

RESILIENCE: ONE WOMAN'S STORY

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For the Degree of
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ABSTRACT

In a single case study of the phenomenon of resiliency in adults who experienced adversity as children, the importance of specific protective factors and processes was validated. Protective factors which appeared to neutralize the effects of deficient parenting were explored, including the positive contributions of the parents and the roles of the school, teachers, siblings and peers. An exploration of coping and ego-defense mechanisms added to the findings by describing the internal processes that appear to have made it possible for the child to create or access support.

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FOREWORD

We now know that, whatever stresses an individual may have encountered in the early years, he or she need not be forever at the mercy of the past. There are survivors as well as victims; children's resilience must be acknowledged every bit as much as their vulnerability; single traumatic experiences, however horrific at the time, need not lead to permanent harm but can be modified and reversed by subsequent experiences; children who miss out on particular experiences at the usual time may well make up for them subsequently; and healthy development can occur under a far wider range of circumstances than was believed possible at one time.

(Schaffer, 1992, p. 40)

CHAPTER 1: INTRODUCTION TO THE STUDY

How is it that some children survive a difficult, deprived and even violent childhood and yet grow up to be successful, productive, and loving adults? What role do parents and early childhood experiences play in these situations? Are there other people and later experiences that can be as or more influential? What role does the child herself play? What are the effects of schools and teachers? Are costs attached to success in the face of adversity? And finally, can we learn from those who survive and prosper how others might be supported in struggling with similar circumstances? These questions formed the basis for this study.

The study is about Katie (pseudonym), a woman whose childhood was characterized by experiences that typically result in adult dysfunctionality, but who nonetheless appears to have developed the ability “to work well and love well,” Freud’s definition of a healthy adult. Adults like Katie are called “resilient” or, less frequently, “invulnerable” by some researchers in the fields of developmental psychology and developmental psychopathology. Although these two terms have somewhat different meanings, the point they have in common is that dysfunctional backgrounds do not always create dysfunctional people.

PURPOSE

The purpose of this study is to explore the phenomenon of success in spite of early adversity in the case of a mid-age woman who appears to exemplify the salient issues. The exploration focuses on the influences of impaired parenting, internal factors such as characteristics and behaviors of the child herself, and external factors such as schools and surrogates. Most importantly, I will seek to discover the processes or mechanisms through which the child created or accessed protection and support.

SIGNIFICANCE OF THE STUDY

The literature presents general agreement on the characteristics of the environment which is most likely to produce functional children and, subsequently, functional adults. Typically, they include “two-parent homes in which there are stable relationships, solid communications, appropriate role models, consistent expectations and support” (Rhodes & Brown, 1991, p. 171). Because only a minority of children in North America are now, or are anticipated to be, raised in this type of environment, it is important to find ways to support and strengthen the many who are confronted with different realities.

Some studies show that parents have a great deal of influence over the development of their children. Recent research conducted by Human Resources Development Canada (1999), using the Canadian Longitudinal Survey of Children and Youth, compared the relative importance of variables measuring family income, parental resources, community resources and family characteristics for the vulnerability index. This research found that the scale measuring ineffective parenting styles was by far the most influential variable with regard to vulnerability for all age groups.

There are, however, other studies (referenced in Chapter 2 of this thesis) that show that other factors can have effects on children that compensate for early deficits, including deficient parenting. This finding has implications for parents, other family members, teachers, and society in general.

O’Connell Higgins (1994) offers this compelling motive for studying this phenomenon:

I hope that studying resiliency and love will help us identify and foster adaptive strengths in anyone trying to forge a future in hate’s ashes. In fact, given the average expectable pain we encounter in our lives, it becomes equally (if not more) compelling to explore the mechanisms that propel the strength of human hope, especially when it is repeatedly challenged. . . . Understanding how health flourishes in apparently barren soil may help us

understand ways to identify and nourish resilient capacities even in those who are still struggling significantly with a potentially overwhelming past.
(p. 19)

Each of us may be able to affect the lives of at-risk children in ways that help them build resilience if we are alert and sensitive to the situations of the children we meet, and if we know how to help. Several subjects in O'Connell Higgins' (1994) study, especially the therapists, "strongly recommended that those of you who touch the life of a child, even briefly, should never underestimate your possible corrective impact on that child" (p. 324). In light of Higgins' earlier comments, we might extend our potential for positive influence to those adults "who are still struggling significantly with a potentially overwhelming past" (p. 324).

In a 1938 press release describing the study which would later become the Study of Adult Development, Bock (cited in Vaillant, 1993) said,

All admit that the sick need care, but very few apparently have thought it necessary to make a systematic inquiry as to how people keep well and do well A body of facts is needed to replace current supposition. All of us need more do's and fewer don'ts. (p. 121)

This study reviews and draws some tentative conclusions about potentially effective ways of offering and providing help to at-risk children; some "do's."

Another factor contributing to the significance of this study is the relative scarcity of research in this area with mature adults, especially women subjects. Children or young adults are the subjects of most related research, and some studies have involved exclusively male participants, for example, Vaillant's Core City study. Vaillant (1993) himself said, "Because there were no women in the Core City sample, I remain as curious as the reader as to whether the findings described here apply to both sexes" (p. 285).

The study of resilience is profoundly positive and hopeful, and fits well in the current trend

towards wellness models, as opposed to disease or medical models, in our society. Therefore the subject is timely.

I believe that my study also has potential intrinsic merits (Merriam & Caffarella, 1999) and lends itself to naturalistic generalizations (Stake, 1998) as it describes complex human experiences to which others may relate their own experiences and validate them, or gain insights into their own situations. Certainly, these benefits were realized by me as researcher. As mother, surrogate mother, grandmother, previous teacher, and friend, I gained the additional benefit of pursuing a subject of great personal interest. I am deeply curious about “why” and “how” some surmount obstacles when many founder.

For all these reasons, I believed the study was potentially significant enough to be undertaken; however, most of all I hope the study will prove to be significant to the two study participants themselves (Katie and her sister). Through sharing and reflecting on their life experiences, perhaps they will find both affirmation for themselves and insights into the events and interactions that helped make them who they are today.

LIMITATIONS AND DELIMITATIONS

The concept of psychosocial resilience is cross-disciplinary, with roots and references in developmental psychology, developmental psychopathology, and genetic behaviorism. Because of the scope of the issues raised for discussion within the study, it was necessary for me to establish clear limits to the depth in which each issue was discussed. The study was therefore limited to a discussion of the issues specific to the phenomenon of resilience, and does not include in-depth discussion of the more general theories or fields of study within which the phenomenon was identified.

Because it is the story of one woman, with additional data from another, the findings cannot be generalized to male experience. In fact, the study of resilience has found many significant differences between the genders in response to the same variables (Werner & Smith, 1982; Rutter, 1995). It is also a story of a Caucasian child in a rural Saskatchewan setting in which to be Caucasian was to be part of the dominant culture. Consequently, the findings may not be generalizable to other ethnic or cultural groups. As well, broad generalizations cannot be made on the basis of a single case.

DEFINITIONS

Origins and Meanings

The terms *resilience* and *resilient* are not new. *Resilience* is a combination word form created by adding the English *ence* to the Latin *resilientum*, the present participle of *resilire* which meant to rebound or recoil. The word first appeared in that form in Bacon's *Sylva Sylvarum* in 1626 (*Barnhard Dictionary of Etymology*). According to *The Oxford English Dictionary*, it possesses two main meanings, incorporating both a human sciences meaning and a physical sciences meaning:

1. (a) The (or an) act of rebounding or springing back: rebound, recoil.
- (b) Revolt, recoil *from* something (1858, 1890)
- (c) Repugnance, antagonism (1882)

It is interesting that the word *recoil* with its negative implications was part of the early usage of the term. Common usage of the term in psychological literature today includes the implications of rejecting or drawing away from negative examples, as well as choosing to act in ways that are considered to be healthful or mature.

2. Elasticity; the power of resuming the original shape or position after compression, bending, etc.; *spec.* the energy per unit volume absorbed by a material when it is subjected to strain, or the maximum value of this when the elastic limit is not exceeded.

Resilient was defined as early as 1830 as, “Of persons, their minds, etc.; Rising readily again after being depressed; hence, cheerful, buoyant, exuberant” (*Oxford English Dictionary*).

The terms resilient and resiliency have therefore been used to describe an aspect of human capability for nearly 400 years. Considering their earliest origins as a description of psychological response, I was surprised to find they are not listed in today’s psychological dictionaries.

Apparently, neither *resilience* nor *resilient* has yet achieved a commonly understood or accepted meaning as a psychological phenomenon. “There is at present no standard definition of either *resilience* or *risk*” (O’Connell Higgins, 1994, p. 17).

There is, however, a substantial body of research on the phenomenon of resilience and the literature is replete with definitions, of varying degrees of specificity. Two succinct definitions are, “Resilient children are those who, because of stressful life events, are at risk of developing later psychological dysfunctions, but do not” (Rhodes & Brown, 1991, p.1) and, “Resilience is the ability to bounce back from a bad start” (Joseph, 1994, p. 25).

Demos (1989) introduced the term “patterns of resiliency,” by which she means that one’s capacity to recover from adversity both waxes and wanes, but that some individuals demonstrate a pattern of consistently being able to recover. “In general, resiliency is defined as the capacity to bounce back or recover from a disappointment, obstacle, or setback, but clearly this is not a simple, unidimensional capacity” (pp. 3-4).

Rutter (1990) defined resilience as “the phenomenon of maintaining adaptive functioning

in spite of serious risk hazards” (p. 209).

Vaillant (1993) added another dimension to the definition of resilience, “Resilience conveys both *the capacity to be bent without breaking* (author’s emphasis) and the capacity, once bent, to spring back” (p. 284).

O’Connell Higgins (1994) provided a definition of resilient persons that contrasts with the term *survivor*,

Resilience implies that potential subjects are able to negotiate significant challenges to development yet consistently ‘snap back’ in order to complete the important developmental tasks that confront them as they grow up. Unlike the term *survivor*, *resilient* emphasizes that people do more than merely get through difficult emotional experiences, hanging on to equilibrium by a thread . . . *resilience* best captures the active process of self-righting and growth that characterizes some people so essentially. (p. 1)

Cowan, Cowan and Schulz (1996) described resilient individuals as “those who do not simply avoid the most negative outcomes associated with risk, but demonstrate adequate or more than adequate adaptation in the face of adversity” (p. 14).

Challener (1997) introduced some specific and positive characteristics of the resilient child, “For me, a resilient child was one who faced considerable challenges - more than those of an average child - yet ultimately was able, as an adult, to function as an independent, caring individual” (p. 7).

An Operational Definition

The absence of psychopathology no longer seems to be an adequate indicator or measure of resilience, “It is evident that any adequate study of resilience is going to need to encompass both the presence of positive features and the absence of negative ones” (Rutter, 1994, p. 360).

Building on the previous definitions, particularly the positive dimensions introduced by Challener (1997) and O’Connell Higgins (1994), I developed an operational definition of *resilience*. For the

purposes of this study, *resilience* is defined as: the phenomenon which enables individuals, now adult, to surmount extreme obstacles encountered in their childhood and adolescence, and to consistently exhibit characteristics which exemplify psychological health, including independence, successful learning and working experiences, and the capacity to develop and sustain long-term and intimate relationships.

CHAPTER 2: LITERATURE REVIEW

I reviewed related literature throughout the research process; before, during, and after data collection and analysis. A number of theoretical references have already been made, both in defining terms and identifying the significance of the study, and in Chapter 4, I will present the research outcomes and relate them to theory and literature. A theoretical literature review focusing on extant theory (Creswell, 1994) is presented at this point for several purposes: to set the stage for the study, to provide context to the case and its findings, and to facilitate recognition of what is known and what is new, as described by Morse (1994):

The theory obtained from the literature is a template for comparison so that the researcher may recognize what is new and exciting when something new and exciting is discovered, and may recognize instantly when he or she views something that is known. (pp. 26-27)

HISTORICAL OVERVIEW

Literature related to resilience made a brief appearance about 40 years ago, but had a short life. According to Rutter (1990), the term *resiliency* had come briefly into use in psychology but been put aside in the early 1960s because it was largely inexplicable and therefore of little interest.

Murphy (1962) commented on the proliferation of problem literature in America and the relative dearth of research on the positive aspects of mental health:

In applying clinical ways of thinking formulated out of experience with broken adults, we were slow to see how the language of adequacy to meet life's challenges could become the subject matter of psychological science. Thus there are thousands of studies of maladjustment for each one that deals directly with the ways of managing life's problems with personal strength and adequacy. The language of problems, difficulties, inadequacies, of antisocial or delinquent conduct, or of ambivalence and anxiety is familiar. We know that there are devices for correcting, bypassing, or overcoming threats, but for the most part these have not been directly studied. (p. 2)

Garnezy (1976), commenting on studies which revealed stress-resistant (later renamed as

invulnerable and finally resilient) children, also decried the lack of study of this phenomenon by psychologists, “The fascination provided by these stress-resistant children should long ago have engaged the interest of personality, developmental, and clinical psychology. Sadly, it did not” (p. 16).

But the need for focusing directly on those whose lives were successful in spite of early adversity did not go without notice. In the 1970s, a number of researchers showed new interest in the subject, often using data from existing studies designed to identify early childhood indicators of later adult dysfunction. Although the focus of these studies was the development of pathology, in their findings was ample evidence that many of those who might reasonably be predicted to develop a pathology did not.

Kimchi and Schaffner (1990) provided a compact history from those studies of pathology to studies of risk, vulnerability, competence, resilience, and protective factors:

Historically, attempts to study children of parents with various psychopathologies led to studies of risk factors and vulnerability. When these studies revealed that children facing adversity do not necessarily develop emotional problems, factors such as competence began to be studied. Then came the study of invulnerability and resilience, and now of protective factors.
(p. 476)

The literature of resilience focuses on three main concepts: (a) *risk and risk factors*, (b) *vulnerability*, and (c) *protective factors*.

Werner and Smith (1992) defined *risk factors* as “biological or psychosocial hazards that increase the likelihood of a negative developmental outcome in a group of people,” and *vulnerability* as “susceptibility to a disorder” (p. 3).

Cowan et al. (1996) partially disagreed with Werner and Smith’s (1992) definition of vulnerability,

Vulnerability does not refer only to genetic predispositions to disorder In addition to genetic or constitutional factors, conditions such as low self-esteem, personality traits, and depression are often described as vulnerabilities. The criteria for the definition of vulnerability, however, lie squarely in the pattern of functional relationships. External conditions [such as ineffective parenting] can function as vulnerabilities. (p.11)

Therefore, according to Cowan et al. (1996), *vulnerability* can be defined as anything which “increases the probability of a specific negative or undesirable outcome in the presence of a risk” (p. 10). *Invulnerability*, by extension, implies an immunity to disorder, or “absolute impervious[ness] to stress or catastrophe” (p. 14).

According to Werner and Smith (1992), *protective factors* are “the common core of individual dispositions and sources of support which ameliorate or buffer a person’s response to both constitutional risk factors (such as parental psychopathology) or stressful life events (economic hardship, divorce, breakdown of parenting)” (p.13). According to Garmezy (1983), they are “those attributes of persons, environments, situations, and events that appear to temper predictions of pathology based on an individual’s at-risk status (p. 73). Cowan et al. (1996), stated that *protective factors* are anything “that decreases the probability of a negative or undesirable outcome in the face of risk” (p. 12).

Fortuitously for my study, in which a schizophrenic father is a key factor, much of the early study of resiliency had to do with the children of schizophrenics. Bleuler (cited in Garmezy, 1982), the Swiss psychiatrist who spent much of his career studying the natural history of schizophrenics and their offspring, found that:

Only a minority of the children of schizophrenics are in any way abnormal or socially incompetent. The majority of them are healthy and socially competent, even though many of them have lived through miserable childhoods, and even though there are reasons to suspect adverse hereditary taints in many of them. (p. xvii)

Rutter (1990) also found that, although the occurrence of pathology is much higher in

children of mentally-ill parents than in the general population, many escaped relatively unscathed from their parental influences. In fact, Rutter substantially attributed the upsurge in interest in the phenomenon to findings of this nature and to two other fields of research: temperament and person-environment interactivity.

According to Hassibi (1994), Chess and Thomas's research into "individual temperament" (a renaming of their original term "primary reaction patterns" suggested by Rutter) provided empirical evidence that children's qualities influenced their responses to a variety of stress situations. To both Hassibi (1994) and Scarr (1994), this finding represented a major departure from the environmental determinism which had held sway for decades, and opened the door for examination of the interactive relationship between heredity and environment. Scarr (1994) asserted that there was an even more potent role of the child in this relationship, "In an era of rabid environmentalism, Chess and Thomas stood up for the organism's role in its own development. Children were not pawns of their environments; they were active players in their own adult destinies" (p. 171).

Although the heredity-environment (or nature-nurture) controversy still rages (with Scarr (1994) and others such as Plomin (1994) clearly favoring the influence of heredity), most researchers of the 1990s agreed there is interactivity between the two. Rutter (1994) said, "The polarization of nature and nurture now has a distinctly old-fashioned and outdated feel to it. The future lies in studying the interplay between the two" (p. 376).

It is the degree of contribution to the interaction that seems to be in main dispute, with the pendulum now swinging again in the direction of nature. Steven Rose (2000), the Director of the Brain and Behaviour Research Group at the Open University in England, refers to the current

period as an “age of neurogenetic determinism” (p. 2). Recently, he said,

From the moment of our conception and throughout our entire development and life, we are creatures which are simultaneously biological[ly], historically and socially constructed. Those all combine to create the sort of person that we are and the sort of relations that we have within the world. But you can't partition them all out. You can't take as it were, the adult person and say, what percentage of this person is to do with the genes, and what percentage is to do with the environment? (p. 3)

The third field of research which, according to Rutter (1990), contributed to the interest in resiliency was person-environment interactivity. This research began with studies such as those of Meyer (cited in Rutter, 1990) whose psychobiological approach placed emphasis on the importance of person-environment interactions at key turning points in people's lives, and on the importance of variations in the ways people deal with issues of threat and challenge. Studies of coping and mastery (Murphy, 1962; Murphy & Moriarty, 1976) added to this research. “This third aspect of resilience research has now taken on a life of its own under the general concept of coping with stress” (Rutter, 1990, p. 182).

COPING

Coping, the “third aspect of resilience research” identified by Rutter (1990), is a fourth concept that can be germane in a study of resiliency. Garmezy (1976) described the *stress resistant* as “Not children or adults who are super-heroes, but rather people who, in the face of great stress, take ways to cope with it and in doing so retain mastery and control over their lives” (p. 19).

By the early 1980s, there was considerable interest shown in exploring the construct of coping. Folkman and Lazarus (1984), among the pioneers of research in this area, provided the still most generally utilized definition of coping: “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or

exceeding the resources of the person” (p. 141).

Compas (1988) emphasized that any purposeful effort to manage stress is coping. Coping efforts include,

accepting, tolerating, avoiding, or minimizing the stressor as well as the more traditional view of coping as mastery over the environment . . . coping is not limited to successful efforts but includes *all purposeful attempts to manage stress regardless of their effectiveness*. (Compas’ emphasis) (p. 213)

He also observed that most of the existing stress research pertained to adults and that studies of resiliency “differ from other literature concerned with coping during childhood and adolescence in that they have not emphasized what youngsters do to cope with stress” (p. 225). By the late 1980s, there was still very little research with direct applicability to children.

Although Compas and others such as Garmezy himself (1983) had embarked on research in this area, Garmezy (1990) said “though *coping* is a construct of potential significance, its systematic exploration has yet to appear in our literature” (p. 532).

Since then, a substantive body of investigative findings on children’s coping has been published, including research by Eisenberg, Fabes, and Guthrie (1997); Haugaard, Repucci and Feerick (1997); Sandler, Wolchik, MacKinnon, Ayers, and Roosa (1997); Skinner and Wellborn (1997); Sorensen (1993); Trad and Greenblatt (1990); Zakriski, Jacobs, and Coie (1997). Most of that research pertains to coping responses to individual stressors such as divorce, bereavement, trauma, and illness, but there are also some family-based research investigations such as Sorensen’s (1993).

While the subject of resilience is now referenced in most coping research, it appears that there is still, as Rutter (1990) noted, some distance between the two concepts. With some exceptions such as the work funded by the Grant Foundation, coping and coping mechanisms

seem to be generally studied outside of the mainstream resiliency research, and literature on resilience typically occupies a few pages in volumes about coping.

There are, however, some researchers who link the two concepts. For example, Cowan et al. (1996) contend that the phenomenon of resiliency can only exist when (a) the individual truly is affected by the stressful experiences that tend to be associated with the risk, and (b) protective factors or buffers do not significantly reduce the risk. When those two conditions apply,

Individuals may develop coping skills to counteract risk and respond to challenges in ways that 'cancel' the negative impact of risk or even advance the individual to new levels of adaptation. It is this last alternative that leads to the resilience. (p. 14)

SUMMARY OF RESEARCH INVESTIGATIONS

Garnezy (1976) strongly advocated longitudinal developmental studies of stress-resistant children, describing the benefits of longitudinal studies in this field as follows:

As they traverse the years of childhood, adolescence, and early adulthood, we will be able to reflect on whether their competencies and coping skills demonstrate continuity or discontinuity, whether they remain resistant to stress or buckle under the vicissitudes and strains imposed on most lives over time. (p. 20)

Garnezy, Masten and Tellegen (cited in Masten, Morison, Pellegrina, & Tellegen, 1990) participated in Project Competence, several studies under one rubric at the University of Minnesota. These studies were a natural outgrowth of Garnezy's earlier work related to schizophrenic adults that evolved into explorations of the apparent ability of some children to adapt very well in spite of highly disadvantageous life events. Gradually, the work became focused on the search for risk and protective factors for competence in middle childhood and adolescence. *Competence* was defined as the ability to function well in important environments at levels appropriate to one's developmental stage. *Functioning well* included the ability to work

well, play well, and love well, as indicated by specific measures in middle childhood. Such measures included school adjustment, peer acceptance, and positive family relationships (Masten et al., 1990).

Garmezy, Masten and Tellegen (cited in Masten et al., 1990) developed three models to describe the relations between major situational stressors and individual protective factors. In the *compensatory* model, the individual's qualities alone are sufficient to counteract severe stressors. In the *challenge* model, the individual sees the stress as an opportunity to build or enhance competence, and in the *immunity-versus-vulnerability* model, external protective factors modulate the impact of the stress. These models were not seen as mutually exclusive and are closely related to Cowan et al.'s (1996) linking of coping and resilience.

The Kauai study conducted by Werner and Smith (1982) was a longitudinal study spanning four decades of the lives of a multiracial birth cohort of all infants born in 1955 on an island which is part of the Hawaiian Islands chain. Most of those children were born into poverty and experienced many other stressors. Low outward mobility made it possible for the investigators to assess and then reassess almost all participants on an interval basis, from prenatal to ages 1, 2, 10, 18, and 32. Although not originally about vulnerability and resilience, this study drew evidence of the phenomenon that made it a benchmark for further inquiry. Specific references to risk and protection defined in these studies follow later in this study.

Many other studies drew from the data of existing longitudinal studies, such as the Study of Adult Development (Harvard University, 1938), the New York Longitudinal Study (1956), and The National Child Development Study (1958) which was one of three longitudinal studies in Great Britain.

The Escape From Disadvantage Study (Pilling, 1992), based on data from the National Child Development Study, found an unexpected degree of resilience within multiply disadvantaged children if their circumstances changed.

Vaillant (1993), using the Core City sample of disadvantaged males in the Study of Adult Development for his research on disadvantage, resiliency, and mature ego defenses, selected as subjects the eleven of the 456 who had the worst childhood environments: both multiple risk factors and a lack of most of the protective factors thought to promote resiliency in childhood. In a follow-up with these eleven subjects when they were about age 50, Vaillant found that eight manifested the quality of resiliency.

The subjects of all these longitudinal studies were deemed to be disadvantaged for a variety of reasons, but low family income was almost always a factor (Gore & Eckenrode, 1994), along with poor housing, and large or single-parent families. This is especially interesting because “there is evidence that greater affluence and improved living conditions have been accompanied by an *increase* in some forms of psychopathology or psychosocial disorder” (Rutter, 1990, p. 363), and sometimes poverty serves to foster resiliency (Elder, 1995; Long & Vaillant, cited in Garmezy, 1992).

O’Connell Higgins (1994) extended the study of resiliency by selecting 40 people about age 40 who did not always have economically disadvantaged backgrounds. A number of the subjects came from wealthy and well-educated families. What her subjects shared was savage mistreatment, both physical and psychological, from their families; all were judged to have grown up in severely, extremely, or catastrophically stressful families.

They also shared, as a second criterion for selection of subjects for O’Connell Higgins’

(1994) study, current psychological maturity and health as measured by various psychological instruments. The third and last criterion was the demonstrated capacity to ‘love well,’ with each subject maintaining an intimate love relationship for a minimum of 12 years. Results from this study are referenced later in this paper.

These studies and the current literature of resilience focus on the two central concepts: risk and protection.

RISK FACTORS

There is general agreement in the literature about what factors constitute risk for a child. Commonly accepted factors include parental psychosis, loss and separation, chronic illness, and child abuse. In most related literature, the definition of child abuse and maltreatment includes neglect and psychological abuse,

When the adult’s response to stress is inadequate care of or concern for the child, it is child neglect. Neglect of a dependent child may be as dangerous as physical abuse. Physical and verbal traumas that have minor consequences for adults may permanently injure children. (Johnson & Cohn, 1990, p. 268)

Vaillant (1993) used 10 risk factors identified by various researchers in his Core City study of 456 men:

I.Q. less than 85 (Werner), low socio-economic status (Rutter), low self-esteem (Garmezy), severe parental marital discord (Rutter), foster care from six months and older (Rutter), mentally ill mother (Rutter), delinquent father (Rutter), person/room ratio over 1 (Rutter), less than two years to next sibling (Werner), 5 or more children born to mother (Rutter), an alcoholic parent (Vaillant), a multiproblem family (Vaillant). (p. 286)

To define a multiproblem family, Vaillant used 25 objective signs of dysfunctional family structure, including “separation from both parents, mother mentally ill, father alcoholic or mentally retarded” (p. 286).

Researchers appear to agree that one risk factor alone does not usually constitute

significant risk. Normally, multiple and concurrent risk factors must exist to present a substantial risk to a child. In fact, if a single risk is encountered in doses that are manageable by the child, given her developmental level and resources, it may actually become protective, acting as an immunization to larger doses of the risk (Rutter, 1990).

PROTECTIVE FACTORS

There is similar congruence in the literature about the factors which ameliorate or buffer a person's response to risk. Garmezy (1992) and Werner and Smith (1992) organized protective factors according to a similar trilogy:

(a) dispositional/temperamental characteristics and attributes/qualities of the child, (b) family, and (c) external environment.

Within these three categories, a composite list of factors cited by Werner and Smith and Garmezy can be developed.

First, *protective dispositional/temperamental characteristics and attributes/qualities of the child* include: a high level of energy and activity (Werner and Smith, 1992, Garmezy, 1992), above-average cognitive skills and positive responsiveness to adults (Garmezy, 1992), sociability, at least average levels of intelligence, competence in communication skills (language and reading), internal locus of control, an easy temperament, and the ability to plan (Werner & Smith, 1992).

In their Kauai study, Werner and Smith (1982) also observed that even as infants, resilient children had temperamental characteristics that elicited positive attention from family members as well as strangers. By age one, both boys and girls were frequently described by their caregivers as "very active," "affectionate", "cuddly," "good-natured and easy to deal with"

(p. 55).

Second, *family* includes warmth or emotional support from caring parents or if parents are not responsive, from grandparents, siblings, or spouses, a role model of an educated, self-confident mother who values her child; and supportive alternative caregivers in the family (grandparents, older siblings). Earlier, Werner and Smith (1982) had noted the difference made by other adults, “a second or third adult in the household appears to make a critical difference. When other adults are present in the household as child-rearing agents, children the world over tend to receive a fair amount of warmth” (pp. 76-77).

Third, *external support systems* include people and institutions, frequently those involved with churches, teachers, parents of peers, coaches and adult leaders of youth activities (Garmezy, 1992), and school, church, or work-- any external source that rewards the individual’s competencies and determination and provides a belief system to live by (Werner & Smith, 1992).

Werner and Smith (1992) list other protective factors that do not fit neatly into these three categories: achievement up to grade level in school; responsible chores in childhood and adolescence; successful graduation from high school; scholastic aptitude and military service that provided the opportunity to acquire educational and vocational skills for boys with an economically deprived background, and physical attractiveness and a supportive husband for girls who had suffered either economic hardships or serious caregiving deficits in childhood.

The reciprocal relationship between temperament and environment was apparent in Werner and Smith’s (1982) study. Joseph (1994) also identified characteristics of the temperaments of resilient children and their predictable effects on others, “They are good-natured and easy to deal with. As a result, they gain other people’s positive attention” (p. 28). In a longitudinal family-illness study, Rutter (1990) also reported it was evident that “children with

adverse temperaments were more likely than other children to be targets of parental hostility, criticism, and irritability” (p. 191).

This reciprocity suggests the concept of “goodness of fit” introduced by Chess and Thomas (1992). “Briefly defined, goodness of fit exists when the demands and expectations of the parents and other people important to the child’s life are compatible with the child’s temperament, abilities, and other characteristics” (p. 73).

Others who studied the concept of goodness of fit include Demos (1989), Lerner and Lerner (1994), and Radke-Yarrow and Sherman (1990).

Demos (1989) noted, “A good fit can also occur when the child possesses some important characteristics that are similar to those of the parent” (p. 8). Radke-Yarrow and Sherman (1990) interpreted the success of the children in their study to “a *match* between an in-born psychological or physical *quality* of the child and a core *need* in one or both of the parents that the child fulfills” (pp. 112-114). Lerner and Lerner (1994) studied goodness of fit in adolescence and included peers and school settings as part of the fit or match.

Researchers agree that a match/fit between child and parent(s) and the resultant value placed on and internalized by the child, lead to higher self-esteem than that evidenced by less well-matched siblings. This in turn leads to the subsequent likelihood of the matched child having positive social experiences outside the family.

Magnusson (1995), Clausen (1995), and Moen and Erickson (1995) identified the importance of *chance events or single events* that can have tremendous effects on the life course of individuals. These events are often called turning points; events that change the trajectory of the individual’s life course. Rutter (1990) agreed, “Perhaps the most important [variation on the

theme] stems from the finding that many vulnerability or protective processes concern *key turning points* [Rutter's emphasis] in people's lives, rather than long-standing attributes or experiences as such" (p. 187).

O'Connell Higgins (1994) found the presence of *surrogates* who offered unconditional regard to the child to be the most protective of all factors, "Surrogacy is the polestar of resilience" (p. 325). She also found that the ability to adaptively distance oneself psychologically, and sometimes physically, from the offending family member(s) was common to her resilient subjects. But she cautioned against viewing protective factors as a collection of personal traits, and described resilience as "a process that builds on itself over time" (p. 4).

PROTECTIVE MECHANISMS OR PROCESSES

Other researchers, too, agreed that collections or lists of traits or external events were inadequate explanations of resiliency. Brown and Rhodes (1991) noted the tendency to create such lists in the literature on resiliency, and observed,

Knowing that a stable family environment, meaningful relationships, early intervention, average or above intelligence, consistent discipline, and a host of other family, personal, and environmental factors is helpful; but these findings are, for the most part, predictable. What is less predictable is how and why some at-risk children succeed in overcoming the 'odds.' (p. 174)

Rutter (1990) also emphasized that it is critically important not to treat the subject of protective factors as simply a long list of pleasant or positive characteristics, people or events. He contended that it is not the protective factor itself which is most important in explorations of resilience, but the mechanism or process utilized in employing the factor; for example, "what was most critical to resilience was not social supports but the ability to internalize the supports" (p. 332).

His contention appears to have been accepted by many researchers,

Research on resilience has progressed over the past decade from identifying static protective factors that are associated with better developmental outcomes under stress to a concern with the mechanisms or the complex chain of events that lead to positive outcomes under conditions of stress. (Sandler et al., 1997, p. 5)

Rutter (1990) identified four resiliency mechanisms or processes: reduction of the impact of the risk, reduction of negative chain reactions, the development of self-esteem and self-efficacy, and the creation of opportunities.

COSTS OF RESILIENCY

A number of researchers have found that resiliency is not without cost to the resilient. Emotional distancing, overly developed self-sufficiency, and physical health problems, are all possible costs.

According to Radke-Yarrow and Sherman (1990) (who actually used the term *survivor* with the same general meaning as *resilience*), there are hidden costs to surviving difficult childhood experiences that may become evident as the child grows older. In their case study of four children selected from among those coping well in 25 high-risk families, they found the onset of juvenile diabetes in one child and predicted susceptibility to depression in two others. The fourth child appeared to distance herself psychologically from others to such a degree that the researchers predicted that she might experience difficulties in developing loving relationships in the future. This child exhibited a characteristic common to many of the resilient, and which was termed *emotional distancing* by Chess and Thomas (1992), who described it as a spontaneous mechanism for “coping with the excessive stress of unhealthy parent-offspring interaction” (p. 83).

Referring to a St. Louis study conducted by Anthony, Werner and Smith (1992) reported a similar outcome for some of the “invulnerables”:

But some of the “invulnerables” from St. Louis appeared to pay a psychological price for their apparent immunity from psychiatric illness. They used distancing, intellectualizing, and rationalization to deal with parental psychopathology - defense mechanisms that made it difficult for them to establish intimacy. This was especially true if the afflicted parent was of the opposite sex. (p. 10)

Werner and Smith (1992) found that their own competent subjects demonstrated the same characteristic by the time they reached their early 30s.

These competent adults felt a persistent need to detach themselves from parents and siblings whose domestic and emotional problems still threatened to engulf them. The balancing act between forming new attachments to loved ones of their choice and the loosening of old family ties that evoked painful memories had exacted a toll in their adult lives. The price they paid varied from stress-related health problems to a certain aloofness in their interpersonal relationships. (p. 193)

In describing one of their vulnerable but resilient subjects, Murphy and Moriarty (1976) said,

Helen is frank, warm, and able to communicate many insights and feelings, but this expressiveness is accompanied by a subtle distance and seriousness. Her poised distance conveys the impression to some observers that she may be trying to protect herself from disappointment in relationships. (p. 295)

Many of O’Connell Higgins’ (1994) subjects also “indicated that they had previously made an overdetermined ethic of self-sufficiency, turning necessity into a virtue. While most saw this as a hazard now, interfering with healthy intimacy, they said it had been difficult to rest their defense” (pp. 269-270).

I used these findings about costs associated with resilience and other information in the literature to partially inform the design of the study. In keeping with the qualitative design, this became a process of discovery as I repeatedly moved back and forth between the text and the

literature.

CHAPTER 3: PROCEDURE

ASSUMPTIONS AND RATIONALE FOR A QUALITATIVE DESIGN

While resilience has become a popular subject, most researchers agree that little is really known about the phenomenon at this time (Challener, 1997; Rutter, 1994b). “When little is known about a phenomenon, it is important to explore it in a relatively open manner in order to isolate variables for future quantitative analysis” (O’Connell Higgins, 1994, p. xvi). This study did not lend itself to quantitative methods because of the number of potential variables, its internal complexity, and the interactive nature of the phenomenon to be studied. According to Magnusson and Bergman (1990),

Variable-related research . . . especially when seen from an interactional perspective, raises a series of theoretical, methodological, and research strategy problems. Therefore, variable-oriented research has to be complemented with *person-oriented* (writer’s italics) research, that is, with research in which the person is the main unit of analysis and the main object of interest. (p. 101)

I believe my study falls squarely within a qualitative paradigm. To understand the factors that operate to promote resiliency in a person’s life, one must understand that life within its context and perceived meanings, which can only happen through hearing the in-depth story of the person who lived it and, perhaps, others who were closely associated with that life. The ontological, epistemological, axiological, rhetorical and methodological assumptions of the study (Cresswell, 1994) are all qualitative in nature.

Ontologically, it is based on the assumption that reality - in this case the experiences of the study participants and their perceptions of those experiences - is subjective and multiple rather than objective and singular. Neither Katie nor Bonnie has an exclusive claim to the truth of events that they recall differently. They each have their own truth. “True stories are stories that are

believed in” (Denzin, 1989, p. 25).

Epistemologically, as researcher I did not maintain distance from the participants, but interacted with them in an effort to understand their reality as nearly as possible.

Axiologically, I recognized that the study is value laden, touching on emotionally-charged issues such as parental abandonment and the harsh physical punishment of children. As a woman of roughly the same age and socioeconomic background as the study participants, but who was raised in a home where anger was rare and violence unknown, I found myself sometimes visibly reacting to events in Katie’s story at the beginning of the research. I became conscious of my own biases in these areas, and they were occasionally brought gently to my attention by Katie when she felt I was showing a lack of objectivity and balance related to her mother. This caused me to engage in a continuous effort to recognize and neutralize my own value-based biases, to ensure that it was truly Katie’s story that was told.

Rhetorically, the process was informal and personal and followed an emerging design. Decisions about process and questions evolved over the course of the study. I expected the content, and possibly even the direction, of the study to evolve through the processes of interviewing and reflection, and they did.

Methodologically, categories were identified during and after the research process. Patterns and theories were developed through the data analysis.

RESEARCH DESIGN

I chose a case study as the framework for the research design. “A case... describes an instance of a phenomenon” (Denzin, 1989, p. 34), and a single case whether exemplar or exception, can enrich a field of study.

Although it is crucial for the advancement of our science to generalize beyond the single

case, intensive study of single cases can enrich our understanding of statistics and results, and aid our search for clues about why outcomes may have been 'mispredicted.' Single-case exemplars and exceptions to predicted patterns of data can both be informative. (Masten et al., 1990, p. 244)

I selected, for intensive study, a single case that seemed likely to exemplify the salient issues. It is, therefore, an instrumental case study, that is, "a particular case examined to provide insight into an issue or refinement of theory" (Stake, 1998), although it also has elements of an intrinsic case study,

A study undertaken because one wants a better understanding of this particular case. . . . Ultimately, we may be more interested in a phenomenon or a population of cases than the individual case. We cannot understand this case without knowing about other cases. But while we are studying it, our meager resources are concentrated on trying to understand its complexities. (p. 88)

Since this case was attractive on the basis of both its uniqueness and its recognizability, it would have been difficult for me to term it either intrinsic or instrumental. Fortunately, there was no need to make it exclusively either. Stake (1998) went on to note that one does not need to make a choice between the two types of case study, "Because we simultaneously have several interests, often changing, there is no line distinguishing intrinsic case study from instrumental; rather a zone of combined purpose separates them" (p. 88).

Case studies are bounded. The boundaries of this case are the events in the life of one woman (Katie), as described by her and her older sister, within the context of a family.

"Case study is not a methodological choice, but a choice of object to be studied" (Stake, 1998, p.86). Having selected both the phenomenon (resilience) and the object (Katie's life) to be studied, I turned to decisions about methodology. Initially, I was drawn to a variety of methods such as grounded theory, but as the study progressed, I recognized that the study itself was shaping the choice of method. A case study design with phenomenological interests (Stake,

1998), and a method best described as interpreted biography (Denzin, 1989), emerged. Data was gathered through the autobiographical narratives of the participants obtained through interviews and written accounts.

Because autobiographical narrative is by nature retrospective, I was mindful of the perceived limitations of this method of collecting data, such as memory and emotional distortion. There is no dispute among researchers that these distortions exist, but there are differing views on what this means to the research process. For example, Garnezy (1976) wrote a strong condemnation of what he called the “failure of retrospection,” citing in particular the tendency towards remembering or reconstructing the past, using today’s reality to shape the memory. The results of this tendency are memories that are different from how subjects described events at the time they were occurring.

Although he used interpreted autobiography (using published autobiographies as his texts) as his method, Challenger (1997), too, found flaws in human memory:

Much recent research has called into question the ability of humans to do what autobiography demanded - namely remember the details of a life. Too much happens in any life for an individual to remember much very accurately. Moreover, this research documents that when individuals can't remember what happened to them, they create (from their imagination) what is missing and then come to believe that what they made up actually happened. In summary, research reveals that human memory is far from reliable. (p. 13)

But those who study lives through narratives of remembered accounts (Challenger among them) draw much different conclusions from Garnezy’s (1976) earlier statements about the value of retrospective methods, and the process and meaning of memory itself. Josselson (1995):

Narrative is the representation of process, of a self in conversation with itself and with its world over time. Narratives are not records of facts, of how things actually were, but of a meaning-making system that makes sense out of the chaotic mass of perceptions and experiences of a life In understanding ourselves, we choose those facets of our experience that lead to the present and render our life story coherent. (p. 33)

My first task therefore, was not to reconstruct a strictly factual and linear account of events in the lives of my subjects. In the phenomenological tradition, it was to come to understand the meanings participants assigned to the events they remembered. During the interviews, I tried to suspend all theoretical or prior knowledge to concentrate on obtaining a full understanding of the story I was being told. Later, I reviewed the texts and related them back to theory.

Memory is meaningful because of both what we include and what we exclude. What we remember is part of broader themes or patterns. According to Singer and Salovey (1993),

What is not explicit in each of these [autobiographical] memories but also important, is the reason these memories exist for us. They link to a theme that one could extract from a set of related memories stored in a network of autobiographical memories. If this set of memories could be identified, it would tell us about an enduring set of concerns within each of us as presented by this prototypic memory. (p. ix)

In some instances, I also noted patterns of absence of memory. What we do not remember may be as important as what we do. Events not remembered or remembered differently by two people who were both there, can contribute to understanding the issue being studied, and if patterns of such forgetting or different remembering emerge, they may, in fact, become explanatory. According to Singer and Salovey (1993), lack of remembering may result from the repression of painful events that have not yet been dealt with satisfactorily.

Bennett (1999), referring to his own study, said:

The evidence of this study is that retrospective autobiographical reflection offers a different kind of perspective on the meaning and benefits of formal education than that offered by other forms of evaluation. With the advantage of both hindsight and maturity, and with the ability to apply the 'test of time,' adults can more easily identify the worth of both key features and critical phases in their earlier schooling. (p. 173)

I was fortunate to have obtained participants who are mature in substance as well as in

years. Katie, the primary subject of the study, is quite emphatic about what she does not remember and gives no indication of constructing something to fill the void. Her memories, when she does recall events, are clear, vivid, and detailed. Katie also acknowledges that her memory may be incomplete on occasions, and is often willing to concede that there may be a different or more complete version of the situation.

Katie recognizes that the story we have produced together may sometimes vary from her lived experience, and I recognize that my final account and my interpretations cannot conceivably “tell the truth, the whole truth and nothing but the truth”. Together we have negotiated a story that contains some of the shapes and shadows referred to in her favorite movie, *The Chalk Garden*.

SELECTION OF PARTICIPANTS

Katie was selected because she met all the requirements of a “good informant” described by Morse (1994), that is, she possesses the required knowledge and experience, she has the capability to reflect and articulate, she was able to give sufficient time to the study, and she was willing to participate in the study.

Bonnie (pseudonym), the sibling participant, was selected, with Katie’s agreement, because of her potential contribution to the context and for purposes of triangulation. Bonnie also possessed the characteristics of a good participant and made a generous contribution of time and her personal store of photographs to the study.

While it would have been both interesting and advantageous to have included their mother and others in their families as participants, it did not seem possible to do so without causing harm to the family.

ROLE OF THE RESEARCHER

Through the research process I learned the extent of the sensitivity required of a researcher who studies lives. A great deal rested on my ability to establish a trusting and open relationship with the participants while keeping the focus of the study, and I was constantly reminded (by both the literature on research methods and my own judgement) of my human obligations to my participants.

Although it became appropriate at times to offer some reassurance and/or emotional support, these were not therapeutic interviews. I saw my task as arriving at an understanding of the meaning of the narratives through an empathic stance, defined by Josselson (1995) as

A way of approaching data that allows for discovery rather than seeks confirmation of hypotheses and fosters more exhaustive quests for explanation rather than the illusion of a preexisting truth. If we listen well, we will unearth what we did not expect. (p. 30)

I did learn the unexpected in many instances, often simply by listening. And then my role became interpretive.

DATA COLLECTION

“If we take seriously the idea that people make sense of experience and communicate meaning through narration, *then in-depth interviews should become occasions in which we ask for life stories*” (Josselson, 1996, p. 2). Both participants in this study were invited to tell their life stories.

The strategy of inquiry included nine essentially unstructured interviews totaling 15-20 hours, and a review of artifacts such as photographs and newspaper clippings. The “bones” of the interview structure were main questions (Rubin & Rubin, 1995) directed toward important people and events in their lives, events that constituted turning points, and the factors or processes that

they believe caused or contributed to them. However, these questions were asked only if required and when it became a natural part of the story-telling process to do so.

I had been explicit with the participants about the nature of the study from the outset, so they knew I was interested in exploring these resilience-related issues with them, and they knew Katie was the central subject of the study, with Bonnie's information to be used as a supplement for context.

Following the approach described by Riemann and Schutze (cited in Flick, 1998), I began the interviews by using a generative narrative question to frame the issues and theory, to identify the topic of the study, and to stimulate the production of the narrative. The question to the primary participant, and its preamble, was, "You know that the topic of this study is *resiliency*, which may be defined as the capacity to bounce back from a bad start. We both know that your childhood included a number of factors which often appear to produce dysfunctional adults, and yet you have done, and continue to do, well at work, in learning situations, and in personal relationships. We are setting out on a voyage of discovery about your life. What I ask you to do today is to put away any thoughts you may have about resiliency itself, and just tell me what you remember of your life beginning with your earliest memories." This preamble and question gave clear hints about what might be included in the narrative, but gave freedom to the participant to recount any significant events remembered.

The question and preamble posed to the supplementary participant were, "You know that the topic of this study is *resiliency* which may be defined as the capacity to bounce back from a bad start, and that your sister and her life are the subject of the study. Because you are older than she is, and because you shared so much, you have agreed to provide your own story of what

happened when you were children to help me understand her story better. I am asking you to put aside the word “resilient” for the time being and just recount the story of your life together from your earliest memories.”

I avoided evaluating responses during the initial and following interviews-only asking some questions that moved the narrative into certain areas, such as “So how and when did you learn about gender relationships?” or questions of clarification such as, “So could we go back to the day your mother kidnapped you? What do you remember about that?”

And finally, in the last interview, I asked specific, directed questions such as, “Is there any way that it would seem you were a good fit with some important value or expectation of either of both your parents?” and, “Tell me about the role of learning and education in your life.”

Interview techniques such as paraphrasing, restating, and reflecting were also employed to facilitate the conversation. Interviews were recorded through both audiotapes and note taking and then transcribed for analysis.

As the research progressed, Katie also sent me written (e-mail) memories and comments which clarified or supplemented the interview data, and we spoke on the telephone several times for these same purposes.

DATA ANALYSIS

When I felt I had nearly exhausted the supply of relevant data, I developed a summary outline of what seemed to be the key factual events in the lives of the family and some historical/social background for context, such as the story of where they lived at various times, with whom they lived, and the subject’s current situation.

I provided that summary to the participants, along with copies of the transcripts of the

field notes of their own interviews for review. They were invited to add anything they felt was relevant, to provide corrections to any data that appeared to be in error, and to request deletions of any data they did not wish used in the analysis.

This precaution was taken because of the potential sensitivities of certain subjects or views. Even in the most loyal and loving of family relationships, misunderstandings can occur. It was not my purpose to create or foster any such misunderstandings and so I allowed the participants considerable latitude in their review.

A little worried that I might lose valuable material, but more concerned about the impact of the study, I was reassured that I had made the right decision by Rubin and Rubin's (1995) comments:

When you encourage people to talk to you openly and frankly, you incur serious ethical obligations to them . . . your obligations include ensuring that interviewees are not hurt emotionally, physically or financially because they agreed to talk to you . . . Protecting interviewees from harm might mean leaving out exciting material from the final report or slightly distorting the results so as to keep people out of trouble. If interviewees do not want you to use something they said, even though they told it to you in their interviews, you should leave it out. You may have to make some trade-offs between the accuracy and punch of your report and protecting your interviewees, but with some thought you can usually protect individuals and still get your points across. (p. 94)

While I allowed latitude for their revisions or deletions, I also attempted to reassure the participants by going over with them the ways in which I planned to report and analyze the data. Very little information was actually deleted and none that caused insurmountable difficulties in making the critical points.

After verifying the original information, I followed a step described by Hauptert (cited in Flick, 1998), constructing a short biography of the primary subject, chronologically displaying the events identified in her life history as being most meaningful. Because I was interested in

exploring key turning points, I displayed the timeline (attached as Appendix A) using turning points to indicate changes of trajectory in her life course. Later, I found Denzin's (1989) description of the interpretive biographical method which referred to the use of turning points and helped situate my methodology, "The interpretive biographical method involves the studied use of a collection of personal-life documents, stories, accounts, and narratives which describe turning point moments in individuals' lives" (p. 13).

I then returned to the field notes and made marginal comments such as my own reactions to the text, themes, repeated phrases, and sections needing clarification, beside lines or paragraphs. Next, I ascribed codes to the sections of the text, using a start list and adding others. The start list included codes embedded in the research questions and codes arising from the literature. Others were added as they emerged from the text, and coding became an iterative process. Some were added and changed several times. Since I was interested in finding both fit and nonfit with the existing research, I sometimes kept codes that had no data assigned to them, to illustrate that point. The list of codes is attached as Appendix B. As the study progressed, however, I became aware that this coding process was not as helpful as I had anticipated it would be. I could easily find themes and patterns without the cumbersome process of coding.

To provide coherence to the data, I then created a core narrative, "The Story of Katie B," by merging the two coded texts and reordering the data into one sequential narrative of the primary participant's life, divided into time blocks, such as "Katie From 0 to 6." I included a section entitled "Before Katie" to provide context, colour, and information that might provide a better understanding of the parents' actions and introduce the element of intergenerational patterns of behaviour. Quotations from both participants were included in the core narrative, and

I made headings from quotations that seemed to constitute the central statements of that segment of the interviews.

Next, I memoed each main section and identified concepts and themes. These concepts and themes were sometimes to be found in the literature, such as specific protective factors which appeared to be in operation, and sometimes were unique to the narrative. Each section was related to the literature and theories of resiliency, including comparisons with other cases in the area of resilience. In some cases, the data fitted well into an existing theory or hypothesis.

I examined the interrelationships of the concepts and themes for patterns and, finally, developed models of the essential outcomes (Miles & Huberman, 1994). See Figures 1 (p. 83) and 2 (p. 99).

ETHICAL ISSUES

Ethical issues were salient in this study and had an impact on the process in several ways, including the selection of participants, the conduct of the interviews, the process outlined above for making decisions about the inclusion of information, and the process of continuous member checking. I was very conscious from the outset of the ethical ramifications of doing such a study, and this consciousness was made ever more keen as the study proceeded. “All research based on in-depth interviews raises ethical and process issues, but narrative research demands that we pay special attention to participants’ vulnerability and analysts’ interpretive authority” (Chase, 1996, p. 45). I have been humbled and made cautious by the trust the participants have bestowed on me through their willingness to share the narratives of their lives for this purpose. It is an understatement to say that ethical issues made this study complex and challenging. I took many precautions.

The participants were provided with full information about the nature and purposes of the study and were asked to sign a consent form for the use of their interview information (see Appendix C). Approval of this study was obtained from the University of Regina Research Ethics Board (see Appendix D).

The participants will remain anonymous and are referred to by pseudonyms. No photographs were included because they might have served to reveal or suggest the identities of the participants.

I had agreed with my participants and my faculty advisor that even if it seemed useful to enlarge participation in the study by including others, such as other family members, teachers, and so forth, I would not proceed unless both participants and my faculty advisor agreed to the addition of the new participant(s). I decided not to seek to enlarge the number of participants for two reasons: again, to avoid doing harm to the family relationships and also because I felt sufficient data had been gathered through the participation of the Bonnie and Katie.

I also agreed not to conduct any psychological tests or to request the results of any psychological tests taken by either participant.

METHODS FOR VERIFICATION

In cases where narrative is used, “A main criterion for the validity of the information is whether the interviewee’s account is primarily a narrative” (Flick, 1998, p. 100), and not the account of the researcher. Except for the opening generative questions and the final stage of the interviews, the accounts of the participants were essentially unstructured narrative.

I also employed both data and theoretical triangulation (Denzin & Lincoln, 1994). In terms of data, I was fortunate to have the participation of the older sister to provide context and

perspective. Having both subjects recount their experience of shared events both validated and contrasted individual perceptions of the experience and, in doing so, highlighted theoretical issues. The photograph albums and press clipping also served to validate interview material.

In an effort to ensure the accuracy, objectivity, and inclusiveness of the data reported, I took detailed notes and used a tape recorder during all the interviews (with a few technical failures). I also relied extensively on member checking, and reviewed transcripts and notes with the participants at the beginning of subsequent interviews.

I employed theoretical triangulation by using the multiple perspectives of the literature and theory to interpret the study data.

CHAPTER 4: OUTCOMES OF THE STUDY

The outcomes and data of this study are embodied in the following narrative which resulted from merging the texts of nine individual interviews with Katie and Bonnie.

While I am the narrator of the story, I have stayed very close to their texts and their voices are continuously heard, “Our texts must always return to and reflect the words persons speak as they attempt to give meaning and shape to the lives they lead” (Denzin, 1989, p. 81). All quotations are Katie’s, unless otherwise noted.

THE STORY OF KATIE B.

Before Katie

To understand the actions of Katie’s parents, it was important to know as much as possible about them as individuals. Since neither of them was available as a source of information, most of the story of life before Katie was provided by Bonnie, using information that had come to her over the years from her mother, her maternal grandmother, and her paternal uncles. Here is the story she told.

Katie and Bonnie’s parents, Margaret and Andrew, met in 1943 when she was the new school teacher and he was a local farmer, living with two bachelor brothers several miles outside a small town in southeastern Saskatchewan. She was 23; he was 43.

Andrew was born in Scotland, the fifth of seven surviving children, and emigrated with his family to Canada when he was six years old. His father, who was 20 years older than Andrew’s mother, died long before she did. When he died, his property was dispersed among the children. His wife continued to live on the farmstead with the three single sons, while the other sons and their families lived nearby on their shares of the land

(the daughters had each received \$1,000 as their inheritance). The family was somewhat “clannish” and had little association with the remainder of the community, which was predominately Rumanian.

Andrew’s mother seems to have been a warm and protective parent. Referring to her oldest uncle, David, who had become the father figure of the family at age 20 when his father died, Bonnie said, “I think it was a good thing that there had been a lot of nurturing in his family or his mother had done a lot of nurturing with her children. She was actually a very protective mother and an overly possessive mother, but on the other hand I can see where she had done a lot of things right with her children.”

In fact, Andrew’s entire side of the family seems to have been a warm and nurturing one. Uncle David was a very nurturing man, as was their sister, Mabel, and, to a somewhat lesser extent, their youngest brother.

Margaret’s family was quite different. Her grandmother, Prussian and reputedly a cousin of the Kaiser, married a Lutheran minister and was subsequently banished, with some money, to Canada. Margaret’s mother’s inheritance was lost in the Great Depression of the 1930s, but the first years of Margaret’s life appear to have been relatively privileged in material terms. She probably would not have had money but would have been accustomed to good furniture and china.

Unfortunately, Margaret’s father (who also was 20 years older than his wife) was a violent man who physically abused his wife and children, beating at least one of his sons so badly with a harness that he still had scars “like runaway slaves who had been flogged” (Bonnie) when he was in his 60s. Margaret described her father as rigid, controlling, and

authoritarian. He also left his wife and children for a period of several years to live with another woman, then returned to his family.

The first three children left home at 13, 14, and 15 years of age, leaving a second family of younger siblings at home: Margaret, a brother who was killed in an automobile accident when he was young, and one younger sister. Margaret's mother also hit Margaret with a poker, so harsh physical punishment seemed to be the norm in this family. Apparently Margaret herself once "took a knife" to her brother.

Margaret may have wanted to be a doctor or at least a nurse at this time (certainly she did later), but her family would, and probably could, only help her to attend normal school. There were few options for girls at that time. Teacher training took less time and cost less than nursing, and was still one of the occupations for women that had the most status. Margaret was one of the best educated young women in the community when she graduated from normal school, and she spent the next two or three years teaching in her home community.

It was when she took her first job away from home that she met Andrew. Andrew's sister-in-law had intended to encourage a marriage between the new teacher and her own son, who was Margaret's age. Through her, Margaret met Andrew. Margaret had only had one boyfriend before and was, at 23, approaching "old-maid" status. According to Bonnie, Andrew was gentlemanly, a grown man who had a car and took her places: into Moose Jaw to shop, out to dinner, and to dances. He was very attentive and well dressed in his pin-stripe suit and broad fedora. Margaret said later that she did not know he had been diagnosed with, and treated for, schizophrenia although they dated for

nearly two years.

On March 24, 1945, Andrew took Margaret to Moose Jaw for a shopping trip, dropped her off, and picked her up with a marriage license in his hands. They were married that day and spent the night in the Grand Hall Hotel in Moose Jaw. The next day he dropped her off at the teacherage and they didn't see each other for two weeks. Bonnie firmly believes that her mother married her father because she believed he had money.

Margaret had no intention of moving into the farmhouse until summer holidays. When she did move in, she was so distressed by the presence of the brothers that she left and went to her mother's home in British Columbia (B.C.), telling Andrew to let her know when his brothers were gone. The two bachelor brothers subsequently moved into a house a quarter of a mile away, down the hill, where they lived together for about seven years until the eldest brother died from the effects of diabetes.

Margaret returned from B.C. and then threw out and/or burned all the furniture, china, other household items, and family portraits that had belonged to Andrew's mother. She replaced the furniture and household items with new ones. Bonnie remembers hearing about her uncles picking through the remains of their mother's possessions and retrieving what they could, having been given no notice of Margaret's intentions. She remembers her mother telling her how she had laughed about that.

The farmhouse had no electricity, no running water, and no telephone. There were no livestock, not even chickens, and no garden. Although his own mother had done all of the chores related to the garden and the chickens, Andrew did not expect or want his wife

to work outside the house - her job was to cook, clean the house, and raise the children. Margaret was “compulsively clean” and presumably found that part of her new life acceptable. Having children was another issue. Her own accounts to her children revealed that she never expected or wanted to have children but, as she said, “That’s what happens when you get married.” About a year later, she became pregnant with Bonnie.

Margaret’s pregnancy was very difficult. She developed extreme toxemia and became so bloated that her husband had to help her out of bed. In spite of her condition, she did not go to the doctor at all during her pregnancy because she didn’t want to be seen that way, in her own words, “in a predicament.”

Near the end of her pregnancy, on the stern advice of a neighbour, Andrew took his wife to the hospital. He left her there, went back to his farm work, and returned about five days later to learn that he had a daughter. Bonnie said she was a breech delivery, “starved for oxygen and very frail.” Margaret had been told by the doctor that either she or her baby was not likely to survive, but they both did. She did not see or hold her daughter for at least the first three days of her life.

Margaret and Bonnie went home, but Margaret was essentially bedridden. Her mother came from B.C. and cared for both her daughter and granddaughter for at least three months.

Bonnie has early memories of her mother telling her she was going to leave Bonnie and her father someday. She remembers being very upset by this and, as usual when she was upset, running down the hill to the home of the loving uncles. She also remembers that her mother went on a two - month summer vacation tour of the United States and

Mexico. At the end of the summer, when Bonnie and her dad met the bus, a lady in a blue coat came up to the car and Bonnie asked her, "Are you my mommy?" She was. Bonnie doesn't remember her mother picking her up, hugging or kissing her that day, or at any other time that was not associated with her doing something for her mother.

Although these are disturbing memories for her, Bonnie remembers a generally happy and indulged childhood, and being raised by four adults. Uncle Dave was a particularly important figure in Bonnie's early childhood, a third parent. If Margaret and Andrew had any good times together, these would have been their best.

Katie was born when Bonnie was three and a half years old. Since Margaret apparently knew about and practiced birth control (Bonnie told of her mother playfully inflating condoms and floating them like balloons), it is possible that Katie was a planned child.

The next four chapters of Katie's story were told mainly by her. As I listened to her, I was struck by the applicability of the characteristics summarized by Vaillant (1993) in his description of the resilient,

[They have] the ability to spin straw into gold (sublimation), to laugh at themselves (humour), and to display empathy (altruism), a stiff upper lip (suppression) and the capacity to worry and plan realistically (anticipation). (p. 287)

In the next chapters of Katie's story, there is much straw spun into gold. She finds humour in unexpected places (although she says she doesn't have a sense of humour!), demonstrates empathy for a mother who by most standards abused and abandoned her, as well as for others, displays a stiff upper lip in the face of loss and adversity, and shows strong evidence of realistic planning.

Katie From 0 to 6: "I Had a Happy Childhood"

Katie said, "I was born at a time when my parents were having great difficulty." Although Margaret's second pregnancy was also difficult, it was not as difficult or dangerous as her first. Katie was born in a hospital in Regina, apparently about two weeks late. She was of at least average birth weight at six pounds five ounces, with a shock of black hair and black eyes.

Her earliest "memory of a memory" is of being held in her mother's arms and having her Uncle Dave ask to take her. Her mother refused to "let me go." Whether or not this is a memory of her arrival home from hospital is not clear to her, but it was certainly a pre-speech memory, "all emotions and feelings." The feelings and emotions are warm and comforting.

Bonnie also speaks of Katie's arrival home from the hospital and her uncle teasing about taking the baby. She remembers saying, "No, this is my baby!"

The farm Katie was brought home to still had no telephone service, running water or electricity. The surrounding countryside was bald, almost treeless, prairie, and there still were no trees around the house.

Katie doesn't know what she weighed when she was born or when she began to walk or talk. There is no baby book or notes of any kind to refer to, and there are no pictures of her until a single photograph taken when she was about three.

Katie attributes the lack of photographs to being a second child, because there are many pictures of her older sister as a child. She had never asked anyone about these things and appeared to first realize this during the course of the interview - "Isn't that

amazing! I never asked!” She does know that she was a bottle-fed baby, not breast-fed as her sister had been, and that her mother attributes her health and robustness to that fact.

In a rather cryptic written reference, Katie told of the R.C.M.P. coming to “take Daddy away,” when she was two years old. She does not remember this story, of course, but was told it by her mother. Apparently Katie entertained the officer while he waited for her father to change, “by demonstrating I knew all the directions, south, west, east, north.” Bonnie too said that she could entertain adults at age two, in her case by reciting all the provinces and their capitals. Margaret apparently taught her toddlers to do these things and then showed them off to family members and other adults.

Bonnie described a number of preschool incidents involving Katie, depicting her as an energetic, robust, inquisitive and impish child: pouring cans of paint on herself, grinning happily all the while; driving the family car into a tree; burning her lips on a cigarette lighter; trying out smoking at age four. She also laughingly remembers Katie as a “vicious little witch” who stuck darts in her and threw rocks at her when crossed.

Katie herself has few memories of her preschool life, which she explains partly as not having school to peg memories to, for example, “when I was in Grade 1” Her next memory, after the pre-speech one, has no remembered content, but is also a memory of intense emotion -- this time anger. When Katie was about three years old, her sister went to school, having forbidden Katie to touch her beloved drum set. While Bonnie was at school, Katie cut up the drums with scissors. The drums were then thrown down the well, which served as a garbage dump.

This story was told to Katie by her mother and sister, but there are still differing

interpretations of who threw the drums down the well; Katie believes she did and Bonnie believes it was their mother. What Katie does remember is her own intense anger that preceded cutting up the drums, a memory brought sharply back to her years later in a university child-development class. A comment was made in the class that if small children had the capability, they would commit murder because their rage is so intense. Katie immediately experienced the intense emotion associated with her early memory, and agreed that it would be possible. This event appears to have been the beginning of a life-long concern for her about anger and its effects.

She also does not remember what happened when her sister came home from school and learned that her drums had been destroyed. Bonnie does. She says she chased Katie and then Katie threw rocks at her. Bonnie remembers her mother protecting her from her little sister.

Many of Katie's other early memories are happy or neutral. She remembers her mother's travel books and pictures and a view-master: The most memorable picture she saw was of a sphinx. And she remembers her mother playing with the children, "tickle games and bouncing games."

Both sisters remembered intense competition between them for their mother's attention during this period, around being the first to do things for her when she asked, and subsequently receiving hugs and kisses.

Katie also has an early memory of running to get "a couple of cans" from the basement for her mother when her sister wasn't there, even though she was afraid of the basement. Because she had no idea what "a couple" meant, she brought up everything she

could carry. Her mother laughed “loving laughter.”

She remembers dashing into the house when her mother had adult visitors and announcing she had to “poop.” Mostly, she remembers the lecture afterward, when she was told that in the future she was always to say, “I have to go to the lavatory.” This incident was an example of a repeated pattern of Margaret’s relating to her children as small adults and using the same standards to assess their behaviour.

She remembers her mother brushing and braiding her sister’s long, blond hair. Katie had short hair because “I was the second child,” and therefore was not permitted to have long hair until she could take care of it herself, but she would get little waves or crimps. And she has pleasant memories of meals being prepared by her mother in the farm kitchen.

These were the “good” memories of her mother. There were also many “not-so-good” memories of her mother, who expected strict obedience and often told her when she was being “bad” that the devil was in control of her. Although as a child Katie had no idea who or what the devil was, she was afraid. Her mother was, and is, a religious fundamentalist and her belief in the presence and power of the devil continues.

There are also many memories of her mother administering whippings with the kettle cord, “When I crossed her, when I did things which were bad.” The misdemeanors themselves or their nature are for the most part unremembered; it is the whippings which remain (“I don’t remember what I did wrong, I only remember the punishment”). She remembers how she felt:

The two things that I remember about that, that are the strongest for me, was the sense of outrage and of ‘this isn’t right.’ See, what I learned to do very quickly was to do the atonement and the abasement and the “I’ll never do it again.” Yeah,

I got really good at turning on the tears pretty quickly and I sometimes got myself out of a whipping. But I think strongest for me was that sense of ‘not rightness.’ You know because . . . it’s probably why I grew up very strongly pacifist, strongly believing that might did not make right and that the best discipline method is not the physical method. And it all comes from how I felt and how I reacted in those kinds of situations.”

She remembers promising, “I’ll be good, Mommy, I’ll be good” (when she related this, it was in a child’s voice), and added, “And sometimes if I demonstrated that I knew what I did was wrong [I would be able to avoid a whipping].” When I asked her to describe an incident when she had done something wrong, she could only recall a time in church (she would have been five or six at the time) when she pulled her skirt up to about mid-thigh and speculated out loud about how short skirts were going to be. Her mother “was mortified,” marched her home, and got out the kettle cord. This time, though, Andrew physically prevented Margaret from whipping Katie. Katie still remembers the guilt she felt because her parents were fighting and the feeling that it was her fault, that she had caused it.

Katie’s father had been receiving treatment for schizophrenia, including shock therapy and hospitalization, for some time, certainly well before Katie was born. Bonnie said that everyone was afraid of their father and that he had chased one of his nephews with tire chains. The R.C.M.P. officer who took him away when Katie was two may have been responding to complaints about actions resulting from his illness or violent behaviours or, of course, the two may have been related.

Katie seems not to know of these kinds of incidents and she says she did not know her father was mentally ill until she was told when she was 10 years old. He was always gentle and loving with her. He called her “his bonnie wee lassie,” and she has no memory

of him ever being violent with or in front of her. The only unusual behaviour he exhibited that Katie remembers was the “tirades” or “the spiel” that he would embark on when he “was not himself.” Only once does she remember him directing one of his tirades at her and she described that experience as “totally and absolutely devastating.” She developed a capacity to “go elsewhere” mentally when he began his tirades, describing this as “looking away from him, drifting inside, kind of shutting down.”

Bonnie, on the other hand, has many memories of her father “not being himself” while their mother still lived with them. She told of a night when her father ripped up his wife’s fur coat, tore her pearls apart, and held baby Katie up by her heels.

Bonnie doesn’t know when Margaret first became aware that Andrew was schizophrenic, but his symptoms appear to have escalated with the years. Bonnie remembers times when her mother came to bed with her, put a knife under the pillow, and told Bonnie that her father had threatened to kill her, saying, “You and me will die together, Bonnie.” “Bonnie” was the name of the little girl in Scotland who had been her father’s best friend. As well as naming their elder daughter after this little friend, Andrew always called his wife “Bonnie” even though her name was Margaret.

Although Bonnie certainly has memories of violence and fear associated with her father, she also remembers him as an essentially gentle and kind man with “the most beautiful smile in the world, witty, and full of life.”

Margaret seems to have treated Bonnie as a confidante at a very young age, telling her about very grown-up issues such as the effects of childbirth, as well as her father’s illness and behaviours. This had an effect on both Bonnie and Katie. Katie describes this

as a major difference between Bonnie's and her own experiences, "With Bonnie being that little bit older, Mom shared information with her and talked to her about things you probably shouldn't talk to a 4, 5, 6 year old about. I was spared all of that."

One reason Margaret may have done this was a lack of adult confidantes. Her social contacts were limited and Bonnie remembers her mother having possibly one woman friend. The children, too, had only each other as playmates for the first five and a half years of Katie's life.

Katie From 6 to 9: From Pillar to Post

Katie turned six in May. That summer she, her mother, and her sister were living in Moose Jaw so the children could attend Vacation Bible School. When Andrew came to bring them home, Margaret told him she was not going back with him and the children -- she was leaving.

This was not a spontaneous decision; Bonnie remembers her mother telling her just before the incident that she was not going to be going home with them. Margaret had evidently been planning to leave for some time and had everything she needed with her. She assured Bonnie that their father would take good care of them and said he was a wonderful man, and then Bonnie remembers her mother telling her to take care of her little sister. She also remembers her mother later showing her bruises on her leg where she said her husband had kicked her when she told him she was leaving him.

Although very upset, Bonnie was not really surprised by her mother's announcement, because Margaret had told her repeatedly, since she was two or three years old, that someday she would leave. It is interesting how differently Katie and

Bonnie now interpret this message. Bonnie firmly believes her mother was warning her of her intention to leave, while Katie believes Margaret might have been afraid and even expected her husband would kill her, “which would not be surprising, given his violence.”

Now Margaret was living in Saskatoon, and the children were on the farm with their father. Nothing was the same. From being clean and tidy, the children went to being unkempt. According to Bonnie, Katie started school that fall but was soon taken out by their father when a well-intentioned teacher offered to wash her clothes. Then Bonnie was taken out of school to care for Katie. Both children lost a year of school but it is not clear whether any school authorities inquired about this.

Neither Bonnie nor Katie remembers exactly why (although Bonnie thinks it was probably to ensure that Bonnie got back to school), how, or when their mother returned and took Bonnie to live with her sister in X-town, although Bonnie believes it was in November or December. But within weeks or months Bonnie was gone too, and Katie was alone with her father until June of the following year when her father brought Bonnie back to the farm.

Katie has very few memories of that time alone with her father. She says she assumed the absences of her mother and sister to be normal and doesn't remember missing them. She does recall (and this may include later years), “We had electricity but I was afraid of the dark. I convinced myself that everything under the covers of my bed was safe, so I would hide under the covers.”

When her father needed to go somewhere that he couldn't take her, he apparently locked her in the house, with the dog for protection and company. She remembers o

breaking the dining room window to get out.

Her only other memories are of “wandering about the farm happily.” Bonnie, by now living with her mother in Saskatoon, says they did not visit Katie that year at all. Katie remembers gift boxes she received from her mother through the mail, including clothes and a record player. She has no memory of feeling abandoned by her mother or sister.

The following year, Katie was taken to live with her mother and sister, now living a mid-sized city in Saskatchewan. Bonnie describes her sister as a sociable child who went out and played with other children easily, apparently none the worse for her time of isolation with her father. Their father came to visit the children regularly. Katie took ballet lessons and started school again, now seven, and a full year behind the other children. “[I] remember going to school by myself the first day - afraid they were going to make me start in kindergarten.”

It is at this point that her memories become very clear. She remembers the names of her Grade 1 teacher (and of all of her other teachers, “of course!”). She gave a detailed description of the first days at school, when she was placed in the Sparrows group because it was assumed she couldn’t read. Actually, she could read, as a result of playing school with Bonnie, and she was rapidly moved up to the Bluebirds and then Cardinals.

When Katie first recounted her memories of school, they were consistently positive. School was “a place of order and success.” Later, she used the words “predictable” and “normal” to describe school. But she also experienced a sudden memory of her Grade 1 teacher, saying - in an uncharacteristic but emphatic way - “may

she rot in hell!” This teacher was the only person Katie referred to with negative emotion in several hours of interviews: the one who gave her the strap for a minor infraction, “who would have six kids lined up for the strap in Grade 1.”

There was an additional penalty attached to getting the strap at school; it also meant getting whipped with the kettle cord at home. Katie remembers being whipped at home because she had received the strap at school “for flirting with the young fellow next to me,” and her sister told on her. Even though she had much kinder teachers in the following grades, the impact of that strapping stayed with her until Grade 5, when she finally felt free to be more relaxed in school.

Near Christmas when Katie was in Grade 1, she was hospitalized. Neither she nor her sister remembers exactly what the illness was, but Bonnie remembers Katie being terribly sick, “that kid was just burning, burning with fever,” and their mother refusing to call the doctor until she had their apartment completely cleaned up, floors scrubbed, walls and cupboards washed.

Katie was in the hospital for five or six days and Bonnie says their mother never went to visit her. Her father did, but was largely ignored by his younger daughter who had discovered a stock of children’s books and was avidly reading. Katie herself has no memory of whether or not she was visited in hospital. She remembers the books and feeling sorry for other kids who weren’t going to be able to go home for Christmas, and she didn’t miss her mother visiting.

School, for Katie, was a place to be successful and make friends. She had a best friend both in grade 1 and grade 2, which she attended in a small town where her mother

was now teaching again. At age eight she had her first birthday party and invited her whole class because “it wasn’t right to exclude anyone”.

In Grade 2, Katie took figure skating lessons and won an oratory contest, “I could have jumped out of my skin I was so happy to win. Mother corrected me with ‘it’s appropriate to say ‘I was so delighted’ -- I liked my way better.” Katie doesn’t remember where she spent her summers, but Bonnie thinks they may have gone to their maternal grandparents in B.C. Life seemed stable to Katie. Occasionally (Bonnie said “often”), their mother would go to Saskatoon to be with her boyfriend on weekends (Bonnie and Katie both described their mother as “like honey to bees” in terms of being attractive to men). When Margaret took those trips to Saskatoon, she left the children alone in a shabby little house on the edge of town.

Then everything changed again. At the end of that school year, the girls were taken back to the farm to live with their father. Again, Bonnie remembers being assured by her mother that their father would take good care of them and that he was a good man. Neither Bonnie nor Katie remembers being told why they were being returned to their father, but they were not unhappy to be going home. Katie says she doesn’t remember being happy about it either, it was “just the way it was.”

They lived there for a year and a half until the school bus driver called Margaret and told her that if she did not come and get her children, they would die. Katie says she believes this was an overestimation, but she also remembers that she weighed only 45 pounds at the age of nine and that both she and Bonnie had boils and impetigo.

That year and a half was a fearful time for Bonnie. She remembers their father as

“not himself” much of the time, and often she got herself and Katie out of the house by the backdoor to be sure they were safe from their father’s rages. She said she learned to be able to tell when her father was building up to a rage, a process that took several days of escalating agitation. He shook, heard things, saw things that he fought with in the dark, ranted and raved; then he would have what Bonnie believes were epileptic seizures and return to normal. But he was not violent to his children and Katie did not see or does not remember any of this.

Andrew seems to have done the very best he could. Sometimes he washed the floors and sometimes he took his children on day trips to the local lake. But in spite of his love and best intentions, he demonstrated few of the practical parenting skills needed. Food was largely from cans and the children did all their own cooking, or at least organized food for themselves. Their father did not take them to the doctor for their boils and impetigo (except once when Bonnie “begged him”), and they were often untidy and dirty. Again, they seem to have been removed from school for a period of time.

It is not clear how long they were actually out of school, but it was apparently long enough to attract the attention of Social Services. A worker came to the farm and was charmed by the girls’ father who assured her that he would be taking them back to school. Katie later was told by her mother that the worker reported the children were being well cared for. Margaret also said that she had contacted a lawyer and tried to gain custody of the children. Katie believes that in the 1950s a woman who had left her family was not likely to get a sympathetic hearing, and that the information from Social Services was not in her mother’s favour. Her understanding is that the social system of the time defeated

her mother's attempts to use legal channels to get her children back.

While there is some confusion over the sequence of events during that period of time, it appears that their father then enrolled them at a different school. Sometime in this year and a half, Bonnie remembers losing another grade at school because of absences, her second lost grade because she had missed so much school during the year she had spent partly with her father, partly with her aunt in X-town where she was ill much of the time, and later with her mother.

Katie has no memory of being out of school. She remembers reading *People of the Deer* which "impressed my teacher - overheard her talking about the level of book I was reading - from then on, always made a point to read books from higher grade levels than my own." By now, though, the little girl who had won the oratory contest in Grade 2 was "good at reading, but poor at oral reading - by this time I was shy and didn't like to speak out."

She has a very clear memory of Mr. Smith, the young man who was her fourth-grade teacher until Christmas. Mr. Smith, seeing what the children brought (or more likely, didn't bring) for lunch, tactfully suggested they tell their father they could get a good hot lunch of soup and sandwiches at the local café for only a dollar. It is possible that he initiated the arrangements for the girls. Their father provided them with the money, and they had good lunches for a short time. Katie remembers this teacher with affection and gratitude, smiling warmly when she spoke of him, "I've often wanted to, you know, track him down and just sort of say thank you, because he was a positive influence in my life and I think of him with good feelings."

Their mother responded to the telephone call from the school-bus driver by coming to the farm just before Christmas, when Andrew was away, and “kidnapping” the girls. I noticed that every time in the course of the interviews that she referred to this incident, Katie referred to it as “kidnapping” - apparently the term her mother also used, not “rescuing” or a more neutral term such as “took us away.”

This event is an emotionally charged memory for Katie for two reasons. First, their father came home unexpectedly and threw himself on the car to try to prevent Margaret from leaving with the girls. Katie remembers “kind of fighting back, in some way, and yelling and screaming and whatever about my daddy.” In our first interview, she referred to this as the only traumatic experience in her life, although in our second interview she said, “And I wouldn’t call it the most emotional experience of my life, necessarily. I don’t know that you can define things in terms of greater or lesser emotion.”

Second, in the ensuing conversation Katie heard for the first time, from both her mother and her sister, that her father was mentally ill, that he was schizophrenic. This she describes as “in many ways, a defining moment.” Now 10 years old, she began to be afraid that she would inherit his illness because she identified so strongly with him and because she had some sense of “genetics and things running in families.” She began to implement a process which she continued for many years and still uses to a certain extent:- a rationality check, which she describes as “observing my thinking and what I was doing and, you know, was it reasonable?”

This fear also had other repercussions, “Another element, I guess, of that fear was

just odd ideas about interpersonal relationships. I used to fight with my sister. I would assert my independence and I wouldn't do what I was told and I would fight back." This became an issue of larger note because of the unusual living circumstances in which the two children were now placed at 10 and 13 years of age.

Katie From 10 to 15: "Being a Latch-Key Kid Wasn't so Bad!"

When Margaret responded to the call from the school-bus driver, she was working as a companion to an elderly man, Mr. N., who apparently did not want children in his house. Mr. N. owned a downtown apartment building in which the children took up residence alone, with their mother staying with them most weekends and providing food and other necessities for them.

They lived across the river from school and crossed the bridge to get there and back. This meant they had no schoolmates and no other children for neighbors and playmates. They packed and carried lunch to school, while other children, like Katie's new friend Kathy, were able to go home for lunch and have their mother there.

Katie seems to have fit quite easily into her new school, which was at least her fifth in four years. For the remainder of Grade 4, she remembers a relatively happy time at school, partly because of her special friend, Kathy, who was "very socially apt" and who reached out and brought Katie into her circle. Katie describes herself then as "an extremely shy child. I wasn't good at making friends. I was a very reserved little child," quite different from earlier descriptions. She observed some children in the class being ostracized by the others.

Bonnie and Katie were sent away for the summer, possibly to their aunt's home in

X-town, “my mother’s way of making sure we were cared for.” When she returned to school for Grade 5, Katie found herself, to her surprise, the new ostracized or “hated” child.” She was very hurt but determined not to show it.

Having observed that ostracism seemed to be a permanent condition for the other rejected children, she concluded that it would be permanent for her as well. Resigning herself to her fate, accepting the seemingly unchangeable, she just “read all the way through Grade 5.” She said part of her motivation was pride. She refused to do any of the things unpopular children did to win favour, like seeking out the others or bringing gifts for the most popular girls. She simply read.

The following year, the same children who had snubbed her in Grade 5, apparently led by Kathy, sought her out again as part of their group. They had concluded that since she didn’t seem to care about being snubbed, and didn’t seem to need them, she must have a very exciting life outside of school. This made her an interesting person, interesting enough to be included again. Katie says she learned a lot from that experience about human nature and pecking orders.

Since we did not actually talk about Kathy until the next interview, I did not immediately recognize that her best friend Kathy was involved in the year-long ostracism. Katie confirmed that she was, but seems to hold absolutely no grudge against her for that and remembers Kathy with “tremendous affection and gratitude” adding, “She made school a good place to be.” Kathy got her into swimming lessons and Katie went on a number of holiday trips to Waskesiu with Kathy and her family. They remained best friends for four more years until they went to different high schools in Grade 10 and, even

then, still spent some time together, including weekends at Waskeisiu. Katie still considers Kathy a friend, although they don't see each other often now because of distance.

At home, Katie was now in open rebellion against the control of her older sister. Bonnie, from nine years of age on, had assumed responsibilities much like those of a parent, which she took very seriously. Katie acknowledges how different their experiences were, "Being a latch-key kid wasn't so bad for me. But I know my sister experienced it differently . . . my poor sister was in loco parentis for most of her life with me."

Bonnie says she has always felt some confusion in her role relative to Katie as part sister, part mother, while Katie says she always thought of Bonnie only as a sister, never as a mother or surrogate mother. It is not difficult to imagine how this situation could engender sibling conflict.

However, Katie's rebelliousness towards her sister was evidently a cause of great concern to their mother. Katie vividly recalls a conversation she overheard between her mother and Bonnie in the apartment laundry room, in which her mother said she was afraid that Katie, who was 11 or 12 at the time, was mentally ill because she was acting so rebelliously towards her sister. Combined with her own fears based on her knowledge of her father's mental illness, this was "of intense importance and devastating" for her. Neither her mother nor her sister says she has any memory of this conversation, and Katie said she understands why they might not remember it, "And who knows? I mean something which is, you know, of intense importance and devastating for one person is the other person's 'Huh? What?'"

At about that time, a neighbor reported to Social Services that the children were living alone in an apartment. Again, Katie showed signs of mild resentment for the outside interference, “We thought they were great poops for doing so [complaining].” However, the intervention of Social Services this time would result in the pivotal turning point of Katie’s life. She was sent to a child psychiatrist, Dr. Watkins, who administered intelligence tests to Katie and subsequently told Margaret that her child was brilliant.

Dr. Watkins also told Margaret that she (Margaret) hated her children, and Katie says her mother was very hurt by that. Katie understands why she would be, “Because I don’t think it’s true. Because in essence my mother may not have been, in the traditional sense, a good mother. But she did whatever she could and the best she could, what she knew how to do, and did her very best to give us what we needed.”

Katie also says of the tests, “I remember having to repeat numbers backwards and forwards and things like that, which I thought was great silliness. But, hey, I was always very compliant and would try to do anything that anyone asked me to do.” This, combined with other comments, seems to suggest that her childhood rebellion had been acted out only against her sister.

She also remembers being astonished when the psychiatrist asked her if she hated her parents, “And I still remember going, Why? Why would I? like I can’t think of a reason.” Katie was very clear that she did not and does not hate or resent either of her parents. In fact, she compared her little family favorably, in terms of dysfunction, with the intact family of her aunt and uncle in X-town.

The results of the intelligence tests were a “watershed” in Katie’s life. I asked if

that meant because her mother treated her differently, such as no longer whipping her. She replied that her mother had always treated her as being intelligent, and that she had not received a whipping after she was eight or nine, that it was more likely a watershed because of the affirmation it gave her. Bonnie, however, remembers their mother being very proud of and influenced by this assessment, especially because she felt that her mother had no such pride in her, referring to her as “beautiful but dumb.” Bonnie (a university graduate with 20-some years’ experience as a teacher and school administrator) said, “Mom is in awe of Katie. Katie is smart and I’m not.”

It seems likely that these events occurred during the period of ostracism at school. Perhaps this affirmation, and relief at being found to be psychologically healthy, helped her to successfully cope with her ostracism.

The Social Services worker also recommended that the children be placed on welfare and in a foster home. They were placed on welfare and Katie has a warm memory of the worker who did this. They were never fostered, however. Katie believes that was because they were so independent by that time that they “would not accept authority well enough to be effectively fostered.” They were sent a housekeeper once, but “we ran her off pretty quickly.”

Meanwhile, Katie was extremely active in school and sports. She participated in drama, skating, track and field, baseball, basketball, volleyball, and choir. She took Gym and Swim and, at the invitation of a teacher, went to try out for the swim team. But she went to a wrong practice, one level too high, and there was “a visiting coach who yelled.” She left.

She took Highland dancing for three years and won a silver medal. She made it to the city finals in speed skating. She wrote that she also “took lessons in baton, bagpipes (I year, no success), organ (lasted one month), swimming, gymnastics, and almost took ballet - chickened out when I watched a sample class - little kids could do more than I could - too proud to go into a class with little kids,” and joined Explorers. And she sponsored the integration of a developmentally delayed child into the volleyball team, “with great pride.”

About this time Mr. N. died, but the children stayed on in the apartment until after Bonnie graduated from high school. Their mother trained in another community to become a Certified Nursing Assistant. She then got a job as a nursing assistant, bought a house, “and put us in it.”

Margaret herself lived elsewhere with a male companion, maintaining her pattern of not living with her children after Katie was nine. She also did not spend vacations with her children; they spent their summers with their maternal grandparents or their mother’s sister in X-town. When asked what her mother did during summers, Katie laughed and said, “Damned if I know!” It was Bonnie who made Christmas.

Katie has one more memory of her mother being violent to her, this time actually physically assaulting her. At about age 13, she remembers “sassing Mother back” for something. From a presumably safe distance of about 15 feet, she remembers saying, “You are not my mother,” and immediately finding herself flat on her back on the floor with her mother on top of her choking her. Margaret never apologized for this assault.

Katie termed this “a good learning experience,” because “it had been a deliberate

tweak and I intended to hurt her. I learned that there are consequences when you do that.” She also remembers how embarrassed she was to go back to school (because this happened over the noon hour) with her eyes red from crying.

Katie From 15 to 19: “I Lived by my Own Rules”

When she was 15 and in Grade 9, Katie moved to a different school. Again, she immediately involved herself in school activities: gymnastics, newspaper, yearbook, volleyball, basketball. She wrote, “I tended to get pointed out as an example of a trier – gave it my all. Went to all the school events. Did well in most classes. Ran at least on the edges of the ‘in-crowd.’ Got an academic crest.” She had many friends, and “multiple boyfriends.”

Somewhere along the way, she had built a rigid code of rules by which she lived her life, probably stricter, she says, than her parents’ would have been. The rules included no swearing, no smoking, no drinking, no going out on school nights, and no sex. Katie made and kept her rules almost until she graduated from high school. She watched others live and behave differently, and says she learned partly from negative examples of behaviours and relationships.

At age 17 Katie met, and was proposed to by, a 21 year old with whom she considered herself to be madly in love. She accepted his proposal, “Yes, this is really great and ‘yes,’ we’re going to do this, but first I have to get my university.” Then she went away for a week to prepare for her upcoming duties as a camp counselor, thought about the situation, realized he wasn’t what she wanted, went home and permanently ended the relationship.

This was the only time Katie could recall ever permanently terminating a relationship with anybody, including a number of boyfriends, saying, “Generally, with most people, even if the relationship is over, for me there is still the link and the commitment, and definitely with the vast majority of my boyfriends, for me in my heart there is still a link.” Ending that relationship turned out to have been an excellent decision as he was revealed two years later to be a dissolute and abusive person.

But the experience of ending a relationship was very difficult for her. She was appalled at her own perceived fickleness, and “cried in the breakup not because I was being hurt but because I was inflicting hurt.”

When Katie was 18, she met a young man, Ken, for whom she broke two of the rules she had established for herself, “Maybe I was the right age and he was the sweetest of guys.” She went out for coffee with him every night and he became her first lover. They dated for nearly two years, often as a foursome with his best friend, Carl, who was later to become Katie’s husband.

In senior high, she again participated in everything: the senior cheer-leading squad, pep rallies, drama, Lit Night. “Even though I was the new kid [in Grade 10] – I just kind of took the lead.” She credits her “outward appearance of competence and confidence” with a lot of her success, while acknowledging an inward sense of insecurity.

Later I would find, in her sister’s photo albums, a newspaper clipping showing Katie as the newly elected girls’ senior pin (“I was told I won by a landslide”) at her school which had over 1000 students. She also won the top two awards given at the school: the IODE Leadership Award and the Spirit of (the school) award. Although it

was somewhat expected for the senior pin to win the Leadership award, Katie says it was rare for anyone to win both awards. She turned down a nomination to be Snow Queen, and she graduated from high school with an average of 85.

Her Grade 12 average should have been higher, but she did not turn in a major book review which was worth several percent on her final Composition mark. Katie admired the Composition teacher greatly and valued the teacher's opinion of her. She didn't want to disappoint her with a finished product that didn't live up to her own or presumably the teacher's standards. Finding herself dissatisfied with her book review, even though it was finished, she opted not to turn it in at all, preferring the consequences of a lower mark to the consequences of disappointing her teacher.

I garnered all this information only through direct inquiry in the latter stages of verifying data. Until then, I had no information at all about any of her exceptional accomplishments.

Katie and Ken broke up and got back together again. In between, she and Carl became involved and uninvolved. Katie left Saskatoon to study home economics at the University of Winnipeg, with the help of student loans and financial assistance from her mother. She and Ken finally broke up by mutual consent at Christmas, and she returned to Saskatoon where she and Carl spent time together as friends.

A turning point in their relationship came when they spent a weekend with friends, where it was clear to others they were not sleeping together. Carl endured the laughter and teasing of his friends in a way that showed Katie how much he cared for her. With no discussion about why, they returned to their romantic relationship and were married two

years later.

Katie From 19 to 30: Wife, Mother, Learner, Worker

Katie was 21 when she married Carl and now says, "How could I have been so smart at 21?" She had not completed her degree first, though, as she had intended.

Andrew died at the age of 73, shortly before Katie and Carl were married. According to Bonnie, his last years were very sad and troubled. He was hospitalized again, this time in the North Battleford Mental Hospital, was released but never really had a home again, and had a stroke about five years before he died.

When Andrew died, the surviving uncle became the only person farming the land the three brothers had once farmed together. Bonnie was now married as well, and the sisters and their husbands went back to the family farm where they lived and worked for several years.

Katie and Carl had two children, a boy and a girl. Katie deliberately rejected and did not use her mother's child-rearing techniques. She breast-fed her children (against her mother's advice), and she rejected physical punishment as a disciplinary technique, "The moments of worst failure for me were when I resorted to physical punishment. I would love to say I never swatted them on the bum but, boy, it was darn rare!" And, using what she had learned in child development classes, she made sure she made the kind of contact with her infant children that Erikson said was instrumental in the infant's decision whether or not to trust.

But being a farm wife and mother alone was not satisfying for her. Two months after the birth of their first child, after a day-long cry, Katie enrolled in education at the

University of Regina and commuted 80 miles back and forth taking night and summer classes. She received her bachelor's degree in 1980, having given birth to their daughter in between, and has recently completed the requirements for a graduate degree in adult education.

Katie and Carl moved to Saskatoon, then to Alberta, and subsequently to eastern Canada. Katie worked as a Child Development Worker and then with the federal government where she has had a career with increasing levels of responsibility, earning several promotions. A few years ago, she went to Rumania and then to Russia on several work-related assignments.

She describes Carl as “my touchstone, my stability; we have total trust . . . I know he loves me: He never tries to restrict who I am or what I do.” This became even more evident recently, when Katie moved to eastern Canada alone to take on a challenging assignment. Carl followed and they have stayed there, still in the marriage which Katie describes as “a true partnership.” Although there were some difficulties in their teens, their two children appear to be each getting on with their lives in their own way and growing closer to their parents.

Katie at 49 on the Subject of Katie: “I Have a Low Need to Control Others and an Intense Need to Control Myself”

The following is almost entirely verbatim text from interviews with Katie or from written contributions she provided on her own. All of what she said seemed candid and open, and much of what she said was unexpected. I found myself often surprised and sometimes perplexed by her information.

Katie wrote, “I fit in [Seligman's] mildly optimistic category – at my worst

moments there is always a part of me that knows that if I just hang on things will get better – where did this come from? Don't know, but do know that it's an integral part of my nature.”

I asked Katie about her philosophy of living, and she replied,

Choice is the core of my philosophy. If I say, I have no choice, there are no options, I experience high stress The rest of my philosophy is a belief in choices and consequences rather than obedience and punishment. One can escape punishment but not consequences. It just makes sense.

If I see people making mistakes, I will not step and tie them up and stop them. I don't have a need for people to be what I want them to be – I rarely feel betrayed – related to that is the distance I hold myself from others – I wonder if I ever truly commit myself to anything or anybody.

I asked her about the ability to “let go,” and she instantly replied, “I am very able to let go. If I was in the water with a drowning person and they were pulling me down, I know I would let go of them.”

I asked her what she thought she learned from her parents that affected her philosophy and how she lived. She replied, “From my father I learned authenticity and honesty; from my mother I learned to be your own person. Although she was controlling, she did not control me. These things are integral to my personality,” and went on to say about herself,

Something interesting is the nickname given to me by Jane, the wife of my friend Gavin, “Enigma.” I'm not sure people always know who I am.

Both Carl and Jane are very grounded people. They know what's important and they don't agonize. I'm an internal agonizer. I have to be fair. It doesn't take more time to think about things and be fair than to fight and be upset.

I do suffer times of tremendous self-doubt and feelings of failure and worthlessness, but tend to pull myself out of them, so I don't know where I really fit on the self-esteem thing. Do know that during counseling training I identified myself as having a high need for achievement with a high fear of failure, which

means I either take no risk or take huge ones. I have occasional crying jags, although I haven't had any in the past two years. Then I would retire to my bed and weep. I would feel an awful blackness: the feeling that 'nothing is right, everybody hates me.' Then I would rationally examine the evidence and draw different conclusions, get over it and come back.

A lot of my energy is spent in keeping an even keel and trying to see the other's perspectives. I am very affected by the emotions of others. I am a peacemaker. I believe that anger closes out the humanness of the other.

When I was 19 I saw myself as almost pathologically introverted and submissive, although probably no one else saw me that way. But in many ways, I'm not submissive - most things just are not that important.

She spoke frankly about why she maintains some distance from involvement in

issues,

Maybe I hold back more than I should, not taking a stand. But often it's not worth it. Do it when it has an effect. Also I recognize that what I think is right is only my view of the world and is not necessarily right.

About pain, she said,

I dismiss pain to the point where I can't describe it. I do this with psychological hurts. I remember the incident but block out the pain It's certainly one of my coping mechanisms [in an earlier interview she said, 'I have to think about my emotions, as opposed to feeling my emotions'].

She went on to say,

I have a low need to control others and an intense need to control myself. I am an observer of myself. I listen to myself; to internal statements. Maybe this comes from my early fears of being mentally ill. I monitor myself for rational thoughts. Rational equals healthy. And for me, anger equals a loss of control. My mother was a scary woman when she was angry - but not out of control, just focused and intense.

I specifically asked Katie about some of the factors which have been identified in the literature as protective.

Is there any way that it would seem you were a good fit with some important value

or expectation of either or both of your parents?

Oh, yes. My mother gave me lots of strokes, for being smart and cute and able to be shown off. I got lots of positive strokes from both of my parents for being adventurous and a tomboy. My father called me “his bonnie wee lass” and my mother called me “mischievy eyes.” I put my heart and soul in school. I got good marks, I got along with others, and I didn’t make life difficult for anyone.

Were there significant intervenors in your life whom we haven’t talked about, people who changed things for you?

Yes, mainly in introducing the idea of options and alternative views of the world. For the most part, it was my ability to distance and let go that became my pivotal coping mechanism. This came with maturity. And my choice of marriage partner was very important.

What role, if any, did physical attractiveness play in your life?

It was a two-edged sword. People react better to people who are good-looking but it also leads to sexual exploitation. I spent some time being angry with male reactions to my being busty. I wore a C or D cup by age 13 to 14. Physical attractiveness for me was a combination of power and objectification. I didn’t really trust men until I was married. But overall, being attractive made my life easier.”

Intelligence? “That’s what saved me from becoming one of the victims! That’s what makes the difference: the capacity to observe and reflect. It gave me self-esteem.”

Conclusion to Katie’s Story

I have told Katie’s story as faithfully to her remembered account as I could, adding information from Bonnie. No doubt the reader will have arrived at his or her own interpretations of some of the information contained in this narrative. My task was to interpret what I had been told in the light of the theory and literature about the phenomenon of resilience.

CHAPTER 5: THE RELATIONSHIP OF THE OUTCOMES TO THEORY AND LITERATURE

KATIE: AT RISK?

Was Katie truly at risk? How closely did her childhood situation match the descriptions of at-risk children in the literature?

Werner and Smith (1982) defined *at risk* as including four or more main stressors including chronic family discord, absence of the father, death of a sibling, parental divorce and/or remarriage, chronic poverty, and a parent with significant psychiatric difficulties. Vaillant (1993) included separation from both parents, mother mentally ill, father alcoholic or mentally retarded.

Katie's family was discordant for the first few years of her life and then shattered. She was separated from one or the other of her parents by age six, and from both by age 10. For nearly three years she lived either alone with her father or with her sister and her father. From the age of 10 to 19, she lived alone with her sister, with weekend visits from their mother.

Their parents divorced when she was young. Although neither of them married again, there were several other partners in their mother's life, none of whom played a positive role in the children's lives and all of whom were unacceptable to them.

It is difficult to assess the actual level of poverty in which she lived as a small child, because of the norms of rural Saskatchewan in the 1950s. Being without running water was not uncommon there and then. Being without a telephone was less common, but in this case had nothing to do with poverty; it was a matter of the telephone lines not being installed in that area. Bonnie remembers being better dressed than other children in the

first three years of her schooling. Katie remembers feeling sorry for other children who had to bring their lunches in lard pails, not lunch pails as she and Bonnie did, at least when they lived with their mother.

When Margaret was still at home and when they lived with her in other locations, the house was spotlessly clean, and the children were tidy, well dressed, and well nourished. The family had a car and there was “nice furniture” in the house. Margaret had fur coats and enough money to take a lengthy tour of the USA and Mexico when Bonnie was two. Until Margaret left, poverty or living poorly does not seem to have been a factor.

But when she was gone, their father, consistent with his disorder, appears not to have been able to recognize or change the deprived circumstances in which his children were now obliged to live. They lived as very poor people then, without a refrigerator (although there had been one earlier) or an adequate stock of nutritious food and without ready access to the means to keep themselves and their clothes clean. They suffered from the diseases of poverty - boils, impetigo, malnutrition - and from interruptions in their education. So Katie experienced a life of poverty for about three continuous years - part, but certainly not all, of her early life.

For the period when they lived with their mother (when Katie was seven and eight), they were again neat and well nourished but “the money had run out.” It seems that Margaret did not continue to have regular financial support for the children after the first year of having the children with her.

At some point after they moved to Saskatoon, the children were placed on social

assistance. Katie remembers being on welfare with ambivalence. She was grateful for the income that went directly to the children when Bonnie turned 16, but was humiliated to take a welfare chit to the dentist and find out he was the father of one of her classmates.

Somehow though, there was enough money for Katie to take lessons in almost everything (probably much was through the schools and would have been free), and the girls seem to have had money to buy good food and to have been dressed as well as their peers.

As already discussed, their father suffered from a major psychiatric disorder, schizophrenia. Katie (at age 10) and Bonnie (earlier) knew that he had been diagnosed as schizophrenic. Their descriptions of his behaviours included yelling, singing, tirades, “the spiel” about hypocrites and war heroes, auditory and visual hallucinations, and shaking and seizures. From a distance, these seem most closely associated with the active phase of catatonic schizophrenia (Bleuler, 1991). In this phase apparently the patient can pose danger to the caretaker; in Andrew’s case, his wife.

Both Katie and Bonnie believe his diagnosis actually was paranoid schizophrenia. Whatever the disease, the symptoms described support the fears expressed by his wife and the stories of threats and violent behaviours she recounted to her elder daughter.

As Andrew was 51 when Katie was born, it might have been expected that, unless it was late onset, the symptoms would have diminished at this stage of his life, “Schizophrenia weakens its hold in the 40s and usually by the 60s formerly very ill people are feeling quite good” (Jeffries, 1990, p. 76). This seems not to have been true in his case; in fact, he appears to have displayed more symptoms in his 50s, with no significant

abatement until he had a stroke at age 68. The fact, however, that his family referred to his tirades as times when he was “not himself” suggests that the majority of the time, at least in earlier chapters of this story, he was asymptomatic. Clearly, he did not suffer from blunted affect, as he was consistently described as affectionate and loving.

But just as clearly, he was not able to care for his children on his own. His neglect of their nutritional, health, and educational needs, if it had been allowed to continue, could well have had very serious and more permanent effects.

At ages six and seven, when Katie lived alone with her father, she was at a stage when children normally try to imitate their parents, and she said she identified closely with him in the first years of her life. Learning about his disease was a turning point in her life, engendering the fear that she would inherit it. She was at risk: the risk of developing schizophrenia or an affective disorder is at least 10 times higher for children of a schizophrenic parent than for others (Bleuler, 1991; Jeffries, 1990; Rutter, 1990). Garnezy (1976) placed the increased risk of schizophrenia among children of schizophrenics at between 12% and 35% (the upper range applying to situations in which both parents are diagnosed with the disease). “If a child has a first-degree relative who has suffered a schizophrenic or bipolar disorder, the risk for these disorders in the child is multiplied several fold” (Garnezy & Masten, 1990, p. 464). “Children of parents who are suffering from psychological disturbances or who exhibit extreme behavior in the presence of the child are vulnerable and at-risk of developing mental health problems” (Factor & Wolfe, 1990, p. 173). Katie’s father, his heredity, and his behaviours, posed significant risk to her.

Perhaps knowing about his mental illness influenced the way she thought of him at the time -- there was a noticeable reduction in the references Katie made to her father as a presence in her life after that event. It is hard enough for teenagers with ordinary parents not to be embarrassed about being associated with them (Head, 1997), and to have a much older and mentally ill father must have brought some embarrassment, or at least discomfort, to the children.

“There are some women who are not meant to be mothers and my mother was one of them,” said Katie. Margaret was quick to bring out the kettle cord and whip her children when they “crossed her,” and she terrorized them with statements about the devil trying to take control of their souls. She used physical affection largely as rewards for doing things for her. She was preoccupied with material possessions and presentation, sometimes at the expense of her children’s welfare. She left them in their father’s care or on their own and did not live with them after Katie was nine years old. During the two years they lived with her, she sometimes left them alone for whole weekends.

Garnezy (1983) cites a study of children’s social development by Maccoby which includes a graphic portrayal of childhood in England and the American colonies during the 16th to the mid-18th centuries, disturbingly similar to Margaret’s behaviours and beliefs.

Her account is a catalogue of whippings at home and at school, vigorous child abuse... Such harsh and cruel treatment Maccoby reported had its roots in three factors: Puritan religious values, a lack of medical knowledge, and a perception of children and childhood as a mirrored replica of adults and adulthood (p. 50).

Quite pragmatically, Katie said that it was better that her mother did not live with them, because she was “extremely rigid, and had no understanding of children” (she, too,

described both her uncles and her father as having qualities of nurturing that her mother did not have).

Margaret apparently had not been able to break her family pattern of anger and violence. “My mother was a scary woman when she was angry,” Katie said. Both sisters described their mother’s hazel eyes turning black when she was angry. Bonnie remembers hearing her mother “just hitting and hitting that [crying] baby” when Margaret was employed as a caregiver to a child. And she assaulted her teen-aged daughter, throwing her to the floor and choking her. Katie’s mother constituted considerable risk to her.

The absence of the third adult in or near the household was also a risk factor for Katie. Uncle David died when she was three years old and, unlike Bonnie, she doesn’t have the sense of being raised by four adults (including the two uncles). Other possible risk factors in her childhood were the deficit of parental social networks (Vondra, 1990, Brooks-Gunn, 1995), the social isolation she experienced as a small child, the interruptions in her school attendance, and repeated moves: four moves in four years, attending four or five different schools. Excessive mobility patterns were cited as risk factors by Garnezy and Masten (1990).

An additional risk factor that resulted from Katie’s removal from school in Grade 1 was the fact that from then on she was always a full year older than her classmates. All through her school life, she found peers who were surprised that she was smart, “not dumb,” because of her age in grade. Katie said that she “envied the kids in the accelerated class - wanted to be there - they did neat stuff.” Her mother seems not to have inquired about accelerating her, even though Bonnie had completed two years in one at the

suggestion of a kindly teacher in Moose Jaw, and she had evidence that Katie was very intelligent.

A related question is “Was Katie an abused child?” She appears not to think of herself as abused, possibly because there were many protective factors in operation in her life. But certainly she was neglected in physical terms during the time she spent with her father. She was exposed to physical punishment from her mother from early childhood to age 13, and it is hard to believe the situation of children aged 10 and 13 living without adult supervision does not constitute neglect.

RESILIENT OR INVULNERABLE?

Can Katie be termed resilient? To answer this question, I returned to the operational definition of *resiliency* provided at the beginning of the study. I needed to determine if Katie was independent (she is), if she has had successful learning and working experiences (she has), and if she has the demonstrated capacity to develop and sustain long-term and intimate relationships.

She has dramatically surpassed her parent’s educational levels. Her work successes are noted earlier and she is in a 27-year marriage with a devoted husband.

O’Connell Higgins’ (1994) resilient adults had a number of other characteristics in common. They all have above-average to superior I.Q., possess exceptional talents, have obtained higher economic levels than their family of origin, demonstrate high levels of ego development. Katie has these characteristics and others described by O’Connell Higgins, as well. She is “fiercely committed to reflection and new perspectives” (p. 20), absorbs information well, and takes most reasonable suggestions readily, although not

indiscriminately. She is self-propelled, seeming to operate with a firm belief that knowledge is power and that her future will advance if she is an active change-agent in her own life. One particular descriptor, “Whether they are learning formally or informally, they seize the day” (p. 20), caught my attention as it is such a pronounced characteristic of Katie.

Katie would be the last person to say that these glowing descriptors fit and describe her completely, but her accomplishments would be considered remarkable for anyone, much less someone raised in the circumstances she was.

When we first talked, she described herself as “invulnerable” but, as the conversations progressed, I believe she came to see herself as *resilient*. Careful never to identify herself as wounded or harmed, she was still candid about the costs she incurred during her childhood.

And so I believe Katie was at risk and is resilient and, therefore, she and her life present an appropriate lens through which to examine the phenomenon of resilience. How did she do it? Did she do it all alone? If not, who and what events and processes helped her to do it?

The study identified that there were, as expected, a number of interrelated factors that appear to have contributed to her resilience, as well as a number of protective processes or mechanisms she employed. The protective factors can be grouped as family, personal qualities and attributes, and external environment. The findings of the study related to these factors are illustrated in Figure 1 below and analyzed individually.

easy temperament

sibling protection

positive models

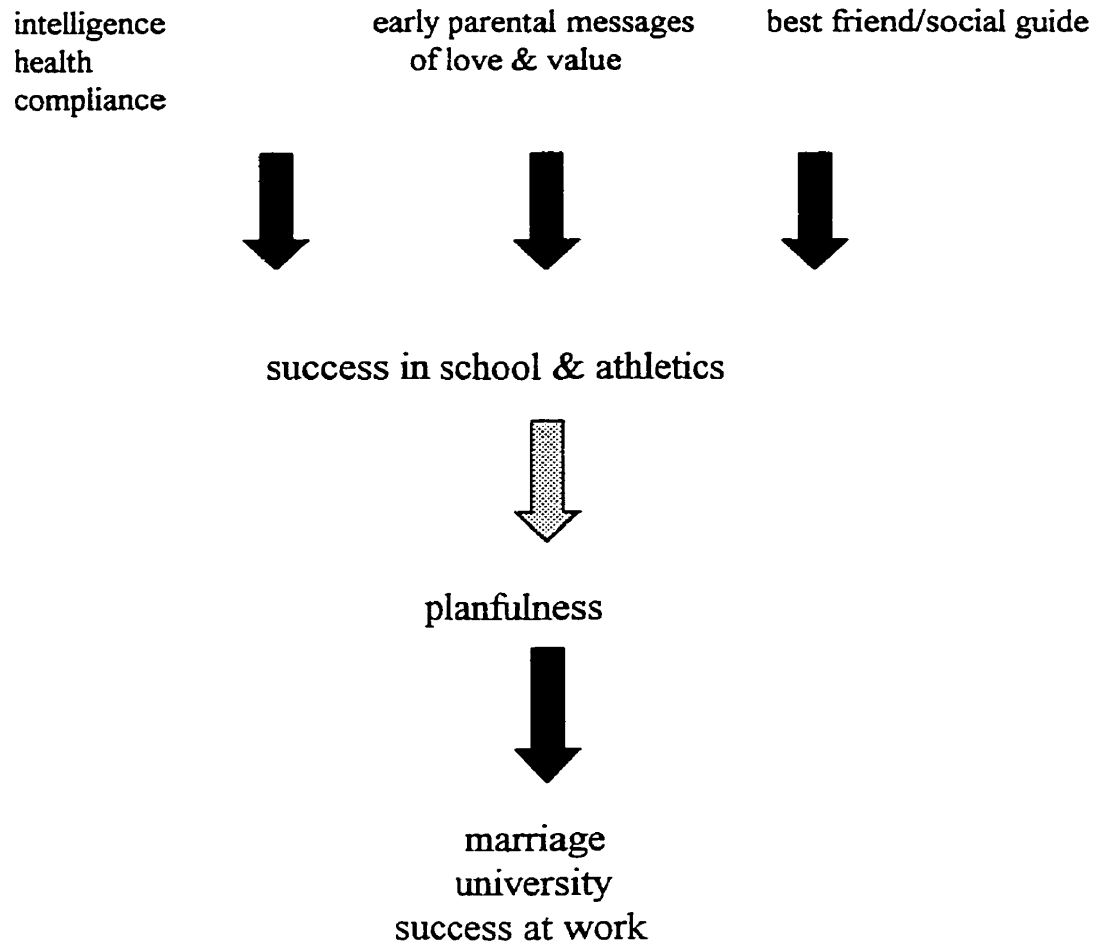


Figure 1 Relationships of Protective Factors in Katie's Early Life

PROTECTIVE FACTORS

Family

Parents

Although Katie's parents constituted and created most of the risks she encountered, they also made significant contributions to her resilience, some with unanticipated results.

Most importantly, they gave her messages of being loved and valued. Her father was openly and unreservedly loving and, somehow, Katie was able to hear loving messages from her mother throughout her life. Whatever their deficiencies in parenting, and they were legion, Katie's parents did not give her negative messages about herself or her own capabilities, or if they did, the few negatives she heard about being bad or whiny "didn't stick." Katie understood herself to be loved and valued, even in a chaotic home.

This created an advantage for her over most of the subjects of O'Connell Higgins' (1994) study whose parents gave them extremely negative messages about their value and/or capabilities. There were some subjects in the study, though, who had some kind of early attachment to, and positive messages from, one or the other of their parents and they found those, even if brief, to be protective. According to O'Connell Higgins, early attachments fuel resilient optimism and their power should never be underestimated.

Rutter and Rutter (1993) caution that attachment alone may be misleading.

Attachment alone is not sufficient . . . attachment still develops in the face of maltreatment and severe punishment. Indeed, young children and animals are *most* [Rutter & Rutter's emphasis] likely to cling when they are frightened or upset. If no one else is available they will cling even to the person maltreating them. (p. 114)

But Katie remembers a happy childhood and hearing messages of love and value.

Hearing positive messages about oneself is affirming and having some good memories to revisit makes it more likely that one will believe good things are possible in the future. I believe that this sense of love and value was one of the most important factors in Katie's resilience, contributing to the self-esteem which is a frequently cited protective factor in the literature. Self-esteem, in turn, may have made it more possible for

her to attract and accept affection and friendship and to accept and integrate positive messages and friendship from others, such as a best friend, a beloved aunt, a loving husband. Katie says that she is not sure whether she had positive self-esteem, only that she appeared to have it; however, it is hard not to believe that feeling valued and loved had some protective effect.

This seems to be the only protection that both of her parents provided, but they also presented their individual protection.

Father

Katie's father gave her many emotional gifts and served as a positive model in many ways. She remembers him as a warm, caring, gentle, and stable person. To her, he represented safety. He actively intervened to prevent her mother from whipping her. He took his children to the local lake for day trips. He hugged them just for the sake of hugging them. When asked for money, he gave it with a smile. He had a forgiving heart. He called Katie "his bonnie wee lassie." She knew, without a doubt, that he loved her and she says he gave her the gifts of authenticity and honesty, which she seems to have in abundance.

In fact, Katie recounts no bad memories of her father at all. Her descriptions of the events of neglect are simply straight-forward recountings, untinged by emotion. She calls her mother's intervention "kidnapping," and views the neighbor's intervention in calling the mother as well intentioned but "probably overestimating." Her loyalty to her father is strong, even though she rationally knows how things would have gone if they had been left in his care. His love is returned in kind, in full measure.

Andrew may well have had another protective effect on his younger daughter. As in the case of Poet, one of O'Connell Higgins' (1994) subjects, having a flawed but gentle father may have made it more likely that Katie would find and marry a gentle man, as she did.

Mother

Katie began her story with her mother, not her father. And she began by telling the early good memories she has. Even though she stated, "There are some women in this world who are not meant to be mothers, and my mother is one of them," this was not meant to be interpreted as a condemnation, just a statement of fact. She empathizes with her mother's situation, "She didn't get the life she wanted" and, although she knows her mother didn't want children, Katie never once interpreted that to mean she didn't want the ones she had, "I never doubted that my mother loved me."

Her mother called her "Mischievy Eyes," and gave her messages that she was cute and bright. During one interview, I summarized what I heard Katie saying as, "So whatever else she gave or didn't give you, your mother gave you a lot of positive pictures of yourself?" and she replied unhesitatingly, "Yes, very much so."

Katie's mother was definitely not a traditional farm wife. At a time when most farm wives drew water, kept gardens and chickens, canned and cooked for the men who worked the farm, Margaret did not (she did cook for her own family and Katie has good memories around food preparation). Her husband was clear that he didn't expect or want, indeed wouldn't countenance, her doing outdoor work. If she went to fetch a pail of water, she had to do it at a time when he wouldn't see her.

While she was not a traditional wife or mother, and certainly lived her own life after the end of her 10-year marriage, Margaret did not totally abandon her children. She said that she tried to regain custody of them and failed. When she had incontrovertible evidence that they needed her, she took them, forcibly. She took care of their material needs by ensuring they had a roof over their heads and food in their cupboard. She got them the medical attention that their father didn't. She didn't take them on vacations, but she sent them to her relatives for their summers. She also helped Katie financially through university.

Perhaps the fact that she was so untraditional made it possible for her to give her younger daughter her greatest gift, the ability to be "my own person" (Bonnie also referred to Katie as "very much her own person"). She also instilled in her a love of learning and a value for education, modeling these herself by going back to school in her 40s to become a Certified Nursing Assistant and, even now, continuing to take university classes at the age of 80.

As well, there may have been some unexpected protective effects of her mother's untraditional parenting style that are noted in the literature. The inoculation effect identified by Rutter (1990), Bleuler's (cited in Garmezy, 1982) steeling effect, "one is left with the impression that pain and suffering has a steeling-a hardening-effect on the personalities of some children, making them capable of mastering their lives with all its obstacles, in defiance of all their disadvantages", and Murphy and Moriarty's (1976) observation that children who successfully negotiate some stress cope better with stress in later life, are all pertinent. Kimchi and Schaffner (1990) summarized those findings,

“Resilient girls tend to come from households that combine an absence of overprotection, an emphasis on risk-taking and independence, and reliable emotional support from the primary caregiver” (p. 489).

Katie could hardly have been described as overprotected. There is, of course, a fine line between the absence of overprotection and the presence of underprotection. In Katie’s case, her sister helped bridge the gap of underprotection. Perhaps if Bonnie had not been there, Katie’s mother would have tried to take more of a mothering role, but that seems unlikely, given her underdeveloped nurturing orientation and skills. It appeared to me that Katie obtained reliable emotional support from her father and later, to some extent, from her sister, but she says she has no memory or sense of having either had or needed had such support. She acknowledges that is not likely to have been the case - that children need emotional support - but it is her sense of her own situation.

Much of the literature on coping and resilience also emphasizes the protective nature of having to take on responsible chores (Werner & Smith, 1982), which certainly applied to Katie. Along with her sister, she cooked, cleaned, and did laundry from, at latest, 10 years of age.

Katie learned from both the positive and negative characteristics of her parents. Consciously or unconsciously, she seems to have selected the ones she wanted to keep for herself: her father’s gentleness, her mother’s independence. There is much of each of her parents in the way Katie has lived and much that she chose to exclude. Rejecting anger and confrontation as ways of dealing with issues, Katie counterscripted a number of her mother’s behaviours and characteristics, such as corporal punishment, religious

fundamentalism, and materialism. Fearful of inheriting her father's disease and irrational thought patterns, she became vigilant in observing her own thoughts and behaviours and rejecting those that did not seem rational, "To me, rational equals healthy."

Sister

The other person, already much discussed, who was most influential in Katie's early life was Bonnie, her older sister.

There are conflicting findings in the literature about the degree to which siblings provide social support for each other. Sorensen (1993) believes the role of the sibling as social support is understudied, "Obviously, sibling relationships comprise a unique source of social support It is an important area in child stress-coping research" (p. 68).

Eisenberg et al. (1997) cite a study by Bryant and Litman which found that,

Siblings can provide a buffer for children when parents are unavailable. For example, when mothers are distant or absent, older siblings in particular tend to comfort their younger sibling. This behaviour alleviates younger siblings' distress and may facilitate active exploration, learning about the environment, and feelings of competence and control. (p. 60)

On the other hand, Grych and Fincham (1997) cited research, such as Hetherington, that found the opposite in the case of children of divorced parents - that "sibling relations may be more a source of stress than support" (p. 174), because they are potential rivals for the attention and affection of the parents.

In the context of resilience, however, I have no doubt that Bonnie was part of Katie's chain of protective factors. Katie recognized her sister's unique role as well beyond that of a normal sibling, and credited her with her survival until she was a teenager, "It's because of my sister that I'm here."

Bonnie had some responsibilities for Katie's care from the time Katie could walk. Katie also says that she was spared premature knowledge about their father's condition and behaviours, and other things more appropriate to an older listener, because Bonnie was there to be her mother's little confidante. Bonnie says she physically protected Katie from her mother by intervening between them, "There were lots of times that I had to pull her away from Katie," and she said that once she took the kettle cord away from Margaret when she was going to whip Katie. And of course, she often took steps to protect Katie and herself from their father when he was symptomatic.

At three and a half years older, Bonnie naturally took the lead in organizing food, cleaning the house, and trying to keep their clothes clean. She also taught Katie to read, giving her a chance to experience early success in school.

When they were living alone together, Katie sometimes thought Bonnie was overprotective and, at times, she found Bonnie's example not one she chose to emulate. For example, Bonnie had a child when she was 19 and gave her up for adoption. Even in these circumstances, Bonnie may have had a protective effect on her sister by providing a clear picture of the consequences that follow choices, another dominant theme in Katie's philosophy. As she had done with her parents, Katie seems to have selected from Bonnie's repertoire of characteristics and behaviours those she wanted for herself.

Husband

The last of the people who most served a protective function in Katie's family environment is her husband. Her decision of whom to marry appears to have been an excellent one. "He is my touchstone. We have total trust." According to Werner and

Smith (1992), Vondra (1990), Youngblood and Belsky, 1990), and Rutter, Champion, Quinton, Maughan, and Pickles (1995), choice of a good marriage partner for girls is a very important protective factor, sometimes sufficient by itself and often mitigating possible parenting deficiencies in a woman raised with impaired parenting models. Katie acknowledges that her husband, who is more socially outgoing and emotionally expressive than she, has brought balance to their joint-parenting efforts.

Personal Attributes and Qualities

Gender

The fact that Katie was a girl may have been a protective factor in itself. While there are many possible reasons for this finding, “Many investigators have shown that boys are more likely than girls to develop emotional/behavioural disturbances when exposed to marked family discord” (Rutter, 1990, p. 189).

Intelligence

Katie is highly intelligent. She interpreted intelligence as “the ability to observe and reflect” and added, “It [intelligence] gave me self-esteem.” This capacity helped her to develop a broader view of the world and its possibilities and to learn new and different ways of doing things. *Intelligence*, defined as the capacity for learning, helped her to achieve the self-perpetuating successes in school and work that enhanced her self-esteem.

Intelligence as a protective factor was noted by Garnezy (1983), O’Connell Higgins (1994), Rutter (1990), Vaillant (1993), Werner and Smith (1992), and others. As earlier noted, O’Connell Higgins’ subjects were all highly intelligent.

Good health

Katie was a robust child, with few reported illnesses and none of a chronic nature until she developed diabetes in her mid-40s. Her overall physical condition prepared her for an active orientation to life. Unlike her sister, she never required eyeglasses. Strong legs helped her with dancing, skating, and her other athletic activities. These activities provided early and consistent success experiences, undoubtedly contributing to her sense of self-worth while providing her with a physical outlet for stress (Kimchi & Schaffner, 1990).

Easy temperament

According to her sister, Katie's natural temperament was happy, playful, easygoing and sociable. In spite of having lived in virtual social isolation from other children until she was seven years old, she rapidly adapted to their company and was both willing and able to go out and play when she had the opportunity.

As a child she was compliant, "I always tried to do anything that was asked of me," and eager to please, "I never caused anybody any trouble." These characteristics seem to have won her many positive strokes, particularly from teachers, and undoubtedly contributed to her finding school to be "a wonderful place, a lovely place." It is likely that they also contributed to making her lovable to her parents and extended family.

Physical attractiveness

"She was cute as a button, with a mop of red hair" (Bonnie), and she became a very attractive young woman. Physical attractiveness could well have posed a significant risk to Katie, rather than acting as a protective factor. However, by using strategies described later, she found that, "For the most part, being physically attractive made my life

easier.”

Planfulness

Katie also demonstrated the ability to plan that Werner and Smith (1992) found in resilient children. Planfulness related to one's future appears to be an indirect but key factor in marriage decisions, both in who and who not to marry. A study by Quinton, Pickles, Maughan, and Rutter (cited in Rutter et al., 1995) of the childhood antecedents of marriage found, that “a disposition to show forethought or planning [for work] had a substantial and significant effect in making it much less likely that girls would join a deviant peer group” (p. 79). Girls' marriage partners were found usually to be chosen from among their peer group. Katie's peer group was involved with school activities, and her decision at 17 not to marry someone who later was shown to be deviant was clearly affected by her plan for her own life.

In the same research investigation (Rutter et al., 1995), “It turned out that positive school experiences [including sports, arts and crafts, music, social relationships, and positions of responsibility within the school, as well as academic achievements] were the most important features predisposing females to planning for work” (p. 81). Katie certainly had positive school experiences. Interestingly, harmonious family relationships were not associated with the tendency for girls to show planning for work and careers.

Planfulness therefore, is another link in the chain of protection for Katie. As noted earlier, a combination of factors, such as positive messages from her parents, intelligence, and an easy, compliant temperament helped her to succeed in school. Success in school contributed to the planfulness that protected her from making poor decisions and helped

her to make good ones, including completion of her university degree and her choice of marriage partner.

Goodness of fit

Goodness of fit (Chess & Thomas, 1992; Demos, 1989; & Radke-Yarrow & Sherman, 1990) seems to have been an important protective factor in Katie's life, particularly as related to her mother and her teachers. Probably her easy disposition was especially valued by a mother who had little understanding of, and low tolerance for, children. The fact that "I was cute, I was bright, and she could show me off," would fit well with her mother's value for presentation. Her intelligence and interest in school and education was certainly highly valued by her mother. Her success in sports was also a good fit with her mother, who had been a hockey player before she was married and had skated and skied as a young mother.

Bonnie provided a description of her mother's actions which gives a different and interesting interpretation of the term "good fit." She recounted a time when their mother sent photographs of herself to each of her adult daughters. They were entirely different photographs: one of herself glamorously coiffed, dressed and posed which was sent to Bonnie, and one of herself uncoiffed, plainly dressed and posed, which was sent to Katie. Bonnie thought this quite unusual; it seemed to her that her mother was trying to give to her daughters the picture of herself that best matched each of them.

It seems that neither Katie nor Bonnie would have had to do or be anything in particular to merit their father's love or increase their value to him, so goodness of fit does not seem to have been a factor in his case.

Goodness of fit with teachers and school existed because of Katie's compliance, love of learning and books, eagerness to please, and intelligence.

External Environment

Best friend and social guide

According to Bonnie, when Katie started school she was happy, cheerful, and sociable. Katie said she had best friends when she was in both Grade 1 and 2, although she didn't specifically mention any in Grade 3 or the first half of Grade 4. By the time she got to Saskatoon in Grade 4, "I was an extremely shy child. I wasn't good at making friends." When I asked her if anything had happened to change her, she replied that she had always been shy, "My outside was different from my inside."

Then she was excluded by her classmates. She might well have gotten lost at that point, if it had not been for the friendship of the "socially apt" Kathy - confidante, window to a world of "normalcy," and social guide, who brought her back into the circle. "There is a great deal of evidence indicating that peer interaction can be a powerful means of exerting socializing pressures at all stages of development beyond infancy. The idea that only adults are responsible for socialization is certainly not tenable" (Schaffer, 1992, p. 42).

The role of a peer can also extend beyond socialization into protection,

Another important role played by peers is that of meeting children's needs for social and emotional support. Contacts with peers, especially with friends, represent important sources of companionship and recreation, with peers serving as trusted confidantes, allies, and sources of advice and assistance in times of stress. (Eisenberg et al., 1997, p. 60)

I believe my study indicates that the very strong influence of the childhood friend

was one of the most important of all protective factors in Katie's life.

School

School, in general, served several functions for Katie. In her words,

School was a place of order. And it was a place of success. I got a lot of strokes in school. Teachers liked me. I did well. I was quick to pick things up, you know, and there was getting to learn things. And there were people all around and folks to play with. I mean school was a lovely place.

Later, school became a place to learn hard lessons about life, pecking orders, and human nature through her temporary experience of ostracism in Grade 5. Things can change. There are no immutable laws of status and situation. Later, she found the social lessons learned in elementary school and junior high helped her to a position of leadership in senior school.

Others

The role of others in Katie's case represents a departure from much of the literature. I did not find surrogate love (the "polestar of resilience" [O'Connell Higgins, 1994]) in Katie's life as she described it. She does not seem to have sought it or even wanted it.

And Katie did not seem to actively recruit others into her life as many resilient children seem to do (Challener, 1997; O'Connell Higgins, 1994). She stayed outside unless she was recruited inside. Fortunately, others recruited her; for example, it was Kathy who chose her as friend, not Katie actively seeking Kathy's friendship.

Although she seemed to have always stayed at some emotional distance from other adults, there were positive models whose gifts she was able to internalize: her Aunt Mabel, many of her teachers, and Kathy's family. For example, she observed and appreciated

Kathy's interactions with her family, but she said she did not envy Kathy and she did not want affection from Kathy's mother.

This is not to say that there were no "angels" in her life who intervened from the sidelines and made a difference. There were several, such as the school bus driver who called her mother to come get her children, the neighbour who reported their situation to Social Services, and the Social Services worker whose visit resulted in them getting social assistance (of course, there is also the worker who erroneously reported they were being well cared for).

With one possible exception, the external environment did not totally fail to support Katie. That exception was religion and the church, such an integral part of Margaret's life, but without positive effect on her children's lives, and rejected by Katie at an early stage.

These were the protective factors I found in Katie's story and the general ways they appear to have interrelated to make her resilient. Following Rutter (1990), it is also important to associate them with protective mechanisms or processes.

PROTECTIVE MECHANISMS OR PROCESSES

I found that Rutter's (1990) four protective mechanisms or processes applied well in Katie's case.

Rutter's Four Mechanisms or Processes

Reduction of risk impact

There were several factors which appeared to be moderated by this mechanism, specifically those that involved altering her exposure to, or intimate involvement with, the

risk. Bonnie's interventions to get her away from the father's display of symptoms, Bonnie serving as their mother's confidante, Katie's easy temperament, and the physical distance of the mother from Katie from age 10 on are all examples of this process.

Reduction of negative chain reactions

Risks which might have precipitated negative chain reactions were presented to Katie at several turning points in her life. One was certainly her ostracism in Grade 5. Without Kathy's rescue, Katie might have suffered additional loss of self-esteem, not developed the social skills that led to future success, and perhaps even developed the pathologies associated with long-term rejected children (Zakriski, Jacobs, and Coie, 1997, Price and Dodge, 1989).

Not marrying the deviant suitor when she was 17 prevented a negative chain reaction in which she predictably would not have attended university (probably not even finished high school), had early pregnancies, and experienced a separation or divorce (Langfield & Pasley, 1997).

Promotion of self-esteem and self-efficacy

Secure early attachments to her parents, success in school, having her intelligence validated by the psychologist, and athletic, academic and social achievements all appear to have promoted the development of self-esteem and a sense of self-efficacy in Katie. Her successful marriage may also have been a factor in her sense of self-esteem.

Self-concepts are not set in early (or even late) childhood. There is much evidence that they continue to be modified according to the nature of the life experiences encountered. It appears that good intimate relationships, even in adult life, can do much to bolster people's positive concepts about themselves and their worth in other people's eyes. (Rutter, 1990, p. 206)

Opening up opportunities

Her mother's value for learning and her example in achieving and maintaining independence, Katie's postponement of pregnancy and marriage, and finishing high school and university all opened up opportunities for Katie.

While these processes or mechanisms are explanatory at a certain level, I felt that there were still at least equally important questions that needed answers. What internal processes was Katie employing that enabled her to internalize protection? What was she actually doing?

I believe she was utilizing several interrelated processes, displayed in the following model:

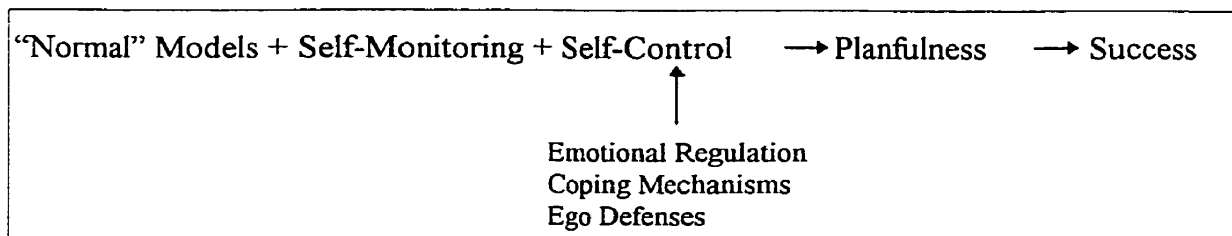


Figure 2. Protective processes used by Katie.

Seeking "Normal"

Bonnie described her sister as "studied and careful." Actually, Katie was a student of life, constantly scanning her environment for pictures of normalcy from the time she sensed that her life was not, as she had previously believed, normal. Once she had learned that her father was mentally ill, she could not have thought of him as normal. Most of the

other children she knew belonged to two-parent families and none of the other children she knew lived alone with a not-much-older sibling. In her words, “The vast majority of my life was trying to pass for being like everybody else, trying to seem normal . . . not like I was different.” She looked to external models, who “introduc[ed] the idea of options and alternative views of the world.”

She also learned to rely heavily on intellectual and, to a lesser extent, fantasy models. Movies, Ann Landers’ columns, books (“I learned a tremendous amount from books”), and other academic sources provided her with information on how to live normally. For example, she used her university classes as a guide for her own child-rearing practice. When I asked her if it was remembering how she felt about her mother’s whippings that kept her from whipping her own children, she replied, “Yes, well, and then the other part of that is I went to university. I read. Those things do impact your thinking.”

Using what she learned from her environment, she set goals for herself that were different from what she had experienced. This resonates with O’Connell Higgins’ (1994) finding that the resilient

Make positive meanings out of their experiences, actively constructing a positive vision despite emotional disappointments; . . . and they demonstrate a strong capacity to form and then nurture a vision of an interpersonal world that is more satisfying than the one from which they emerged. (p. 20)

She raised her children differently from the way she had been raised, breaking an intergenerational pattern of physical punishment.

Self-Monitoring

Katie's tendency to monitor her own thoughts and reactions has been described earlier in this paper.

Self-Control

The most important theme in Katie's life is self-control. It is not surprising that she would want firm control over her own thoughts and actions. By her own standards, "rational equals healthy." If she had lost control of her thoughts and actions, she would have been sick like her father. Demonstrating anger, too, represented loss of control, and she often seemed to shrink from displays of anger: her own childhood anger, the swim coach who yelled, her father, and her mother.

One of Margaret's most important influences on her daughter was her often-expressed beliefs that the devil was continuously trying to take control of Katie's soul and that the devil was the cause of her father's display of symptoms. Katie said, "I really didn't like that part, this idea of something elsewhere having control of who I was and my actions. This disturbed me deeply . . . the thing that is important to me is to be in control of myself . . . my actions and my emotions."

The importance of self-control in Katie's life should not be a surprise. Antonevsky (cited in Trad & Greenblatt, 1990) identified a notion called Sense of Coherence which was defined as "an individual's pervasive, enduring confidence in the predictability and manageability of his environment, and his belief that events will tend to work out as well as possible" (p. 41). Katie had little reason to be confident that things would turn out well. Her environment was unpredictable and as a child she had very little opportunity to manage it. She couldn't stop her mother from leaving or her father from ranting. In other

words, she had very little, or no, control over events or the actions of others that affected her. Managing and controlling herself was all she could do to create predictability in her life.

As a child, adolescent, and then young adult, living without parental supervision, Katie might easily have found herself so involved with boys (or men) that she was distracted from her schoolwork or found herself pregnant. However, she strategically kept herself from both teenage pregnancy and underperforming in school. Using both negative and positive examples and messages picked up from external sources, such as books and movies, Katie created a strict set of rules for herself to live by that would guarantee her successful completion of high school and university: no swearing, no drinking, no smoking, no sex, no going out on school nights. She followed those rules rigorously until she was nearly 18 and then, with less rigor but with equal efficacy, until she was married to a stable and loving mate.

Self-control and autonomy as interrelated themes are at the root of most of her life decisions, “I can’t remember a time when I didn’t feel either autonomous or frustrated by those who tried to restrict that autonomy.” She said she knows her husband loves her “[because] he never tries to restrict what I do or who I am.” As a teenager, she created her own rules and lived by them. She refused to smoke or drink because she didn’t want to relinquish control of herself, and she left home to be free of controls. She kept herself from physically punishing her children.

Katie said that she does not seek control of others, only of herself. Her parenting style was based on low control. But she also said that others, including her children, have

told her that they know what she expects and they tend to meet her standards without overt efforts at control on her part.

Coping Mechanisms

Emotional regulation

Compas (1988) described two primary categories of coping: problem solving and emotional regulation.

Efforts to act on the stressor include strategies for problem solving or altering the stressful relation between the individual and the environment. Alternatively, adjustment or adaptation can be facilitated by emotional regulation achieved through avoiding the stressor, cognitively reframing the stressor, or selectively attending to positive aspects of the self or the situation. (p. 213)

Katie has relied on emotional regulation as a coping strategy from the earliest stages of her life, and still does, “I think about my emotions, I don’t feel my emotions.” Her description of how she managed her father’s tirades was an early example of her use of emotional regulation. She said she “went away; drifted away inside,” a process resembling the initial stage of coping described by Eisenberg et al. (1997) “the individual may employ emotional regulation strategies as soon as the situation is appraised as stressful, such as shifting attention away from the stressor” (p. 50) and very like the words of Anya, one of O’Connell Higgins’ (1994) subjects, who had endured unspeakable horror as a child forced to observe cult torture and murder, “I had to go away [dissociate]” (p. 111).

Katie also employed emotional regulation as a primary response to stress in response to the temporary ostracism she experienced in Grade 5. She cared a lot about being excluded, but projected an aura of reserve and self-sufficiency. “You didn’t seem to

care,” they said. “My outside is different from my inside,” said Katie.

It doesn't seem that when she was a child, there were any choices of responses or strategies that would have been more effective (it is no coincidence that she values choices and options so highly as an adult!). Emotional responses would have been crushed by her mother. “Sometimes numbing, withdrawing, or denial is the most adaptive response that conditions allow, as, for example, when nothing can be done about the stressor and nothing can be done to save oneself” (Arnold, 1990, p. 5).

It appears that Katie now recognizes some of the dangers of overregulation and has learned to express anger. For her, “learn[ing] to be angry, and to express that anger without fear was a move to emotional health.”

Submission/Endurance, emotional/sensory, thought reframing, analyzing/intellectualizing, and taking personal responsibility

Sorensen (1993) developed a taxonomy of children's coping responses which seems particularly descriptive of the ways in which Katie described her responses to events in her early life. It includes three domains: cognitive-behavioral, cognitive-intrapsychic, and interpersonal.

The first response in the cognitive-behavioral domain is *submission/endurance* which “reflects a resigned emotional acceptance of the stressor situation” (p. 93). Katie often referred to employing this coping response. For example, she resigned herself to returning to the farm, saying, “I wasn't happy or unhappy, it was just the way it was,” and she resigned herself to being “the hated child” in Grade 5. She said of herself, “At my worst moments there is always a part of me that knows that if I just hang on things will get better.” And she saw herself at the age of 19 as “almost pathologically introverted and submissive, although no one else would have seen me that way.”

Rebellion is another category of responses in this domain. As previously noted, Katie appears to have reserved her rebellious responses to her interactions with Bonnie.

In the cognitive-intrapsychic domain, she seems to use and/or have used three main coping strategies, the first of which is *emotional/sensory*; that is, “expressions of feelings within . . . with no apparent associated behavioral activities” (p. 94). Katie cared inside about being ostracized but gave no evidence of it. She said, in general reference, “My outside is different from my inside.”

Another of her frequently utilized cognitive intrapsychic coping response was (and is) *thought reframing* “intellectual or emotional attempts at thought-stopping, changing perceptions, or talking to self to reframe perceptions” (p. 94). She can (and does), as she said, “reframe damn near anything into a positive.”

A third is *analyzing/intellectualizing*, where “coping efforts were cognitive problem-focused attempts at problem solving, without behavioral outcomes. Such responses include thinking, figuring out, or planning response to stress” (p. 94). Katie seems to treat coping as an essentially intellectual exercise.

And a fourth was *taking personal responsibility*, that is, “self-focusing activities, such as self-blame, apologizing, or actions to personally improve a situation” (p. 94). Katie blamed herself for her parents fighting over her punishment, and she accepted responsibility for her mother’s physical assault on her.

I found little evidence of her employing responses from the interpersonal domain, that is, by seeking social support, which is one of the preferred responses of adolescent girls (Frydenberg, 1996). As related to her parents, this may have been a realistic choice.

It is, however, possible that she underutilized social support in this domain from sources other than her parents, preferring instead to deal with stress from “inside.”

Emotional Distancing

Katie also said, “For the most part it was my ability to distance and let go that became my pivotal coping mechanisms.”

Psychologists and psychiatrists agree that developing some emotional distance from one’s family of origin is critical to maturation. Vaillant (1993), building on Erikson’s theory of adult development, described the last process of childhood as “sustained separation from social, residential, economic, and ideological dependence upon family of origin” (p. 148). Modrow (1992), who is himself schizophrenic, said,

The children who become schizophrenic are always the ones who are closest to their parents. By contrast, so-called “invulnerable” children, i.e. children who come from clearly schizophrenogenic homes but evince superior adjustment, keep their physical and emotional distance from their parents. (p. 17)

Katie’s ability to achieve some emotional, and sometimes physical, distance from her mother, and later even from her father, appears to be characteristic of a resilient person (O’Connell Higgins, 1994). Chess and Thomas (1992) viewed emotional distancing as a successful coping mechanism, when it related to the dysfunctional parent(s).

In terms of “letting go,” however, I believe Katie actually means letting go of negative emotional memories, not of the people. She continues to care about her mother, to the point of inviting her to come to live with her and Carl. She still feels affection and gratitude to many of her positive models: her Aunt Mabel who gave her a picture of what a family could be like, Mr. Smith, the fourth-grade teacher who got her hot lunches, her gentle Grade 5 teacher who gave her the sense that everyone has value, no matter what

their rank or station.

She wrote to her Aunt Mabel and Uncle James before they died to thank them for all they had given to her and done for her. She often thinks of Mr. Smith, wishing she could write and thank him for his help. She still has ties of gratitude and affection to Kathy, and she keeps in touch, when she can, with friends she made more than five years ago in Russia. In fact, she has only ended one relationship in her life, and it was a right one to end.

For all these reasons, it is hard to totally believe Katie when she says she could, as she said, unhesitatingly let go of a drowning swimmer if he was pulling her down. But she does have the capacity to emotionally distance herself from others.

As an adult, Katie has very clear boundaries and says she really is totally self-sufficient. She left her home, husband, and (albeit adult) children to move thousands of miles away to a new assignment, without emotional turmoil or loneliness. She is very self-contained, not seeking out or giving the impression of needing others, and she doesn't think people always know who she is ("My nickname is Enigma"). It is no accident that she said her favorite picture was that of the Sphinx.

Ego Defense: Isolation/Intellectualization

I believe it is possible that Katie also employed, and still employs, at least one ego defense for her own protection. In a stream-of-consciousness document which she added late in the data-collection process, she described her rejection of organized religion at age eight or nine:

Summer at Grandma's house in B.C. Mostly a good experience except for the Bible camp - two bad experiences -one a puppet show about a bad child coming home and finding everyone gone - scary message - and the final night of praying till

speaking in tongues - the beginning of the end of my acceptance of religion as a guiding force in my life.

I wept when I read this passage, not because of the religious references but because I instantly saw a picture of a little girl whose mother and then sister were inexplicably gone, and who was often alone, locked in an isolated farm house. Was she the reason they were gone? Was she such a bad child? Would her father leave her, too, until finally she was totally alone? To be thinking and feeling this way would be entirely consistent with her developmental stage, at an age when even illness is often construed as punishment for bad behaviour (O'Dougherty & Brown, 1990). However, if Katie saw the same picture, she gave no indication of it.

It seems possible that Katie employs isolation/intellectualization (Vaillant, 1993) as an ego defense. As she said, "I keep the memory but I block out the pain." She may also be filtering her memories through a sieve that sifts out some emotional responses, and may have chosen to repress other memories, such as those of fleeing the house with Bonnie when her father was symptomatic. There are many questions she never asked: about herself as a young child, about why her mother left - "I never asked! Isn't that amazing? I never asked!"

POSSIBLE COSTS OF KATIE'S RESILIENCY

The resilient are heroic figures but not super heroes. They are human beings who experience pain and confusion, fall short of their own expectations sometimes, and pay some emotional costs for their resiliency. As noted earlier, their most difficult developmental task seems to be developing intimacy.

Seeing things from different perspectives, as always, Katie said, "I wonder if I ever

truly commit myself totally to anything or anyone. If you don't expect too much you are safe from disappointment - but maybe then you risk not expecting enough." This statement reminded me of Helen - Murphy and Moriarty's (1976) resilient subject, who had the air of one trying to protect herself from disappointment in relationships.

It would be hard not to believe that she built much of this self-sufficiency and independence from having had to repeatedly deal with separation from loved ones as a child. Perhaps from her school experience with ostracism, she also learned not to seek others out but to wait for them to come to her.

Keeping some emotional distance from her family has been a two-edged sword for Katie. The distance does not mean she does not love them. She does. But, in Bonnie's words, "She has her own boundaries, so it's sometimes difficult to be as warm with her as you might want to be," and in Katie's own words, "My daughter wanted to rock my calm, believing it meant I didn't care for her," and "My son says I treat reality as a nice place to visit but wouldn't want to live there." Whether her capacity for distancing is a strength for her now or includes some costs that she pays for her resiliency, only Katie can determine.

Trying to always be rational ("rational equals healthy") and fair, and to see the perspectives of others, she expends much of her energy "keeping on an even keel." This expenditure of energy may be at the expense of some additional spontaneity and emotional expressiveness that might increase others' sense of closeness to her. There could be physical effects as well. Diabetes runs in her family, so it is not all that surprising that she now has the disease; however, it is also not impossible that the stress and strain of her

continuous attempts to stay in control affected her susceptibility to the disease.

While her compliant temperament operated externally as a protective factor, it is possible that it, too, constituted a cost to Katie as it did to Seagull, one of O'Connell Higgins' (1994) subjects, who said,

I think all through my elementary years, grades one through eight, I was such a 'good girl' that I did get lots of positive feedback from my teachers but I paid for that . . . I think the approval of others became such a monster that I lost sight of myself. (p. 330)

Katie said, "Sometimes I think I was too obedient in school," although she later added that most of that feeling of being too submissive disappeared after she grew up and left home.

CONCLUSIONS

Resiliency is a complex phenomenon involving interactive and mediated relationships among protective factors-- family, personal, and external-- which build a chain of protection for the individual. In this case some early messages of being loved and valued, success in school, peer friendships, and positive models appear to have combined with the personal qualities and attributes of the child to create a remarkable and resilient woman.

What is the relationship of the study outcomes to the known and the new? My model depicting the relationships among the protective factors acting on Katie's life is a validation and minor extension of the findings of the study by Quinton, Pickles, Maughan, & Rutter (cited in Rutter et al., 1995), in which the sequential relationship of success in school, planfulness and success in work and marriage was found. My model follows theirs and incorporates some protective factors identified by others, such as positive models,

good health, an easy temperament, and the understudied factors of sibling and peer protection. I also found Rutter's (1990) four protective processes to be applicable and explanatory.

It is in the area of relationships with siblings and peers that I believe the most "new" possibilities are found, with the greatest potential for future research. As children spend less and less time with their parents, these relationships, along with those of caregivers such as babysitters and child care providers, become critical to the development of children.

I believe that examining the processes which Katie appears to have used to cope, survive, and prosper is an aspect of my study that also has "newer" and deeper implications. Because it is a single case study, I can not present conclusions for broad generalization, but the study does seem to suggest paying greater attention to both the coping mechanisms used by the resilient and the emotional toll levied on them.

Some "do's"? O'Connell Higgins (1994) said,

You do not have to pull a dove out of your sleeve to make a difference. Recall that so many of the resilient emphasized that their hope was continually buttressed by the sudden kindness of strangers . . . Enormous reparative potential resides in the bread-and-butter basics of caring about the young and listening closely to their lives. (p. 324)

and identified "simple, sustained kindness" as a vital protective factor.

If they are like Katie, many children facing adversity are both proud and loyal; therefore, criticism of their parents or ready prescription of solutions to their situation could be unhelpful and unwelcome. O'Connell Higgins (1994) cautioned us in this regard. Making subtle and empowering suggestions, such as Mr. Smith did, may be the best help

one can give in some situations. On the other hand, neighbours reporting what they saw to those they felt should know, played a very important role in helping Katie and Bonnie. Each child and her situation may be different; it seems wise to take the time to learn from the child what would be the best help you could give in that particular situation. Having learned a great deal from both Katie and Bonnie, I know I will be more sensitive and observant with strangers and more supportive with those on whom I may potentially have a protective effect.

Any teacher who reads this study could not help but be impressed with the importance of the school environment and individual teachers (for better or worse) in the life of this child. The Grade 1 teacher had long-lasting negative effects on her, and the others had long-lasting positive effects. School itself can be a haven for many children, a relatively orderly and predictable environment in otherwise chaotic lives.

I could write another thesis dealing with what I learned about doing qualitative research (but I won't). Specifically, I learned that I didn't need codes and complex coding procedures to discover meaning in my texts. Through reading and rereading the transcripts and studying the photographs, I found that meaning leapt off the pages at me. The data "sang." Although I recognize that my interpretation is not the only one that could be made based on this data, I feel confident that it is at least well-considered and thoughtful.

Most importantly, I learned how difficult and sensitive it is to attempt to interpret another's life, and I sincerely hope Katie will forgive me for what she feels I interpreted wrongly or anything that may be hurtful to her when she reads this study. I can never

thank both Katie and Bonnie sufficiently for their help. They are both heroic figures, and their courage and generosity of spirit ennobled the task and touched me deeply.

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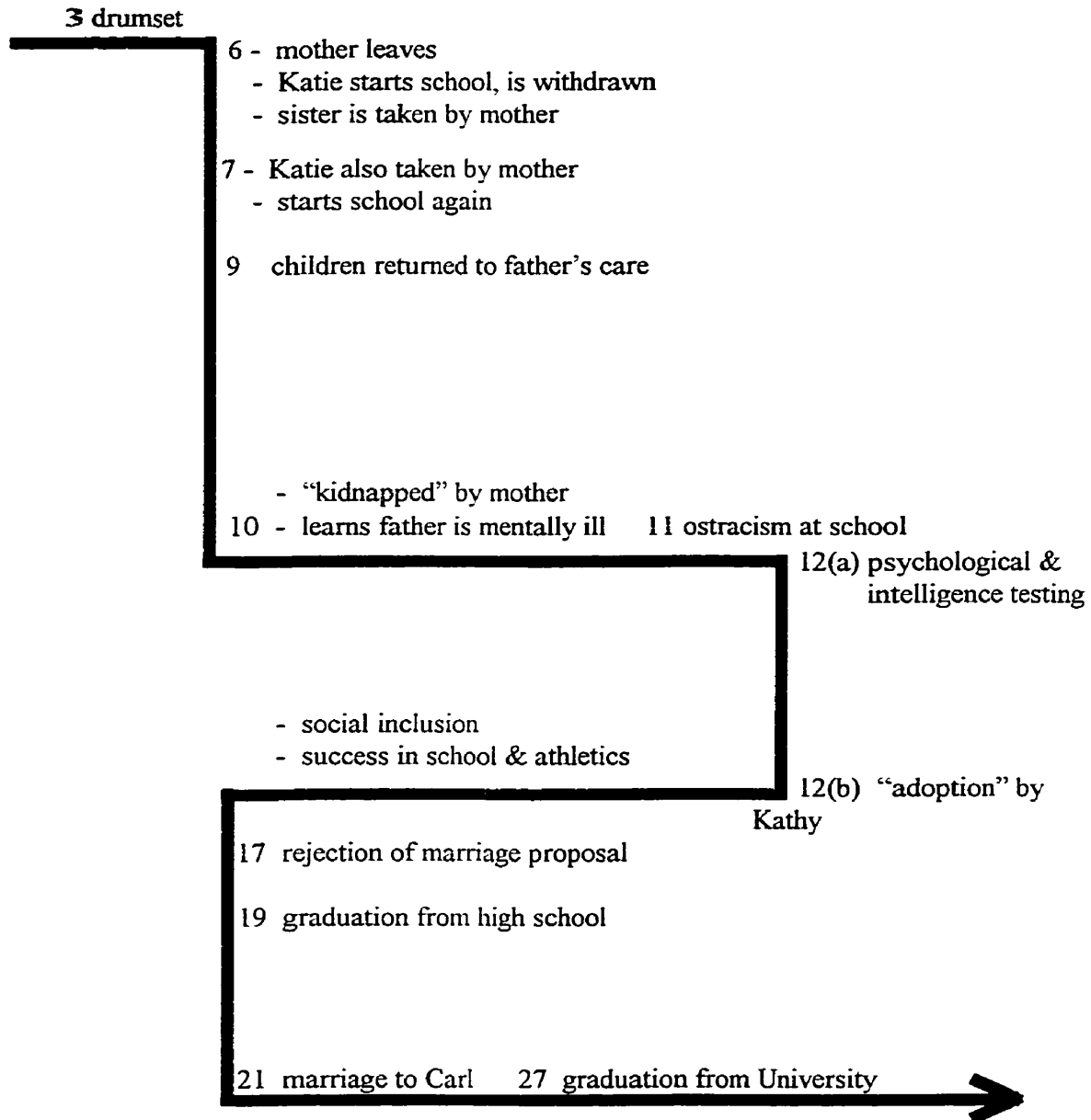
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APPENDICES

APPENDIX A

**A Timeline of Katie's Early Life, by Age
with Turning Points at Ages 6, 10, 12, 17, and 21**

A Timeline of Katie's Early Life, by Age
with Turning Points at Ages 6, 10, 12, 17 and 21



APPENDIX B

Codes

Codes

CH-CHILD

Te-Temperament

Eager to please

Compliant

Responds positively to others

Appreciative

Positive outlook

In-Intelligence

Phys-Apt-Physical Aptitudes/Abilities

Sport

Dance

Health

Vision

Strength

Ochar-Other Characteristics

Planfulness

Self-esteem

Independence

Loyalty

Sense of Justice and Fairness

Phy-att-Physical Attractiveness

As protective

As risk

CHEX-CHILDHOOD EXPERIENCES

Affirming

Disturbing

CO/SE-CONTEXT/SETTING

ED-EGO DEFENSES

Ma-Mature

Humour

Sublimation

Suppression

Altruism

Im-Immature

Repression

GOFIT-GOODNESS OF FIT

PA-PARENTAL RESOURCES

Fa-Father

Deficits

Gifts

Mo-Mother

Deficits

Gifts

SI-SISTER

Pr-Protection

R-F-Risk Factor

OTH-OTHERS

Te-Teachers

Nei-Neighbors

Exfam-Extended Family

Befr-Best Friends

Socserv-Social Service Workers

Hu-Husband

PR-PROCESSES UTILIZED

Wa/obs-Watchfulness/observation

Semon-Self-monitoring

SeCoreg-Self-control/regulation

Emd-Emotional Distance

Intern- Internalization of others and their gifts

Rec-Recruiting

STR-STRATEGIES

Pun-Avoidance of punishment

TH-THEMES

Av-Rejection of anger and violence

Cons-Consequences

Co-Control

APPENDIX C

Consent Form

STATEMENT OF CONSENT

This is to certify that I have read the above description and agree to become a participant in the above-named research project. I hereby grant permission to be interviewed in a series of conversations with respect to my life history. I am aware that the information I am providing is related to my personal history and that certain details will be altered to protect my anonymity and the anonymity of any third parties I may refer to as I recall my past. I am fully aware that the information I provide will become part of the text of a thesis at the University of Regina and that a copy of the thesis will be placed in the University of Regina library.

I have been provided a copy of this consent form.

signature

APPENDIX D

Ethics Approval



DATE: April 5, 2000

TO: Carol Porter
2324 Elphinstone St.
Regina, Sask.
S4T 3P1

FROM: T. Hadjistavropoulos, Ph.D.
Chair, Research Ethics Board

Re: **Resilience in Adult Women: A Case Study of Two Linked Lives**

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

1. **ACCEPTABLE AS SUBMITTED.** Only applicants with this designation have ethical approval to proceed with their research as described in their applications. The *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* requires the researcher to send the Chair of the REB annual reports and notice of project conclusion for research lasting more than one year (Section 1F). **ETHICAL CLEARANCE MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS. CLEARANCE WILL BE REVOKED UNLESS A SATISFACTORY STATUS REPORT IS RECEIVED.**
2. **ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED).** Changes must be submitted to the REB and subsequently approved prior to beginning research. Please address the concerns raised by the reviewer(s) by means of a supplementary memo to the Chair of the REB. Do not submit a new application. Once changes are deemed acceptable, approval will be granted.
3. **UNACCEPTABLE AS SUBMITTED.** Please contact the Chair of the REB for advice on how the project proposal might be revised.



T. Hadjistavropoulos, Ph.D.

c.c. M. Taylor, supervisor

APPENDIX E

Review of Photograph Albums

Review of Photo Albums

I reviewed 11 photograph albums provided by Bonnie, the older sister. Since these were Bonnie's, not Katie's or their mother's, I expected there would be more photos of Bonnie and her family than of Katie, and that was true. The albums depicted the same story told by both informants: there was only one photo of Katie as a small child, about three years old, holding her doll, Nothing. There were many pictures of Bonnie as a baby and small child.

Photographs of the family reveal that the father was not tall, probably 5'5" or 5'6," but was very broad shouldered, muscular and fit. In his early photos, he smiled often ("my father had the most *beautiful* smile"). Several of the early photos show him holding his little daughter, Bonnie, and these show him beaming with pride.

An even earlier photograph taken in Scotland before the family emigrated to Canada shows him as a boy of about six with the little girl for whom his first daughter was named and by whose name he called his wife. In his last photos, taken at Bonnie's wedding and his own 70th birthday, he no longer smiles, perhaps because shortly before these events, he had suffered a stroke.

By contrast, photos of the mother are rare in the early parts of the albums. There is one photo of her with the infant Bonnie. There are no pictures of the parents together or of the whole family until Bonnie's wedding, which was long after the marriage had dissolved. Photos of the mother reveal a strong-featured woman who became more attractive with age. She is always very well-dressed, often wearing dramatic hats and fur coats or stoles. In formal pictures, she always wears color-matched shoes and a lot of

jewelry. When she is photographed with others, usually her family, she is never shown touching anyone or facing towards anyone, but either looks directly into the camera or off into the distance. She rarely smiles.

With the exception of a photograph of Katie and Nothing, the earliest photographs of Katie are of the two girls together, probably when she was about five. Then there are photos of Katie as a Highland dancer in costume, and as a baton twirler in costume. In her teenage photos, she is almost always modestly and quite plainly dressed, wearing little if any make-up, and a “Mona Lisa” smile. Her long, rich reddish-brown hair is almost always straight or slightly waved, with a few “up-dos” for formal occasions. She primarily wears suits, high-necked blouses, and jeans. Even her wedding photos show a simple hairstyle and gown.

Bonnie’s photographs are much more dramatic and some are quite glamorous, showing her in a range of costumes, formal gowns, bathing suits and casual clothes, with a variety of hairstyles. Many photos are of her on stage in local plays or at graduations as a teacher or the principal of the local school. She is often shown with others and often the setting and poses are casual .

There are also several photographs of Auntie Mabel and Uncle James (Andrew’s sister and her husband) at their 40th and 45th anniversaries. Auntie Mabel is wreathed in warm, happy smiles and glows into the camera.

Because photographs could compromise the anonymity of the informants, I have not included any in the text, but the review itself was very useful. An interesting aspect of Katie’s personality was revealed through reviewing these albums. She seems to have a

very low need for recognition for her accomplishments. During the review and the accompanying conversation with Bonnie, we found a newspaper clipping announcing that Katie had been elected the girls' senior pin at her high school, a school of 1500 students. She never mentioned this in her interviews. Neither had she mentioned any of her other accomplishments, such as that she is an accomplished Highland dancer or speed skater,.