

Shepherd, C., Reynolds, F. A., & Moran, J. (2010). 'They're battle scars, I wear them well': a phenomenological exploration of young women's experiences of building resilience following adversity in adolescence. *Journal of Youth Studies*, 13(3), 273-290.

"They're battle scars, I wear them well": A phenomenological exploration of young women's experiences of building resilience following adversity in adolescence.

Introduction

This phenomenological study explored young women's accounts of building resilience following a period of adversity in adolescence. 'Resilience' refers to a process of dynamic adaptation to adversity – the *active* process of coping, reframing experience, and even thriving after trauma and loss (Luthar, Cicchetti and Becker 2000). This term does not describe a finalised state or trait. As Hauser, Allen & Golden (2006; p.5) argue, 'No one can be classified as resilient in a static, "forever" way'. It may be lost in some circumstances and then regained, sometimes long after an adversity has occurred.

A variety of risk and protective factors work together both to shape young people's vulnerability to adverse experiences, and also their recovery (Rutter 1999; Masten, Cutuli, Herbers, & Reed 2009). Individual characteristics have provided the focus of much previous research. Resilient adolescents who have coped with adversities such as foster care or early motherhood typically present personal strengths including problem-focused coping skills, internal locus of control, self-efficacy and positive ambitions (as reviewed by Drapeau, Saint-Jacques, Lépine, Bégin, & Bernard 2007; Everall, Altrows & Paulson 2006; Luthar et al 2000; McDermott & Graham 2005). But resilience does not derive solely from individual characteristics. Masten et al (2009) suggest that it is the loss of protective *systems* around the young person which markedly contributes to adversity. Equally, such systems, when they function well, can play a vital role in promoting

resilience. Bottrell (2009b) cautions against assuming that resilience equates with conformity to adult social norms. Resilient young people may embrace deviant behavior in order to experience power, competence and positive identities.

Because of the complex interplay between individual and social resources, many methods of enquiry have been used to study resilience and recovery from adversity. Some studies have highlighted the importance of ‘turning points’ in people’s accounts although these have been conceptualised in different ways. A ‘turning point’ may be an event which creates a ‘fundamental shift in the meaning, purpose, or direction of a person’s life’ (King, Cathers, Brown et al. 2003; p.186). Everall et al. (2006) conducted a grounded theory study of young women’s recovery from suicidal thoughts and feelings.

Participants described various turning points such as realizing that they needed to confront their feelings, and recognizing they had some control over their emotional state and circumstances. Some used writing (of journals, diaries or poems) as a means of clarifying their thoughts and feelings. Participants interpreted their new-found resilience as derived not only from personal efforts (such as cognitive restructuring), but from changing their social environment (e.g. leaving home, or getting a job). Everall et al. noted a ‘chain’ effect, emphasizing that ‘positive steps taken in one domain typically produced positive changes across several domains and added momentum to the resilience process’ (Everall et al. 2006, p.467).

Adopting a narrative approach, Thomson, Bell, Holland, et al (2002) identified pivotal or ‘critical’ moments in the stories that young people told about their transitions to adulthood. Not all such moments represented an active personal choice. Chance events and other people’s actions (e.g. exclusion from school after criminal activity, or ostracism by former friends) played a role in their stories. Yet the young person’s interpretations of

their situation, awareness of alternative courses of action, and social resources also shaped the various strands of their personal development. Whilst some negative events reinforced the young person's sense of powerlessness, they could also be interpreted in ways that catalysed positive change.

These studies portray dynamic processes as involved in young people's resilience to adverse life events. Qualitative methods are highly suitable for building understandings of complex multifaceted experiences. We have limited accounts from resilient young people, as McDermott and Graham (2005) point out, justifying further research. Where accounts have been gathered, the young people have tended to live in disadvantaged social contexts for all or most of their lives. Yet adverse experiences are not confined to the socially disadvantaged, and research with young people who have access to better environmental supports may also illuminate processes of recovery and thriving. Many articles report qualitative evidence from small samples (e.g, Bottrell 2009b; Everall et al 2006; Thomson et al 2002) and further research is justified to corroborate and elaborate upon emerging themes.

This study, rather like the method used by Kinsel (2005) with older women, asked young women to focus on an experience that they personally defined as adverse and associated with considerable emotional turmoil, rather than selecting participants with a common history (as, in any case, they might interpret events that appear to outsiders as objectively similar in highly personal ways). The aim was to explore the psychological journey from adversity to resilience, starting with participants' memories of an adverse event (or set of events) in adolescence, and then the processes that constituted their recovery.

Phenomenological enquiry was appropriate as the study was not intending to focus on objective events or resources but rather was seeking to understand how participants were situating themselves in their personal lifeworlds, and had experienced change during adolescence. We regarded participants as interpreting, rather than revealing ‘facts’ about, their adverse experiences and their processes of recovery. In turn, we, as researchers, were using our own conceptual frameworks to make sense of their accounts.

Method

Methodology: Phenomenological research seeks to explore and understand the rich intersubjective meanings that constitute and generate everyday experience. Phenomenology was appropriate for this research as it honors the first-person perspective and seeks a ‘caring attunement’ to understand ‘what it means to live a life’ (Van Manen 1990, p12). There are different ‘modes’ of phenomenology (Ashworth, 2003), but overall, it is a distinctive approach to qualitative research that resists breaking apart experience into coded categories. Instead, phenomenological research strives to understand the ‘essence’ of an experiential phenomenon in a holistic way, through inductive processes that acknowledge the presence of both researcher and participant in the meaning-making process. Tacit meanings are brought out, as well as the more explicit meanings that participants would readily recognize (Giorgi & Giorgi 2008). Small samples are typical, enabling in-depth idiographic analysis.

We acknowledge that alternative approaches to qualitative research have distinctive strengths. A narrative approach, for example, tends to analyze participants’ accounts for plot, characters, and chronology, seeking to understand how, through the story-telling process, participants may be bringing order to the experience of disorder (Murray 2008).

At a relatively early stage of research into young women's experiences of building resilience, we wished to delve into the experience rather than focus on the process of story-telling. A grounded theory approach tends to prioritize the conceptualization rather than description of the participants' experiences, typically assembling categories and causal relationships into a visual model (Charmaz, 2008). Arguably, more advanced conceptualizations or models should await nuanced understandings from a greater range of studies.

Ethics: The project received ethical approval from the host university. All participants received an information sheet, together with the main interview questions, and had opportunities for questions, before providing written consent. Careful debriefing after the interview ascertained that participants were not distressed by their disclosures, and did not require follow-up counselling support. All were offered a synopsis of the findings when these became available. Pseudonyms are used and certain identifying details have been masked to preserve confidentiality.

Participants: The research sample was recruited through informal advertising at the host university and by a further snowball process. Participants consisted of 6 women, aged 20 to 25 years, all unmarried, and who now considered themselves as resilient after enduring a lengthy period of adversity in adolescence. Jane (22) was an employed university graduate; Samantha (21) a receptionist; Jasmine (21) a mother and social work student; Catherine (20) a psychology student; Verity (25) a social work student; Vanessa (25) a mother and part-time psychology student. Those who were students did not all attend the same university. The sample was of varied nationality, ethnicity, and social class. Only Jane's family of origin was relatively affluent. All recalled enjoying a supportive

relationship with at least one parent prior to the negative events of adolescence, but two (Catherine, and Jasmine) had lost a parent through death when they were children, and Verity described having limited contact with her father. Vanessa's father died when she was 18, contributing to her chain of negative experiences during that life stage. Small samples are considered appropriate to enable in-depth phenomenological analysis leading to new understandings of complex personal experiences (e.g. Bogar & Hulse-Killacky 2006).

Interviews: Interviews were semi-structured with a main topic guide and additional questions, as devised through a pilot study, to help the participants provide in-depth personal accounts. Interviews were conducted by the first author, audio-recorded, and fully transcribed. Each interview lasted about an hour to an hour and a half. The questions focused on personal meanings, starting with reflecting on the adversities in adolescence, and then exploring recovery processes. The questions were designed to be open enough for participants to describe their own understandings, strategies, and sources of support without presupposing what these might be. The question order was also designed to leave the participant in a positive state of mind at the end of the interview.

The main questions were as follows:

1. Can you guide me through a significant negative experience you had when you were a teenager, in as much detail as possible?
2. In as much detail as possible, can you describe how you got through this negative time in your life and achieved resilience?
3. What meanings have you taken from this negative experience? Looking back, would you remove this negative experience from your life?
4. How do you feel about yourself and the future now?

These questions were not followed rigidly but were used to support a free-flowing, reflective conversation.

Data analysis: Phenomenological researchers advocate ‘bracketing’ one’s knowledge or assumptions related to the phenomenon being studied, to increase awareness of bias and sensitivity to fresh aspects to the experiences that participants describe. The interviewer (first author) aimed to listen carefully to the participants’ own experiences whilst remaining attuned to her own feelings as they might increase sensitivity to the implicit meanings in the participants’ accounts. A research diary was kept to record assumptions, expectations and interpretations before and during the interview process, increasing self-awareness, and openness (Ashworth 2003).

Giorgi and Giorgi (2008) point out that the analysis process is lengthy and that detailed findings are difficult to report except in lengthy theses. Descriptions of the analysis process almost inevitably portray a linear, rational orderliness and yet in reality the process is recursive and enriched by intuition (Moustakas, 1994). Inevitably, there are choices to be made in the aspects of the phenomenon that are presented here. Several approaches to phenomenological analysis have been described (e.g. Ashworth, 2003; Moustakas, 1994). The analysis was informed by the four key stages as described by Giorgi and Giorgi (2008), aiming for an ‘insider’s’ view of participants’ lifeworlds. Firstly, the transcripts were read several times to gain a holistic overview of the experiences involved in moving through adversity into a stronger, more resilient position. The second step was to define ‘meaning units’, which are parts of the account marked off by transitions in meaning. The third stage was more interpretative, though still idiographic, and referred to as ‘phenomenological reduction’, in which contextually rich meaning units were connected to create more general descriptions of aspects of the

recovery experience. There was discussion and agreement among the authors, enhancing credibility. The goal was ‘rendering visible the psychological meanings that play a role in the experience’ (Giorgi & Giorgi, 2008; p44). Finally, there was a recursive search by all authors for both idiosyncrasies and convergences in the participants’ accounts to clarify the essential aspects of their lived experience.

Findings

Although participants initially identified ‘single’ adversities in adolescence (such as unplanned pregnancy, or partner abuse) prior to interview, their accounts revealed that these events were experienced as embedded in ‘chains of adversity’, lasting for two or more years (as summarized in Table 1).

-----Insert Table 1 about here-----

Participants described these adverse events as leading to powerlessness, loss of self-confidence, and fractured family relationships. Samantha, for example, described her drug addicted boyfriend as stealing from her, controlling her life, cutting her off from friends, and undermining all self-confidence and ambition:

‘My future was a big black hole, I just didn’t know, I didn’t have any ambitions to do with university or a job, I didn’t have ambitions towards getting a house, marriage or kids. He took that all from me, he drained me of everything that I used to think was important’

Rutter (1999) argues that resilience is only relevant where there is a real risk of psychopathology. Participants described suffering severe turmoil, including clinical depression, drug or alcohol misuse, and violent outbursts. These experiences will not be further examined as the purpose is to understand participants’ complex experiences of recovery.

Pivotal moments

Bogar and Hulse-Killacky (2006) identified ‘pivotal moments’ or turning points in the recovery process of women who had been abused. The participants in this study, confronting a wider range of adversities, also identified such moments as ‘kick-starting’ their process of recovery. Samantha, Jasmine and Verity each described a physical separation as providing the pivotal moment in ending lengthy abusive relationships. Separation was achieved by events such as going away on holiday, living with a parent temporarily, or the partner going to prison. But more than a simple geographical separation was involved. Samantha, for example, at the moment when her partner was sent to prison for theft, took some pride in knowing that her evidence had helped to convict him. Nevertheless, she expressed vulnerability and a continued yearning for protection (as her reference to angels suggests, in the following quotation). Yet she also presented this moment of sentencing as a turning point, which led to her perceiving herself as someone who did not have to be defined solely in terms of the partner’s needs or rules:

‘He wasn’t there, I wasn’t scared [any more] that he was going to be able to hit me or shout at me, I wasn’t scared that he would cut people off from me and make me feel as small as he did, or make my life a misery, because he wasn’t there he couldn’t get me...the last [prison] sentence he got was a big one, he got seven years. And I sat in the corner [of the court] and just thought there must be angels, someone was watching over me that day [of the sentencing]’ (Samantha).

Having received this opportunity, this participant gradually felt able to exercise more personal power, cutting off contact, and refusing to take phone calls or letters from the

partner. Referring to her decision to stop reading his letters from prison, she explained how difficult it was to break her emotional connection:

'It was so hard to find the strength to do that [not answer letters] but once I had, it really helped me to move on, I didn't feel tied to him anymore'

Others also represented a physical separation from a harmful relationship as a source of empowering opportunities:

'I used those opportunities when I went away to experience new things, and I thought actually 'There's a lot out there, there's a lot I can do' and the turning point came when I went to Australia,' (Verity).

Verity explained that the geographical distance achieved when she went on holiday to Australia was the resource that she used to re-evaluate her life, and to reflect on her own goals. With the benefit of physical separation, she came to formulate new perspectives on the abusive relationship, reappraising the partner's behavior as intolerable. However, her account did not present the turning point as an isolated event but as part of a chain of inter-connected experiences, each of which provided a stimulus for emotional and cognitive re-appraisal. In Verity's case, the choice to enjoy a holiday alone (on the other side of the world from the UK) had itself been encouraged by a serendipitous contact with another survivor of abuse. This person provided affirmation, an external corroboration that Verity had indeed been subject to abuse and that this abuse was not to be tolerated:

'She saw it with a fresh pair of eyes and said 'this [abuse] can't happen' and she'd come from an abusive relationship herself... she encouraged me to come out of my shell a little bit'

Not all pivotal moments involved physical separation. Some events were experienced as ‘tipping points’, because they confirmed participants’ self-worth, provided a glimpse of an alternative, more positive future, or confirmed a difficult decision. Catherine, for example, had managed to keep up with schoolwork despite the prolonged stress associated with pregnancy, abortion and relationship difficulties. She experienced a turning point in her recovery when she received her examination results:

‘I got my AS [exam] results and they were really good and no matter what I was going through they were, yeah they were really good, and I realized that I can go to university and I can get my grades. I suppose it confirmed my decision to have an abortion, then I knew it was the right thing to do’ (Catherine).

New relationships were represented as turning points in the process of recovery by two participants. Jane, who had experienced a miscarriage at 15 years old and subsequent turmoil within the family, traced her recovery as beginning with ‘falling in love’ at 16 years old. Although short-lived, this new relationship initiated a journey away from her usual group of friends, and what she regarded as her former ‘immature’ identity. It also offered her affirmation which she had craved since her family had become critical and emotionally distant:

‘When I fell in love with Peter, that was definitely a big turning point ‘cause also I was away from the life I was used to, moving away from being with my friends all the time, and it was a turning point because I was being mature’.

Although some pivotal moments in recovery were linked to experiencing certain external catalysts (such as physical separation from the source of distress), or social affirmation, other turning points were marked by a personal insight and re-appraisal that participants did not connect with external events. For example, most participants described gaining a sudden

realisation that they were *entitled* to respect and self-worth, regardless of the adversities they had encountered. Samantha likened this pivotal moment to ‘waking up’:

'I just said to myself 'I'm worth more than this'. I suppose I always knew but he drained everything out of me, it's like I'd felt like I deserved it [abuse] but no, I realized, I woke up, I'm so much better than this' (Samantha).

Although psychologically significant, pivotal moments were always represented as marking the *beginning* of the process of recovering from adversity. To continue with their recovery, all participants recalled engaging in a range of multi-faceted processes.

Short-term recovery processes

Recovery processes did not only include ‘positive’ or ‘desirable’ attitudes and behaviors.

Participants described some short-term strategies which offered emotional comfort, moments of power and respite from distress. Similar to findings by Bogar and Hulse-Killacky (2006), four participants described initially using drugs or alcohol to manage their distress and to find sufficient courage to leave the harmful situation. For Verity, taking cocaine was experienced as creating both a drug-induced sense of invincibility and also demonstrating her new-found rebellion against the controlling partner.

'It was my way of escaping it and trying to regain some power by taking so much cocaine it, well, it initially made me feel much more powerful and also because that was something that he really disapproved of ...it was my rebelling against him'.

Some recalled embracing excessive alcohol use for a few months. Alcohol use did not simply blur thoughts and feelings about the adversity. Participants viewed their drinking as a ‘normalizing’ teenage experience which helped them discard the role of ‘tragic victim’, overly

defined by the adversity, and pitied by others. Using alcohol was a coping strategy understood and accepted with their peer group, and participants viewed this as a means of re-integration with a group that had little connection with the distressing events. For example, Jane perceived alcohol as facilitating re-entry into her circle of friends and also offering respite from dealing with the personal and family distress that followed her miscarriage:

'It was a release as well, I wasn't going out of my way to do it [drinking], I was just going out with my friends and, yeah, trying to be normal again, I think, trying to feel like a 15-year old not having to cope with everything'.

Other short-term strategies were also described. Samantha described regaining shattered self-confidence by appreciating ‘normal’ teenage social activities, which had been prohibited by her controlling ex-partner. Even brief interactions offered powerful affirmations of self-worth:

'I did socialize more ... I saw the other side of the coin and that's a normal life. ... When you can go out and someone can make you feel great about yourself, a total stranger can make you feel better about yourself than your boyfriend ever did, even though you never see them again, it really made me smile that someone could like me and tell me I'm beautiful'

Jane described going ‘clubbing’ as both an emotional release and also a means of rebelling against her family’s efforts to control her social life (and her sense of self):

I was going clubbing and, well, I felt independent, it was definitely when I did a lot of growing up'

Jane’s linkage of ‘going clubbing’ with independence also suggests that she defined ‘normality’ and ‘growing up’ in adolescent terms, reflecting her life stage at that time, and the

typical behavior of her chosen peer-group growing up in London. Previous research has explored how adolescent partying can be understood as offering a rite of passage to adulthood, and as a means of building an affirmative social network (Demant & Ostergaard 2007).

A relatively short-term strategy that facilitated increased insight and emotional processing was journal or diary writing. Several participants experienced a need to write about their experiences of adversity in order to clarify their thoughts, or address the people involved. Jane described the emotional release she felt when writing poetry after her miscarriage.

'I felt a weird sort of calm when I was writing it [in hospital] and it really made me focus on the way I was feeling and yeah in some way I felt relieved, but yeah I felt really sad as well. And I thought about what the baby would've been like and that was sad, but I also really got in touch with myself and yeah I definitely felt a calmness, a peacefulness within myself'

Vanessa offered another example of using writing to clarify and contain thoughts and feelings:

*'Well, I used to write things that I felt I couldn't say to anyone in diaries ... Like because I physically wrote it down on the page and then put it under the bed, it almost became that my problems weren't a part of me anymore. I just kind of ignore things, that's how I try to deal with problems. But by writing in my diary I was almost admitting to myself that I **had** a problem ... it was a big step in me getting through my problems'*

Longer-term recovery processes

Van Manen (1990; p90) suggests that phenomenological themes are 'like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as

meaningful wholes'. In separating out certain themes in this linear account, we do not suggest that these 'operated' as independent influences on recovery. Experientially, they were intertwined in complex ways.

All participants described engaging in longer-term processes to regain resilience, and to reconnect with the person that they believed they had been before the adverse events of adolescence. Recovery was associated in part with preserving, even in the face of difficulties, their roles as students, rebuilding family relationships and reconnecting with healthy social relationships, and making the most of the developmental opportunities of adolescence.

Participants experienced all of these facets of their lives as contributing to their resilience through strengthening their self-worth, re-appraisal of the adversity, responsibility, and sense of control. Much later in the recovery process, when they had gained some clarity about their vulnerabilities and strengths, two participants *then* felt able to make use of counselling support.

i. *Being a student*

Five of the participants referred to their progress in school or university, although interpreting its deeper significance in their recovery rather differently. All except Jasmine had managed to continue with their schooling fairly consistently throughout the adverse experiences of adolescence. For some, school represented a taken-for-granted obligation with which they persisted regardless of turmoil occurring elsewhere in their lives. Their experiences *being a student* seemed to help these adolescents to resist total domination and definition by their adversities. Some welcomed school as an 'oasis', relatively isolated from the pressures occurring outside:

'At school I was always liked. People, well, they didn't think [I was being abused],...at school no one knew' (Samantha)

As noted previously, several experienced successful examination performance at school as marking the start of their recovery. Subsequent participation in higher education (for five of the participants) was valued not only for promoting their personal recovery but for making it visible to others (particularly parents). For Verity, rebuilding her shattered self esteem through succeeding academically, despite other people's negative predictions, was experienced as a crucial element in reformulating a positive self after ending the abusive long-term relationship.

'With every assignment I completed, and every good mark I got, I thought "no I'm not as silly as I thought I was", it was just one step closer to the person I wanted to be'

Jane believed that her good performance in school examinations had signalled her recovery to her parents. She viewed her re-commitment to education as meeting their expectations for her academic success, and contributing to the longer-term process of repairing their relationship which had fractured following her pregnancy and miscarriage at 15 (a theme further explored below):

'I think it [examination performance] helped my relationships with my family heal, which was the most important thing'

ii. Rebuilding relationships with family and friends

Social support is a well-known resource for resilience, and it is often regarded as simply 'given' to recipients. In this study, participants all experienced their recovering selves as re-engaging with a supportive social context *that they actively helped to re-construct*. Most described finding ways of repairing relationships with at least one parent as part of their recovery. They also chose to relate to both old and new friends who affirmed a more positive, less troubled self-image. For Jasmine, rebuilding a relationship with her mother again after her

teenage struggles, provided a link to the way she felt about herself before she was pregnant and depressed. Also, she appreciated her mother's forgiveness and own evident resilience as a positive role model, helping her feel valued and reconnected to her former, less troubled self.

'She was, like, so resilient against the way I treated her, forgiving me for the way I acted, that in the end I thought I've got to get over this... The support from my Mum meant so much because I had a link back to me. Joel [abusive partner] took so much of me away and my mum was a link back to friends and my childhood and how I was before, before I got depressed'

Once more fully accepted within their families, participants felt more able to move forward with their development. They appreciated increased support from parents, both emotional and in some cases, financial. For example, several referred to parents' financial assistance or child care as helping them to go to university. Two who had found counselling helpful in the later stages of their recovery, appreciated that this would not have been possible without their mothers' support:

'My Mum acknowledged that I'd stopped [drugs] and she supported me by paying for my counselling and she looked after Lizzie [child] when I went, which was a real help'
(Vanessa).

iii. Re-engaging with the developmental 'projects' of adolescence

Resilience in part was understood as re-connecting to the self that preceded the adversities of adolescence, and then moving on with personal development. The adversity of adolescence was gradually reframed as an interruption or detour, albeit one that had left an emotional legacy. All participants presented themselves as re-engaging with what they regarded as the 'natural' or normative opportunities that adolescence offers to focus upon identity, personal

aspirations, and ‘teenage’ activities. Sometimes, the support of friends to engage in age-appropriate activities helped recover the familiar, untroubled self. For example, both Samantha and Jane were adamant that they had not wanted their friends to offer pity or discuss their problems at length. Rather, they had preferred emotionally to encapsulate the adverse event as far as possible, and regain what they regarded as their ‘normal’ selves:

‘My friends definitely helped in some ways ...mainly their support was carrying on as usual ... and just trying to be me again’

‘Bouncing back’ from adversity was attributed in part to the ‘natural changes’ that participants associated with adolescence, and its opportunities for new activities and future possibilities:

‘I suppose being so young, I wasn’t set in my ways and it meant that I could mature out of it, like that I had the potential to grow and change which I did... My youth actually gave me a bounce, a strength to bounce back, instead of being older and having responsibilities like a home, a family to have to worry about how this was affecting them’ (Verity).

Verity felt that she could focus on her own developmental needs and aspirations from being single and child-free. But the two participants with children perceived the responsibilities of motherhood as motivating their recovery:

‘I got the strength from being young and having so much more in my life that I want to do that doesn’t revolve around where to get my next drink. I have a daughter now, that has to be a reason to be strong’ (Vanessa).

Aspects of the lifeworld left unexplored in the interviews

Although the participants came from varied social class backgrounds, at the time of interview

they might be viewed as relatively advantaged young women, as most had (or were receiving) a university education. Previous studies have referred to the importance of social or cultural capital in providing conditions for resilience (e.g. Bottrell 2009a, 2009b; Thomson et al 2002; Thomson & Holland 2004) but these participants viewed their own participation in education in relatively individualistic terms. They portrayed their academic success as both promoting and offering proof of their recovery. The broader context of school, university or locality was a largely taken-for-granted background to their lives rather than perceived as a resource. These participants may also have been influenced by positive childhood experiences in their families of origin, but again, they tended to leave these potential resources unexamined. It is unclear whether commitment to school, sound academic abilities, and a reasonably supportive home environment were accepted as the norm, and therefore left implicit in their accounts. Renewed parental support was appreciated, but these other potential resources (as might be perceived by ‘outsiders’) remained tacit within the lifeworld. Only Jane explicitly reflected on how these assets might have influenced her recovery:

I had a good family and good friends and good education and stuff... being bright from having a good education definitely makes you think about things more, and I think you are able to find coping strategies. [But] I think it works both ways. I was thrown into the experience having had never had anything bad happen and I just had to cope. And maybe it did help me, having a good childhood, but I do think that because of the morals I was brought up with, I think maybe it was harder' (Jane).

Positive and negative meanings taken from the adverse experience

Looking back, all six participants took positive meaning from their journey through a negative chain of experiences in adolescence. They appreciated recovering aspects of their ‘pre-turmoil’ undamaged selves:

I feel a lot more confident, a lot more bubbly, a lot more like me, well, the old me anyway’ (Samantha).

They described their process of recovery as leading them to develop academic/ vocational aspirations that involved both personal development and helping others (such as future clients or their own children).

I definitely wouldn’t be doing a psychology degree, I’m interested in helping people who have been through stuff, it’s given me an experience, a life experience to hopefully help others so they don’t have to go through everything I’ve been through...I’m learning a lot at university about myself’ (Vanessa).

Participants valued gaining empathy, having learned what sort of support young people need when in crisis, and feeling more able to help others:

I think I was extra-supportive [to a boyfriend whose father had died] because I know how important it is to have people there ... I wanted to be the person that I needed when I had the miscarriage’ (Jane).

All believed they had gained an array of meaningful roles which had strengthened their self-esteem, and increased their optimism about the future:

I have a role now and I feel I fit in somewhere. It’s hard to explain, when I was depressed I didn’t fit in anywhere. Now I’m a mum, a friend, a good friend, and like my relationship with my mum’s better so I’m me again... I’m proud that I’m a single mum

and I go to university ... It's made me appreciate things more now and I think about the future now which I never did before' (Jasmine).

Participants recognized and accepted that they had strengths as well as vulnerabilities, and this level of self-understanding increased their confidence about their future resilience:

'By having such an awful experience, it has really given me a chance to know myself... I know exactly who I am and what I want, I know exactly what I don't want, I know what I like, I know what I don't like. It's freedom, the best freedom anyone can ever hope for' (Verity).

Participants looked forward to developing a career, helping others, and being a good role model, savouring these aspirations in light of their past difficulties. They saw any on-going concerns more as the 'normal' ones of their age group rather than extreme and debilitating:

'I have mixed feelings about the future, yeah, I'm excited. I look forward to it but I do still worry. But I worry because there's things I want and I'm scared I won't get them, or achieve them. Now I'm not down because my life's empty. Now it's because there's loads of things I want to do' (Jasmine).

Five out of the six participants reflected they would *not* on balance now choose to exclude the adversity from their lives as it had catalyzed a more resilient, caring self:

'It's part of my life, it's part of me, I wouldn't change anything really. Maybe take away some things mostly to do with taking cocaine I think, that's when I was at my worst' (Vanessa).

The only exception was Catherine who had such unpleasant memories of abortion. Samantha explained that she would like to take away the distress created within her family who had felt so helpless and unable to control her violent boyfriend. Nevertheless, she valued the adverse experience for heightening her wisdom and appreciation of others:

'The first thing, I think is yes I would remove it from my life, because of all the hurt I went through and what he put my family through ... [but] I wouldn't appreciate my friends as much, or my family. Going through all that has really made me appreciate them' (Samantha).

Currently, participants saw resilience in terms of living ‘normal’ lives with ‘normal’ ups and downs, and took pride in their recovery. The experience of resilience appeared complex, with positive and negative facets co-existing. Regrets remained but participants valued the personal strengths and insights gained from the ‘battle’ with adversity in adolescence:

'I'm really happy with where and who I am at the moment, and it's taken a long time to get there and yeah, my life would have definitely been different [if the abuse had not happened] but would it be better? No, I don't think I would remove it [the experience of abuse]. They're battle scars, I wear them well. It's made me who I am and I'm proud of who I am' (Verity).

Discussion and conclusions

The phenomenological approach was suited to the task of understanding, from an ‘insider’ position, the many intertwined processes of meaning-making and self-reconstruction following on from a traumatic chain of experiences in adolescence. This approach illuminated, for example, that an ‘adversity’ was not a single event but was experienced as taking place in the context of many other difficulties during the adolescent

life stage which affected its meaning (e.g. the experience of abortion could be further complicated by relationship problems with partner or parents, or drug use). Likewise, vulnerability or resilience were not characteristics that defined the whole person. These young women seemed to inhabit several identities, some of which offered options for subsequent recovery. Clearly they were vulnerable in relation to their sexual partners, having experienced violence or unwanted/unexpected pregnancies. But they maintained contact with the educational system, and several had maintained relationships of trust with certain family members such as grandmother, even when relationships with parents were strained. The benefits of having simultaneous access to several distinct social identities has been noted also by Thomson and Holland (2004) in their longitudinal study of young people's transitions to adulthood.

Like the study of older women's resilience by Kinsel (2005), the research did not select one type of adverse experience. The accounts revealed that although participants differed in key events (such as partner abuse, or unplanned pregnancy), they identified many common experiences such as powerlessness, loss of self-esteem, drug misuse, and family relationships fractured by the turmoil. The research found that building or recovering resilience, for these young women, did not entail 'supernormal' functioning, nor a uniformly positive attitude. Participants gave meaning to their adverse experiences, and perceived them as catalysing their currently positive view of self and life, whilst acknowledging the continuing presence of sad memories and self-doubts. That positive and negative experiences can be woven together in the lives of resilient people has been noted previously (e.g. Ryff and Singer 2003), and this study provides a detailed exploration.

Although there were individual differences in their accounts, which to some extent reflected the nature of their adverse experiences, participants described some common processes in their trajectories of recovery. Most traced the beginning of their recovery from adversity to certain pivotal moments. Such moments of transition have been noted before in a range of studies, although they can be understood either as subjective experiences accompanying the process of transformation, or as narrative devices within the story currently being told (e.g. Bogar & Hulse-Killacky 2006; Drapeau et al. 2007; Everall et al. 2006; Hauser & Allen, 2006; Rutter 1999; Thomson et al 2002; Wethington 2002). Participants associated the early stages in the recovery process with adopting short-term strategies that provided emotional comfort, feelings of empowerment, and cognitive re-appraisal. Drug use has been noted before in the early stages of recovery from childhood sexual abuse (Bogar and Hulse-Killacky, 2006), and Bottrell (2009b) has discussed how ‘deviant’ behavior may provide opportunities for young people to experience belonging and power.

Participants also identified longer-term recovery processes, some of which resonate with the findings of previous studies. For example, Kinsel (2005) found that adult women traced their resilience to their ‘social connectedness’. However, although the young women in this study valued certain friends as confidantes, they placed even more value on their role as partners in ‘normal’ teenage social activities, which they believed helped them gain (or recover) less stigmatized social identities. The valuing of ‘normalizing’ activities with friends has also been noted in a qualitative study of resilient adolescents living with appearance changes after cancer, suggesting some generalizability of this experience within this age group (Wallace, Harcourt, Rumsey & Foot 2007).

Supportive parenting has been presented before as a resource that strengthens resilience in adolescents (e.g. Luthar et al 2000). Participants provided an additional perspective, regarding the adversity as not only affecting themselves but also as harming their family relationships. They described working to restore these relationships as part of the recovery process. When they had rebuilt these relationships, they gained significant further support. Three of the participants had lost a parent through death, however, which may have increased their need for support and affirmation from the remaining parent.

Like Kinsel's older female participants, the young women presented themselves as taking a proactive, multi-faceted approach to recovery. 'Virtuous circles' were noted. For example, they described their academic achievements as enhancing their self-esteem, which helped to raise aspirations for future careers and relationships. Similar 'chain' effects have been described by Rutter (1999) and explored qualitatively by Everall et al. (2006). The study also revealed the co-existence of positive and negative meanings (e.g. hope and regret; believing that the adversity was both damaging and character-building), as noted before in studies of post-traumatic growth (Tedeschi & Calhoun 2004).

A reflective attitude, including a willingness to confront adverse experience, interest in understanding one's inner life, and the use of written self-expression has been reported from other studies of resilience in younger and older people (Bogar & Hulse-Killacky 2006; Everall et al. 2006; Hauser & Allen 2006; Hauser et al 2006). However, the participants did not identify themselves as having particularly resilient psychological traits prior to the adversity (a finding which differs from the phenomenological study of Bogar and Hulse-Killacky 2006). Whether their reluctance to claim any long-standing

personal strengths reflected factors such as their youth, or differing emphases within the interview guide, is unclear.

Previous empirical studies of young people's resilience have shown the importance of protective systems such as supportive families and schools (Masten et al 2009). It was interesting that participants rarely acknowledged these wider systems explicitly as 'assets' within the lifeworld, perhaps perceiving them as a normal and unexceptional part of the fabric of their lives. The exception concerned *restored* family relationships. Family support was not presented as a static asset but as a dynamic process within the lifeworld, open to management by the young person herself, and this is a distinctive finding.

Participants felt that their family's support and approval had been undermined by their behavior during the adverse events of adolescence, increasing their vulnerability when withdrawn, and then contributing to their resilience when restored. Confidence and ability to recruit new relationships has been shown to be associated with resilience in young people who have recovered from extremely troubled periods during adolescence (Hauser & Allen, 2006; Hauser et al 2006;). Such abilities may be linked to secure attachment styles and quality of early parenting (Cameron, Ungar & Liebenberg 2007) but other research strategies (such as biographical cases studies) may be better suited to revealing whether distal factors such as these contribute to resilience .

In terms of critical evaluation, the sample size was small although typical for a phenomenological study. This methodology provides insights into people's internal worlds, but is less appropriate for identifying the role played by wider systems or objective events. No simple generalisation of the findings is possible, but as in most qualitative studies, the aim is to offer a nuanced analysis which may be useful for

understanding the phenomenon of resilience in similar contexts. The participants were all academically successful, and reflective. These characteristics encouraged in-depth exploration in the interviews but clearly not all young women who experience adversity have these assets. Even the most articulate cannot access the tacit processes involved in their recovery. Participants' social backgrounds, whilst not affluent, were not highly disadvantaged, and they had re-established affirmative relationships with their families of origin. Such assets are not available to all troubled young people, but the findings do suggest the value of continued participation in school during and after adverse events for protecting and promoting self-esteem.

Interview content is always co-constructed between interviewer and interviewee and it is possible that other aspects of the lifeworld would have been revealed in different circumstances. For example, the least disclosing participant might have responded differently had greater trust been developed by having a series of interviews, or by using additional data collection tools (such as a 'memory book', as used by Thomson & Holland 2004). Data analysis is also shaped by researchers' own perspectives. If a narrative approach to data analysis had been taken, for example, other issues may have emerged.

Positively, the interviewer was of similar age and social background to the interviewees, which may have increased their comfort and disclosure. Boundary issues were not problematic in any of the interviews. For example, no-one wished to follow-up the interviews with further contacts, but had this issue arose, the counselling skills of the interviewer would have been helpful. Post-interview debriefing indicate that the participants had found the process of reflection and meaning-making interesting, had

developed some new understandings of the journey that they were taking, and had not been left in a distressed state. Yet if the project was repeated, it might be helpful to invite participants to meet for a group discussion after the interviews to share their evolving understandings and offer each other support (if they were willing to be known to each other). The counseling skills of the three authors arguably strengthened the process of attending closely to participants' meanings during analysis, but we accept that the inferences drawn are inevitably shaped by the academic and clinical backgrounds of the researchers. Had the researchers had backgrounds in sociology, rather than psychology and counseling, there would likely have been different emphases in the interpretation of the findings.

Conclusion

Although not socially disadvantaged, the participants described experiencing chains of adverse events in adolescence, leading to feelings of powerlessness, social isolation and reckless behavior. Resilience was a process marked by certain pivotal moments followed by both short-term and longer-term, multi-faceted recovery strategies. The phenomenological approach was especially valuable for exploring the subjective interconnections among such multi-faceted strategies, and the complex experiential processes of recovery, but it was not suited to shedding light on the wider social and cultural resources that might have been *tacitly* shaping the resilience process. Participants described gaining new perspectives on their adverse situation through certain pivotal moments. Short-term recovery strategies were viewed as emotionally comforting, and leading to cognitive reappraisals, restored relationships with peers, and 'normal' activities that offered temporary respite from distress. In the longer-term, participants described gaining new understandings about self, and psychological distance from the adversity,

through making satisfying and visible progress in their education, restoring positive relationships with family and friends, and participating in the ‘normalizing’ age-appropriate activities and developmental projects of late adolescence. Ongoing memberships of school or college, as well as restored family relationships, offered positive sources of identity. Participants accepted that their positive achievements co-existed with some regrets, but emphasized that they understood themselves more clearly, and were stronger, more compassionate, and better role models as a result of traversing adversity.

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Table 1: Chains of adversity described by each participant

Name (pseudonym)	Age when the negative experiences occurred	Outline of negative adolescent experiences
Samantha	16-19	Relationship at 16 years with a 20 year old man who was a heavy drug user and thief; experience of violence/control from this partner and manipulation by his family, yet also loyalty to his sister, separation from friends, loss of ambitions, guilt, and loss of self-esteem
Catherine	17-18	Pregnant at 17 with new boyfriend, who abandoned her. Turmoil, guilt and distress about having an abortion. Felt alone, unable to confide in grandmother, missed support of mother (who had died many years earlier). Severe depression.
Jane	15-17	Miscarriage at 15 led to disturbed family relationships, misuse of alcohol, and emotional problems for about 2 years.
Verity	16-18	Abusive relationship with an older man (a ‘replacement father figure’), led to feelings of low self-esteem, and her own drug use, stealing, overdose, violence, fractured relationship with

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		mother.
Jasmine	15-18	Depression, self-harm, unplanned motherhood at 16 years, baby had life-threatening medical complications, controlling/rejecting partner and eventual separation, fractured relationship with mother.
Vanessa	12-20	Sexual abuse at 12, heavy drug/alcohol use, sexual promiscuity, death of father at 18, violent behaviour, unplanned motherhood at 20.