Young Adults’ Experience of Resilience Following Adversity in Adolescence: A Hermeneutic Phenomenological Study

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Abstract

Resilience is a multi-faceted construct that has stimulated profound research on risk and protective factors that impact resilience in “at-risk” populations. However, studies examining resilience in healthy, “everyday” adolescents are lacking. This study utilizes a hermeneutic phenomenological study to examine lived experiences of resilience in young adults without observable at-risk characteristics. The purpose of this study is to uncover factors facilitating resilience to inform prevention and intervention initiatives, and add to the literature regarding its definition. This thesis uses semi-structured interviews with seven young adults (age 21-25) who self-identified as undergoing adversity during adolescence and currently perceive themselves as resilient. Thematic analysis revealed four themes: (1) Social and Community Supports, (2) Reconnecting in Meaningful Ways, (3) Shifting Perspectives, and (4) Psychological/Emotional/Psychosocial Protective Processes. Finally, this thesis reveals useful applications to counselling adolescents with important considerations to factors such as positive sense of self-worth, belonging, caring friendships and acceptance of negative emotions.

Keywords: resilience; adolescence; qualitative; mental health; prevention
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CHAPTER 1: INTRODUCTION

There is a growing mental health crisis in Canada where the prevalence of mood, anxiety and substance use disorders are highest for those between the ages of 15-25 years (Statistics Canada, 2014; Mood Disorders Services of Canada [MDSC], 2009). Research shows that half of all mental health disorders begin by age 14 and continue into adulthood (World Health Organization [WHO], 2018; Manion, 2010). However, these numbers do not account for adolescents who fall out of the range for a diagnosis, but nonetheless, still face significant challenges. For decades, research in human development has attended to individual deficits and disorders but more recently researchers have started to focus more on strengths, rather than risks and deficits (Rutten, Hammels, Geschwind et al., 2013; Rutter, 2012). Exploration of the lived experiences of resilience will help establish areas of focus for promoting healthy adolescent development, as well as contribute to understanding the complex phenomenon of resilience - “a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000, p. 543; Rutten, 2013).

As a child and youth care worker, my experience working with young individuals from various backgrounds, including some who have faced childhood trauma or significant family dysfunction has opened my eyes to the deleterious circumstances some children and youth are exposed to. However, I have also been inspired by the incredible resilience that many children and youth show despite the adversities they experience. Moreover, as a counsellor-in-training with a great desire to become a youth counsellor, I am interested in the lived experiences of how resilience unfolds in young individuals. I believe research focusing on the lived experiences of resilience will help enhance understanding of the factors that are crucial in healthy adolescent development. In addition, gaining a genuine understanding from the perspectives of young
individuals will be useful in the creation of more effective resources, resulting in fewer youth facing significant mental health issues.

**Statement of the Problem**

Research in the field of resilience has grown extensively in the past 50 years (Joslyn, 2016), enhancing perspectives, approaches and interventions relating to resilience. While there is an abundance of research on the risk and protective factors for “at-risk” youth (e.g., Garmezy & Streitman, 1974; Werner, 1989; Ungar, 2001; Burt & Paysnick, 2012), little is known about resilience processes in youth without clearly identifiable risk factors such as poverty, abuse or neglect (Ahern, Ark, & Byers, 2008), or on resilience in the transition to adulthood (Burt & Paysnick, 2012). Though focusing on individuals with identified risk factors is important, there is also a population of youth who appear to have no risk factors that may account for many of the undocumented youth who are facing mental health challenges. Many studies exist examining adversities in adolescence, however, few of these studies take a resilience perspective.

Studies specifically focusing on at-risk youth have led to important findings of protective factors related to resilience and have shown that individuals labeled as “at-risk” do not always succumb to their adversities (Luthar, 1991; Werner & Smith, 1992). However, children and youth who appear healthy despite possible experiences of adversity may actually be utilizing internalization coping strategies that make them more vulnerable to anxiety or depression (Luthar, 1991). Thus, hearing the experiences of overcoming adversities from “everyday youth” may reveal significant adversities that go unnoticed as well as processes of recovery.

Trends in resilience research pertaining to children and youth have led to remarkable insights regarding how resilience is manifested. It has been reported that children and youth with a diagnosed mental health disorder, or a parent with a psychological disorder, have a greater risk
for developing mental health disorders (Collishaw et al., 2016; Lal, Ungar, Malla, Leggo, & Suto, 2017), potentially increasing the risk for the development of other mental health disorders. Adverse childhood experiences (ACEs) such as early neglect or abuse have also been thoroughly studied to understand how children raised in disadvantaged environments manage to reach successful adaptation later in life (Werner & Smith, 1992; Khrapatina & Berman, 2017).

Although extensive research has focused on children and youth facing various levels of risk, dysfunction and deprivation, Joslyn (2016) asserts that children and youth “in affluent and apparently ideal circumstances can also face challenges to resilience” (p. 3). Therefore, studying “everyday resilience” should lead to knowledge that will help us foster positive development in the broader population of youth.

The Adolescent Developmental Period

Adolescence is a crucial developmental phase that is marked by physical, emotional and social changes that can create the potential to negatively affect psychological development (Ahern et al., 2008; Joslyn, 2016). Additionally, adolescence is a time when new life challenges are present, such as peer pressure, identity formation, increased autonomy, and increased romantic relationships (Masten et al., 2004). Even though this can be an exciting time of growth, it is also a period when the onset of serious psychological disorders, such as schizophrenia is likely to occur, leaving youth especially vulnerable to their adversities (Zhao et al., 2015). Thus, adolescence is an extremely sensitive period for the development of resilience.

The Canadian Mental Health Association (CMHA) states that 14% of Canadian youth are affected by a mental illness with 50%-70% of mental illnesses showing up before the age of 18 (Canadian Mental Health Association [CMHA], 2014). Research has also demonstrated that youth are experiencing growing rates of mental health disorders (Mapelli, Black, & Doan, 2015),
suggesting a significant need for prevention initiatives. With stigmas around mental illness still creating barriers towards seeking help (Mental Health Commission of Canada [MHCC], 2018), hearing the retrospective accounts of overcoming adversity from young adults can assist in understanding key elements for fostering resilience in adolescents.
CHAPTER 2: LITERATURE REVIEW

Resilience - An Evolving Concept

Research addressing the phenomenon of resilience, particularly in terms of human development, is a relatively new area of investigation that dates back to roughly the 1950s (Masten, 2011). Despite the lack of a clear consensus regarding when the field of resilience began, influential research examining stress and competence in high-risk populations (e.g., Werner & Smith, 1992; Garmezy & Masten, 1986; Hauser, 1999), generated a clear upsurge of interest in the field. A focus on personal traits and risk factors followed, which eventually evolved into the study of dynamic processes. Relatively current research centers on factors that promote resilience, with a focus on how to prevent the development of mental health disorders (Masten & Obradovic, 2006). Even with several decades of research on resilience, there is still no universal consensus of a definition (Luthar et al., 2000; Davydov, Stewart, Ritchie, & Chaudieu, 2010; Aburn et al., 2016).

Historically, research on resilience was primarily focused on investigations into the risks and vulnerabilities that were associated with the development of mental health disorders (Rutten et al., 2013). However, as researchers shifted from a disease-oriented model towards examining the strengths at the root of resilience (Richardson, 2002), the examination expanded from simply considering personal traits to understanding more about the dynamic processes that undeniably influence responses to adversity. The field of resilience research has thus evolved through four major waves of research all of which shaped how researchers developed interventionist models, theories, and applications designed to facilitate resilience.
First Wave

Terms such as “invulnerable” (e.g., Anthony, 1987), “outcomes” (e.g., Garmezy, 1970; Kaplan, 1999), absence of psychopathology (e.g., Radke-Yarrow & Brown, 1993; Tiet et al., 1998), and individual traits (e.g., Kaplan, 1999; Masten, 2007) characterize the first wave of resilience research. Beginning in the fields of medicine and psychology, the first wave was largely characterized by a disease-oriented model (Masten & Obradović, 2006). Seminal studies by clinical psychologist Norman Garmezy during the 1940’s pioneered research on risk and competence with schizophrenic patients. Garmezy noticed that some of his patients were able to establish a well-adapted life, including having stable jobs and starting a family, while other patients faced more difficulty (Rolf & Glant, 1999). His research procured interest in the effects of stress and competence on adaptive development and as a result, expanded his realm of research to the development of children raised in stressed environments but appeared to be quite adaptive (Rolf & Glant, 1999). Even though this research was not specific to the study of “resilience” at the time, it afforded innovative knowledge around how even amidst great adversity, individuals can still persevere and overcome negative life circumstances.

Resilience in terms of developmental psychopathology started to emerge in the 1970’s (Masten & Obradović, 2006) with increasing interest about the understanding of etiology of serious mental health disorders and protective factors. Moreover, this first wave of resilience research centered on identifying factors that predicted positive adaptation despite significant adversity (Wright, Masten, Narayan, 2013). For instance, some researchers identified observable behaviours as indicators of resilience, such as lack of delinquency, substance abuse or aggression (Tiet & Huizinga 2002; Forrest-Bank, Nicotera, Anthony & Jenson, 2015), whereas others
classified more functional cognitive abilities, like competence and academic achievement as resilience (Garmezy & Masten, 1986; Luthar & Ziglar, 1992; Jones, 2012).

Cicchetti (1993) noted that the first wave of resilience research was predominantly interested in understanding the pathways to psychopathology in order to illuminate the processes that lead to normal development (as cited in Luthar, 2003). With a greater focus on the risk factors children held as opposed to personal strengths, less interest in how children and youth overcome adversities was seen in this stage. As awareness of the dynamism between multiple contextual influences on resilience grew, research examining this construct moved away from a trait-based model towards influential dynamic processes.

**Second Wave**

Dynamic processes and protective mechanisms were a central focus for resilience research during the second wave (Masten, 2007). With this increase in attention to processes, resilience research started to broaden, expanding its pursuit of inquiry to include not only personal traits, but also social and ecological influences (Masten, 2011). Although the scope of resilience research increased in the second wave, various definitions still exist complicating its operational use. This wave, however, brought necessary attention to the importance of experience and situational factors that affect resilience, and according to Richardson (2002), the emphasis at this point was on how individuals acquired and enhanced resilient qualities.

Another characteristic of the second wave was greater interest in mediating factors of resilience, such as effects of coping style on resilience (McMahon et al., 2013), social support (Werner & Smith, 1992; Armstrong, Birnie-Lefcovitch, & Ungar, 2005), attachment (Oldfield, Humphrey, & Hebron, 2016), spirituality (Cotton et al., 2005), self-esteem (Palosaari, Aro, & Laippala, 1996; Kapikiran & Acun-Kapikiran, 2016) and emotion-regulation (Lengua, 2002;
With extensive research into different variables associated with resilience, there are still inconsistencies around the degree to which certain factors impact resilience in young individuals.

Two common mediating factors that have become extensively researched in relation to resilience are attachment relationships and family interactions (Atwool, 2006; Oldfield, 2016). John Bowlby first introduced attachment theory in the 1940’s with its developmental history beginning in the 1930’s when Bowlby became interested in the association between maternal loss or deprivation and subsequent personality development (Bretherton, 1992). Furthermore, Mary Ainsworth continued to pioneer concepts of attachment theory producing two historic longitudinal studies in Uganda and Baltimore observing infant-mother attachments (Bretherton, 1992). Attachment theory suggests a crucial significance of relationships in development and Atwool (2006) asserts that attachment theory adds to resilience theory by distinctly highlighting the importance of relationships, delineating it as an integral aspect to resilience.

Even when Bowlby first introduced attachment theory, the dynamics of relationships as opposed to individual traits was being recognized as having a crucial influence on one’s ability to adapt to their environment. With resilience and attachment inevitably linked, especially in relation to attachments’ influence on brain development and internal working models (Kamkar, Doyle, & Markiewicz, 2012; Atwool, 2006), the beliefs and cognitive schemas that individuals develop, shape the responses to adversity and overall adaptation. Nonetheless, with research on attachment revealing that parent-child relationships are significant predictors of later life development (Ainsworth, 1979), a growing body of research is revealing that meaningful interactions and experiences during adolescence and adulthood can move a person from an
insecure attachment to a more secure attachment due to current contexts and relationships that develop (Mikulincer & Shaver, 2012; Baldwin, Keelan, Fehr, Ens, & Koh-Rangarajoo, 1996).

A study by Baldwin et al. (1996) exemplified how multiple attachment styles can occur based on the types of relational interactions that one experiences. In this study, Baldwin et al. (1996) found that most people have a repertoire of ways of relating to others, which resulted in having more than one attachment pattern. With the vast dynamism of relationships and types of attachment styles, it is necessary to examine individual perceptions of relational experiences and how that affects resilience following significant events of adversity.

**Third Wave**

The third wave of resilience research is characterized by increased attention to prevention strategies in the development of psychopathology and the social-ecological influences on resilience (Masten, 2007, 2011; Ungar, 2011). Meaningful shifts have become apparent from the first to second wave of resilience research, revealing a trajectory from focusing on personal traits to the perspectives of *processes* that protect one against adversity. Subsequently, greater attention to prevention, particularly on how to promote competence and healthy development, has become increasingly evident in the third wave (Masten, 2007).

Understanding the human capacity to create positive change for oneself is necessary for assisting in the development of appropriate interventions that cultivate pathways towards more positive outcomes and maintenance of adaptive coping. One of the most crucial changes in considering the construct of resilience and investigating prevention strategies is that the notion of resilience has evolved from looking at children who are “invulnerable” or displaying exceptional coping traits, to a view that there are natural human adaptational systems that work in all of us (Masten, 2001). Masten (2001) refers to this as “ordinary magic” (p. 235) – each individual has
his or her own resources for coping and adapting when adversity strikes. Studies have shown that common factors associated with resilience include connections to a caring adult, cognitive and self-regulation skills, and positive perceptions of self (Masten, 2001; Werner, 1995). Therefore, the continual support and promotion of these basic human resources is essential for fostering resilience.

In addition to increased attention on natural resources for adaptation and prevention interventions, the third wave also enhanced understanding of the social-ecological influences on resilience. Brofenbrenner’s ecological model (1977) is an iconic example of how different environmental systems can impact development and how the definitions of resilience can change depending on the systemic influences surrounding an individual (see Brofenbrenner, 1977). For example, the microsystem is an extremely important system for an infant where the attachment bonds and parenting styles could greatly influence the resilient outcomes of that child. However, youth may become more influenced by their macrosystem, including the culture of their neighbourhood and school in relation to their psychosocial well-being.

Michael Ungar, a researcher into the social-ecological influences on resilience and well-being, defines the construct of resilience as “both an outcome of interactions between individuals and their environments, and the processes which contribute to these outcomes” (2007, p. 288). This perspective accounts in part for why certain individuals who face adversities, such as having divorced parents, may not develop serious negative effects on their well-being because of other positive environmental factors that also influence development.

In a study by Ungar (2001), the social and environmental influences on high-risk adolescents were investigated. Ungar (2001) explored the social construction of identity in adolescents aged 13-17 years old with varying degrees of mental health conditions. The purpose
of his study was to show how mental health is enhanced as one negotiates continuities and discontinuities in identity constructions through youths’ stories of getting placed in an institution or facility, “surviving inside” (p. 137), and returning home. Ungar (2001) states that youths’ home, community, placements, and the wider society are significant contributors to the inhibition or promotion of growth and the development of a healthy sense of self. Thus, when teens are labeled as unhealthy or deviant such that these beliefs lead them to feel they will lose, will be isolated, or others will not listen, perpetuates a cycle of powerlessness leading to threatened mental health and self-perceptions. However, when youths’ positive self-constructed identities are accepted, this continuity of positive perceptions from the social-environment helps maintain youths’ identity as resilient, allowing them to feel empowered to live a meaningful life.

Important insights emerged from Ungar’s (2001) study, particularly regarding the influence of socio-ecological influences on sustaining resilience. For example, one youth in the study had few prospects for work or leisure that would bring him income or enjoyment due to his criminal activity and alcohol abuse, but going through custody placement, this participant was able to recognize that he needed to change. However, at home, he frequently returned to previous patterns of behaviour because of the influence of his friends and status before placement. Therefore, Ungar (2001) accentuates that high-risk youths’ home, communities, and broader society are influential in contributing or inhibiting the growth of a healthy well-being. Consequently, the continuity or discontinuity of youths’ new-perceptions of identity after placement from the social environment can have a significant influence on continued patterns of maladaptation, or healthier self-construction of self that results in greater resilience. This highlights the importance of one’s social-ecological context on the influence and maintenance of
self-perceived identities, such as viewing oneself as vulnerable or resilient that can either negatively or positively impact how hopeful a youth feels towards their future.

Understanding how young adults who faced adversity in their adolescence construct meaning from their journey to young adulthood will further enhance knowledge into how the social-constructions of resilience is either enhanced or challenged. The present study, however, will involve individuals who are not facing the extreme ends of adversity, like institutional placement, poverty or childhood abuse or neglect, but are individuals who undergo everyday life challenges, in which the adversities they face could have the potential to restrict the path to positive outcomes and even create detrimental effects on their mental health and well-being.

**Fourth Wave**

Finally, the fourth framework for examining the phenomenon of resilience has built upon the other three waves with the added element of the influence of genes and neurobiological systems. At this stage, resilience is interpreted through the connections between genes, gene-environment, behavior, and social contexts (Brooks & Brooks, 2014). This wave led researchers to see whether certain genes are moderated by particular environmental factors, or environmental factors can trigger certain genes. Rutten et al. (2013) stress that there are many factors that can modulate ones’ risk and resilience from levels of individual communities, to direct social relations, such as peer groups and neighbourhoods, to an even more individual level such as ones’ psychological capacities and the molecular and cellular processes within one’s neural system. The second wave brought attention to the dynamic processes between traits and ones’ social and familial contexts, however, this fourth wave emphasizes that there is an influence at a deeper cellular level that ultimately has an effect on ones’ psychological processes.
The “broad-and-build theory” is a concept of psychological resilience proposed by Frederickson (2001) that emphasizes the significance of positive emotions on health. The broad-and-build-theory posits that positive emotions act as a buffer against stress, whereas negative emotions “heighten one’s sympathetic activity and narrow one’s attention to support specific action tendencies” (Tugade, Frederickson, & Barrett, 2004, p. 1166). Consequently, individual genetic traits can influence susceptibility to illness by how genes and emotional affect interact with particular environmental factors.

In a study representing the broad-and-build theory and exemplifying the effects of genes and environment on psychopathology, Wicher et al. (2007) investigated the emotional responses of college students after the 9/11 terrorist attacks. In a sample of 279 general population female twin pairs from a US college, a momentary assessment approach and experience sampling method (ESM) was utilized to collect positive or negative appraisals of stress and affect in moment-to-moment flow of daily life using structured diaries. Twin-pairs were selected to indicate whether sharing a genetic vulnerability to depression would be influenced less if subjects experienced more positive affect (PA) in instances of stress during their daily life. Wicher et al. (2007) found that individuals pre-exposed to a genetic vulnerability to depression but displayed more PA in daily life mitigated the genetic pressure to trigger more depressive symptoms. On the other hand, individuals who displayed more negative affect reactivity in their day-to-day occurrences, showed more depressive symptoms. This is consistent with the broad-and-build theory by exemplifying how PA can expand an individual’s attentional focus and produce greater flexibility in thinking that ultimately helps to build social, intellectual and physical resources (Wicher et al., 2007). This study further highlights the dynamism of ones’ neurobiological system with other contextual factors on the influence of healthy mental health.
development. Whether individuals are pre-exposed to greater genetic vulnerabilities, such as children and youth with several at-risk traits, this study reaffirms that PA in daily life could mitigate the likelihood of succumbing to negative effects of adversity.

The four waves of resilience research have brought several decades of complex and innovative research, unveiling insights that have supported understandings of the construct of resilience. As a result, this has shaped the way models, theories, and applications for interventions promoting resilience have developed. A gap in the literature pertains to how young individuals without observable risk factors conceptualize resilience. Also, limited research exists examining how resilience unfolds throughout the transition from adolescence to young adulthood despite adversities that emerged during the adolescent years. The high number of youth undetected as undergoing mental health struggles (WHO, 2018) suggests that there is more to gain about the understanding of resilience, and greater information is needed on how youth overcome adversities, particularly as they arise in adolescence. Knowledge about the personal experiences of how youth overcome their adversities can assist in improving resources for youth, and accentuate factors that appear to be beneficial in supporting greater resilience.

**Complexity of the Term “Resilience”**

As mentioned, the construct of resilience has evolved through several decades, but this process has not ended. One of the difficulties in defining this construct is the issue of having to define terms associated with the meaning of resilience in order to define resilience itself. According to Luthar et al. (2000), two factors need to be present for resilience to occur: exposure to significant risk or adversity, and the achievement of positive adaptation. To establish a stable definition of resilience, consistent definitions of associated terms, such as “risk” and “positive adaptation” are also needed. However, consistent definitions of these affiliated terms are difficult
to obtain since the literature reveals that some researchers conceive positive adaptation as reaching developmental benchmarks or educational competence (e.g., Elder, 1998), while others believe it the absence of psychopathology (e.g., Radke-Yarrow & Brown, 1993; Tiet et al., 1998). Burt and Paysnick (2012) state that in order to reach a clearer definition of resilience, one must distinguish between protective factors that function independently versus those that operate alongside other variables to mediate or moderate effects of resilience.

**Risk Factors**

“Risk” is a term that has revealed discrepancies in its exact definition, but generally can be perceived as any variable that increases the probability of negative outcomes (Durlak, 1998; Seidman & Pedersen; 2003). Some studies have found that the number of adverse childhood experiences (ACEs), (i.e., childhood abuse/neglect, trauma, parental psychopathology, poor socioeconomic status), indicates the level of risk for an individual (e.g., Merrick et al., 2017; Anda et al., 2002.) However, risk is also defined in terms of risky behaviour such as drug use, criminality, delinquent behaviours, or school dropout (Rauh, 1989). Thus, with the core conditions of the term resilience also demonstrating variance in meaning, the complexity and difficulty in reaching a stable definition persists. Luthar and Zelazo (2003) further state that children are often grouped together for exhibiting a particular risk factor despite the potential variations in which the risk factor manifests in each child. Hence, a problem remains in precisely how to measure risk when there are vast amounts of variance in the influences involved.

**Protective Factors**

When reviewing studies on risk and protective factors, the examination into aspects that protect individuals from succumbing to adversities has been an ongoing quest and has remained strong since the shift from looking at mental well-being in terms of strengths rather than deficits.
Protective factors have generally been defined as any variable that alleviates or decreases the probability of negative outcomes (Seidman & Pedersen, 2003; Durlak, 1998; Werner & Smith, 1992). The investigation into the types of protective elements against adversity has led to factors that researchers have attempted to operationalize or put on a continuum to identify level of probability for greater risk or resilience. For example, level of competence has been found to contribute to resilience (e.g., Garmezy & Masten, 1986; Masten 2001), along with self-esteem, problem-solving skills and good peer and family relationships (e.g., Werner, 1995; Olives et al., 2013). Other studies have looked specifically into one variable such as “self-regulation,” showing that self-regulation skills are important in the manifestation of resilience (e.g., Buckner, 2003), while other studies found it did not mediate the relationship in what is required for resilience (e.g., Dias & Cadime, 2017). Though various components have been identified as acting as a protective factor in resilience, these factors are also dependent on environmental and social interactions that vary with each individual (Joslyn, 2016). Thus, variability in the definition of protective factors is greatly related to the differences of diverse situations that occur and whether one particular factor is required or multiple ones are necessary.

**Quantitative Versus Qualitative Studies**

Another complexity surrounding the construct of resilience is that the majority of research on resilience is quantitative (Nourian, Shahbolaghi, Tabrizi, Rassouli, & Biglarrian, 2016). Such research typically includes a predetermined list of conceptualized protective factors associated with resilience that participants either demonstrate or do not. However, since resilience is a process that is experienced differently by each individual, there is a high subjective component to resilience. Studies examining the actual experience of bouncing back from adversity will help provide knowledge around other protective factors that may be relevant to the
construct that have not been included in quantitative studies, in which protective factors are often already defined. With fewer qualitative studies on resilience, there is less sufficient evidence to state what individuals actually perceive resilience to be.

This study aims to explore the construct of resilience, seeking a greater understanding of the features related to overcoming adversity in adolescence and sustaining resilience into young adulthood. In keeping with the focus on elements of resilience as opposed to risk, this study will explore non-clinically diagnosed young adults on the experiences of resilience after undergoing incidences of adversity in adolescence. To gain an authentic understanding of how individuals negotiate such experiences, it is important to establish how these young adults viewed themselves and how their perceptions changed in relation to certain relationships, resources, or turning points that occurred during adolescence.

The next section will distinguish common trends relating to resilience research. Resilience has been studied in various disciplines over several decades including psychology, medicine, human development, and social work; therefore, variations in how the construct is defined and how it can be used to inform intervention practices with adolescents or other populations could look very different depending on the researcher’s disposition. Distinguishing how resilience has been described and used to inform theories and practices will help to highlight gaps in research and emphasize the importance of certain areas that future research can address.

**Trends**

Surveying the literature on resilience in adolescence, trends were revealed in regards to where the greatest focus has been directed. Several studies, largely quantitative but some established qualitative studies, have illuminated factors associated with having an increased risk for developing a psychological disorder. This information has been useful in being able to target
individuals who are at greater risk for mental health challenges and interventions that have shown some effectiveness. The following paragraphs describe the characteristics of population trends investigated in resilience research, concluding with areas needing greater attention.

**Homeless Youth**

Homeless youth is a population that has been studied widely from a resilience perspective (e.g., Kidd & Shahar, 2008; Dang & Miller 2013). The fact that homeless youth have an increased risk for developing serious adverse mental health outcomes (Dang & Miller, 2013), makes this an important population for finding out how such youth can get back on track towards more positive outcomes. Studies on homeless youth and resilience also highlight the need to discover more about the associations between risk and resilience factors in “at-risk” youth to determine more effective interventions for supporting them improving their emotional, psychological, and physical well-being.

Regarded as a high-risk population for developing severe mental health disorders, studies focusing on resilience in this population have led to identifying certain factors that are helpful in protecting homeless adolescents from more negative outcomes. For example, Lightfoot, Stein, Tevendale, and Preston (2011) investigated whether there may be common factors in homeless youth that protect them against involvement in multiple risk behaviours, or features that buffer against more negative outcomes. Factors such as goal-setting, decision-making, and self-reliant coping skills were associated with a decrease in the likelihood of homeless youth partaking in problem behaviours (Lightfoot et al., 2011).

In a study by Rew, Taylor-Seehafer, Thomas, and Yockey (2001), factors such as loneliness, hopelessness, life-threatening behaviours and connectedness were examined to decipher which factors were best predictors of resilience. Results from the study found resilience
to be “significantly and negatively correlated with loneliness” (p. 38) and surprisingly, that connectedness was also negatively correlated with resilience. However, in a recent study by Perron, Cleverley, and Kidd (2014), loneliness was not significantly associated with resilience among homeless youth. Discrepancies pertaining to the association between loneliness and resilience in homeless youth may be a result of the subjective nature of the construct of loneliness. Cleverley and Kidd (2011) emphasize an important consideration for investigating resilience in this population, which is that due to the intensity of situational distress experienced by homeless youth, the youths’ psychological resources may be negatively impacted. Therefore, if self-reports of resilience are made while the youth are in distress, it could make methods of measuring resilience more challenging and unreliable.

Across several studies of homeless youth and resilience (e.g., Lee, Liang, Rotheram-Borus, & Milburn, 2011; Lightfoot et al., 2011; Cleverley & Kidd, 2014), a common conclusion suggests that the longer a youth is living on the street (i.e., beyond six months), the less resiliency is reported and the rates of attempted suicide are higher (Rew et al., 2001). This may be due to the constant challenges faced while being on the street resulting in greater impairments on an adolescent’s ability to cope (Lee et al., 2011). Findings from homeless youth studies are helpful in identifying specific facilitating factors for resilience in this population, however, it is important to acknowledge the need to not only look at resilience in those with severe risk factors, like homelessness, but to examine resilience in individuals without severely disadvantaged contexts in order to target interventions before resilience and coping tendencies decline.

**Youth With a Diagnosed Mental Health Disorder**

The number of youth living with a mental health disorder is becoming increasingly apparent to the general population and to policy makers. Newton et al. (2010) states that the
number of youth living with a mental illness is expected to rise, therefore, this is unquestionably a population that needs continued research to reach greater understanding of how to reduce the number of children and youth developing a mental health disorder due to life adversities. As such, research is prevalent in studying disorders such as psychosis (e.g., Lal et al., 2017; Windell & Norman, 2013), depression (e.g., Kok & Lai 2017; Issakainen & Hanninen, 2015), and substance abuse and suicide (e.g., Brent, 2016; Forman & Kalafat, 1998). The urgency to address the need for better prevention initiatives has stimulated a dedicated focus towards investigating adolescents with diagnosed mental health disorders.

A study by Lal, Ungar, and Malla (2017) sought to understand how mental health and related support services support or hinder resilience in young people (age 18-24) who are diagnosed with first-episode of psychosis. Lal et al., (2017) was also interested in how young people “restore, sustain and enhance their resilience” (p. 93) in the context of being diagnosed with first-episode of psychosis. Guided by a socio-ecological framework, this study utilized principles from grounded theory and narrative inquiry to explicate processes leading to well-being based from the perspectives of the young people. Results from this study revealed three types of support viewed as “resilience-enhancing” (Lal el al., 2017, p. 98) by participants. These supports included: (1) informational and meaning-making support, in which participants’ valued receiving information about their illness and other aspects of their life like nutrition, stress, and education and how they can integrate this information into their recovery experiences; (2) instrumental support defined as “direct and tangible ways” (p. 95) that support services can assist young people, such as accompanying them to appointments or helping the process of returning to school; (3) emotional support, which participants attributed to service providers expressing
empathy, acceptance, encouragement, kindness, and respect, as helpful factors in the facilitation of their resilience and recovery.

In another qualitative study by Everall, Altrows, and Paulson (2006) examining how suicidal females between the ages of 15-24 perceive resilience, the researchers found processes within four domains (social, emotional, cognitive, and purposeful and goal directed action) to be frequently associated with the experiences of resilience. Sub-themes that were found in the social, emotional, cognitive and purposeful action domains included: family and friends, self-awareness, facing difficult feelings, recognizing choice, taking action, and creating a future. Both of these studies by Everall et al. (2006) and Lal et al., (2017) highlight the importance of understanding which factors are perceived as helpful or hindering to resilience from the perspectives of participants. More qualitative studies are needed, particularly on how individuals without a clinical diagnosis make meaning of resilience, to ascertain whether similar factors are influential in facilitating resilience in non-clinical samples.

One of the biggest issues faced by individuals suffering from a mental health disorder is that there are extensive waitlists to receive treatment; even youth who do have a clinical disorder can potentially wait at least a year for treatment (Government of B.C., 2014). Unfortunately, there is a persistent problem in that many youth who are not diagnosed but have faced adversities that could lead to greater mental health issues, are not able to find or access the support they need when they vitally need it. Therefore, these youth are either left to endure their struggles on their own, which could lead them to several negative outcomes, or forced them to suffer in their mental health symptoms, which may push them further towards mental illness.

Understanding the risk and protective factors associated with clinically diagnosed youths’ subjective resilience is helpful in determining the important links or distinctions to factors that
youth without clinical diagnoses perceive as helpful, hindering, or needed to foster resilience. Research that illuminates the experiences of mental health adversities in adolescence, not strictly with clinically diagnosed youth, can be a catalyst for the government, schools, and mental health agencies to provide more readily accessible resources to help prevent youth from entering trajectories of negative life outcomes. With greater knowledge on how to effectively support these individuals is extremely important for reducing the continually growing rates of youth facing severe adversities.

**Effects of Childhood Adversities on Resilience**

To understand how young adults develop into healthy individuals despite adversity in their adolescent years, it is important to understand the adversities that are specific to the developmental period of adolescence because this is a time of greater instability, personal identity exploration, and autonomy (Leone, Ray, & Evans, 2013), which can affect how resilience is fostered during the transition to young adulthood. The aforementioned studies on resilience have offered significant knowledge pertaining to childhood adversities and later life outcomes (e.g., Garmezy & Masten, 1986; Garmezy, Masten, & Tellegen, 1984). These seminal studies were extremely helpful in understanding resilience from a developmental perspective that can also be used to inform studies investigating factors influencing resilience in other developmental stages.

In an historic study by Emmy Werner and a team of psychologists, pediatricians, and social workers, the developmental pathways of all children born on the Hawaiian island of Kauai in 1955 were examined. The impact of stressful life events along with biological and psychosocial risk and protective factors on the development of the 1955 birth cohort from the prenatal period up until young adulthood were examined. It was disinterred that several of the
children who were born in vulnerable conditions (e.g., poverty, family dysfunction, parental psychopathology) developed into healthy, well-functioning individuals in their adult age (Werner & Smith, 1992; Werner, 1993). For instance, participants who were considered the most high-risk for serious coping difficulties in their adolescence due to poor childhood conditions had recovered immensely by their early thirties. Factors such as obtaining an education, being supported by family, affiliating with a meaningful faith, and having stable marriages contributed to these positive changes into adulthood (Werner, 2005).

Using both quantitative and qualitative assessments, Werner (1995) obtained greater insight into the protective factors that facilitated resilience, which included qualities such as competence, self-esteem, problem-solving skills, and good relationships with peers and adults. About one-third of the cohort was found to develop into competent young adults and did not develop any serious behavioural problems (Werner, 1995). Though this study focused predominately on the risk and protective factors of “high-risk children” - those born in extreme poverty, and who faced perinatal stress, family discord, or parental psychopathology (Werner, 1995, p. 82), it heightened interest into the roots of resilience including the factors that influence successful coping despite negative life circumstances. Furthermore, this study adds to the wealth of research on the impact of childhood adversities on adult functioning. It is hoped that the current study will reveal more about the process of resilience in youth that can add to the construct of resilience to include those without high-risk backgrounds such as poverty or parental neglect, but nonetheless still face adversities.

A key motivation for researching childhood adversities on the effects of later life development is increased recognition of resilient processes that contribute to positive adaptation. As previously noted, Werner and her colleagues investigated the effects of developmental
adversity beginning in the prenatal period on adult outcomes (Werner & Smith, 1992). Further research has continued the inquest into the effects of childhood adversities on later development with a growing interest in identifying a consistent definition of resilience across resilience researchers (Luthar et al., 2000).

In an example of measuring variables to determine the association between mental health and childhood adversities, Schilling (2008) looked at cumulative childhood adversities (CCA) in young adults and its effect on mental health. Schilling (2008) found that an individuals’ total CCA’s was positively associated with depressive symptoms, drug use, and antisocial behaviour. Schilling (2008) also found that with each added adversity increased long-term negative impact on mental health. This is especially noteworthy because it reveals that if children or youth are facing adversities, the continual compounding of adverse events occurring in their lives can be extremely damaging to their developing mental health. With adolescence being a period characterized by several developmental changes, the likelihood of youth facing different adversities at this stage compared to in their childhood would undoubtedly cause increases in adverse experiences and challenges to coping.

Rather than looking at the effect of childhood adversity on adult outcomes retrospectively, Horwitz, Widom, McLaughlin, and White (2001) gathered data in a prospective study design to determine the impact of adverse events in childhood on subsequent mental health outcomes. There were three areas of focus for this study: 1) whether experiences of childhood abuse and neglect are associated with later mental health outcomes; 2) which stressful life events change the relationship between childhood trauma and later mental health; and 3) whether the impact of childhood abuse is different across genders. Examining mental health in the
participants 20 years later, Horwitz et al. (2001) found that both adult men and women had more negative mental health symptoms than those who were not victims of abuse or neglect.

It is evident from the aforementioned studies by Horwitz et al. (2001) and Schilling (2008) that contextual and life course changes are necessary to consider when examining the impact of childhood adversities on later life psychological health. Furthermore, one cannot conclude that if an individual has few childhood adversities, that their psychological well-being is not at risk when adversity emerges. Though attention has been given to the childhood developmental perspective on adversity and resilience, more specific attention to the experiences of negative life circumstances that occur in adolescence is needed because this is a period characterized by greater susceptibility to the development of psychological disorders (Zhao et al., 2015; Kia-Keating et al., 2010). Thus, enhancing understanding of resilience in adolescence may indicate key elements in promoting resilience that will transfer into young adulthood.

**Effects of Adversities in Adolescence on Adult Resilience**

A shift has occurred in the last decade that has put more focus on qualitative designs for examining personal experiences of resilience in youth. Kok and Lai (2017) examined the subjective experiences of young people (20-24 years) in Malaysia who suffered from depression. These authors found that depressive experiences were influenced by uncontrollable stress imposed by the wider environment (social-ecological influences), such as meeting cultural norms of success or fulfilling family dreams. Thus, the influence of cultural or family expectations on mental health outcomes were identified as important factors impacting the development of depression in adolescents. This is unique to some quantitative studies on recovery from depression, in which studies show that individual factors such as stress, low self-esteem and
relationship problems were more associated with depressed experiences (e.g., Yaacob et al., 2009), overlooking some of the socio-cultural factors involved in greater risk of mental illness.

Shepherd, Reynolds, and Moran (2010) conducted another representative study examining resilience in participants who self-identified as having faced mental health challenges in their adolescence but were not clinically diagnosed. This phenomenological study explored young women’s experiences of resilience after having gone through “a traumatic chain of experiences in adolescence” (Shepherd et al., 2010, p. 286). Participants were recruited from a university and all the women considered themselves as having experienced a long period of adversity in adolescence but saw themselves as currently exhibiting resilience. The study used semi-structured interviews to provide in-depth personal accounts of the participants’ experiences. The findings revealed that the adversities participants’ described in adolescence (i.e., partner abuse, unplanned pregnancy) were embedded in “chains of adversity” that led to feelings of powerlessness, social isolation, and reckless behaviour, lasting years (Shepherd et al., 2010, p. 277). A significant factor in shaping trajectories of resilience was gaining new perspectives on adverse experiences through pivotal moments, such as restored relationships with peers and cognitive reappraisal.

The research by Kok and Lai (2017) and Shepherd et al. (2010) were the only studies found that looked specifically at the experiences of resilience in young adults who faced adverse events in their adolescence, but were not clinically diagnosed or otherwise “at-risk.” Kok and Lai’s (2017) study looked at both clinically diagnosed and non-clinically diagnosed individuals in Malaysia, in which the prevalence of depression was quite extensive (Kok & Lai, 2017). Shepherd et al.’s (2010) study however, was the only study that looked exclusively at young adults who self-identified as undergoing adversity in their adolescence. However, Shepherd et
al.’s (2010) study only included women recruited from a university setting, leaving out men and those who did not go to university. Therefore, additional research investigating more diverse populations of young adults who experience adversities in their adolescence is necessary to enhance the quality and validity of research looking at the subjective accounts of resilience.

The Present Study

With a plethora of literature on the construct of resilience in children and youth with identifiable risk factors such as poverty, abuse or neglect, fewer studies specifically focus on the experience of self-identified adversities from a resilience perspective in “everyday” youth. Thus, the purpose of the present study is to examine the lived experiences of young adults (21-25 years old), without clearly identifiable risk factors, who self-identify as facing adversities between the ages of 13 and 19 years and have sustained resilience into adulthood. It is hoped that the knowledge gained from this study will add to existing literature on resilience and will increase understandings pertaining to resilience during the adolescent period and into young adulthood.

The present study addresses the following research questions:

1) What guided these young adults to positive outcomes after significant adversity faced in their adolescence (between the ages of 13-19)?

2) How did the young adults manage to persevere or “bounce back” from their adversity?

3) What factors or variables do the young adults believe as being characteristic of their resilience?

4) What types of turning points contributed to their journey of resilience?

5) How did the young adults foster and maintain their resilience through their transition to young adulthood?

Significance of the Study

The examination of risk factors or absence of a disorder dominated the earlier years of resilience research, but this has shifted in recent years, in which research has started to focus
more on resilience, rather than risk and deficits (Rutter, 2012). However, there still tends to be more research focusing on specific populations with pre-determined adversities in relation to resilience, such as youth with a diagnosed mental health disorder (e.g., Kok & Lai 2017; Lal et al., 2017; Barkai & Rappaport, 2011) or youth who have faced severe childhood adversities (e.g., Horwitz, Widom, McLaughlin, & White, 2001; Schilling, Aseltine, & Gore, 2007; Merrick et al., 2017). This study is unique in that it asked young adults to retrospectively describe self-identified adversities that occurred in adolescence - a developmental stage characterized by greater susceptibility in the development of psychological disorders (Kia-Keating, Dowdy, Morgan, & Noam, 2010), and the factors that were involved in their resilience. Thus, this study is unique because it explores resilience with a sample of adolescents not considered at-risk, but nonetheless still faced adversities. Additionally, this study is distinctive in its purpose of examining how participants personally define features of resilience, rather than fitting participants’ experiences in previously set categories of resilience.
CHAPTER 3: METHODOLOGY/METHODS

In the following chapter, I provide a background of the epistemological and theoretical frameworks guiding this research. Also, the philosophical underpinnings of phenomenology along with a detailed description of hermeneutic phenomenology, the chosen methodology for this study, will be described. Additionally, I provide a breakdown of the hermeneutic circle to illustrate the process of reaching advanced understandings of particular phenomena. Finally, this chapter explains the practical methods used outlining the recruitment, site selection, procedures, data collection, data analysis, rigor, and ethical considerations.

Epistemological Framework

Social Constructionism

With the purpose of this study to identify the meaning constructions of resilience, social constructionism was selected as the epistemological framework for this study. To date, a biomedical and positivistic framework has dominated resilience research, with majority of resilience studies being quantitative in nature using scale-based measures (Aburn, Gott, & Hoare, 2016). Unlike objectivism where meaning stems out of scientific facts, constructionism is an epistemology that believes “there is no meaning without the mind” hence, meaning is not discovered, rather it is constructed (Crotty, 1998, p. 9).

Social constructionism is closely intertwined with the philosophy of phenomenology since they both maintain that meaning is created through our engagement with the world and the realities that we construct (Crotty, 1998). Social constructionism was chosen as a guiding framework for this study because it will help expand from the conventional, objective-based understanding of resilience to include a greater contextual and psychosocial perspective to the study of resilience. Social constructionism also recognizes that different perspective can be
produced for the same phenomenon, which will compliment the phenomenological approach that is also used to guide the results of this study.

**Theoretical Framework**

**Resilience Theory**

Resilience theory focuses on positive development despite significant adversity. It is a framework useful for studying and understanding why some adolescents adjust into healthy adults even though they face significant exposure to risk (Zimmerman et al., 2013). Resilience theory emerged as critical findings surfaced from longitudinal studies (e.g., Werner & Smith, 1992; Garmezy & Masten 1986) investigating outcomes in at-risk populations. Furthermore, resilience theory emphasizes a strength-based approach with the purpose of identifying prevention interventions (Zimmerman et al., 2013). Increased attention to strengths allow greater identification of factors that promote resilience, emphasizing the areas in which researchers, teachers, parents or other health professionals can target to foster more resilient adaptation.

Decades of research dedicated to the examination of resilience, including longitudinal studies investigating risk and resilience in at-risk populations has revealed a range of risk and protective factors that have been conceptualized as important features in resilience. Additionally, such studies have also increased awareness around the complexity of the term resilience. Resilience theories emphasize the importance of interactional processes between individual traits and the environment. Richardson (2002) states that resilience represents growth or adaptation (p. 313) despite hardships, “rather than to just recover or bounce back” (p. 313). Accordingly, the concepts derived from the theory of resilience provides a framework upon which new meaningful research and interventions can be pursued, and thus, will provide theoretical support to the findings of this study.
Qualitative Research

This study utilizes a qualitative research design using a hermeneutic phenomenological methodology to explore the lived experiences of resilience after enduring a significant adversity in adolescence. Sherman and Webb (1988) describe that the purpose of qualitative research “is not verification of a predetermined idea, but discovery that leads to new insights” (p. 5). Van den Hoonaaard (2015) also states that a central feature of qualitative research is to understand the everyday lives of individuals in the social contexts that they are in. Therefore, a qualitative study was chosen for this research study to examine the perception of resilience in one’s natural setting. Seeing the world through the eyes of the participants will help generate greater understanding of the phenomenon under study that a highly structured and inflexible research approach would be limited to.

Qualitative research is as a way of examining real-world phenomena as they naturally evolve. As such, qualitative methods are beneficial because they provide opportunities for the voices of individuals’ that may be marginalized or unnoticed, be heard (van den Hoonaaard, 2015). Hence, qualitative research designs are powerful because they allow greater detail into the subjective experiences of participants, enabling the participants themselves to define what is most important to them regarding their experiences.

This qualitative research study utilizes the philosophical framework of hermeneutic (interpretive) phenomenology. In this section, the philosophical underpinnings of phenomenology will be described, including details of the two seminal approaches to phenomenology as articulated by Husserl and Heidegger. Subsequently, the hermeneutic phenomenological approach, as it is applied in this study as the guiding methodological framework, will be outlined. Next, an explication of the hermeneutic circle will be discussed to
illustrate a core element of interpretation in the hermeneutic approach. Finally, a description of the sampling, setting and recruitment procedures for this research will be covered.

**Phenomenology**

Phenomenology is the study of lived experience. According to van Manen (1990), phenomenology encompasses how we immediately experience the world rather than how we conceptualize or categorize it (van Manen, 1990). Phenomenology seeks to gain deeper meanings of everyday experiences (van Manen, 1990), illuminating what may be hidden or overlooked. Furthermore, phenomenological research aids in making aspects of phenomena more explicit by revealing “structures of meaning embedded in lived experiences” (van Manen, 1990, p. 11). With less focus on objective facts and statistics, phenomenology places emphasis on the world as it is lived by the person (Laverty, 2003). Additionally, in its efforts to unveil deeper meanings of everyday existence, phenomenological inquiry asks, “What is this or that kind of experience like?” (van Manen, 1990, p. 9). This consideration to the internal structures of everyday experiences as they are lived creates greater opportunities to uncover critical insights into phenomena.

Credited as being the father of phenomenology, Edmund Husserl, a German philosopher in the early 20th century saw phenomenology as a human science with the belief that there is more to human experience than what pure scientific research could explain (Roberts, 2013). Studying lived experiences is an extremely complex task involving a labyrinth of paths to explore. Hence, Husserl believed experimental scientific research could not entirely capture the full experience of human phenomena thus, created phenomenology as a way to “establish a rigorous science that found truth in the lived experience” (Roberts, 2013, p. 215). Husserl’s traditional phenomenology is known as “descriptive” phenomenology, where everyday human
experience can be described without any preconceived assumptions (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013, p. 18). This practice of listening to experiences without any preconceived ideas, judgments, or assumptions is called *epoche* or *bracketing* (Hein & Austin, 2001). The process of suspending all natural assumptions is what Husserl (1931) believed to be the “state of pure consciousness” and it is here where true essence of phenomena lies (as cited in Rapport & Wainwright, 2006, p. 229).

Martin Heidegger, a student of Husserl, departed from Husserl’s traditional view of phenomenology by emphasizing the notion of human existence rather than human consciousness and knowledge (Reiners, 2012). Heidegger believed that experiences cannot be understood as separate from our social context or from our preconceived ideas, biases, or opinions. Therefore, interpretation is always intertwined with understanding (Horrrigan-Kelly, 2016). Heidegger believed interpretation to be an integral piece in the understanding of our experiences and what it is like *being* in the world.

In his seminal work *Being and Time* (1962), Heidegger expanded the notion of understanding of text to include interpretation as part of the natural process of understanding and how we create meaning of that which surrounds us (Vis, 2008). A major shift in phenomenology proceeded with greater interest in the notion of interpretation and more speculation as to whether truth can truly be “found” through Husserl’s concept of transcendental reduction or bracketing (Vis, 2008, p. 4). Furthermore, rather than trying to simply describe the phenomenon, Heidegger was more interested in “reveal[ing] what had previously been *hidden* in it (McLeod, 2001, p. 62). In his approach, Heidegger sought to understand what it means to be in the world, in a context that is situated in a particular period of time with a pre-existing historical, cultural, and socially constructed imprint. Therefore, for Heidegger, the purpose of examining lived experience is to
illuminate the meaning of that experience “in relation to an already existing system of meaning” (McLeod, 2001, p. 61).

**Hermeneutic Phenomenology**

This research study utilizes a hermeneutic methodology. Hermeneutic is defined as “textual interpretation” (Byrne, 2001, p. 968), emphasizing making sense of meaning through words that are generated by stories, interviews, participant observations, or other relevant forms of text (Byrne, 2001). With its roots in interpreting biblical and theological scripts in order to unveil meaning (Lopez & Willis, 2004), hermeneutic phenomenology has evolved to be a useful method in research for generating deep and meaningful understanding of phenomena through the use of text. Hermeneutic methodologies are sympathetic to everyday, ordinary human experiences, rather than focusing on formulating a theory that can be used to generalize experiences of phenomena (van Manen, 1990).

Hermeneutic phenomenology is a useful method to examine experiences of resilience because it is an approach that holds the ability to understand lived experience in a way that can challenge or expand society’s conceptualizations of individuals or particular phenomena. The reflection of text or language allows for the opportunity to uncover hidden aspects of various motives, beliefs, and attitudes of everyday human experiences. Heidegger valued participants’ own self-knowing and advocated for more of the “everydayness” (Heidegger, 1978, p. 371) of humans, therefore hermeneutic phenomenology is optimal in understanding experiences in one’s natural context by placing greater importance on the personal voices of the participants with minimal influence from the researcher. With a central aim of this research to unravel features of resilience through the genuine, everyday experiences of young adults in their natural socio-ecological environment, makes this an appropriate approach to use for this study.
Hermeneutic phenomenology typically uses semi-structured interviews that allow participants to express experiences through narratives (Lopez & Willis, 2004). Thus, language expressed through the experiences described in the participant interviews will incite greater understanding of how participants conceptualize resilience. With the focus on what individuals’ experience, rather than on what one consciously knows will provide space for participants to construct meanings out of their experiences that may have previously been unrecognized.

**Hermeneutic Circle**

One method in which human understanding can be conceptualized is through the cyclical process of the hermeneutics. Human beings are constantly acquiring information that becomes available in every moment of time, therefore, the term “hermeneutic circle” was given to illustrate that knowledge always represents a perpetual cycle - a manner in which interpretations of understanding is produced (Rapport & Wainwright, 2006). Bontekoe (1996) states that we notice things as they attract our attention, but understanding does not occur until there is a recognized significance of the items being noticed. The hermeneutic circle thus represents the sequential nature of understanding through the integration of emerging information. Therein, the basic form of the hermeneutic circle (see figure 1) holds that the process of understanding is always in relation to the “whole”- the object or phenomenon of inquiry, as well as its “parts” – that which the object under comprehension is composed (Bontekoe, 1996, p. 3). In order to understand the whole, one must look to the different parts. Likewise, in order to understand the parts, one must always consider each part in regards to the whole. Thus, understanding occurs through the recognition of how the parts are incorporated into the whole (Bontekoe, 1996). To this effect, meaning constructions from experiences provide opportunities to uncover information that can be used to consolidate the meaning of the phenomenon under observation.
Figure 1: The Basic Form of the Hermeneutic Circle. Adapted from Dimensions of the Hermeneutic Circle (p. 4), by R. Bontekoe, 1996, Atlantic Highlands, New Jersey: Humanities Press.

In this study, both an epistemological and ontological inquiry is represented because understanding is derived out of the lived experience of resilience (ontology) and from the construction of meaning from the narrative interviews and text (epistemology). Using the hermeneutic circle of interpretation will allow this integration of epistemological and ontological understanding to generate a more complete interpretation of resilience. It is also important to emphasize that this process of circular interpretation not be seen as a vitiosis - a vicious cycle with no fulfilling ending, rather, the hermeneutic circle represents the continual movement from what was already there to the once hidden “positive possibility of the most primordial kind of knowledge” (Heidegger, 1978, p. 153-154).

In regards to the current study, the hermeneutic circle represents the process of understanding “resilience,” illustrated in figure 2. The cyclical process that takes place include: 1) the researcher brings forth an interest and curiosity into a particular phenomenon and holds a pre-understanding of it, 2) dialogue with participants are initiated through interviews to articulate
lived experience of resilience, 3) reflection of participant interviews through reading and re-reading of the textual transcripts, 4) researcher conducts written summaries of the textual experiences to reveal additional insights, 5) dialogue with participants proceed to further build upon or reject certain ideas, and 6) fusion of ideas with empirical literature provides new understanding of the phenomenon.

*Figure 2*: Hermeneutic circle depicting the cyclical process of understanding the construct of “resilience.”
Methods

Recruitment and Sampling

The decision to interview participants who retrospectively faced adversity in their adolescence was made in order to focus on adversities that emerge specifically in adolescents, and to highlight factors the participants perceived as facilitating their resilience into young adulthood. Moreover, I was interested in exploring the experiences of overcoming adversity and subsequent self-identified resilience rather than categorizing participants’ experiences in already pre-determined categories of resilience. Thus, the meanings derived from the experiences of adversity will be used to gain more understanding of how participants themselves perceive the phenomenon of resilience.

Upon approval from the university’s Research Ethics Board (REB), recruitment for participants took place in three ways: 1) flyers (see Appendix A) with an attached third party recruitment letter (see Appendix E) were hand distributed to students in three undergraduate classes with the permission from the professor; 2) professors from the Psychology and Education departments at SFU were contacted by the principal investigator via email asking if they could distribute the study recruitment flyers to the students in their class (see Appendix C); 3) a description of the study was also included in the undergrad psychology newsletter at the university, which is distributed to all the undergrad psychology students’ email. Students interested in participating contacted the researcher directly by phone or email. Compensation was provided to those who participated in the form of one $10.00 gift certificate to Starbucks.

From the responses of interested participants, purposive sampling was used to select seven participants for this study, five females and two males. No third party participants had
volunteered for the study, thus all participants were undergraduate students from Simon Fraser University (SFU) that met the following criteria:

- Any gender, between the ages of 21- 25 years old
- Self-identify as having faced a significant adversity(ies) that presented itself between the ages of 13-19 years old
- Self-identify as overcoming their adversity and sustained their resilience into their young adulthood for a least one year

The exclusion criteria for this study included:

- Having a diagnosed, clinical mental health disorder at the time of their adversity
- Having previously been in government care
- Having faced significant adverse childhood experiences before the age of 13, such as abuse or neglect

**Site Selection**

Participants were all currently enrolled in an undergraduate program at the same university that has three different campus locations: Surrey, Burnaby, and Vancouver. Participants were offered to select which campus they would prefer to meet for their face-to-face interview. Private consult rooms were booked to ensure privacy and confidentiality, and to minimize any distractions or background noises. Private spaces were also used to help participants feel comfortable to speak openly about their experiences of overcoming adversity.

**Data Collection**

Van Manen (1990) upholds that “in phenomenological research the emphasis is always on the meaning of lived experience” (p. 62), therefore, in the examination of the experience of resilience, the information gathered seeks to understand how participants attribute meaning to their experiences of overcoming adversity as they are living it presently. Accordingly, open-ended, semi-structured interviews were utilized in order to encourage the participants to describe
and reflect on what they felt was relevant and meaningful to their experience of resilience. Each participant had one, face-to-face audio-recorded interview with the principal investigator that lasted up to 90 minutes in length. Five of the interviews were 60 minutes in length while two interviews were 90 minutes. Given the amount of time for the interviews, each participant had the option to take a ten-minute break if they needed.

With the consent of the participants, all interviews were all audio-recorded and transcribed by the principal investigator. Each interview began with a general open-ended question such as *Tell me about a significant negative experience you had in your adolescent years* to allow participants to describe any negative experience they chose. Since this study utilizes a hermeneutic phenomenological approach, participants’ perspectives represent the main source of information; therefore, the researcher maintained a minimal degree of involvement during the interviews. No predetermined order of questions was implemented, but follow-up questions were asked on an as needed basis to extract greater detail of the experiences and to ensure the topic remained within the domain of adversity and resilience (see Appendix F).

Memoing was another tool used during the interview process. The researcher used memos during data collection to capture ideas, impressions, and potential themes for the analysis in order to help with recalling details that may be easily forgot if not recorded on the spot. Memoing is a technique frequently utilized in grounded theory research but has also been used in other qualitative research methodologies (Birks, Chapman, & Francis, 2008). Using the notes from the memos and the identified themes from the thematic analysis, the data were then used to generate a written account of each personal interview, reflecting the experience of resilience.

**Procedures**

Once participants agreed to participate and the researcher ensured participants met the
inclusion and exclusion criteria, those who were eligible informed the researcher which campus location they would prefer to meet. The researcher then met each participant separately at the agreed-upon location. At the beginning of the interview the researcher presented each participant with a consent form that both the researcher and participant went over together in case the participant had further questions. In addition, a demographic information form (see Appendix G) was given to each of the participants to indicate where they are from, their email address, phone number, birth month and year, and their age. The demographic form was also used to ensure age of participant matched the inclusion criteria. All demographic information was kept confidential and stored in the senior supervisor’s locked office. After obtaining consent from each participant to audio record the interview, the researcher turned on the voice recorder and started the interview with a general open-ended question. Immediately after the semi-structured interviews took place, the researcher transcribed each of the interviews verbatim for later exploration of the text. The interviews were transcribed into a Microsoft Word document that was stored on the secure SFU Vault database for later use of analyzing the transcript for essential themes.

In order to maintain confidentiality, pseudonyms were used for each of the participants. All participants were offered to create their own pseudonym or gave permission for the researcher to assign them one. Once the interviews took place all the materials such as the voice recorders, reflective journals, memos, and consent forms were stored in the locked office of the senior supervisor. Any typed information was stored on the password protected SFU Vault.

Data Analysis

My goal was to develop a deeper understanding into the phenomenon of resilience, especially in regards to how adolescents experience resilience despite facing adversity. Van Manen’s (1990) approach to thematic analysis was utilized. According to van Manen (1990), the
hemic interview serves two functions: (1) a means for gathering and examining narrative material that may serve as an opportunity to evoke richer understandings of a particular phenomenon, and (2) “the interview may be used as a vehicle to develop a conversational relation with a partner (interviewee) about the meaning of an experience” (p. 66). Thematic analysis was initiated in this study by following van Manen’s (1990) three-step process:

1) *Wholistic reading approach:* Attending to the text as a whole and ask, “What sententious phrase may capture the fundamental meaning or main significance of the text as a whole?”

2) *Selective reading approach:* Reading the text several times highlighting or circling certain statements or phrases when asking, “What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?”

3) *Detailed reading approach:* Reading line-by-line every sentence or sentence cluster asking, “What does this sentence or sentence cluster reveal about the phenomenon or experience being described?” (van Manen, 1990, p. 93)

Van Manen (1990) states that each phenomenological account represents only one unique interpretation, therefore, such descriptions will not be used to generalize but instead, be used to gain a greater understanding of the meanings of the experiences as they are lived and how they apply to human experience. Phenomenology seeks to study the essence of particular phenomenon - in other words, “to uncover and describe the structures, the internal meaning structures, of lived experience” (van Manen, 1990, p. 10). Thus, to identify the genuine meanings embedded in the experience of facing adversity and overcoming it, I made conscious efforts to note any biases or assumptions that came up to avoid any tendency of leading the interview towards a predetermined set of fixed procedures that would affect the truthfulness of the participants’ lived experience (van Manen, 1990, p. 29). This adheres to Heidegger’s (1927) notion of hermeneutic phenomenology that, “the subject and object are inseparable” (as cited in Horrigan-Kelly & Dowling, 2016, p. 2), therefore, it is impossible to be completely without any presuppositions.
As certain themes became evident in each of the participants’ separate interviews, the researcher wrote a summary of the adversity and resilient processes the participant’s described. Once the summary was written including quotes from the interview, the summary was sent to the individual participant via email, with their consent, for the participant to read and verify that their experience was interpreted correctly. Crowther et al. (2017) describes the intention of hermeneutic phenomenological research as a means to “illuminate essential, yet forgotten, dimensions of human experience in ways that compel attention and provoke further thinking” (p. 827). Thus, the purpose of the summaries was to illuminate essential features of the experiences that may evoke greater interest to the process of resilience that has not been discovered or given sufficient attention.

**Reflexivity**

In accordance to Heidegger’s approach to examining lived experience, the researcher is considered inseparable from personal biases and historical influences that inevitably will present itself to some degree during the interview process with participants (Stolorow, 2006; Horrigan-Kelly et al., 2016). Byrne (2001) also highlights how hermeneutic philosophers such as Gadamer and Ricour stress how language is embedded to understanding, and that each person comes with certain backgrounds and traditions which cannot be shed when understanding others’ experiences. Therefore, since the researcher is unable to completely eliminate all preconceptions or assumptions during the interview process, a technique called “reflexivity” was also used. Reflexivity is the process of critically self-evaluating and reflecting on the position one takes in the research process while acknowledging how one’s personal histories, assumptions, and biases may influence outcomes (Berger, 2015; Jootun et al., 2009).
Once interviews were completed and the selective and detailed reading process was implemented, I wrote in a reflective journal any conflicting biases or assumptions that appeared. Since I am also part of the counselling psychology program and is thus training to practice as a counsellor, this experience may have benefitted the process by applying skills in attending and listening. However, given the types of adversities being described by participants, I was careful to refrain from taking on a “counsellor role,” and instead tried to maintain follow-up questions that were relevant to the participant’s experience of resilience. Another reflection that was acknowledged by myself was when both the participant and I experienced similar events. For instance, two participants described the loss of a loved one, and because I also recently lost a loved one, my own experiences may have formed assumptions. These assumptions were noted in the reflective journal so my experience is not mixed with that of the participant’s.

**Rigor/Verification of Data**

In this study, interviews, observations, and reflective writing were used to gain deeper insight into the unique experiences of each of the participants’ journey towards resilience. The participants’ voices and perceptions of their own experiences of reaching resilience was the central source of information. Summaries of the participants’ experiences were utilized in a “member checking” procedure, which is the process of sending data and interpretations back to participants for their confirmation that the information is accurate (Creswell & Miller, 2000, p. 127). Participants were then asked to provide any clarifications of the written summary, and if there were any, the researcher would apply such clarifications. Thus, through this process of participant member checking, validity of results was maintained.

**Ethics**

A description of the study protocol (see Appendix D) and the informed consent form (see
Appendix B) was emailed to each participant prior to the interview to allow for the development of questions or comments that can be addressed before signing at the start of the interview. The consent form was thoroughly reviewed with each participant at the time of the interview, and details of the potential risk and benefits were also communicated. As all participants were seemingly healthy individuals, the potential for risk in this study was minimal.

Prior to beginning the interview, participants were encouraged to say as little or as much as they felt comfortable. However, since participants were asked to recall and describe an adverse experience, there was the potential risk that participants might feel sadness, distress, or other uncomfortable feelings. Although, with “resilience” representing the phenomenon of interest in this study, interviews concluded with the exploration of how participants achieved self-identified resilience and therefore ended on a positive note. Counselling resources such as SFU’s Health and Counselling services and local crisis lines were available to offer if any of the participants felt the would like additional support after the interview (see Appendix H).
CHAPTER 4: RESULTS

In this chapter, I describe the lived experience of seven general population young adults and their self-identified adversities. Firstly, I illustrate the participant profiles in table 1. Next, I briefly describe each of the participants’ shared stories of adversity revealed during the semi-structured interviews in order to provide context to readers of the adversities faced in adolescence and what facilitated resilience for each of the participants. Next, I discuss each major theme along with their sub-themes to reveal the processes that facilitated resilience for the participants. Direct quotes from participant transcripts will also be included to further illustrate the themes.

Profile of Participants

Table 1: Participants and Self-Identified Adversities

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Gender</th>
<th>Age of adversity</th>
<th>Age at interview</th>
<th>Adversities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mia</td>
<td>Female</td>
<td>19</td>
<td>23</td>
<td>Non-diagnosed depression; Internalization of negative emotions</td>
</tr>
<tr>
<td>Katie</td>
<td>Female</td>
<td>17</td>
<td>21</td>
<td>Father passed away by suicide</td>
</tr>
<tr>
<td>Zane</td>
<td>Male</td>
<td>17</td>
<td>23</td>
<td>Intimate partner abuse</td>
</tr>
<tr>
<td>Jasmine</td>
<td>Female</td>
<td>13</td>
<td>22</td>
<td>Diabetes diagnosis; Non-diagnosed depression &amp; anxiety</td>
</tr>
<tr>
<td>Kathryn</td>
<td>Female</td>
<td>16</td>
<td>21</td>
<td>School pressure; Loss of identity; Classmate threatened to rape her</td>
</tr>
<tr>
<td>Julie</td>
<td>Female</td>
<td>14</td>
<td>22</td>
<td>Body insecurities; Anxiety to “fit-in”</td>
</tr>
<tr>
<td>Lucas</td>
<td>Male</td>
<td>17</td>
<td>21</td>
<td>Friend passed away in car accident</td>
</tr>
</tbody>
</table>

Mia. Mia was 19 years old when she started to notice that she was frequently feeling depressed moods. She eventually learned from a counsellor that she may be experiencing symptoms of Seasonal Affective Disorder. While not diagnosed, Mia described several instances of battling depressed moods causing her to want to stay in bed and not go to school, eventually leading to a panic attack (non-diagnosed). Fears that she would not “appear” in control or that
she would fail at school assignments or important tasks such as her driver’s license test produced a lot of internalized struggles for Mia, enhancing her depressed moods and feelings of isolation. Mia’s adversities lead her to take a break from school and instead, focus on work. This turned out to be a turning point for Mia where she developed a new perspective of life and of herself.

**Katie.** At the age of 17, Katie lost her father to suicide due to an excruciating battle with three brain tumors. Katie was very close to her father and even though she understood the amount of pain he was in, Katie was deeply saddened by losing the closest person to her so early. Even with knowledge about suicide and mental health, since Katie has always aspired to become a clinical psychologist, she still had to discover her personal grieving process and what she needed to do in order get through the pain of her adversity.

**Zane.** Zane’s adversity that he spoke about was being in an abusive relationship. Zane met a girl, one year older than him, when he was 17 years old and started dating her. The relationship lasted for three years, in which everything was great for the first year. However, after that first year, he explains how his girlfriend’s “anger issues” continued to get worse to the point where she would hit him and threaten him if he told anyone. This experience brought a lot of feelings of hopelessness, especially because he felt like no one would believe that he was the one being abused. Zane experienced a decreased sense of self-esteem as he described being put down a lot and “not measuring up.” Zane also describes the period after ending the relationship and the self-awareness that resulted out of enduring such a difficult experience in a pivotal time of his adolescence.

**Jasmine.** At the age of 13, Jasmine found out that she has Type 1 diabetes and from then her life became very different; she had to abide by strict rules to her diet, frequent needle pokes, and constant check-ins by her mom. Once she received the diagnosis, her relationship with her
mom significantly changed, which she described as becoming centred on diabetes. In addition to becoming diagnosed with diabetes, Jasmine faced a lot of non-diagnosed depressed symptoms and anxiety. This resulted from feeling intense pressures of getting into university and paying for tuition herself that eventually spiraled into persistent, harsh thoughts, with the occasional suicidal thought.

**Kathryn.** Kathryn described two adversities: the first was facing school pressures when she attended an intense curricular school in Singapore. It was when she was 16 years old when she felt the intensity of her struggles at school, especially in trying to prove herself to teachers. However, Kathryn found that her teachers felt more disappointment in her than appreciation, which impacted her self-esteem. Kathryn also experienced having a classmate threaten to rape her during the period she was facing a lot of stress at school. The second adversity she described was moving to Canada, a vastly different country from Singapore, during her adolescence; Kathryn found it difficult to get a true sense of who she was and where she belonged.

**Julie.** Julie described facing a lot of hardships transferring to a middle school where she wanted to “fit-in” with a certain group. Julie was 14 years old at the time and described facing perceived “body shaming” as she felt much “tinier” than everyone else. This took a significant toll on her beliefs about herself, particularly around being “good enough.” Julie faced significant amounts of isolation at school and felt self-conscious about what others were thinking of her.

**Lucas.** When Lucas was 17, he experienced the loss of his best friend in a car accident when he was living in Africa. Lucas was at a period in his life where he and his friend were preparing for their final year in high school and were planning a road trip together. When his friend suddenly lost his life, Lucas developed insight into how he grieved the loss of his friend.
and recognized that he faced challenges coping, especially growing up where he felt “desensitized” to trauma, in which he learned to not show weakness.

Themen

Based on the phenomenological accounts of participants who described overcoming an adversity in their adolescence, the results of the current study revealed four major themes with additional sub-themes. The major themes identified include: (1) Social and Community Supports, (2) Reconnecting in Meaningful Ways, (3) Shifting Perspectives, and (4) Psychological/Emotional/Psychosocial Protective Processes. The experiences presented in this study revealed unique journeys on how resilience unfolded for each participant, some representing similarities between multiple participants, while other themes were more specific to only one or a few participants. Table 2 highlights the four essential themes with the additional sub-themes, which will be discussed in this section. For ease in reading the quotations from the interviews, “… is used in place of the researcher’s interjections.

Table 2: Themes and Sub-Themes

<table>
<thead>
<tr>
<th>Main Themes:</th>
<th>Social and Community Supports</th>
<th>Reconnecting in Meaningful Ways</th>
<th>Shifting Perspectives</th>
<th>Psychological/Emotional/ Psychosocial Protective Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3. Church</td>
<td>3. Engaging in Meaningful Activities</td>
<td></td>
<td>3. Authenticity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Acceptance of Vulnerable Emotions</td>
<td></td>
</tr>
</tbody>
</table>
Theme I- Social and Community Supports

All of the participants described an element of social support as a facilitating factor in their self-identified resilience. Having a sense of connection and knowing someone cares emerged as being one of the most crucial factors for resilience. All of the participants described having a reliable support, either from a family member, a friend, a religious/spiritual source, or a counsellor. This domain is broken down into the four separate sub-themes of support that were cited by participants.

**Significant adults.** For a few of the participants, support from a family member, other than parents, was described as a critical piece in their resilience. For Mia, it was her godmother who helped her develop new perspectives to her challenges, saying, “she would give me amazing world saving advice.” For instance, Mia described how her godmother would help her overcome daunting challenges by giving her the confidence she needed to accomplish tasks without having to do everything at once. This renewed sense of accomplishment helped Mia regain her sense of motivation again:

...it was my godmother who sat down with me and explained it...and then she was the one that I literally called when I wasn’t too sure what to do, what had to be done and sometime she would give me amazing world saving advice...but she just be like ‘okay, so you don’t want to do this, you don’t feel like doing something, what is it that want to do, what is it that you need to do, and I’m like ‘ok, I need to do laundry, okay, then just do the laundry’... just do that one task.

Similarly, Lucas explained that a day or two before his friend’s car accident, he and his uncle were talking about death and how his uncle spoke about the unnecessary agony of questioning events that are out of one’s control. Lucas’ uncle told him:

You know things like this...like someone’s death, if you question it...that will get you tumbling into so many other... if you question something you don’t understand for that long it’s...initially the same with God like if you question it, if it’s something you don’t understand and you don’t get the answer, you will never be like, you’ll be satisfied.
Remembering the words from his uncle, Lucas was able to unhook from the ruminating questions about the unfairness of losing his best friend, and instead, focused on the extraordinary influence his friend had on him and in this world. The support from his uncle helped Lucas to understand the unnecessary struggle we can create for ourselves by not accepting what is out of our control. Rather, understanding the normalcy of feeling hurt by events, but also recognizing the insights that can come from such experiences, lead Lucas to feel more comfort with knowing his friend’s life “was fulfilled.”

Peers. Peers were the most frequently reported source of support in helping participants overcome adversities and aiding in their resilience. For example, when Katie was grieving the loss of her father, it was the girls in her dorm residence and her best friend that helped Katie feel supported without having to necessarily talk about what was going on. Shortly after Katie found out about her father’s passing, periods of depression surfaced:

...my grief was definitely like an episode of depression like I could hardly get out of bed...sometimes I didn’t want to go, it was too much effort to go to the dining hall to eat, I would just sit in my room and basically watch YouTube videos and like I didn’t want to study, didn’t want to do anything.

Knowing that Katie was going through a tremendous loss, the group of girls in her residence dorm became a pivotal reason Katie was able to keep going and get through her days, she states:

I’m convinced the only reason I’ve like made it through was cause my friends were like ‘hey, let’s go eat together, let’s go to the library and study together.’

With these “intentional” efforts, as Katie describes, it brought back normalcy and reassurance that she has people around her who understand and were there to support her. Katie was able to get through the rest of her semester and she started to eventually notice that she was feeling better.
Similarly for Julie, her best friend was someone she realized was always by her side and that she was someone who cared very much about her. It was especially difficult for Julie to turn to her parents during her experience of adversity because of the different cultural norms that her parents grew up in. She explains,

...but since she’s, there’s a cultural barrier, she grew up [outside of Canada], she doesn’t really understand that moving and you know, conforming to like friends and stuff.

Julie considered transferring schools because she felt like she did not belong in her current school and was dreading the way she was feeling. However, once her best friend communicated to her that she cared if Julie left and was encouraging her to stay, Julie rediscovered that she had a huge support system in her friend.

I'm not Catholic Christian but you have to be Catholic to go to that school unless you have special permission so I was even asking like my church could you sponsor me to go to the school because I was just really desperate... And then like again, my friend was like ’What are you doing? Like you have friends in [this school] you should stay here’ and yeah.

Church. A spiritual or cultural aspect was not a common response in the participants’ phenomenological accounts of resilience; however, it turned out to be one of the most crucial resources for Julie. While Julie did not feel her parents could have provided the support that she needed, even though she loved them very much, she found a sense of connection with her church that turned out to be a very meaningful resource for facilitating resilience:

...what also helped was church... I kind of also realized like I think this is the age where you kind of make decisions for yourself and the age where I decided I wanted to go to church...cause even like people there, they're just really inviting, like we have church counsellors that you can just talk to...not necessarily like for, just so people to talk to if you needed something and so that was super encouraging so I thought that helped a lot...going to church actually makes me happy.
Julie described her appreciation for having something like church in her life because without it she felt she would not be the person she is today. Appreciation such as this nurtures gratitude, and life with gratitude provides more quality and meaning to life and the experiences we have:

*I was just really lucky...it’s just nice to know that you have like a free rebound resource to go to...and people that do have your best interest at heart and people that you grew up with cause I grew up with the church. So I thought that that was extremely helpful for me and honestly I don’t know what I would do if I didn’t have that; I feel like I would not be this person I am today...if I didn’t have all those resources.*

Church was a resource for Julie when she did not feel like her parents, counsellors, or teachers were able to provide the support that she needed. Julie found that her church’s youth program was extremely beneficial and described how she would want her children to always have some form of “non-biased resource” that they can turn to. This was a turning point for Julie because in grade ten when she decided to go to church, she ended up discovering more about who she is. Now in her young adulthood and in post-secondary school, Julie has let go of the need to conform and instead, feels comfortable in her own skin.

**Counsellor.** Four of the participants described seeing a counsellor as a helpful aspect to their experience of resilience. Many of the participants expressed that their parents were not the first source of support they would turn to for reasons relating to lack of appropriate understanding due to cultural barriers, unavailability of parents because of their work, or because the empathic understanding was missing. Therefore, participants who did not find the kind of support they needed from family, counsellors were significant in their coping and personal resilience. Jasmine was one participant who found individual counselling to be the most effective because she was not close with any of her siblings and when she was diagnosed with diabetes, she describes how this changed the relationship she had with her mom:
But it really changed my relationship with her where almost everything became about the diabetes. It’s like “Oh, how’s your blood sugar today? Have you been keeping it down? What do you mean it’s high? Why is that...it was almost the only thing a lot of the time.

Even though Jasmine did not seek support from her family, she was able to find support in a counsellor, which turned out to be the type of connection she needed from someone while going through her adversities. Jasmine felt understood and more importantly, she felt like she could be herself:

I ended up being matched with a counsellor who I worked really well with... he was really funny. He made some kind of like jokes that weren’t always the best sounding but me and him both knew that it was, like he knew that I knew that it was a joke...it was very, it, it just worked really well for me.

Kathryn also acknowledged a counsellor in her experience of undergoing adversity. Kathryn worked really hard to become her school’s Student Council President, however, she felt very unsupported by her teachers and her classmate who became the Vice President (VP) of Student Council. Kathryn then describes how one day when she was walking to class, the VP followed her and she stated, “he like cornered me at my door, and he said he was going to rape me.” Having to face such a threat on her own can undoubtedly cause an adolescent to endure significant consequences to their mental well-being. Kathryn not only faced the indecent threat from her classmate, but she also endured intense academic and extra-curricular pressures. With the accumulation of stress, Kathryn made the decision to talk to someone, she describes:

I cried a lot so eventually I went to see my school counsellor...and he listened to me and then he told me how, he told me how to face the male VP.

After getting some guidance from her school counsellor, Kathryn was able to take more initiative to stand up for herself, especially in regards to the person who threatened to rape her. Thus, counselling was an option for Kathryn to address some of the emotions that were hard to deal with on her own and she was then able to maintain her focus on what was important to her.
Theme II- Reconnecting in Meaningful Ways

Reconnecting in this study is used to describe how participants renewed their sense of meaning with themselves, with others and with life. Similarly to what Judith Herman describes in her book, *Trauma and Recovery* (1992), reconnection is the process of creating a new sense of self through the context of meaningful relationships and self-determined living (*Trauma Recovery*, 2013). All of the participants mentioned reconnecting in some way, either personally or externally that helped to facilitate their path towards greater resilience. The sub-themes identified within this theme include: extending self to others, intra and interpersonal connectivity, and engaging in meaningful activities.

**Extending self to others.** In addition to receiving support from others, another common feature many of the participants embraced was being able to share their experiences in a way that connected them to others, and to be able to help others facing related adversities. Similarly to Herman’s third stage of trauma recovery, “Reconnection and Integration” (*Trauma Recovery*, 2013), Herman describes this stage as when individuals reinvent themselves so that their trauma no longer has a powerful hold or becomes their defining aspect. This allows the individual to feel empowered to establish a bright future, often with the pursuit of being a mentor or support for others affected by trauma or other significant adversities. Likewise, this subtheme represents how participants were able to integrate what they learned from their experience to be able to lead a more self-determined, purposeful living. For example, participants reported feeling empowered to help others in volunteer work, in their goals as a working professional, and through modeling positive adjustment to the younger children or youth looking up to them. Through the genuine compassion to help others, especially after recognizing what participants wish they had
throughout the core of their adversity, speaks to the importance of maintaining connection with others so opportunities to provide relational support can be fostered.

One of the insights that Lucas found going through his experience of adversity was that it is a natural and normal process to show that you are affected by a traumatic experience, and being able to show that to others who are going through adversity, will in turn help create a natural connection and support system for both. True empathic and compassionate support is what helps people heal from adversity, he states:

...you being with them in that time of comfort should also comfort you...but be strong enough for the people who need to see someone strong for them too, not strong but to be accepting, just show, like acknowledge it, acknowledge the sadness, maintain strength...do the things for people who need to visually see or hear someone who can. That is the place of solace for me in all these situations is that handle it because you know how to show that you can handle it...for the people who need it.

In another case, Katie reported that she always had an interest in mental health, specifically suicide, and after the passing of her father, Katie took a needed step back from some of the outreach she was engaged in to give herself time to grieve. In doing so, she was eventually able to use her experience to help others undergoing similar adversities more effectively. Katie went on to volunteer at a crisis line and maintained her motivation to finish schooling in neuroscience to eventually pursue clinical psychology. The space she gave herself to process the loss of her father helped her to continue moving forward with meaning and purpose.

I’ve done so much research into suicide cause that’s what I want to help...later on in life, like I want to be a psychologist and do a lot of focus on like people who have suicidal thoughts and I’ve wanted to do that since I was like 13 or something...I think like if anything, losing my dad like that he, it almost motivated me to want to help more people that are struggling with this...I did want to do it before but I think now going through it um it just made it that much more real and that much more, I guess gave me an insight to it.
Of particular importance was what some participants described as what they wished they
had while going through their adversity, because for some, without certain supports, less
adaptive outcomes may have resulted. Thus, one way of extending support was illustrated
through the promotion of what participants felt was important in their achievement of positive
outcomes. For instance, Jasmine stated that she would tell someone who was going through
significant adversities in their adolescence “Don’t do it alone.” Encouraging others to have a
certain support in their life to turn to during periods of adversity was considered especially vital
for Jasmine.

_intra and interpersonal connectivity._ For this study, interpersonal connectivity refers to
creating or redefining meaningful relationships with another (or others), while intrapersonal
connectivity refers to reconnecting to one’s inner beliefs, values, and sense of purpose, instead of
feeling defined by the adversity. Reconnecting to oneself as well as to others was an important
feature in participants’ resilience, enabling them to regain a sense of meaning in life. Through
reconnecting with internal or external resources, participants were able to move beyond getting
through their day to demonstrating greater self-perception of their situation and their future-
oriented goals. Additionally, this process of intra and interpersonal connectivity helped
participants rediscover their inner strengths and supportive elements that they could use to
continue to foster their resilience.

One example of the profound influence of reconnecting during a period of significant loss
was exemplified in Katie’s experience. Even though Katie knew that her father was in a lot of
pain and did not want to finish his life in a hospital bed, losing her father to suicide was the most
difficult experience she had to endure. Katie’s father was the person closest to her; therefore,
Katie found that holding onto her father’s memories was the only way to feel his connection.
Wearing her father’s necklace to keep him close to her and the time she devoted in ensuring she would not forget the little things that her father did, helped her feel as though she will always have a connection to him:

*I made a point to like write them all done...in a journal, like everything I could think of...cause I was like, it’s like those super little things that are like worth remembering...but are also like the easiest to forget.*

Allowing herself time to reconnect with the moments that brought her joy, promoted a deeper sense of warmth and comfort. Katie also knew that certain times of the year would be harder to get through, such as Father’s Day and his birthday, therefore, she would make an effort to plan an activity that was in honor of her father, allowing her to feel connected to him:

*I usually try and plan something because he was such an active person I usually plan something more um actively related like going for a hike... it just helps me feel connected to him to do things like that...even like running, he loved to run so it, usually when I’m running I feel very close to him.*

There were times when Katie unexpectedly felt the overwhelming sadness for not having her father around that influenced her capacity to cope through that day, week, or even months. There were specific occasions in which Katie became very conscious of what she was doing, such as her father’s birthday, because she knew she would be reminded of him and perhaps feel more somber; Although, on days when she did not expect to feel depressed from her father’s passing, she felt lost. Respecting the process of grief and recognizing that it can appear in very different forms for every individual, Katie soon learned that her feelings of grief can come and go at various times. Katie realized that when she noticed she was feeling worse and feeling more down, she needed to take a step back and let herself reconnect to her emotions:

*I first really learned that I bottle a lot of things up... I think the part of like being intentional about it like, now I’m going to set aside time...to let myself feel...make an effort to like sit there and like look at pictures of him and think about him, and then just let it, like if I ended up crying I’d cry.*
Recognizing that grief is a process that is ongoing, Katie found that the memories she has of her father and the journal of the little things she noted about her father, is her way of reconnecting and feeling grounded. This sense of reconnection has helped her maintain her path towards her goals and the motivation to continue pursuing her dreams.

Julie’s experience exemplifies both personal and social connectivity that provided insight into resilience. When Julie found herself feeling very disconnected from the other students at school, desperately wanting to be accepted by those who she thought were “cool,” she found herself hiding parts of herself that ended up making her feel even more lost. When Julie found opportunities to connect with others outside of her school, such as in her church’s youth program, she started to embrace the qualities she forgot she had:

... it had youth programs so I was able to meet friends too...and so that kind of encouragement of like I have other friends, maybe not in high school, but that means I have the potential of creating more friends...then I realized like church really did help with that self-esteem, they teach you that you shouldn’t care what other people think about you, and that you should only do things for your, like not for yourself, but things that just improve yourself...things that, your stronger with people, the environment that want to help you improve.

Going forward into her young adulthood, Julie was able to sustain her connections with the friends that she found to be supportive and she continues to maintain those friendships today. Not only did Julie evolve her sense of connection externally, but she also found the connection to her personal strength and motivation, encouraging her to continue to learn and grow.

**Engaging in meaningful activities.** Engaging in meaningful activities was another process that was prevalent in several of the participants’ experiences of resilience. Each of the participants described an element of investing their energy into something that brought meaning to them and in turn, ignited a sense of purpose and motivation to persevere. For Mia, the decision
to put her energy into work and to take a break from school was a change that helped her
rediscover her capabilities and her confidence:

_I made a lot of experiences that I’m really proud of…it was a good experience
due to it um put me in situations I never thought I would be and it gave me
experience that I didn’t, that was very useful…_

A significant piece to Mia’s experience is the way that she perceived herself and her
capabilities. Without investing her energy into something that allowed her opportunities to grow
and feel proud of herself, the belief in herself and her abilities may have remained concealed.
She expressed, “I am in a much better positive mindset.” Opening up to other possibilities, Mia
discovered new interests, but more importantly, she found the confidence in herself to believe
she can handle situations even if they appear difficult.

Enduring significant adversities, especially painfully traumatic ones, it can be easy to
become stuck in the darkness that results, with each day seeming like more and more hope is
fading. For many people who go through the loss of a loved one, periods of darkness where
emotions such as anger, sadness, and confusion tend to overthrow can be extremely difficult to
navigate through. However, for Lucas, he was able to prevent his depressed state of mind from
growing and becoming more inescapable because he made an effort to continue to invest in life.
To have the feeling that he was still “producing,” Lucas did the activities that brought him joy
and provided a sense of release, he describes:

...I remember I just always, I played more sports and I played like you know, it
was just a constant…go play more sports go, so that little, those productions of
things I like, after awhile they got me back, they got me more like synchronized
again…you know, and it was like after a lot of, like a breathe like a, ‘Oh,’ but
like I already kind of healed from the pain…because of this...

An important factor that prevented Lucas from descending deeper into the excruciating
sadness was allowing time to organically bring about healing, rather than being swayed by the
negative emotions that could, at times, feel as though they were consuming any space left for things that are meaningful. Continuing to hold on to positive things he enjoyed like music, sports, and reading led him to regain balance in life again – accepting the inevitable adversities that may come, but never stopping to invest in other parts of life that are filled with good. This was a huge factor in allowing Lucas to keep pursuing all that life still has to offer, without losing the memories he has of his best friend.

While it may be sports, work, or changing a routine, investing energy into something that holds some meaning was a significant component in feeling like the participants can overcome their adversities. For all seven participants, awareness into their experiences was nurtured through engaging in a meaningful activity or resource. This speaks to the importance of maintaining an openness to discover new aspects of life, and of ourselves, fostering a humbleness towards both positive and negative features of life with greater self-awareness and purpose.

**Theme III – Shifting Perspectives**

Shifting perspectives is the third essential theme identified from participants’ phenomenological accounts that represents a cognitive turn from focusing mainly on negative events, emotions, and feelings, to developing healthier perspectives of adversities and greater attention to what matters in life. The sub-themes that will be described include: internalization versus openness, and recognizing personal agency.

**Internalization versus openness.** This sub-theme expicates the impact of shifting from internalizing negative events or emotions (i.e., turning negative feelings inwards in the form of self-criticism or hopelessness) to demonstrating greater openness – the ability to speak about emotional difficulties to oneself and trusted others, rather than suppressing negative feelings that
could enhance internal distress. Developing a change in perspective towards one’s own inner beliefs was pivotal for some of the participants’ resilience. Gaining a greater perspective about the commonness of failure was exemplified as an important shift. For example, Mia struggled with her own self-critic, putting significant pressure on herself to always “appear in control.” Since the beginning of post-secondary when she was 18-years-old, Mia was terrified of failure, especially if her failures ever became exposed to others:

_\textit{I always had to ‘appear’ that I was in control...and that I was cool, calm and collected. Regardless of what was happening internally, regardless of what was going on as long as everyone else had the perception that I was in control and that I was always composed.}_

This pressure produced several feelings of loneliness and isolation where Mia felt that all she could do was stay at home in bed. This resulted in avoiding friends, activities, and any feeling of happiness.

When Mia took some time off from school, she put her focus into her job where she was able to gain experiences of success; “I made a lot of experiences that I’m really proud of.” Mia recognized that she could accomplish what she set out to do even if she does not always feel she has everything under control. Now, Mia finds that, “I don’t internalize things as much.” This change in mindset helped Mia view the world less critically; releasing her from constantly wanting to isolate herself, and instead, take more risks in order to become open to what the world may have to offer:

_\textit{I am a lot more willing to actually try things, even, no matter how awkward and uncomfortable it is and I am able to be honest about that.}_

Julie’s experience also exemplifies a shift in her perspective, especially in regards to how she internalized perceptions of others. Julie developed the perspective in middle school that being skinnier than the rest of the students was something to be ashamed of. This view was
extremely inhibiting for Julie as it prevented her from engaging in sports and wearing clothes that she wanted to wear:

* I always wore sweats to make it appear that I was bigger than I am...because if I wore tight-fitted clothing like leggings, you could tell that I was really skinny and tiny. Also cause I was short and I would put socks in my shoes to make myself look taller, so I did, I tried to invent ways to make myself look different.

Before entering middle school, Julie was not ashamed of her body. The internalized shame she felt towards her body started when she entered her new school where she did not know many of the students. This led her to feel as though she was not good enough and that she needed to conform if she wanted to feel accepted. However, this outlook changed once she realized that she would never want a child to feel the way she did. Also, with the help of her one friend, Julie started to change her perspective and started to believe that she is “enough” - “like this is who I am and I’m happy.” Now in her young adulthood and in post-secondary school, Julie has let go of the need to conform and instead, feels comfortable with herself:

* I just let it go, I’m like super chill I’m like ‘oh, whatever’ like if I’m eating with my hands because sometimes I forget my fork at home, I’m like no one cares and if someone cares, that’s weird because I’m not going to touch someone with my hands.

**Recognizing personal agency.** Agency is defined as “a human capacity to influence one’s own life within socially structured opportunities” (Hitlin & Elder, 2006, p. 57). Personal agency plays a crucial role in mental health, especially in adolescents who are in a developmental stage where they are making more decisions about their future goals. Characterized as a time when new interests are being discovered, the stage of adolescence simultaneously presents greater chances of encountering more failures or letdowns thus, the promotion of resilience skills is essential.
Recognizing personal agency was demonstrated through Mia’s experience when she began to realize that her feelings of depression and fear of displaying failure were controlling her behaviours, and thus how she felt about herself. As mentioned, Mia faced many struggles in believing in herself and her capabilities, and when she internalized her perceived failures, she isolated herself. However, when she made the personal choice to be less afraid of failure and instead, embrace the opportunities she has, she started to notice that she can choose to internalize failure, or she can use it as opportunities for growth:

*I thought I was a failure. So I wouldn’t want to try something… Now I’m like, okay, I’m going to go, I’m going to try this out.*

This theme also represents many interrelations with other themes, particularly in shifting perspectives about beliefs in abilities and in the rediscovery of a healthy sense of self-worth. In Zane’s case, he realized that he did not like feeling the way he was in his relationship and he knew he had to make a change. Thus, rather than extending more energy into something that kept him feeling stuck, Zane started to follow his own values and decided to stop putting his energy towards the abusive relationship:

*Yeah, and deciding that it’s worth taking this risk to change what I’m doing… and move on, or at least say something… I had this like moment I was like ‘this is a real chance, I could do something here or I can do what I always do.’*

This was an essential turning point for Zane – choosing not to remain stuck in a relationship that was unhealthy for his well-being. Additionally, Zane gained more self-awareness into his boundaries, which helped him make choices that were more conducive to his values. Recognizing the choices one has in deciphering directions to take, and holding onto some courage to take risks, was significant for resilience. To Zane, resilience represented an image of
“weathering the storm” but that it was not just getting through things, or persevering; it’s about being able to take action, to choose to make a change that deep down feels right:

...not just um sort of getting through something...not letting the adversity beat you down and put you to a stop but it’s also not letting adversity prevent you from action I guess. You have to be able, like truly resilient people, when something awful is happening, they can still do what they want or need to do.

Theme IV - Psychological/Emotional/Psychosocial Protective Processes

The fourth theme that emerged was psychological, emotional, and psychosocial protective processes that had a profound influence on participants’ resilience. This theme represented one of the most prevalent and critical themes to resilience, highlighting certain psychological, emotional and psychosocial factors that were impacted by adversities. The factors that will be described further are the sub-themes of: rediscovering self-worth, discovering a sense of belonging, authenticity, acknowledging vulnerable emotions and acceptance.

Rediscovering self-worth. Hearing the experiences of overcoming adversities that presented in adolescence, it was evident that a central theme to the participants’ resilience was discovering a healthy perception of one’s self-worth. Many of the participants described rediscovering their sense of self-worth by the process of redeveloping beliefs that encouraged their sense of value. Julie’s experience highlights what many adolescents often endure in high school, which is viewing others’ perceptions as more important than one’s own. Having such a view can be detrimental to one’s well-being, especially if it reinforces beliefs that are unhealthy and eventually diminish any feelings of value. Throughout Julie’s experience of feeling like she was not good enough for the “cool” students, she started to view herself as “pathetic” and “worthless,” she describes:

But it was really tough because it was, you think you’re okay but once again other people don’t so you kind of fall into that belief that because everyone else
"Thinks you’re not good enough then what else, what are you going to do for them to think the same."

Julie was battling that constant struggle of trying to portray herself as “worthy” to a particular group that it drove her to the point of being ashamed of who she was. This shame made her feel like she needed to hide herself. Consequently, Julie would walk to a nearby neighbourhood everyday at lunch and eat alone in order to avoid others from seeing that she had no friends. However, a major turning point for Julie was the change in belief that she has to hide who she is in order to be accepted:

…at one point I kind of realized this is really dumb, I don’t want to do this all the time, like it’s not getting better… I need to do something, cause it isn’t…like now that I think about it it’s like oh, like I would never want a child to do that.

This is when Julie started to believe that she deserves more than to feel loneliness and isolation. Her perseverance to start living the way she deserves drove her to appreciate more of what she does have in her life. This included the comfort she finds in her friend who always stood by her and the acceptance she received at church. Julie started to discover her genuine acceptance in herself and began to view herself as “happy,” “smart,” “athletic,” “positive,” “strong,” and “determined.”

Significant obstacles that Mia faced in relation to her sense of self-worth were her tendency to internalize her emotions and the resistance she felt in opening up to others about failures, mistakes, or even successes. This prevented her from connecting or relating to others, which drove her to believe that she is not as good as everyone else. Mia found that by internalizing her perceived mistakes and struggles, the feelings of loneliness and sadness became stronger. Mia did not feel good about herself; thus, making her afraid to show her true self to others. This produced intense inner turmoil for her as she states:
I had no appetite for anything like I just, and then all I wanted to do was to be at home in my bed. Like you know, I didn’t want to go out with friends.

Mia’s tendency to internalize negative emotions was becoming very constraining. However, a turning point for Mia was seeing a school counsellor and finding out that what she was experiencing was completely normal. This produced a change in her perception from “What was wrong with me?” to “It’s not like anyone’s ever not going to be lonely.” This significantly impacted her sense of self-worth as Mia started to see herself like everyone else:

There’s a difference between failing at something you tried and being a failure...I used [to believe] if I failed at something, I thought I was a failure... Now I’m like, okay, I’m going to go...I’m going to try this out.

Mia began to recognize that even in times when she does not display success, it does not make her any less of a person. Before, Mia would attribute her failures as something wrong with her, but she soon developed the recognition that failing and making mistakes is a common feature of being human. Mia evolved her sense of self-worth by believing that she too was deserving of happiness and success, despite certain failures or disappointments. Realizing that her attempts to face adversities alone often resulted in greater internalization, more isolation, and greater self-judgment, Mia began to confide in people who provided a sense of empathy and compassion, which cultivated greater resilience.

Kathryn’s experience also involved the rediscovery of her sense of self-worth because while she was in school in Singapore, Kathryn often encountered “disappointment” from her teachers. Being a passionate student who always put schoolwork first, when Kathryn would hear her teachers say they were disappointed in her, she would then turn that disappointment inwards. However, Kathryn discovered that her genuine effort to do well in school and the normalcy of feeling burnt-out when pressures became overwhelming did not mean that she was not deserving of her efforts or her achievements. Kathryn found that she stopped putting so much pressure on
herself to be the best and she let go of the internal attacks that would cause her to “dwell” on things that were occupying her energy:

   So, I kind of, I don’t believe in like fate or things like that but like if something happens then I don’t put too much pressure on myself like, oh, if I wake up late, then I wake up late, it happens, okay, what can I do now?... not too much on like thinking about why it happened...or dwelling too much on it.

   Even into her young adulthood, Kathryn now 21 years old continues to hold on to a positive sense of self-worth that allows her more flexibility and ease in her life; she does not carry the burden of having to please everyone all the time and now feels a genuine sense of value no matter what the circumstance.

   **Discovering a sense of belonging.** Many of the participants communicated a feature of belonging that was associated with their achievement of overcoming their adversities. Sense of belonging has been defined as “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992, p. 172). Participants in the current thesis described belonging in the sense of interpersonal experiences within their environments, and how it impacts them internally in relation to their sense of identity.

   In Kathryn’s experience transferring to North America when she only had one year left of high school, she endured considerable struggles related to her sense of belonging because she found it challenging to conceptualize her identity moving to vastly different countries with very different cultures. Thus, Kathryn found it difficult to conceptualize her identity and feel a sense of relatedness to others; Kathryn felt confused as to whether she should identify more with her Asian roots or her Canadian roots. This struggle of not being able to feel a consistent identity created a discordant feeling in her sense of belonging:
At the same time when I was in grade 12...part of what ah, depressed me was I didn’t really know where I belonged...because um, I’m not really Canadian, I’m not really Singaporean, or I’m not really Taiwanese so...Yeah, so it was just like, is there a group of people who are like me?...So like the first around 8, 7-8 months in grade 12 I was really depressed cause I didn’t really want to talk to people, I didn’t really know how to.

The struggle with a sense of belonging in adolescence can be extremely difficult because according to Cartmell and Bond (2015), it is a “complex and multi-faceted concept” (p. 91) involving the quality of relationships amongst different people such as teachers, peers, and family members, and also within various organizations like school, home, or in the community. After about eight months of feeling completely immersed in symptoms of depression, Kathryn found an opportunity to talk to her dad about belonging, in which she asked him “Where do I belong?” Her father responded, “Well, you belong wherever your family is or wherever your home is.” Kathryn found that by talking with her dad, someone she felt comfort with, reminded her of the unchanging home that she will always have - her family and friends.

Other participants described the theme of belonging in relation to feeling a part of a group or sensing the feeling of “unity” with others. Although it can be challenging to feel a sense of belonging in adolescence because of the constant struggle between trying to “fit-in” with a particular group, and also trying to hold on to some individuality or uniqueness, it appears that maintaining a sense of belonging that upholds even in times of being alone is especially important for adolescents.

One of the toughest parts for Julie was learning “how to act in middle school.” Julie moved to another city right before going into middle school and the city she moved from only had elementary and high school; there was no transition to middle school. Therefore, this unexpected transition made it harder to adjust and she felt like she “wasn’t competent to make friends,” or at least friends that she thought were “cool.” Julie describes:
I did have friends but I guess I was ashamed of them because I wanted to hang out with the cool kids – I couldn’t be seen with them that typical way that kids think about like, they have friends that care about them but at the moment they don’t realize it...cause you want to seek after friends that don’t honestly even benefit you, like pseudo friends that act like their your friends but make fun of you behind your back.

Trying hard to feel a sense of belonging with a group that she idealized ended up producing more feelings of shame, incompetence, and loneliness. However, Julie’s sense of belonging was rediscovered when she realized that her best friend and church always accepted her; having the genuine appreciation for her best friend and the unconditional acceptance and inclusion she received from her church were two crucial features that helped enhance her feelings of belonging.

In Mia’s experience, she also discussed aspects of the theme of belonging in relation to resilience, more specifically in terms of unity and the feeling that she is not alone. Mia’s friend was someone who provided a sense of belonging for her because anytime Mia found herself struggling with school assignments or procrastinating she states, “we help each other.” Mia used the phrase “Come let’s suffer together” indicating the power of having someone to feel a sense of safety in, especially during moments that feel excruciatingly harder to get through alone.

Sargent, Williams, Hagerty, Lynch-Sauer, and Hoyle (2002) state that peer relations are an essential piece for a person to develop a sense of belonging and identity formation, which is consistent in Mia’s experience as her friend and her peers at work contributed significantly to her sense of belonging:

My associates made it worth it cause I was management and they were there and so I would start up with them... Yes, they made it worth it, they were the one’s I could rely on, I could count on and I’m like ‘okay, we’re all in this together, so if you guys don’t want to be here, I’ll be here with you, all the way, so let’s go.’
The sense of belonging can undoubtedly shape the ways individuals perceive the world and themselves. For Kathryn, feeling lost towards her sense of identity and belonging left her perceiving the world as unsettling and uncomfortable. For Julie, she viewed the world as judgmental, only valuing those who fit a certain image. Nonetheless, as a result of the evolving appreciation towards the important aspects of life, it fostered a greater sense of belonging within participants.

**Authenticity.** Hearing the experiences of overcoming adversities that presented in adolescence, it was evident that a central theme to the participants’ resilience was “authenticity.” This theme appeared in several of the participants’ phenomenological accounts of their experience with resilience, which highlights the importance of fostering authenticity in adolescents.

Authenticity is generally defined as “the unobstructed operation of one’s true or core self in one’s daily enterprise” (Goldman & Kernis, 2002, p. 18). A common feature to many of the participants’ experience of resilience was reaching the realization that staying true to who they are leads to greater feelings of freedom and happiness. For example, in her adjustment to Canada when Kathryn was in the last year of high school, by the end of her grade 12 year, Kathryn developed a stronger sense of belonging, but she also noticed that she developed more confidence in her qualities without the fear of being judged. As a result, Kathryn felt more at ease being herself, which helped cultivate her resilience.

Mia’s experience also highlights the theme of authenticity. Mia described when she was experiencing her low moods she “just kept it to myself.” She did not want others to see that she was feeling down, rather she needed to show she was always “cool, calm, and collected.” Unfortunately, this made Mia feel even lonelier. Throughout her experience, Mia eventually
realized that other people would be making connections with one another - sharing in experiences together and supporting one another. Mia was missing out on the shared opportunities and support by concealing her hardships that ultimately enhanced her loneliness and isolation:

...and then you know a lot of people make connections and are sharing and laughing at successes and everything that happened, whereas I didn’t give myself a chance, an opportunity to do that, and that I was the person hurting myself...because I wasn’t opening myself up.

In retrospect, Mia attributed part of her resilience to finding the courage to open up and show her true self to others in positive and difficult moments. In doing so, the social support and relatedness that she discovered from her friends reduced her habit of internalizing negative emotions that often enhanced her feelings of depression and isolation:

...then what else has helped me was to be able to be just little less controlling...and um more open cause I wasn’t open and more, you know just be able to laugh at myself and be able to share in like share all aspects of everything like with people I guess.

Zane also described how self-awareness and acceptance of his authentic self relinquished troubling feelings of guilt, embarrassment, and distrust. Zane described undergoing a lot of self-awareness throughout his experience of being in the abusive relationship. For him, clarity into his experience developed when he looked back on his adverse experience and he began to understand more about the value of being yourself and that by having certain boundaries, it is easier to stay focused towards your goals:

I felt like the lesson I learned was 100% what are my boundaries; what’s okay, what isn’t; what do I expect...from someone you know, what are the kinds of things that if I’m dating someone I can say ‘hey, that’s not cool’, or ‘why did you do this’ or ‘why didn’t you do that.’ Whereas before I didn’t really you know expect to think about that.
Developing a strong sense of self and embracing her authentic qualities was a significant piece to Julie’s experience of resilience. At the start of her adversity in adolescence, Julie desperately wanted to appear as someone that only represented “cool” even if this meant covering up features of herself, like her weight, to be perceived differently. However, Julie started to develop more awareness when things were not coinciding with her values, especially when hanging out with the “more artistic kids that like to smoke and maybe abuse substances.” Julie noticed that the types of activities this group of individuals were involved in were not in line with her own attitudes or values. Therefore, even though this group accepted her, she still felt disparate. Instead of disregarding the incongruence she felt, Julie realized more about who she is and started to focus on what was important to her:

*And so I guess that was kind of like the moment I’m like, I don’t really ever want to smoke I don’t like, I don’t want to drink alcohol, it’s just not a me thing...And even though they’re very nice to me it’s, I don’t like, sooner or later we’re going to deviate on our path...because we’re going to have different interests...and so I should probably, my friend was right I should probably just kind of just open my eyes and be like she’s my real true friend I should hang out, like I shouldn’t be ashamed of her and she’s always been by my side.*

There is no debate that it is simply part of our human nature to want to feel accepted and liked by others; however, it is also important is to stay true to one’s authentic self. Since Julie found few similarities in the goals and interests between her and the “artistic” group of friends, she knew the different interests would sooner or later “deviate” her onto her own path. This was the moment Julie realized that it is more important to her well-being to follow her own path in relation to her own interests, without worrying about the perceptions of whether others see her as part of the in-crowd or not.

Lucas’ experience also demonstrates this theme of authenticity as he explains that one of his biggest criticisms during his experience of undergoing adversity was that he did not let...
anyone see how he truly felt inside about the experience. Instead, he found himself keeping most of what he was feeling in, thus creating a “façade of it, like everything’s fine.” Showing strength instead of weakness and “soldiering on,” was the lesson Lucas learned growing up from his personal home environment and the wider cultural context. The traumatic experience of losing his friend was the pivotal moment for him in realizing that how he coped with traumatic experiences was not benefiting his mental health. Remaining authentic to how he feels and accepting how he felt is what Lucas described as the means by which resilience can thrive:

*I think it’s just like if something like this were to happen, God forbid or anything else happens, being aware is the hardest thing first, or like acceptance... for me personally would be... Being aware of what you feel and being able to accept how you feel...and then being aware of what it means.*

**Acknowledging vulnerable emotions.** When we feel self-defeating emotions like shame, guilt, worthlessness, or hopelessness, it can feel like what Mia describes as “climbing Mount Everest” to get out of those awful feelings. Although, hearing the experiences of overcoming adversity, these young adults brought up an important realization that I believe is an essential component of resilience – acknowledging vulnerability, or having self-awareness into the destructive feelings that develop. This acknowledgment aids in minimizing the struggle against self-defeating emotions, which revealed to be a great significance in resilience.

One of the major factors that helped Lucas find more peace with the tragic accident that took the life of his best friend was learning to acknowledge what it was that he was feeling and accepting how he feels. Throughout different experiences of adversity growing up in Africa, Lucas realized that when he was able to acknowledge his emotions and let them be what they are, he ended up finding more meaning into why he was feeling a certain way, he describes:

*...now like in retrospect some of those questions that I was very angry for, I easily answer now I’m like, ‘Oh, that’s why it’s like this’ cause of that little time*
I gave myself, these short list of questions of my feelings, short list of personal how what happened...

Lucas explained that he used to see his mother, an emergency nurse, come home everyday after work and knowing that his mother views traumatic accidents regularly at work, when she came home, Lucas described how a “desensitization” loomed. This desensitization he believed resulted from the normalcy of being exposed to traumatic accidents on a regular basis that it inhibited how it actually affected people. Furthermore, Lucas explains how the cultural norms of their community, especially after the colonization in the 1980’s, also promoted an attitude of “we are stronger than adversity,” adding to the increase in desensitization to trauma. But for Lucas, this “stronger than adversity” mentality was not necessarily beneficial since it still masked what was actually going on inside for those who may have been impacted by the adversities. Lucas explained that he has never really seen his mother cry. Even though in retrospect he views this as his mother trying to protect him and his sister, Lucas soon realized that if his mother acknowledged that she was sad and opened up about her emotions, it would have been an example for Lucas that it is okay to cry and to feel your emotions:

If you don’t acknowledge you’re sad, you’re going to carry it...which is what I’m saying now like now in retrospect like sometimes I’ll feel really bad for no reason, I’m like, well maybe just that pent up like aggression and sadness coming back to haunt you...and it’s just because I decided to show that I’m strong you know...cause like say if my sister would come back and she’s just been like cat-called the whole day, she sits down and she’s like ‘Mum I was being cat-called’ and my Mom’s just like ‘oh, next time ignore it.’ For me I’m like that I get the essence of what she’s teaching my sister...but in the same vein it’s not okay to let the cat calling not stop like...so should she carry this her whole life and it’s kind of like the same thing with any of these like adversities and any of these situations.

Similarly, Zane also gained insight into the power of acknowledging true feelings and emotions, and letting feelings associated with adversities be recognized. It was not until he was actually able to acknowledge and verbalize how bad things were that eventually brought change:
...maybe I would have figured it out on my own...eventually, I'm not sure but I think I kind of knew it, it just wasn’t conscious enough...I wasn’t verbalizing how bad things were...so maybe that was a real sort of...key thing it was to actually hear and say the words about how bad everything was.

“Hopelessness” was the term used by Zane to describe how he felt while enmeshed in his abusive relationship. Even though an equal proportion of men and women report being victims of spousal abuse (Statistics Canada, 2016), myths such as “women are only abused” and “all abuse is perpetrated by men” still overshadow perceptions of domestic abuse (Tsui, 2014, p. 121). Due to these preconceived ideas about the social understandings around abusive relationships, Zane felt that “no one was going to believe me.” Fortunately, Zane had a close friend who was able to see the reality of what was actually going on, informing Zane “You were being abused!” It then started to become clearer for Zane that even though it was hard for him to believe he was the victim, the more he was feeling frustrated, unhappy, and constantly wishing things could be better, he began to recognize that in fact he was in an exploitative relationship:

...even though I felt that bad all the time...there was still that like lack of a proper realization that I can and need to do something about it and it wasn’t until I had that, that anything changed.

Having acknowledged what was really going on and having the validation from his friends that he was not in a healthy relationship, Zane found it easier to confront what he was feeling. This encouraged more self-reflection and subsequently, more self-awareness into how he truly was feeling and what he needed to do to feel happy.

Around the time that Jasmine was diagnosed with diabetes when she was 13 years old, speaking about her experience retrospectively, she realized that her anxiety and depression began around the same time. She remembered times when she felt “I should be happy,” which eventually led her to realize something was really wrong. She continuously felt more negative thoughts that were telling her that she was a failure, and as these thoughts raced furiously in her
mind, it ended up leading to a (non-clinical) panic attack. She endured this depressed state quite consistently for a couple of months:

Yeah, it was very negative, everything that was going through and it was definitely like an escalating thing like ‘Oh, I can’t get up for school in the morning, oh therefore I’m a failure.’

Noticing these negative thoughts consume her mind even more, Jasmine demonstrated courage and bravery by challenging her own thoughts. As Jasmine was feeling overwhelmed, particularly when she needed to study for an important test, her negative thoughts would try and interfere:

A lot of like the suicidal thoughts were like intrusive, like I’d be trying to study for a midterm it’s like,

{Suicidal voice} “Hey” and it’s like,
{Jasmine’s voice} “I’m trying to study for a midterm though” and it’s like
{Suicidal voice} “But hey, you can do this”
and it’s like “But...”

And so it was just very, it was distracting more than anything. It was hard. It, it’s like distracting from the ‘I’m trying to keep going.’

Jasmine’s depressed moods were like an intrusive force that tried to constantly pull her down. She described that it was her denial that held its guard up, maintaining the mentality that “you can just keep going.” However, maintaining this mindset to keep going and attempting to disguise her undiagnosed depressed moods or pretend it did not have an affect on her, only made the symptoms persist, eventually making it stronger. It was after going to counselling that it began to become easier to admit that something was not right:

After that I was, it was a lot easier to admit ...even to just myself, like ‘Okay, you have a problem.’

Having more self-awareness into what she was actually feeling, reduced the struggle she was creating for herself by trying to pretend her depression was not that bad:
I’ve become self-aware of the struggle and just willing to admit that at times like that yes, okay I’m depressed. I should back off of whatever a little bit…and just be more forgiving of myself for having the struggle…Yeah, and just learning to work with it.

An essential piece to what helped Jasmine stand up to her harmful thoughts was the fact that she was compassionate towards herself going through her hardships. Once Jasmine acknowledged that she was feeling depressed, the perception that she still needed to get through her tasks despite feeling depressed shifted to a focus on her self-care.

Recognizing adversities as being more inhibiting than productive from reaching goals became a motivation for some of the participants’ to acknowledge what they were really facing. For Lucas, he needed to acknowledge what he was going through in order to keep moving forward in activities that he wanted to continue to pursue. Additionally, throughout his experience of adversity, Lucas discovered a new respect for the power and impact that our emotions can have on how we adapt after enduring traumatic experiences:

*At first acknowledge that yourself and then that’s the only way you actually sole the sadness. If you don’t acknowledge you’re sad, you’re going to carry it.*

Similarly in Julie’s case, confronting her feelings of loneliness by acknowledging them and becoming self-aware to what she needed, led her to realize that what she really needed was with her all along - her best friend and acceptance from her church. Going forward she was able to find meaning in what she already has by her side. The acknowledgment freed her from the isolation she created for herself to try and hide what she was afraid others were going to see. Accordingly, Julie was able to find peace in accepting how she was feeling that led to overall changes in her mood as well as the perception she had of herself:

*...when I think about it, I actually noticed my resources were there, like I did have - I guess cause I was so blinded by a lifestyle that I wanted...I didn’t realize that there were people on the side... I just kind of realized like, ‘why am I not hanging out with them?’ ‘Why? And I not using this?’...and then I started to do that and I*
realized okay, this actually makes me happy…hanging out with my friend at lunch and going to church actually makes me happy.

Acknowledging unpleasant emotions that are often hard to face was a common aspect in promoting resilience. By acknowledging the distressing feelings of isolation, depression, or longing, greater realizations into what participants were truly experiencing started to evolve. This allowed necessary time to heal and encouraged changes that renewed their sense of motivation.

**Acceptance of vulnerable emotions.** Similarly to the process of acknowledging emotions, “acceptance” was another critical component to participants’ journey towards resilience. Hayes, Strosahl, and Wilson, (2014) define acceptance as the willingness to engage with and express undesirable emotions along with the associated thoughts and physical sensations without trying to control or regulate them (as cited in Kuba & Schiebe, 2017, p. 59). Throughout Jasmine’s experience of undergoing depressed and anxious moods, once she accepted that “Okay, you have a problem” Jasmine was able to admit not only to her counsellor, but also to herself, that she needed to make a change. She found that through acceptance, she was able to make constructive decisions in regards to what she needed, leading to greater resilience. Without acceptance of what is truly being experienced, more power is given to the adversity that ends up driving the thoughts of despair, misery, helplessness or isolation. Jasmine also found that by refraining from suppressing the negative emotions and reinforcing her denial, she was able to keep pursuing her goals without her adversity directing her further down in depressed states.

Acceptance was a factor that encouraged participants to allow their true emotions to be felt, resulting in reducing the internal struggle previously felt while trying to combat their adversities. This was consistent with Lucas’ experience, in which the process of accepting what he was experiencing, allowed him to gain a deeper respect for his feelings and the way he needed to cope with his tragedy. Lucas’ experience further accentuates the acceptance of what is out of
one’s control stating, “you’re never, you’re not going to stop [adversities].” Remembering the wisdom from his uncle who said, “accept the things you can’t change,” Lucas was able to get through his tragedy by finding comfort in knowing that his friend had accomplished so much and had made such an impact in life that, “he had done what he needed to do on earth.” This acceptance brought Lucas comfort, revealing the significant influence of acceptance on resilience.

An inspiring metaphor that Lucas used to describe how he came to conceptualize “resilience” and accepting what he could not change, was viewing resilience as “a shield,” like a “standby,” so when adversity comes you know you have the capabilities to handle it. But an important distinction he made retrospectively recounting his experience, was that one does not have to feel strong all the time in order to feel like they are resilient. Accepting that we cannot always feel strong is what Lucas believed to be part of what true resilience is:

_Strength is a progression within like your...you should just accept your strength, accept your sadness. Being aware of what you feel...and being able to accept how you feel and then being aware of what it means...from that you gain your own support._

Lucas further distinguishes _resilience_ from _strength_ by way of accepting the normalcy of experiencing distressing emotions as a result of adversities. To him, resilience is more than just compassion towards himself in the face of difficult experiences, but is also the representation of preventing adversity from overriding one’s capabilities. Lucas accentuates that resilience is deeper than strength; it is the part of you that, like a shield, blocks the adversity from negatively affecting your long-term well-being. Therefore, resilience is the belief that it is still okay to feel hurt, pain, weakness, or vulnerability, and this acceptance will encourage one to live with more meaning and genuine compassion towards themselves and to others:
I am very aware of this little seeds I plant... positive things... That’s the, I think that’s what I drew the most from [my friend]... like you become a better person cause you know even the way you speak to people or address situations, you’re like hyper aware of it cause that could be the last interactions...
CHAPTER 5: DISCUSSION

I began this study with the curiosity into how adolescents overcome adversities during a developmental period characterized by many rapid changes including mentally, physically and emotionally. As the prevalence of mental health disorders in youth and young adults continue to rise, understanding positive aspects that contribute to resilience despite adversity I believe is extremely important. With limited studies focusing on adversities that occur in adolescence, and few studies examining the perspective of resilience in adolescents without clearly identifiable risk factors (Ahern, 2008), the current thesis examined seven young adults’ reflective accounts of adversities that transpired in adolescence and the factors they perceived as facilitating resilience.

While it is widely understood that resilience is a dynamic process, interconnected by multiple factors, my discussion will summarize the result of the study in comparison to what previous research has reported on factors facilitating resilience throughout the transition to adulthood. Four new findings were revealed and will be discussed in relation to their significance on adolescent resilience. Limitations of the study and methodology will also be outlined along with implications and prospects for future research. Finally, this chapter will conclude with an explanation of how the findings from this study can be applied to the counselling field.

Summary of Inquiry in Comparison to Literature Reviewed

Social and community factors. Various forms of social support have been evidenced as crucial protective factors in resilience (e.g., Masten & Coatsworth, 1998; Dang & Miller, 2013; Smokowski, Reynolds, & Bezruczko, 2000). This study further confirms that social connectedness is an important factor in resilience as all of the participants had indicated a social or spiritual support system.
In the current study, good friends were the most reported source of support indicated by participants. Katie, Julie, Kathryn, and Zane described having a good friend that they genuinely felt supported by, and more importantly, they felt their friend(s) provided a deeper sense of feeling cared for and understood by. This is consistent with Windell and Norman’s (2013) study, in which they found through investigating resilience in participants with psychosis that feeling as though their friends truly “cared for them,” listened to them, and shared in the experience of adversity with them, were features that were helpful in the experience of resilience. Having the feeling that someone genuinely cares allowed participants in the current thesis to be able to persevere through their hardest moments of their adversity and significantly reduced feelings of loneliness and depression. Thus, having caring friends is a factor evidenced by both clinical and non-clinical samples of youth to be a facilitating factor of resilience.

Different agents of social support were also evidenced in this study, including other significant family members, such as in the case for Mia who described her godmother as being an essential support system. For Julie, church was a significant piece in her resilience, describing it as a “non-biased resource” where she developed more self-awareness, self-growth and appreciation for life. This is consistent with a study by Pearce, Little, and Perez (2003) who examined the relations between religiousness and depression in adolescents. Pearce et al. (2003) found that being part of a religious environment was strongly associated with adolescents’ psychological well-being, specifically in reducing depressive symptoms. Additionally, a study by Raftopoulos and Bates (2011) also verifies that spirituality is an important aspect for fostering resilience in adolescents by providing a sense of connection, coherence and comfort in the exploration of the inner self. Only one participant described a religious aspect as contributing to their resilience. This may be explained in part by whether participants grew up in a religious
home or if adolescence is a time when youth are looking for more peer support and less support from the community to maintain their growing autonomy and independence.

Four participants attributed support from counsellors as an effective source of support in their resilience, for instance, Jasmine stated, “it just worked really well for me.” However, one participant commented on how she did not perceive school counsellors as accessible for youth who were not undergoing significant adversities, rather she had the impression that counsellors only assisted those with “serious” concerns such as substance abuse or significant family dysfunction. This underscores the importance of addressing access issues to counselling and the vital role of educating adolescents on the function of counselling and in particular, how mental health challenges can influence anyone. Compassionate and empathetic support from service providers has been shown in the literature to be a helpful, rather than a hindering resource for at-risk youth (Lal et al. 2017), and with more than half of the participants in this study describing the helpfulness of speaking to a counsellor suggests that counselling is also a beneficial resource for youth without at risk backgrounds.

With a variety of different sources of support identified, peers were the most cited source of social support evidenced by participants, suggesting that this is an indispensable resource in promoting resilience in adolescents. This finding reveals some incongruence to previous research on the types of support most influential in adolescent resilience. For instance, extensive amount of research link adolescent resilience to caring adult support (e.g., Masten & Coatsworth, 1998; Reinherz, Giaconia, Paradis, Novero, & Kerrigan, 2008; Sieving et al, 2017). In a concept analysis by Olsson et al. (2003), the researchers found that despite growing research on peer groups in relation to adolescent resilience, family support still appears to represent the primary source of support. Similarly in a prospective study by Reinherz et al. (2008), the researchers
found that effective parenting promoted more positive influences on adolescent development than peers, although, the results indicate that the area in which family support was most influential was in academic functioning. Results from the current study indicate more emphasis on peers than parents, which may suggest that meaningful peer support would be a prominent source of support to investigate further.

**Behavioural processes related to resilience.** The second theme of resilience that was illustrated in this study was “Reconnecting in Meaningful Ways.” Reconnecting was used to describe how participants renewed their sense of meaning with themselves, with others and with life, represented in the sub-themes of “Engaging in Meaningful Activities,” “Intra and Interpersonal Connectivity,” and “Extending Support to Others.” Behavioural processes such as persevering (Nourian et al., 2016), taking part in meaningful activities (Windell & Norman, 2013), demonstrating personal agency (Hauser & Allen, 2007), and goal-setting (Everall, 2006) have all been linked to resilience in the literature.

Engaging in meaningful activities was one of the major behavioural themes identified. Facing the tragic loss of his friend, Lucas experienced several emotions, some which caused more sadness, and at other times, more anger. Therefore, one of Lucas’ outlets was being able to engage in activities that he genuinely loved to do, such as music, sports, and reading as he states, “that comforts me and soothes me.” Similarly, Julie found that by reconnecting to sports and church significantly helped to enhance her sense of well-being and personal abilities, while reducing her shame of her appearance, one source of her adversity. This is consistent with findings in Werner’s (1993) longitudinal study, in which children who were part of the high-risk sample engaged in hobbies and interests that were pleasurable, bringing “them solace when things fell apart in their home lives” (p. 511).
The process of reconnecting in Katie’s experience also highlights the power of intra and interpersonal connectivity as a means towards greater resilience. Katie re-engaged with the memories that she had of her father, connecting her back to the warmth and comfort she feels in remembering him. Studies have evidenced that reconnecting to someone they have lost and reinvesting in meaningful activities reflect a crucial factor in fostering resilience (Koblenz, 2016; Castelli Dransart, 2017). Furthermore, through the process of having an empathic friend who understood the pain Katie was going through, provided Katie with the interpersonal connection that helped her believe that she can get through her difficult situation, thus, allowing her to continue to spend time doing activities she enjoys, such as going for brunch with friends.

In a retrospective study by Koblenz (2016) on the experiences of grief in adults who lost a loved one in childhood, the themes of “Continuing Connection” and “Reinvestment” was found to be highly associated with healing. Continuing connection was a theme that represented remembering the deceased by keeping mementos of them or “attaching through transitional objects” (p. 222). This is also consistent with Katie’s experience because her father’s necklace, which Katie wears, became a memento representing a connection to her father that remains with her. Additionally, Katie would make efforts to connect to her father by doing the activities he used to love to do, especially on days that reminded her of him, such as his birthday. Similarly, in Lucas’ experience he demonstrated how he reinvented the way he lived his life after the death of his friend, appreciating the opportunities he has and the positive aspects of life he cherishes even more, such as good friends. Lucas stated that whenever he has the opportunity to be with friends he always tries to go out with them because, “that little memory could be the last of myself or the last for him.” Reconnecting enhances opportunities for awareness into what provides meaning in life for each individual. Furthermore, reconnecting allows adolescents to
take time to connect to activities, people, or emotions that provide a sense of solace, especially during times of adversity that can significantly impact psychological health.

Extending self to others was also characterized as a facilitating feature in participants’ experiences of resilience. In support of this finding, studies such as one illustrated by Shepherd et al., (2010) with participants who did not grow up in disadvantaged environments, such as poverty or neglect, found that the process of recovery was facilitated by a desire to help others, inspiring participants to pursue careers that were related to supporting others. Furthermore, in a study by Kinsel (2005) examining resilience in older women, participants explained that “giving to others” (p. 35) through volunteering with relevant organizations, was especially important to them, and increased their self-concepts, self-esteem, and feelings of self-efficacy. This is consistent with Katie’s experience in which she found her mental health advocacy work and volunteering at the crisis line helpful in her ability to foster resilience after the death of her father. Additionally, Lucas felt that by spreading “seeds” of kindness and authenticity to others who needed support fostered a greater sense of comfort in him. These results add to the current literature that supports the action of helping others as a beneficial factor in promoting resilience not only in young people from disadvantaged backgrounds, but also individuals not confined to socially disadvantaged contexts.

**Cognitive processes related to resilience.** Shifting perspectives was the third essential theme evidenced by participants’ experience with adversity. Many cognitive factors relating to resilience have been described in the literature including processes such as cognitive reappraisals (Kok & Lai, 2016; Shepherd et al., 2010), shifting perspectives (Everall, 2006), optimistic thinking (Reivich, Gillham, Chaplin, & Seligman, 2005), and recognizing personal agency (Hauser & Allen, 2007). The current study emphasized two cognitive features that encouraged
healthy shifts in perspectives: openness rather than internalizing, and recognizing personal agency.

Findings from the current study add support to the influence of shifting perspectives on resilience. One of the shifts that participants made was recognizing the effects of internalizing their adversities (often leading to more depression and anxiety symptoms), to becoming more open to others about life stresses, which led to greater opportunities for support. Luthar (1991) states that pathology is often represented more in internalizing symptoms than in externalizing ones, suggesting the importance of gaining understanding of how adolescents overcome barriers of internalization and shift perspectives towards healthier views of negative life events.

In a 16-month qualitative study by Armstrong, Hill, and Secker (2000), the perceptions of mental health were explored in young individuals (age 12-14) from mixed socio-economic backgrounds. Semi-structured interviews were utilized to address how the young people coped with difficult feelings. Armstrong et al. (2000) found that the participants mainly reported dealing with difficult emotions by internalizing feelings or “bottling them up” (p. 70), but sharing problems and having someone to talk to were expressed by the young individuals as important for their mental health. This is consistent with Mia’s experience when she expressed that her past pattern of constantly internalizing her negative feelings often led to inescapable feelings of depressed moods. However, throughout her experience, Mia started to shift the way she perceived negative events and rather than internalizing negative experiences, she became open to herself and her close friends about issues she was facing. As a result, Mia started to show compassion by being kinder to herself when she faced certain failures and when she could not always display that she was “in control,” a great source of her stress. Moreover, Mia discovered the normalcy of feeling unpleasant emotions and encountering failures at times, recognizing that
everyone endures adversities at some point in their lives. This was a crucial shift in helping Mia to reduce the amount she internalized self-criticisms resulting in greater self-confidence.

Sense of personal agency has also been sufficiently cited in the literature as a feature in resilience. In particular, Hauser and Allen’s (2007) study representing narrative accounts of young adults who lived in a psychiatric hospital for 2-12 months after encountering serious adversities that occurred during middle adolescence revealed that resilient participants demonstrated agency by taking active roles in their decisions after leaving the psychiatric hospital. For instance, participants decided where they wanted to live and how they would take care of themselves when adversity shows up. Agency promoted greater intentions to remain optimistic and created more “detailed visions of their future” (Hauser & Allen, 2007, p. 571).

In another study by Everall, Altrows, and Paulson (2006) with suicidal adolescents, sense of agency was revealed as a facilitating factor in the unfolding of resilience. The process of shifting perspectives and having a positive outlook towards one’s strengths and capabilities increased the participants’ realization that they can have personal control over their inner and outer worlds, particularly in their ability to choose how they respond to life circumstances. This is consistent with Zane’s experience when he found a new appreciation for his own right to set boundaries and to make choices in pursuit of his own happiness. This became a significant turning point for Zane in terms of reaching greater resilience because his renewed sense of agency empowered him to make the choice to leave his abusive relationship and begin living in ways that were meaningful to him. This included hanging out more with his friends and maintaining relationships in line with his values. Thus, research effectively supports the impact of having a healthy sense of agency as an important component in the promotion of resilience for individuals with or without psychiatric disorders.
With notable research revealing the benefits of cognitive strategies for resilience, and the current study confirming that such strategies are useful in promoting resilience in adolescence, adds to the evidence that cognitive processes are important for healthy development. However, it is also important to recognize that certain cognitive techniques may serve to help reframe certain adversities on one’s well-being, but it is also crucial for adolescents to understand the dynamic interplay between thought processes, emotions and behaviours.

**Psychological, emotional, and psychosocial processes related to resilience.** One of the most salient themes that emerged from all of the participants’ experiences was the meta-awareness into their psychological, psychosocial, and emotional processes related to their adversity. Several studies have examined psychological resilience on mental well-being (e.g., Rutter, 1985; Tugade et al., 2004; Ong, Bergeman, Bisconti, & Wallace, 2006). However, among the literature reviewed, a universal definition for psychological resilience is also inconclusive, but is generally perceived as the ability to adapt in the face of intense stress or adverse situations, while the body and mind remain in a healthy developmental state (Spencer, 2015; Tugade et al., 2004). Many of the participants exemplified psychological resilience, describing the process of maintaining a sense of belonging, healthy relationships, and positive self-views. This provides support regarding the importance of promoting psychological and emotional resilient skills in adolescents.

**Discovering sense of belonging.** Listening to the personal accounts of overcoming adversity, it was evident that greater awareness into participants’ true sense of value and belonging was part of their resilience process. Maslow (1954) refers to the sense of belonging as a basic human need, and without satisfying our needs for belonging or love, it can lead to severe “cases of maladjustment and more severe psychopathology” (p. 89). Baumeister and Leary’s
(1995) belongingness hypothesis also affirms that all humans have a universal drive “to form and maintain at least a minimum quantity of lasting, positive and significant interpersonal relationship” (p. 497). In some of the participants’ experiences, sense of belonging contributed to resilience through the experiences of finding meaningful connections to people, places, and activities that fostered a sense of comfort and safety. In other cases, belonging was a theme that presented in the form of searching for resources that provide unconditional sources of support and acceptance, such as church or good friends. Therefore, it was upheld that with a greater sense of belonging, reduced feelings of loneliness and depression resulted.

Sense of belonging is a concept that has been given increasing attention in the literature regarding its association with mental health (e.g., Hagerty & Williams, 1999; Sargent et al., 1992; Cartmell & Bond, 2015). In one study by Hagerty and Williams (1999), sense of belonging represented a positive effect on resilience for both a depressed clinical sample of adults and a sample of community college students without clinical diagnoses. Sense of belonging acted as a strong buffer against depressive symptoms and revealed to be a stronger predictor of depression than perceived social support. Hagerty and Williams (1999) posit that sense of belonging is more concerned with “the perception of self as integrated within an interpersonal system” (p. 6) such that it involves greater integration of cognitive, affective, and behavioural components.

The results from Hagerty and Williams’ (1999) study are consistent with Kathryn’s experience of discovering her sense of belonging and its impact on mental health. Even though Kathryn knew she always had the support of her family, she found it harder to feel like herself when she could not conceptualize a consistent identity. Moving from very different countries during her childhood and again in her adolescence, made it hard for Kathryn to discover where she felt she belonged. It was not until Kathryn recognized that belonging can come from more
than just external experiences, but includes the internal sense of knowing that she always has a “home base” - a place of grounding, which helps to remind her of who she is and that she is always loved. Kathryn explained how her father described that “you belong wherever your family is or wherever your home is,” and this piece of wisdom helped Kathryn renew her sense of confidence in being herself at school and in her new community without feeling as though she does not belong there. Her sense of belonging started to strengthen, mitigating her feelings of loneliness and depression and overall enhancing her vitality in a pivotal time of graduating from high school and emerging into young adulthood.

With many studies reflecting the influence of belonging on mental health, the current thesis further emphasizes the influence of sense of belonging on fostering resilience when adolescents endure adversities. Thus, this study further adds to the literature indicating that a sense of belonging is an important factor in both clinical and non-clinical samples on the development of healthy well-being and sustained resilience. The results have led me to believe that by setting a strong foundation for an adolescent to feel a sense of belonging, whether it is at home, at a certain place, or with certain people, fostering a continued sense of belonging in one place can help youth face the constant changes they may be forced to endure by knowing there is somewhere they can feel welcomed and loved.

**New Findings**

Four new components were uncovered from the results of the current study. These findings are: self-worth, acknowledgment of vulnerable emotions, acceptance of vulnerable emotions, and authenticity. Even though some of the literature acknowledges and provides empirical support related to certain aspects of these factors on resilience, I found it was limited in relation to *adolescent* resilience, more specifically in regards to adolescents without clearly
identifiable disadvantaged backgrounds. Each new finding will be thoroughly discussed along with how future research would benefit from greater examination into these aspects.

**Self-worth.** Self-worth is an intrapersonal factor that has ample attention in the literature regarding its influence on the etiology of various psychopathologies such as depression, post-traumatic stress disorder, and anxiety disorders (e.g., Garber, Robinson, & Valentiner, 1997; Lim, Adams, & Lilly et al., 2012). However, its meaning to resilience is not straightforward; it is often used synonymously with self-esteem or is vaguely described on resilience scales that are typically used to validate against the presence or absence of a mental health disorder or does not directly relate to resilience itself (Davydov et al., 2010). Thus, specific examination of self-worth in adolescents without observable risk factors is seldom seen in relation to resilience, therefore it is considered a unique finding from this study.

Self-worth was identified as an important theme in this study, more so than self-esteem because most of the participants described experiences where they discovered a deeper sense of value and unconditional worth, despite changes in self-esteem. Self-esteem, according to Neff and McGehee (2010) is a construct that involves the continual process of “self-evaluation” and “social comparison” (p. 225). While some researchers use “self-worth” and “self-esteem” interchangeably (e.g., Harter, Water, & Whitesell, 1998; Gilligan, 2000), others state that the two are not the same (e.g., Hibbert, 2013; Flynn & Chow, 2017). This undoubtedly adds confusion in identifying precisely how these constructs influence mental health. Adolescence, in particular, is a developmental period consisting of multiple intense pressures such as to “fit-in,” to do well in academics, and to manage multiple activities at once while constantly engaging in social comparisons. Such pressures make adolescents extremely susceptible to negative impacts on their well-being.
As I listened to participants’ accounts of facing adversity and wrote about their experiences, most of the participants regarded their resilience to be more than just feeling good about themselves at school, at home, or with friends rather, the participants developed insight into their true sense of value. For example, Julie described before entering middle school, she never saw her skinniness as something she was ashamed of, but early on in middle school she developed the belief that because she was skinnier than the rest of the students, she was not as good as everyone else. However, once Julie found the support from her friend and her church, she states, “I found who I am” and by finally feeling as though she does not need to conform, she started to develop the attitude that “it’s okay to be who you are.” The rediscovery of self-worth was also evidenced in Mia’s experience of recognizing the difference between failing and being a failure, suggesting a much deeper sense of worth as opposed to constant changes in self-esteem contingent on situations. Similarly, Zane self-identified with more resilience after increased awareness into his self-worth when he realized that he had enough of feeling “constantly being put down” and “told I wasn’t measuring up.” This led him to rediscover his true worth and the values he wants to follow in life.

The sense of self-worth appears to be a vital factor in resilience, especially for adolescents, representing important links to one’s values and core beliefs. Pelham and Swann (1989) emphasize that it is the way we frame particular self-views (i.e., how meaning is attached to views) that influence self-esteem with Flynn and Chow (2017) also stating that self-worth is an “attitude” (p. 85) about one’s self-esteem. Thus, having a healthy view of one’s self-worth is the foundation in promoting resilience that will transcend different stages of life.

**Acknowledgment of vulnerable emotions.** Acknowledgment in this study refers to being able to recognize and admit what one is truly feeling as well as to accept what one needs in
order to foster healthy adaptation. Studies have revealed that self-reflection contributes to resilience in youth by mitigating deleterious effects of adversities on mental health (e.g., Barkai et al., 2011), but few studies specifically attend to the factor of acknowledging vulnerable emotions as an essential component to adolescent resilience. Results of the current study revealed that the process of acknowledgment of unpleasant emotions was helpful in the fulfillment of resilience for participants. Greater acknowledgment of one’s true emotions is a step towards recognizing the type of support one may need in order to reduce the impact of the unpleasant emotions derived from adversity.

The influential work by Brene Brown (2017), a researcher and public speaker on emotions such as vulnerability, explains that emotions like shame, guilt, and perfectionism “thrive on secrecy, silence, and judgment” (p.195). She further states that by sharing our stories and experiences enables us to understand more about what is underlying our emotions, “allowing us to build a deeper, more meaningful connection with ourselves and our trusted friends (Brown, 2017, p. 195). Brown (2017) also emphasizes the importance of acknowledging our emotions and “to get curious about what’s happening” (p. 40), so one can thoughtfully engage in behaviours that are more consistent with their values. Notably, many of the participants in the current study described the benefits of refraining from suppressing and fighting unpleasant emotions. For example, in Lucas’ experience, he stated that his main criticism of how he coped through his adversity was keeping emotions and thoughts internal and “maintaining a façade of it.” Lucas soon realized that by suppressing emotions like anger, sadness and frustration, it made it more difficult to heal. Therefore, throughout Lucas’ journey of adversity, he embarked on his resilience by changing his relationship with his unpleasant emotions to greater openness, allowing his emotions to be felt and revealed.
A greater generational and cultural implication of acknowledgement of unpleasant emotions was revealed in Lucas’ experience because when he described thinking of his younger sister, Lucas recognized that how he copes emotionally could inadvertently influence how his younger sister copes with adversity as he states, “What have we told the kids who grew up seeing, who saw us handle it that way. Have we told them that they shouldn’t cry, have we told them that?” Lucas’ experience demonstrates that by modelling the suppression of emotions and refraining from acknowledging what one feels could impact those who look up to us. Thus, Lucas’ experience illuminates not only the dynamism of factors influencing how he copes with adversity, but also the transference of resilience skills to others. This further highlights the importance of targeting youth earlier to develop and enhance healthy strategies when facing adversities to mental health.

**Acceptance of vulnerable emotions.** According to Hayes, Strosahl, and Wilson, (2011) acceptance is defined as both willingness and psychological acceptance – willingness to engage with or sustain contact with all emotions or events that come along without trying to control or regulate them, and psychological acceptance of intentionally remaining “open, receptive, flexible and nonjudgmental” (p. 77) of moment-to-moment experience. Recently, researchers have been increasingly attending to the valuable role of acceptance in relation to mental health (Kuba & Schiebe, 2017); however, this area of focus is still not extensive from a resilience perspective in “everyday” adolescents. Research has predominantly attended to the influence of acceptance on what is out of one’s control, or the process of maintaining positive emotions in order to eliminate negative emotions (e.g., Ong et al, 2006).

The impact of acceptance on greater psychological health was evidenced in Mia’s experience when she began to accept that failure is a part of life and does not define who she is.
Once she was able to make the shift from internalizing self-criticism to greater acceptance of feelings, including feelings that were difficult to experience such as failure or loneliness, Mia was able to regain her motivation to continue to engage in activities such as her job, post-secondary school, and socializing with friends, which significantly helped her to maintain resilience into young adulthood.

Interrelation of acknowledgment and acceptance. Acknowledging and accepting unpleasant emotions are distinct processes that often work together to enhance well-being. Using both of these strategies has several benefits for adolescents in regards to overcoming significant mental health challenges. The benefit of acknowledgment, which involves the verbalization or understanding of what one is truly feeling, promotes greater recognition of one’s needs to foster healthy adaptation. Furthermore, the benefits of acceptance skills, which respects what may come and go with moment-to-moment experience, allows individuals to engage in less struggle and helplessness when encountering negative emotions. This was evidenced by participants through the development of greater compassion towards themselves and to others, and becoming more open and attentive to their complex emotions that can lead to insights otherwise unnoticed.

The interrelated process of using acknowledgement and acceptance was evidenced in Jasmine’s experience, in which she articulated an inspirational metaphor for how she conceptualized her resilience. Jasmine stated that resilience is “going with the pull not against.” She explains that by accepting all of what comes with adversity rather than denying or avoiding it (pulling against), acknowledging the discomfort (going with the pull) will leave more energy for “persevering.” Hence, Jasmine accepted that she cannot completely rid herself of feeling sad or anxious, but she was able to reduce her struggle with her distressing emotions and maintained focus on what was important to her. Further research examining the impact of acknowledging
and accepting negative emotions could create powerful changes in how children and youth learn and develop coping strategies when adversities are encountered.

**Authenticity.** The last unique finding from this study was the factor of authenticity. A scarcity of empirical research exists on authenticity in relation to resilience (Peets & Hodges, 2018); however, authenticity revealed to be a distinctive finding from participants’ phenomenological accounts in the current study and appears to have a significant influence on “everyday” adolescents’ psychological development and consequent resilient skills.

Authenticity is an intriguing concept especially in relation to adolescents because this stage of development is typically characterized by youth undergoing multiple identities as they navigate their way through high school and new social relationships. By searching for ways to fit-in as well as to stand out, adolescents are still discovering who they are, often with significant pressures from peers, parents and teachers. Harter (2005) states that youth face a “proliferation of selves” that make knowing “the real me” (p. 385), hard to establish. Harter (2005) further emphasizes that adolescents often “wrestle” (p. 385) with the issue to either display their true selves or engage in less authentic behaviours to maintain a certain image. Moreover, authenticity is a component of adolescent development linked to psychological benefits such as higher self-esteem and hope for the future (Harter, 2005).

Authenticity has been researched in studies with “vulnerable” youth, including a study by Ungar (2001). Ungar found that when negative descriptions of identity were maintained or reinforced in vulnerable youth (i.e., youth in correctional or psychiatric facilities), a self-perpetuating cycle of powerlessness resulted. Therefore, if authentic strengths are not validated or reinforced in adolescents, they may feel more compelled to display false selves that can possibly lead to increases in self-hate or hopelessness. Ungar’s (2001) study highlights the social
and discursive influence on the construction of identity in at-risk youth, however, this theme of authenticity has been limited in its influence on resilience in adolescents without significantly disadvantaged backgrounds. Research investigating authenticity among the wider population of youth can provide important considerations into how exercising our true selves can influence mental health outcomes into young adulthood.

With authenticity shown to be an essential factor in vulnerable youths’ resilience and has been linked to psychological health, suggests crucial implications to the impact of authenticity on mental health and resilience in the wider population of youth. The current thesis provides evidence that authenticity was a factor that influenced resilience after encountering adversities in youth not typically viewed as “vulnerable.” For example, Julie’s experience of middle school exemplified how Julie felt that she needed to sacrifice her true qualities to be perceived as what she thought was ideal. With the incongruence of what she wanted to portray versus what her true qualities are, Julie experienced greater internal struggles that led her feeling as though she was “worthless” and “sad.” The reassurance she received from her church and her friend assisted her towards greater acceptance and coherence of her true self, helping to sustain resilience.

Components of “authenticity” appear to overlap with other themes identified in this study including the themes of self-worth, acknowledging emotions, and social connection. While authenticity is an aspect of self that is influenced by our beliefs, values, and insights, it is a feature that is also represented externally, through our actions. Peets and Hodges (2018) state that authenticity is a relational construct in that “different relationships can foster or inhibit the expression of true self” (p. 141). With experiences of depression, anxiety, and various other mental health challenges becoming extremely common in our society, especially among adolescents, more research should focus specifically to the aspect of authenticity during the
adolescent years. This will aid in the understanding of how authenticity amidst adversities can influence resilience.

**Researcher’s Meta-Interpretation**

Applying hermeneutics to interpret participant experiences of resilience, I articulate meta-themes that emerged from interpreting the data. Van Manen (1990) states that the meanings derived from a phenomenon is never easy, nor is it ever one-dimensional, rather “meaning is multi-dimensional and multi-layered” (p. 78). The hermeneutic circle brought to life particular themes that were unique to some participants, and other themes that were common among several of the participants. With the purpose of hermeneutic phenomenology to discover meaning and reach understanding by “knowing how” rather than “knowing that” (Wilson & Hutchinson, 1991, p. 266), I engaged in a deeper reflection of the texts by reflecting on the lived experiences and analyzing the themes, which led to three major processes to explain how resilience unfolds. These three components are: mindfulness, compassion, and reconnecting.

Mindfulness appeared as an essential component of facilitating resilience for participants. Mindfulness is the non-judgmental awareness and acceptance of present moment experience (Tan & Martin, 2016). Participants described how they became mindful of their inner and external factors that were causing distress and through acknowledgment and acceptance of these unpleasant emotions and situations, participants discovered constructive ways of how they wanted to move forward. For instance, Katie realized that she was filling her schedule so she would not have to face the overwhelming sadness she felt for not having her father around, but once she took the time to sit with her emotions, she found a greater connection to her father, which inspired deeper insight into what she wants to pursue in life. For Jasmine, once she acknowledged that she was depressed, she was able to seek out resources to address her feelings,
rather than remaining in denial. Helping adolescents understand the psychological benefits of mindfulness during times of adversity can significantly assist in the process of resilience.

Compassion was also commonly evidenced from the themes of resilience. Many participants described aspects of internalizing struggles and expressing shame or guilt, but throughout their experience, the participants found that they were able to redevelop their sense of self-worth, belonging, or authenticity through shifting perspectives of their capabilities and by becoming more understanding of their situation. This was noticed when participants recognized the normalcy of what they were going through and taking the necessary time to heal. Neff (2016) describes self-compassion as “compassion turned inward and how we relate to ourselves in instances of perceived failure, inadequacy, or personal suffering” (p. 265). Compassion is crucial to the process of resilience especially when adversities can make it especially difficult to be kind to ourselves, potentially resulting in greater suffering. Having self-compassion appeared to help participants regain their genuine sense of value and encouraged them to extend compassion outward to others by volunteering or providing empathy to those who they knew were struggling. Thus, I believe this is an important step in helping adolescents address their adversities.

Reconnecting was the third essential component interpreted from experiences of resilience. Reconnecting involves engaging with oneself or others that make life worth living (Sellin, Asp, Wallsten, & Gustin, 2016), and helps individuals feel a sense of purpose and meaning. This feature was seen in all participants’ experiences, for example, Katie reconnected to her feelings of losing her father, Lucas reconnected to meaningful activities in his life, and Kathryn reconnected to her sense of belonging. Nurturing intra and interpersonal connections are important in resilience especially when adversities create increased feelings of isolation and hopelessness. In the retrospective accounts of experiencing adversity in adolescence and
cultivating resilience, reconnecting in meaningful ways both personally and socially has proven extremely valuable.

Even though the purpose of hermeneutic phenomenology is not to develop new theories or make generalizations (its intention is to inform research and make explicit the understanding of a phenomenon by way of textual interpretations) (van Manen, 1990), the texts from the lived experiences of resilience highlighted several themes relating to the process of resilience, in which the researcher drew further reflections. These reflections revealed that resilience was facilitated through three key meta-processes of mindfulness, compassion and reconnecting. Representing a constantly evolving process of reading, reflective writing, and interpretation, the hermeneutic circle insinuates that the process of interpreting the meaning of resilience can always include additional interpretations (Kafle, 2011). Moreover, meta-interpretations form as the circle “matures.” Nonetheless, the lived experiences expressed in this study allowed greater understanding of the processes that facilitated resilience in everyday adolescents that with additional research focusing on these factors in relation to resilience in youth will add to the understanding of how to foster resilience in adolescence and sustain positive outcomes throughout different developmental stages.

**Limitations of the Study**

Several limitations were revealed in this study. The first limitation involves the representation of participants. The age range for this study was between 21-25 years old, therefore, the initial source of recruitment was through the university, but a third party recruitment letter was also part of the recruitment protocol to include those not only enrolled in university. However, no third party individuals responded, therefore the study only illustrates the experiences of university-enrolled students.
Conducting qualitative research, it typically implies smaller sample sizes due to more in-depth accounts of experiences (van den Hoonaard, 2015), however, only two males responded and participated in the study, whereas five female voices are expressed in the results. Perhaps this is because recruitment was through the education and psychology departments, which may still represent more female enrollment than males. Additionally, this could be due to the fact that the study required expressing a difficult experience, in which males may feel less inclined to talk about experiences than females. Although the participants in this study had diverse cultural backgrounds, having a more diverse sample in gender and educational background may have enriched the overall findings.

Another limitation to this study pertains to the exclusion criteria. One of the main goals of this study was to understand how young adults without a history of extreme risk growing up conceptualize resilience after experiencing adversities that transpired in their adolescence. Another purpose for examining resilience in non-at-risk individuals was to gain understanding of the fundamental aspects facilitating their resilience that may inform future research on such factors in the prevention of serious psychological disorders transcending into young adulthood. With variance in what constitutes a child or adolescent as “at-risk” created some challenges to the construction of the criteria for exclusion. Thus, the current study’s exclusion criteria only accounts for those considered at-risk due to clinical diagnoses, previous experience in government care, and past experiences of significant adverse childhood experiences. Consequently, participants in this study may have histories of other at-risk criteria that were not revealed. Therefore, future studies intending to examine adolescents without at-risk backgrounds would benefit from having specific categories of past risk experiences to clearly indicate their level of past influences.
**Limitations of the Methodology**

Using a phenomenological methodology, there is no set method or “predetermined set of fixed procedures” (van Manen, 1990, p. 29), which is useful for investigating lived experiences to identify features that go unnoticed, but is also a limitation because of the difficulty in organizing the vast amount of experiences into concise themes. Van Manen (1990) states that when conducting human science research it can be challenging since “experiential situations may be drastically different” (p. 166). Even though this study did not have the purpose of focusing specifically on one adverse context or to generalize results, the vastly different contexts represented in participants’ experiences created obstacles in organizing themes and ensuring all essential themes were conveyed.

Lastly, another limitation that resulted from this study was that by using hermeneutics, some of the researcher’s own assumptions may have influenced results; however, because in hermeneutics it is prepositioned that the researcher comes with their own set of experiences, it is expected that these set of preconditions or biases cannot be completely put aside or bracketed. Tuohy et al. (2013) states that no one can completely avoid the influence from other factors in their context, but the aim is to be aware of these factors and how they may affect our interpretations of results. While I made efforts to make explicit the assumptions or biases that came up during the interviews, there may have been some pre-existing assumptions that went unnoticed. However, reflecting upon the presuppositions that were recognized helped to ensure that these assumptions did not greatly influence the final results of the study.

**Implications to Theory**

An implication derived from this study is the benefit of using a phenomenological lens when working with clients, particularly adolescents. The phenomenological approach of hearing
the lived experience of individuals allows not only the counsellor to learn more about what the client’s experience entails, but it also enables clients to further construct meaning through the telling of their experience in that moment. I felt that using a phenomenological approach is helpful in staying true to participants’ experiences and allowing essential factors be highlighted that may have otherwise not have been revealed or explored.

Another implication this study underlines is that the development of serious mental health problems forming in adolescence and emerging adulthood is also a risk for individuals who do not display noticeable risk factors. Therefore, research using resilience theory needs to include greater attention to adolescents who are relatively healthy, well-functioning individuals without significant adverse childhood experiences, to enhance the understanding of resilience in the wider population of youth.

Several of the resilient factors in this study revealed interrelations between factors identified in the retrospective accounts of the young adults’ experiences of resilience. For instance, components of authenticity overlapped with other themes including self-worth, acknowledging emotions and social connection. This was evidenced in cases such as Julie’s who found that when she displayed more in-authentic behaviours to fit-in, she stated she felt “pathetic,” and “sad” that resulted in lowering her overall sense of self-worth. However, once Julie recognized the power of being herself and acknowledging her own uniqueness and capabilities, she rediscovered her sense of worth and the friends that she felt empowered and supported by. This suggests a critical implication in considering the interrelatedness of factors and processes on resilience in regards to how it affects the way young individuals cope with adversities and how it influences the way resilience is defined.
Employing a qualitative research study on the self-identified experiences of resilience from adolescence to young adulthood expanded the understanding about the kinds of adversities that impact an adolescent’s mental health and the facilitating processes that contribute to resilience. Future research investigating resilience using qualitative methods will be worthwhile to further inform understanding of the construct theoretically and practically.

**Implications to Clinical Practice and Future Research**

The importance of peer connectedness on youth resilience was a significant finding in this study suggesting the need for future research to focus on strategies to help adolescents promote close and lasting friendships. A significant portion of research examines the effects of peer support groups on resilience, rather than the effects of a close friend (e.g., Cho, Hallfors, & Sanchez, 2005; Foster, McPhee, Fethney, & McCloughen, 2016). But, with research also stating that close friendships significantly impacts resilience (e.g., Frydenberg, 2008; Graber 2016), suggests that research exploring how adolescents develop caring and compassionate friendships could help parents, teachers, and youth themselves learn how to foster healthier and long-lasting friendships, promoting sustained resilience. Furthermore, many of the themes identified in this study relating to resilience were influenced by the perception of having close social supports, conceivably representing one of the most salient features for adolescent resilience. This is consistent with Graber (2016) who emphasize that close friendships support essential needs for belonging, empathy and engagement with others.

The themes of self-worth and authenticity were factors that revealed to be critical features of adolescent resilience, especially in late adolescence. With evident differences between self-worth and self-esteem (Hibbert, 2013), suggests a need for counsellors, teachers, parents and researchers to focus more on these distinctive elements and its relationship with resilience to help
youth develop a deeper sense of value within them. Additionally, authenticity was another major theme that surfaced from this study that suggests an area for future research to explore, specifically in regards to when adolescents feel the greatest pressures to put on a “false-self” and how identity and authentic qualities are reinforced by others in one’s environment. This could help inform parents, teachers and counsellors how to continue to promote authenticity in youth.

Several of the themes revealed in this study point to the importance of psychological and emotional processes related to resilience. Frydenberg (2008) state that “young people today report more psychological problems than ever before” (p. 2), which further emphasizes the need to implement focused research on emotional and psychological protective factors on resilience such as accepting unpleasant emotions and developing a healthy sense of self-worth to enhance understanding of how to foster healthy psychological and emotional development. Greater research examining the influence of emotional factors on resilience in youth would be worthwhile to improve understanding of how to reduce the amount of youth undergoing increasing experiences of psychological and emotional challenges and to enhance the understanding of the definition of resilience in terms of adolescent mental health.

A common misconception often attributed to people who are resilient is that they experience few negative emotions and are optimistic in any situation (Spencer, 2015). While it is in our basic survival response to fight off any feelings that are perceived as a threat, when it comes to psychological well-being there is increasing evidence suggesting that acceptance is more vital than avoidance when it comes to prevention and interventions with adolescents undergoing psychological stresses (Hayes, Bach, & Boyd, 2010). The participants in the present study emphasized the importance of recognizing what they were going through, with some participants even stating they needed to “verbalize it” in order to regain more inner peace. Thus,
an important direction for future research and applied practice is to implement and examine different individual or group therapy sessions educating youth on acceptance strategies and encouraging the continued practice of these strategies. This will help reveal effectiveness of acceptance skills on overcoming adversities and promoting greater psychological health.

**Applications for Counselling**

The study results suggest areas of action that can be applied in counselling. Firstly, the themes of this study emphasize three important components to resilience described by the young adults, which were mindfulness, compassion, and reconnection that can be incorporated into a group therapy program for adolescents. For example, the development of a six-week program with the purpose to help youth understand the benefits of mindfulness and self-compassion and its effect on well-being would be worthwhile. The program could consist of: session (1), the basics of mindfulness and self-compassion; (2) attention to the difference between self-esteem and self-worth; (3) helping youth identify their values to promote more meaningful living; (4) focus on acknowledging difficult feelings and practicing acceptance strategies; (5) helping youth identify what they enjoy in life, in which the youth could create a box that they can fill with items that represent meaning – reconnecting them to what gives them hope and joy, and (6) could allow more space for self-reflections and practicing compassion and gratitude. After the six weeks, an outcome measure could be distributed to determine whether the three components of mindfulness, compassion and reconnecting made an impact on participants’ well-being.

Another finding from this study that can be applied in the counselling profession is for counsellors, in particular, school counsellors, to increase awareness of the normalcy of facing mental health difficulties. Stigmas around mental health are still prevalent in society (MHCC, 2018) acting as a barrier for youth to express what they are going through and from seeking help.
Strategies counsellors can apply in practice to help reduce the stigma could be through providing greater education to students that counselling can also be used as a prevention tool. For instance, counsellors can create engaging educational videos or slides to present to students at the beginning of the school year that highlights the experiences of other “everyday” students who have utilized counsellors as a resource and has helped them through challenging times. This could reduce the assumptions or stereotypes of counselling, such as counselling being only for people with significant problems like substance abuse or major mental health concerns.

The hermeneutic circle is tool that can also be implemented when counselling adolescents. The hermeneutic circle invites creativity in the interpretations of experiences by encouraging the constant building of understanding from different perspectives, providing an innovative collaborative process to counselling and opportunities to develop more insight into experiences. Thus, having a diagram of the basic structure of the hermeneutic circle or drawing it out in session can help demonstrate the multiple parts to experiences and how the adolescent perceives such parts in relation to the “whole” – the adolescent’s core values or desires. Furthermore, I view the hermeneutic circle as a method that can be used in counselling sessions with adolescents to instill hope and to illustrate that there are always evolving interpretations of experiences that with further reflection, greater insights and subsequent actions in line with their goals can be reached.
CHAPTER 6: CONCLUSION

Research has continued to show that adolescents are facing significant mental health struggles with little headway in helping adolescents sustain healthy coping strategies to promote continued resilience into young adulthood. Despite strong research on risk and protective factors that influence resilience, studies examining resilience in otherwise healthy adolescents is lacking, but nonetheless deserve specific attention. Examining resilience in a non-clinical sample was performed to help uncover features of resilience that may have gone unnoticed in the literature, including the factors that facilitate the experience of resilience for this population.

It is widely understood that resilience is a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 543), but it is still a construct that embodies several conceptual complexities. With various representations of the definition of resilience, operationalizing the construct has proven to be a challenge. However, research on resilience has shifted traditional views as being a purely trait-based phenomenon or absence of a psychological disorder, to a much more evolved view including the dynamism between attributes within individuals, the family context, and the social-ecological influences.

The results from this study have further evidenced the complex dynamism of resilience and the multitude of social, cognitive, behavioural, and emotional process that are involved in facilitating resilience. Given the variance in self-identified resilience, or what constitutes resilience for each of the participants, a universal definition may never be completely attainable if the construct of resilience is based on the subjective meanings of influences present at that time. However, this research further transcends the knowledge about resilience from common associations between resilience and “at-risk” populations to underlying resilient processes in a wider population. Factors such as fostering self-compassion through acknowledgment and
acceptance of emotions, and helping youth develop positive views of their authentic self and self-worth were some of the critical findings from this study largely underrepresented in the literature in regards to everyday youth.

Every child and adolescent has a right to receive appropriate support when faced with any level of adversity to his or her mental well-being. With this study highlighting adversities faced by participants without observably vulnerable backgrounds, it further emphasizes that no one is immune to adversity. Thus, it is important that resources are more accessible to youth and that healthy development is continually fostered during this critical stage of development. I believe the knowledge gained from this study can be used to inform future research, specifically on the psychosocial, emotional and systemic aspects involved in resilience. Without a genuine understanding of young individuals’ subjective accounts of resilience, the ability to create effective resources will be limited. Thus, I believe this study assists in highlighting the value of hearing the personal accounts of undergoing adversity in order to understand the relevant factors involved in resilience. Lastly, I hope this study will help empower other adolescents who may be facing mental health adversities to seek help or engage in coping strategies that were evidenced as fostering resilience.
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Appendix A

Recruitment Flyer

Seeking Young Adults 21-25yrs for Research Study Examining the Experiences of Overcoming Adversity Faced in Adolescence

Eligible Participants Include:

- Young adults aged 21-25 years old
- Self-identify as having had adversity(ies) between the ages of 13-19yrs
- Has never been diagnosed of any mental/psychological disorder
- Has never had significant adverse childhood experiences such as parental neglect/abuse growing up
- Has never had a history of being in foster care

Examples of Adversities, But Not Limited To:

- Non-diagnosed anxiety/depression
- Loss of a loved one
- Substance use
- Victim of discrimination/bullying
- Dysfunctional relationships
- Unplanned pregnancy

Confidentiality will be provided to the fullest extent possible by law

*Each participant will receive a $10 Starbucks gift card for participating*

To participate or for more information please call

[Redacted]

This study is being conducted as part of an MA in Counselling Psychology at Simon Fraser University and has received ethics approval
Appendix B

Consent Form

Young Adults’ Experience of Resilience Following Adversity in Adolescence:
A Hermeneutic Phenomenological Study

STUDY TEAM
Principal Investigator: Jacqueline Nakamura, Dept. of Education, Simon Fraser University
Email: jnakamur@sfu.ca; Phone: 778-385-4059

Faculty Supervisor: Masahiro Minami, Assistant Professor, Faculty of Education, Simon Fraser University, Email: minami_masahiro@sfu.ca

This research study is for completion of a Master of Arts thesis in Counselling Psychology

We want to learn more about the factors that contribute to resilience following self-identified adversity experienced in adolescence. We are inviting young adults’ age 21-25 years old that self-identify as undergoing periods or chains of negative life experiences in their adolescence between the ages of 13-19. The purpose of this study is to gain a better understanding of how individuals make sense of their adverse experiences and what made them persevere or “bounce back” from such experiences.

VOLUNTARY PARTICIPATION
Your participation in this study is voluntary. You have the right to refuse to participate in this study. If you decide to participate, you may still choose to withdraw participation from the study at any point without any negative consequences.

If you say ‘Yes’ to participate in this study, here is how we will do the study:

a) You will be asked to meet the researcher at the Surrey, Burnaby, or Vancouver SFU campus locations to take part in one in-person interview with the researcher that will last up to 120 minutes

b) The researcher will ask you an open-ended question to begin the discussion of what experiences you encountered in your adolescence that had a negative impact on your well-being

c) The researcher will voice record the interview with your permission to later transcribe what was said for the final outcome of the research

d) After the interviews have been coded and transcribed, the researcher will email you a copy of the written account of your personal interview so you can verify the accuracy of your experience and suggest any changes or further clarifications

e) Once the researcher receives a copy back of your edits/suggestions, the researcher will give you a telephone follow-up to discuss the comments and corrections with you to ensure the experience was interpreted correctly

f) The researcher will again verify with you the draft of your experience with your added suggestions or comments before publishing the final draft
g) Voice recordings will be destroyed after the researcher successfully completes her thesis defense

h) If you have any questions at any point before or after the interview about the research study, you can contact the researcher by phone or email, which is listed at the top of this consent form

POTENTIAL BENEFITS OF THE STUDY
No one knows whether or not you will benefit from this study. There may or may not be direct benefits to you from taking part in this study. Although, this study does provide the opportunity for you to talk about your personal experiences of overcoming adversity, which may be therapeutic for you and enrich your knowledge of how you were able to overcome such challenges.

PAYMENT
You will not be paid for the time to take part in this study.

CONFIDENTIALITY
Your confidentiality will remain respected and I will maintain your confidentiality to the fullest extent. All documents will be identified using pseudonyms for your name. Participants will not be identified by their real name in any reports of the completed study. Computer files pertaining to the research will be protected by using a secure, password-protected computer, and any paper data will be kept in a locked filing cabinet in the co-investigator’s office at the SFU Surrey campus. My faculty supervisor, Dr. Masahiro Minami, and myself will be the only ones with access to the material.

STUDY RESULTS
The results of this study will be reported in a graduate thesis and may also be published in journal articles and books.

CONTACT FOR COMPLAINTS
If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact [Redacted], Director, Office of Research Ethics [Redacted].

PARTICIPANT CONSENT AND SIGNATURE
Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any consequences.

Your signature below indicates that you consent to participate in this study.

_____________________________________  ________________________
Participant Signature          Date (yyyy/mm/dd)

Printed name of participant signing above
Appendix C

Letter to Professors

Dear (Professor’s name),

I am a student in the Counselling Psychology Master’s program at Simon Fraser University and I am currently working on my thesis for completion of my MA. I am looking for young adults aged 21-25 years old to participate in my research study. My study is entitled Young Adults’ Experience of Resilience Following Adversity in Adolescence: A Hermeneutic Phenomenological Study. The focus of my study is to explore the experiences of facing significant adversity in adolescence (between the ages of 13-18) and the kinds of factors that helped them reach more positive outcomes into young adulthood. Participants will be asked to partake in one, 1-1 ½ hour interview with the principal investigator (myself).

The participants themselves will be the ones to self-identify as having overcome their significant adversity in adolescence, with the purpose of the interview to reveal what factors and strengths helped them through that experience and reach more positive outcomes. This information will then add to the construct of resilience, determining more knowledge around how people manage to overcome their adversity(ies).

If it is okay with you, could you pass along the attached Description of Study Protocol and Research Flyer to the students in your class? This way, only those who are interested can contact me if they choose. My contact information is on the research flyer for those who would be interested in participating in the research study.

The students are also encouraged to pass along the flyer and/or information about participating in this research study to other young adults they know who may have an experience of overcoming a significant adversity that occurred in their adolescence that they would like to share for the research study.

Thank you,

Jacqueline Nakamura
Appendix D

Description of Study Protocol

Dear Research Participant:

Your participation in a research project is requested. The title of the study is: Young Adults’ Experience of Resilience Following Adversity in Adolescence: A Hermeneutic Phenomenological Study. The research study is being conducted by Jackie Nakamura as part of her completion of the MA in Counselling Psychology at Simon Fraser University. The aim of this research study is to examine the experience of a self-identified adversity that occurred during adolescence (between the ages of 13-19 years) and how you managed to reach and sustain positive outcomes in young adulthood. In accordance with the aim of this research, the following procedures will be used: one semi-structured interview that will allow you to share your personal experience of facing a significant self-identified adversity in your adolescent years (e.g. dysfunctional/abusive relationship, non-clinical anxiety/depression, unplanned pregnancy, loss of a loved one, bullying/victimization etc.) and how you were able to cope with that adversity in order to lead you to more positive outcomes into your young adulthood.

If you decide to participate in this research study, you will be asked to do the following: meet with the principle investigator in an agreed upon location to partake in one, audio-recorded interview relating to your experience with adversity and resilient outcomes. This interview will last up to two hours in length. You will also have the opportunity to review the written summary of your experience and provide comments or clarifications to ensure accuracy of your remarks.

Your consent to be a participant in this study is completely voluntary. You have the right to decline to participate or choose to drop out at any point during the study without consequence.

Involvement in this study may involve some risk. Since you will be asked to share your experience of facing an adverse event and how you were able to cope with that difficult experience, you may incur some uncomfortable feelings. Although there may be no direct benefits to you, your participation in this study will help our understanding of the factors that impact resilience in individuals. Furthermore, the knowledge gained from the results of the study may help make it possible to facilitate greater resilience in others and bring greater awareness to the types of adversities faced in adolescence, including how individuals have coped with such difficult experiences.

All the information you provide for the study will remain completely confidential and the principle investigator will ensure all identifying information will be kept anonymous through the use of pseudonyms. Thus, no names or other personal identifiers will be used in the study. Data collected will be kept on a password-protected device and in a locked cabinet in the lead supervisor’s office.

If you have any questions or concerns about the study or your participation in the study, you may contact me, , my supervisor, , or , Director of the Office of Research Ethics at , or .

Thank you for your participation

Sincerely,

Jacqueline Nakamura
Hello,

My name is Jacqueline Nakamura and I am currently working on Master’s of Art thesis for Counselling Psychology at Simon Fraser University (SFU). This letter is being passed on to you because a friend or family member or yours has thought of you as being a representative example of the kind of participant the principal investigator (PI), Jackie Nakamura is looking for to take part in her study. This is an invitation for you to participate in her research study, if you choose, entitled: Young Adults’ Experience of Resilience Following Adversity in Adolescence: A Hermeneutic Phenomenological Study. The aim of this research study is to examine the experience of self-identified adversity(ies) that occurred during adolescence (between the ages of 13-19 years) and how you managed to reach and sustain positive outcomes in young adulthood. Self-identified adversities may include but are not limited to: dysfunctional/abusive relationship, non-clinical anxiety/depression, unplanned pregnancy, loss of a loved one, bullying/victimization. The inclusion and exclusion criteria for this study is as follows:

**Inclusion Criteria:** Participants will be eligible to participate in this study if they:
- Are between the ages of 21 and 25 years old.
- Self-identify as facing a significant adverse event between the ages of 13 and 19 years
- Self-identify as having overcome the significant adversity and sustained positive outcomes into their young adulthood.

**Exclusion Criteria:** Participants will not be eligible to participate if they:
- Have a diagnosed mental health disorder
- Have a history of being placed in a foster care
- Have a history of being incarcerated
- Have a history of childhood abuse or/or neglect

If you decide to participate in this research study, you will be asked to do the following: fill out a demographic information form, set up a time to meet with the principal investigator in an agreed upon location to partake in one, audio-recorded interview, with your permission, relating to your experience with adversity(ies) and resilient outcomes. This interview will last 1 – 1 ½ hours and a 10-minute break will be provided. You will also have the opportunity to review the written summary of your experience and provide comments or clarifications to ensure accuracy of your remarks. Confidentiality will be respected and maintained to the fullest extent. All audio-recordings will be destroyed after the PI transcribes your experience, and all other participant information will be kept in a secure, locked filing cabinet in [Redacted] office at the Surrey Campus. Only Dr. Minami and the PI, Jackie Nakamura will be the ones with access to the material.

Your consent to be a participant in this study is completely voluntary. You have the right to decline to participate or choose to drop out at any point during the study without consequence.
Although there may be no direct benefits to you, your participation in this study will help our understanding of the factors that impact resilience in individuals. Furthermore, the knowledge gained from the results of the study may help make it possible to facilitate greater resilience in others and bring greater awareness to the types of adversities faced in adolescence, including how individuals have coped with such difficult experiences. Involvement in this study may include some risk. You will be asked to share an experience of facing an adverse event and how you were able to cope with that difficult experience. Therefore, recalling this experience may incur some uncomfortable feelings, however, the interview will end by talking about how you overcame such adversity. Counselling resources will also be offered as per necessary.

If you are interested in participating, please contact the PI, Jacqueline Nakamura at:
Email: jnakamur@sfu.ca or phone: 778-385-4059.

The PI will then send you a detailed description of the study protocol and a consent form for you to look over.

Thank you for taking the time to read this letter of invitation.

Sincerely,

Jacqueline Nakamura
Principal Investigator
Appendix F

Interview Probing Questions

Interview Form

Topic of interview: The experience of adversity in adolescence and factors that lead to resilience.

General Guiding Interview Questions:

• Tell me about a significant negative experience you had in your adolescent years

• What was that experience like for you?

• Tell me more about how you got through this difficult experience

• What did you do to cope with that experience?

• What specific events or turning points occurred that may have played a role in your success?

• What else would you like me to know about your experience that you have not mentioned?
Appendix G

Demographic Information

Name: _________________________________

City in which you live: _______________________________

Email Address: _________________________________

Telephone Number: _______________________________

Birth Date (Month/Year) ______________________

Age: _____
Appendix H

Counselling Support Resources

**SFU Health and Counselling (SFU students only)**
SFU Burnaby: 778-782-4615
SFU Vancouver: 778-782-5200
SFU Surrey: 778-782-5200

**Vancouver Crisis Centre (Open 24 hours)**
Email: [https://crisiscentre.bc.ca/](https://crisiscentre.bc.ca/)
Phone: 604-82-3311
Toll-free: 1-866-661-3311
1-800-SUICIDE: 1-800-784-2433

**Fraser Health Crisis Line (Open 24 hours)**
Phone: 604-951-8855
Toll-Free: 1-877-820-7444