his life.

...[It's] my interpretation of those events that makes them a stressor or not.   I

think that stressors are just completely created.... Stressors are just events that

are taken poorly. Taking a test doesn't have to be stressor if you're prepared for

it.... The only thing that makes a stressor negative is how you interpret it, what

you do with it.... I still have the same stressors now as I had in my OAC year

and my first year university, if not more stressors, but I take them differently and

I'm much happier.

Nick said that another positive strategy during summer breaks from university was to *keep busy and stay out of trouble by being employed.* "[That] summer and last summer I worked both night shifts, so there was some strangeness to the summer. I didn't mind, it kept me out of trouble, I didn't do a lot of crazy things."

Impact & Outcomes

One of the main impacts of the arrest on Nick was the *revelation that his parents did care about him*: "All of a sudden I went through this revelation phase on my own, and they'd provided for me and they've been great.... I just realized that at that point that I did have parents and that they did care."

During the last year of high school and the first year at university, Nick said he came to the *realization that he didn't feel comfortable with the person he was becoming.* "I [was] depressed... I just was frustrated, I didn't feel comfortable with a lot of what I was doing.... I didn't like the person I was becoming."

It was clear that dramatic, positive changes occurred for Nick over his first couple of years at university. When we talked about why Nick felt that he was doing okay now he said that just last year things had "cleared up" and that he wouldn't have been able to do this interview if it had been a year ago. He said he was *a more relaxed and happier person* and overall he was "satisfied" with life. He also talked about *a new, more positive sense of self,* in which he was comfortable with himself and around others, and he was less dependent and concerned about what others thought of him.

> ...people refer to me now as being one of the least stressed people they know,
>
> one of the most laid back people and that's something I've never heard before....
>
> I think it has a lot to do with I'm confident now.... I am living my life primarily
>
> to be happy.

Finally, Nick talked about knowing where he is going and having *developed realistic plans and motivation to fulfill his dreams.* He said that maybe when he wasn't doing very well, it was because he didn't know where he was going.

> ...there are a lot of things that I want to do now.... I plan...to do well in school,
>
> and I plan to go on, perhaps law school or something like that.... I want to get
>
> married to my girlfriend.... I want to have a family with her.... I think that has
>
> given me more self-control...I mean I've got my dreams, I'm realistic, I know
>
> what I can do, I know its possible, and that makes me feel good.

Discussion

Odd as it may seem, I culled hope from these stories. Most are more remarkable

for what has been overcome than for what has been endured. Kids' struggles to

survive and improve against crushing circumstance testify to heroism and

strength in the human spirit. (Webber, 1991, p. 7)

Individually, the participants' stories are a powerful portrayal of how resources,

protective factors, and coping strategies were used to deal with adversity, and how many

of the ultimate impacts and outcomes represent resilience. In this chapter I will summarize

common, across-participant themes with regard to the four main categories of data

analyses. In doing so, I will note parallels between the common themes in this study and

those identified in the literature. In addition, in order to illustrate some of the across-

participant themes, I will refer to other case studies of resilience. One account in

particular is about the resilience of Gil Alicea, who at 16, wrote an autobiographical

account of growing up in South Bronx, New York (Alicea & DeSena, 1995). He lived in

a community of guns, violence, gangs, and drugs. There were a number of losses in his

life, including his baby sister's death just two weeks after his grandmother (with whom he

was very close) died, the death of his mother from AIDS, and the diagnosis of his father

(with whom he lived) with HIV.

Across Participant Themes: Stressors

Surprisingly, for the diverse range of participants' stressors, there were many

common themes. Most of the participants experienced some serious family stressors,

including parental mental illness (Stephanie), parental substance abuse (Gina), parental

neglect or emotional abuse (Samantha, Gina, and Stephanie), sexual abuse by mother's boyfriend (Samantha), physical abuse (Stephanie), unrealistically high expectations from parents (Samantha, Kharisma, and Stephanie), financial problems (Jamie, Kharisma, and Stephanie), parental divorce (Samantha and Jamie), and conflictual sibling relationships (Nick and Jamie). Nick was the only participant where family stressors were not pronounced and instead he struggled with stressors related to peers, delinquency, and mental health.

In addition to the family stressors, there was some commonality among the participants' with regard to having problematic relationships with their mothers in adolescence. Consistent with the research suggesting that a poor mother-child relationship can be a risk factor, four participants (Stephanie, Gina, Samantha, and Jamie) described mothers as emotionally and physically unavailable, neglectful, or abusive toward them. Nick did not talk at all about his mother during the interview, which left me wondering about his relationship with her and what influence she had on his life. The irony is that in spite of the abusive experiences within the family, all participants developed, or wanted to develop, better relationships with their parents.

Stressors associated with peer relationships were also very common among participants. A number of participants (Jamie, Gina, Aidan, and Stephanie) talked about the stress of social isolation from their peers at one time or another. Others (Nick and Gina) described how negative peer influence led them to engage in serious risk-taking behaviours (substance abuse life style and criminal behaviour). Three of the young women (Gina, Julia, and Aidan) endured abusive relationships with boyfriends, and two of the

three (Gina and Aiden) along with a third participant (Stephanie) experienced teen

pregnancy and abortion. Similarly, Sara Shandler (1999), who compiled stories written by

adolescent girls, commented about the boyfriend relationships that were based on control

and manipulation: "Lured by sweet compliments and wooed by unwavering attention,

they fell in love. Once caught, their seducers turned on them, eating away at their self-

worth. Candy-coated charm turned into tyrannical manipulation" (p. 200). Clearly,

partner violence in young adolescent relationships exists and is a risk factor.

Overlapping with family and peer stressors, a number of participants experienced

significant losses in their lives. Jamie lost a close friend to AIDS as well as emotional

support from family as a result of parental divorce. Gina experienced loss through the

termination of multiple pregnancies. Stephanie lost the supportive relationship she had

with her father to mental illness and lost important peer friendships due to immigration.

Cultural stressors were prevalent for two participants (Stephanie and Kharisma). In

addition to having parents who were physically or mentally ill, these participants

experienced acculturation stress and dissonance in parental and cultural expectations.

Cultural stressors are likely a key factor in the difficulties that immigrant, refugee, and

second generation adolescents experience.

Overall, although there was significant variance in across participant themes with

regards to the level, types, and seriousness of stressors over the course of the participants'

adolescence (and for many, throughout their childhood as well), the profile of the study's

participants is clearly high-risk.

Across Participant Themes: Resources and Protective Factors

It was striking that despite the fact that almost all participants described multiple

family stressors, the participants also described the importance of family support.   Four of

the participants (Nick, Julia, Aidan, and Kharisma) talked of the overall supportiveness of

their families throughout most of their adolescence. Three others (Samantha, Jamie, and

Stephanie) described a good relationship with at least one parent during their early

childhood. Even Gina, who felt she was emotionally abused by her mother, talked of the

importance of always having a home to return to.

Similarly, despite the fact that most participants noted stressors associated with peer

relationships, all participants described the importance of at least some positive,

supportive peer relationships (friendship and/or intimate relationships) at some point in

their adolescence, as well as in their early adult years. In general, participants seemed to

follow a developmental trend whereby they received support primarily from parents when

they were children, then turned to their peers for additional support and often primary

support in adolescence (Gottlieb, 1991), and then settled on some balance between the

two as young adults.

Many participants went beyond family and peer relationships to create a "bigger

world" of resources and support for themselves when they were in need. Part of this

bigger world included the relationships the participants formed with teachers (Stephanie),

guidance counsellors (Kharisma), police officers (Kharisma and Stephanie), hospital staff

and doctors (Stephanie, Gina, and Nick), therapists (Jamie, Gina, and Samantha), support

groups (Gina), and church members (Kharisma and Julia). Spiritual beliefs played a large

role in half of the participants' lives. Jamie, Gina, Kharisma, and Julia mentioned church activities, attending church regularly, or the belief in a higher power. Similarly, in Gil's autobiographical account, he talked about the importance of religion in his life, and his hope that his mother was "ready" to go to heaven when she died (Alicea & DeSena, 1995).

As a result of participating and being actively involved with friends, school, and/or community, the feelings of "helplessness" and "hopelessness" that participants experienced were gradually replaced with feelings of self-esteem, hope, and confidence. Julia talked about the responsibility of employment at her father's business. When Jamie went public, he felt he had more peers who supported him. Similarly, Stephanie felt powerless as a result of acculturation stressors, including financial difficulty, language barriers, and feeling "different" in a new culture. However, by developing connections to friends and supportive professionals she was able to feel hopeful and confident. Much like Stephanie's responsibility for "supervising" her father, Gil had to take care of his mother. He said this responsibility built his self-confidence and allowed him to make positive choices in his life:

> My dad told me I had to watch over my mom 'cause she was sick'.... I wanted
>
> to help her.... When you have a responsibility to do something, people have
>
> confidence in you doing the job. They know that you're able to do it.... It's
>
> good to have responsibility, 'cause it's a lot of trust'..... Now I have
>
> responsibility for myself—to do what's best for me. (Alicea & DeSena, 1995, p.
>
> 78)

Finally, individual characteristics and opportunities should not be overlooked as important protective factors. In terms of individual characteristics, one can assume that these participants are of above-average intelligence by the fact that they were all in their 2nd or 3rd year of university. Additionally, although it is difficult to infer retrospectively, my personal impressions of the participants (positive mood, friendliness, and sociability) as well as the impressions I gleaned of them as children, leads me to suspect that many of them may have been born with easy dispositions. With regard to "opportunities", all participants probably had more opportunities to broaden their social network and develop their coping abilities as a result of being able to postpone both marriage and having children (Rutter, 1987). The participants were also able to access economic resources to get to university, which opened doors to future careers options. The financial support available for students in Canada through student loans, bursaries, and scholarships, allowed many participants to pursue higher education.

Across Participant Themes: Coping Strategies

Jessor and Jessor (1977) suggested that rather than view adolescents who participated in problem behaviours (i.e., the use of alcohol and drugs, early sexual experiences, and general deviance) as part of the moral decline in society, these behaviours may be understood as part of a developmental trend towards maturity and independence. In this study, one trend was what might be called a developmental process in coping strategies. Most participants began with what could be considered pre-mature coping strategies, which included both reactive/acting-out strategies and defensive/withdrawing strategies, before developing more "mature," proactive strategies.

With regard to reactive/acting-out strategies, initially Samantha, Stephanie, Gina,

Kharisma, and Aiden engaged in behaviours such as running away from home, not meeting

parents' expectations for academic success, attempting suicide, having sex, dropping out

of school, and using drugs. Some of these behaviours, especially the use of drugs, seemed

to be a way for the adolescents to "numb the sensations they feel and hence, cope"

(McCubbin et al., 1985, p. 60). Acting out or risky behaviours may be seen as

pathological, but on the other hand, they "may also be an indicator of hope and potential

for success in the face of adversity" (Dugan, 1989, p. 157). Dugan said acting out is a

"cry for help," the result of loss and trauma suffered by children, which they are unable to

talk about and work through, especially when support is not available. Acting out can be

construed as adaptive distancing, in that redirecting the focus of attention onto their

problematic behaviour allowed participants to gain distance from parental problems such

as mental illness, substance abuse, and/or emotional abuse.

With regard to defensive/withdrawal strategies, many participants mentioned such

things as keeping busy or avoiding their parents. Participants reported being active with

sports, creative arts (such as music, poetry), church activities, volunteer or part-time

employment, or social activities (positive and negative) with peers. Other withdrawal type

strategies included indulging in fantasy or using a distraction to block out negative

thoughts. This is consistent with Dugan's (1989) case study of Henry: "I just go through

high school. Whenever I was upset, I would stay at (athletic) practice later or shoot

baskets for four hours at a time" (p. 172). Similarly, Gil Alicea (1995) talked about being

aware that his father thought about his mother's death a lot. As a way to cope:

I just keep myself busy.... I play Genesis, or play with my basketball hoop.... I ask a

friend to come over and play just to stop thinking about mom. I try to do the same

thing for my dad, try to keep him busy. I do stuff with him, like just talk to him so he

won't be there thinking by himself.... I watch a game with him. We talk about the

moves and which player is the best (p. 47).

Transitions from pre-mature to mature coping strategies seemed to occur for all of

the participants. This was usually a process that involved a gradual realization that they

weren't the problem, or "bad." This also often involved giving up trying to change their

family members, along with the realization that they could be in control of their destiny

and who they were to become.

The catalyst for the transition from pre-mature to mature forms of coping came in

many forms. For some participants it was a major crisis that enabled them to "turn the

corner." Gina needed to "hit bottom" and she did this when she overdosed and

subsequently returned home to find her family engaged in normal activities (i.e., having a

barbeque and throwing a football around) without her. Nick needed to be arrested for his

criminal activity; this was the beginning of the awareness for him that his parents did love

him, and his actions had been inconsiderate to them. Aidan attempted suicide and had an

abortion before she and her parents realized that their support of her and her choice in

boyfriends was more important than their differences.

For other participants, the triggers for this transition were more subtle. Many of the

participants in the study began to compare themselves to their friends, and compare their

own relationship with their parents, with that of their friends' relationships with parents.

Through these comparisons, most participants realized that aspects of their lives were more difficult than others' and that they were "good" people after all. Nick realized the opposite; by looking at his peers' relationships with their parents, he realized that his parents were good people and he valued their relationship. Another common transition point was moving away from home to attend university. For Gina and Nick this was a time when they could leave their old identity behind and re-create an identity that included self-confidence, a new peer group, and an alternative outlook on life.

There were a number of mature coping strategies that were common among many participants. Some participants talked explicitly about learning how to express their feelings, either through creative means such as journalling (Gina) or poetry (Jamie), and/or through counselling (Jamie, Samantha, Gina, and Nick). Nick mentioned having developed better "cognitive coping skills" to manage his life. Five participants (Gina, Jamie, Samantha, Aidan, and Nick) talked about confronting their fears, having the courage to take risks (e.g., to reach out to others) and make changes. Similarly, Gil (Alicea & DeSena, 1995) said:

> So then I could try everything 'cause I don't know what the next life is.... I want to enjoy it now 'cause maybe I won't be able to later. You got to take the chance when it's yours. A lot of people just want to stick to the same things because they .... have fears or bad attitude (p. 60).

Most of the participants (Samantha , Jamie, Aidan, Stephanie, and Gina) talked more specifically about letting go of some of the hurtful feelings they had towards a person, forgiving them, and accepting what had happened.

<u>Across Participant Themes: Impacts and Outcomes</u>

The caveat of resiliency research appears to be that even though resilient children and adolescents have impressive social competence, their ability to cope effectively with severe stressors does not preclude having emotional troubles such as feelings of depression and anxiety (Luthar & Zigler, 1991), even after being removed from the difficult situation. This seems to hold true for the participants that I interviewed. Nick achieved athletic excellence and good academic performance, even though he suffered with depression and anxiety through high school and his first year of university. Feelings of anxiety were reflected in participants' worries and questions about how their past may influence the future. Gina, Samantha, and Julia expressed difficulty establishing trust or being close with people and relying on them for "fear of being hurt" again. Stephanie worried that she may develop manic depression, like her father. Gina wondered how her life might have been different if she had been raised in a healthy family. During the interview, Jamie was concerned about how his HIV would affect his plans to have a family. He also wrote, in the university paper, an article about his thoughts of death's final moments: "A release of all the pain, and the anger and the hurt that has bound your life in limbo for so long. There is a release of life and love when the end of AIDS comes" (The Cord, 1995).

Although participants struggled and were adversely affected by the stressors they endured as adolescents, by early adulthood all participants had begun to turn their lives around and were manifesting clear signs of resilience. It seemed that the "social-psychological process of transition" (Jessor & Jessor, 1977) for participants involved changes within themselves, and their status within their family and community. One of the

most striking common outcomes involved participants' sense of hope and positive

aspirations for the future. Most participants discussed future goals and dreams, which

included finishing their university degree, developing a career, being financially stable,

having a family, and being happy. The Dalai Lama (1996) said, "From the moment of

birth every human being wants happiness and wants to avoid suffering." Chess's (1989)

summary of how one young woman turned herself around captures many of the aspects of

how this study's participants did the same:

> In older adolescence, [Laura] formulated a vocational goal and desire for a different
>
> lifestyle and got back into therapy. This was not a sudden conversion, but rather the
>
> result of a gradual process of change and growing sense of inner strength and
>
> direction. This received enthusiastic support from Laura's family. She established a
>
> cycle in which positive functioning stimulated new positive efforts, and success of
>
> effort led to further positive functioning accompanied by a growing self-esteem and
>
> awareness that she had truly earned the respect of others. (p. 198)

Relatedly, all participants talked about having a stronger sense of self; feelings of

increased independence and confidence; and being happier as young adults than they had

been as adolescents. For most, there seemed to be a gradual and continual process of

overcoming the effects of adversity and becoming more confident and happy. Gil also

referred to feeling more "comfortable with who I am and what I'm doing... comfortable

with my inner self, knowing what I'm doing is right" (Alicea & DeSena, 1995, p. 98).

Most participants seemed to be moving toward a state of flourishing resilience in which

they use, for a sustained period of time, effective cognitive, behavioural, and emotional

coping strategies, and they experience an enduring reciprocal relationship between themselves and the environment (Palmer, 1997).

For some participants, the process of self-development involved altruistic activities; the "desire or intent to promote the welfare of others" (Benson, 1993, p. 33) and "to be responsible for something or someone besides our self" (Adams, 1999, p. 11). Jamie considered himself a humanist and social activist with regard to love and expression of ones' feelings. Gina spent time supporting other women in substance abuse recovery. This is consistent with Garmezy's (1985) writings in relation to "required helpfulness" (a term coined by Rachman, 1979):

> This is 'therapy through helping others' and its consequences include increased competence in the helper, markedly heightened morale and a marked increment in motivation and persistence, a heightened probability of successful accomplishments of one's tasks, a greater toleration of discomfort evoked by its performance, and the acquisition of new skills that lifts the level of performance... (p. 226).

The Dalai Lama's (1996) words of compassion reflect this theme: "The more we care for the happiness of others, the greater our own sense of well-being becomes."

Conclusion

These children need enrichment and exposure to new ideas. They have to be able to identify new options beyond the overwhelming ruins they experience. They have to see other worlds and know they exist. Only then can they aspire to make the changes they have to, to commit to achieving a more satisfying,

fulfilling and stabilized life (Written by DeSena in Gil's introduction; Alicea &

DeSena, 1995, p. 6).

This study involved young adults who fit the profile of being resilient. As adolescents

they managed a variety of high-risk environments with a range of pre-mature to mature

coping skills and emerged into young adulthood with a sense of positive well-being and

competence. The developmental trend in the use of protective factors, resources, and

coping skills by resilient adolescents is in line with the naturally occurring developmental

trend in adolescence; adolescence is a time of "key transitions...starting to drink, beginning

to work, living away from home, and becoming a nonvirgin" (Jessor & Jessor, 1977, p. 6).

This was a time for exploration of freedom and independence.

Through transitional experiences, chance occurrences, and opportunities–whether

dramatic or subtle--the adolescents gradually progressed in the effectiveness and maturity

of their coping. They sought and received social support from family, friends, and others

who were clearly important in empowering them to move forward and make future plans,

leaving their past as much as possible. Even though the participants continued to be

vulnerable and struggle with the emotional effects of their high-risk environments, they

"faced their fears" and chose to live life to its fullest and support others in the process.

Research on resiliency and coping has practical implications when working with

children and adolescents from high-risk environments. Prevention is the key. If multiple

risk and stress factors (risk chains) can be postponed, delayed, or avoided it would reduce

the likelihood that children would experience low self-esteem and subsequent difficulties in

their families, schools, and communities. Interventions should be adopted based on the

unique needs and strengths of the individual, family, and community. For children and adolescents currently in high-risk environments, interventions can take the form of building supportive family and peer relationships, and developing a support team which may include professionals, neighbours, and community members to "wrap-around" (Brown, in press) the children and their family. In addition to nurturing these relationships, it must be recognized that long-term, multisystemic support over time is needed for adolescents to develop mature coping and resiliency. After-school activities should be available to children and adolescents to allow the development of a variety of interests, problem-solving skills, conflict resolution, and emotional regulation.

Finally, it is commonly known that good research always produces more questions than it answers and it is hoped that this study will stimulate further inquiry on this topic. Some of these questions include: What is the relative importance of genetic (e.g., intelligence, temperament) versus environmental (e.g., social support) factors? Is resiliency predicated on the infant's ability to attach to a primary caregiver and the availability of this caregiver to meet the needs of the young child? Can coping strategies be taught, and if so, what is the best strategy? Are there long-term negative outcomes for individuals who seem to cope well with stress early in life, and if so, how can these be avoided? Should resiliency interventions be focussed only on children in high-risk environments, or would they also benefit children from low to moderate risk environments?

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Appendix A
Differential Resiliency Model

	Major Life Areas			
Type of Resilience	Homeostasis (Disruption and Balance)	Coping Strategies (Development and Internalization)	Relationship to Environment (Distancing and Accessing)	Use of Energy
Anomic survival	Constant state of crisis and disruptions. Continued need for repair.	Little or no use of constructive coping strategies. Consistent use of dysfunctional coping behaviours.	Destructive cognitions and behaviours. Diminished access to personal and environmental resources.	Energy directed to survival and safety. Little or no coherence or predictability to life.
Regenerative resilience	Periods of some stability. Crisis and disruption frequent. Limited repair achieved.	Formative development of constructive coping strategies. Little integration and internalization.	Sporadic constructive cognitions and behaviours. Initiation of access to personal and environmental resources.	Exceeding survival and safety needs frees energy for learning and integration. Insight into self.
Adaptive resilience	Sustained periods of stability and balance. Some disruption, reassembly for growth.	Regular use of competencies and coping strategies. Some skills building needed. Some integration and internalization.	Regular use of competencies results in reciprocity between personal and environmental resources for growth and change.	Reciprocity provides continual flow of energy to sustain birth of philosophical self.
Flourishing resilience	Extended periods of stability and balance. Sustained growth.	Sustained use of effective cognitive and behavioural coping strategies. Skills integrated and internalized.	Enduring reciprocity and confidence between self and environment. Flow of energy.	Sense of coherence in life, enduring philosophical self. Energy maximized.

From: Palmer (1991). Exploring resiliency in adult children of alcoholics. Doctoral dissertation. University of Kansas.

Advertisement to Attract Participants

Have You Emerged Intact From A Difficult Adolescence?

I am a graduate student who is looking for participants to interview for a Master of Social Work thesis. The purpose of this study is to explore by what means individuals coped well with a difficult adolescence. Specifically, I am looking for individuals who:

1) Are between the ages of 20-23 and,

2) Are in 2nd year university or higher and,

3) Have experienced a high level of stressful circumstances (e.g., family problems, losses, etc.) during adolescence and,

4) Feel that they have managed to cope adequately during adolescence and now have a sense of well-being.

- There will be one brief orientation meeting (1/2 hour), one interview (1-2 hours), and one brief follow-up phone call or meeting (to be decided by participant).

- All meetings will be with the researcher only.

- $10 will be given to those students who have been chosen to participate and attend the interview.

- Complete confidentiality and anonymity will be guaranteed to all individuals.

- There is no deception involved.

- There will be a selection process and not all interested individuals may be chosen for the study.

This project has been passed by the Ethics Committee of the Faculty of Social Work, Wilfrid Laurier University. If you are interested in participating or would like further information contact:

Vivian Horovitch at 884-9947 or horo4867@mach1.wlu.ca
Please respond by September 25, 1995.

Appendix C

Demographic Background of the Participants

Pen Name (Names in Order of Pre-Interview Meeting)	Samantha	Jamie	Nick	Julia	Stephanie	Kharisma	Aidan	Gina
Order of Interview	1	2	8	7	6	3	5	4
Age	21	21	21	20	21	20	20	23
Sex	F	M	M	F	F	F	F	F
P-T or F-T Student	F-T	F-T	F-T	F-T	F-T	F-T	P-T	P-T
Program at WLU	Psychology/ Sociology; wants to get into MSW	Business	Psychology, minor in Biology	Political Science	Design Engineering (University of Waterloo)	Economics	History (interest in Psychology)	Possibly Anthropology
Year in Program	2	3	3	2	3rd year (Co-op)	2	2	End of 1st
Marital Status	Single	Single	Single	Single	Single	Single	Single	Single
Living Situation	Rents with 4 people	Board	Rent with 4 people	Rent with 2 people	Rent with 2 people	Rent with 3 people	Rent with 4 people	Rent with 2 people
Ethnic Identity	Canadian	Canadian/ American	Canadian	Canadian	Chinese	Asian	Canadian	Canadian
Number of Children in Family of Origin	2 (1 Brother)	5 (1 Biological Sister and 3 Step-Siblings)	2 (1 older brother)	3 (2 brothers, an older and younger brother)	2 (1 older brother)	1	3 (2 younger twin siblings; brother and sister)	2 (1 younger brother)
Place in Birth Order	Oldest	2nd Oldest of All Siblings	Youngest	Middle of 3	Youngest	Only Child	Oldest	Oldest
Current Marital Status of Parents	Divorced (Father Remarried and Mother Single)	Divorced (Both Remarried)	Married	Married	Married	Married	Married	Married

Appendix D

Interview Preparation Guide For Participants

These are some of the general questions that I may ask during the interview. The reason why I am giving you these questions before the interview is that it might allow you to reflect on the issues. There are no incorrect ways to answer these questions. I am very interested in hearing about your experiences and thoughts concerning this subject.

1) Describe the stressful circumstances that you experienced in adolescence.

2) Describe how you coped and what enabled you to cope with these circumstances during adolescence.

3) How would you advise others in similar situations to best help themselves?

4) What have been the benefits and costs associated with experiencing a stressful adolescence? Have you gained or lost anything now because of it?

5) Describe and explain your current sense of well-being.

Thank you for agreeing to participate in this study. If you have any questions, please contact me (Vivian at 884-9947 or horo4867@mach1.wlu.ca).

Consent Form and Information about this Study

I am asking you to participate in a study which is being conducted by myself, Vivian Horovitch. I am working under the supervision of Dr. Nick Coady from the Faculty of Social Work at Wilfrid Laurier University. You may be one of the eight people who are selected to be a part of my research project. Depending on the number of people who inquire, I may not be able to interview everyone and, as a result, some people who I have met at the initial meeting will not get an interview. However, under these circumstances, I will inform you within a reasonable amount of time whether you will be a participant in this study. Regardless, I am obligated to keep any information you share with me confidential.

The purpose of this study is to better understand how adolescents cope with difficult life circumstances. To do this, I will be asking young adults, like yourself, to consider how you were able to manage during your adolescent years. A copy of the general questions that I may ask will be given to you before you leave today.

The interview will be between one to two hours in length and will be audiotaped and transcribed. I will then look over the transcribed notes and mail you a one page tentative summary of the main ideas I have found. I encourage you to look over the summary so that when I talk with you, you are able to give me some feedback about its appropriateness, whether the conclusions "fit" for you, and whether there is something else that you feel is important to mention. This brief follow-up conversation will most likely be conducted by phone; if it is more convenient for both the researcher and participant, then the follow-up may be a brief meeting.

Your participation in this study will remain confidential. Any names and identifying features will be changed during the transcribing process. A pen-name of your choice will be used on the transcript and in any further documentation. The audiotape along with other confidential information will be kept in a locked file cabinet until the study is completed and at that time, the audiotapes will be destroyed.

I may also be using direct quotations from the interview as part of my thesis and any presentation or publication that may ensue. However, I assure you that your confidentiality will be maintained throughout. Once the study is completed, I will send you a brief summary of the results. A complete copy of my research will be

available through the Wilfrid Laurier library approximately one to two years after the interviews are conducted.

It is necessary to discuss the risks and benefits of participating in this study. Although all efforts will be made to conduct the interview in a sensitive manner, it is important to acknowledge that as a result of discussing past difficult issues you may experience emotional distress. If this should occur, feel free to contact me or my advisor and we can connect you with the appropriate counselling services. Of course, you may also phone counselling services at Wilfrid Laurier University to make an appointment (884-1970, ext. 2338, 8:30-4:30).

The benefits of being able to participate in this study may be: gaining insight into your strengths, understanding your past, and learning from first-hand experience what it is like to participate in social work research.

As a participant you have a number of rights. You can refuse to answer any questions. Additionally, you are free to withdraw from the interview at any time. You also have the right to have any of your questions answered about the study in sufficient detail so you clearly understand the answer. And finally, you will be given a copy of this consent form.

Thank you for your willingness to participate in this research project. If you have any further questions about the research you can contact me either through e-mail (horo4867@mach1.wlu.ca) or by phone (884-9947) or Professor Nick Coady, at 884-0710, extension 2666.

I, _____, have read the above statement and agree to participate in this study under the conditions discussed above. I have chosen the pen name, _____, to be used on all subsequent transcripts, audiotapes and any written material.

Signature:_____

Telephone Number:_____

Address:_____

Date:_____

Researcher:_____

Appendix F

Interview Guide

Orienting Statement and Opening Question
As I have explained previously, my interest is in hearing about how you coped with difficult circumstances and stresses in your adolescence and how you have managed to emerge from a difficult adolescence with a sense of relative well-being.
Can you begin by telling me more about your adolescent experience?

Probes about Stressful Circumstances in Adolescence:
What were the main sources of stress for you during adolescence?
When did the difficulties begin?
In what ways did this impact on you (family and peer relationships, self-concept, school
        achievements, etc.)?
How did this involve or affect your relationship with others (family, peers, etc.)?
In what ways did this stress impact on others (family members, extended family, etc.)?
If stress is related to family:
        How did other family members deal with the stress?
        How have they managed to this point in time?
How did stresses change over time?
Are any elements of the stresses in adolescence continuing to impact on you.

Probes about Coping Strategies and Abilities in Adolescence:
How were you able to manage and cope with stresses in adolescence?
What kept you going during this stressful period?
What internal capabilities or external resources facilitated your coping?
How did you first cope with these issues?
Did your way of coping change over time? How did you learn to cope?
Was there a developmental process to your ability to cope?

Probes about Effects of Stressful Adolescence and Current Sense of Well-being
Can you describe your current sense of well-being?
How has your past experiences effected your current: personal life, social life, academic life,
        and family life?
What have been the benefits and costs associated with experiencing a stressful adolescence?
Have you gained or lost anything now because of it?
Looking back now, how would you advise others in similar situations to best help
themselves?

Ending:
Is there anything else that you would like to add in terms of how you have emerged intact
        from a difficult adolescence?
Thank you very much for sharing your story and your time.

(Remember to pay the interviewee $10).